

LSU School of Medicine New Orleans



Department of Neurosurgery Resident Manual 2026-2027

Effective July 1, 2026

**LSUHSC SCHOOL OF MEDICINE
DEPARTMENT OF NEUROSURGERY
RESIDENT MANUAL 2025-2026**

Table of Contents

INTRODUCTION AND OVERVIEW	7
PROGRAM OVERALL GOALS, OBJECTIVES, AND GRADUATION REQUIREMENTS	8
NEUROSURGERY PROGRAM COMMITTEES	8
NEUROSURGERY DEPARTMENT POLICIES/HOUSE OFFICER ELIGIBILITY AND SELECTION	9
CREDENTIALING	9
RESIDENT EVALUATION AND PROMOTION POLICY	10
PRELIMINARY INTERVENTION	11
PROBATION	11
CONDITIONS FOR REAPPOINTMENT	12
TERMINATION, NON-REAPPOINTMENT, AND OTHER ADVERSE ACTIONS	12
DUE PROCESS	12
SUMMARY SUSPENSIONS	15
RESIDENT TRANSFERS	16
OTHER GRIEVANCE PROCEDURES	16
OMBUDSMAN	17
SEXUAL HARASSMENT POLICY	17
EQUAL OPPORTUNITY EMPLOYMENT POLICY	17
STATEMENT ON PROFESSIONALISM	18
HOUSE OFFICER WELL-BEING	19
A. Self-Care	19
B. Coverage of Patient Care	20
C. Counseling and Mental Health Resources – Campus/Employee Assistance Program (C/EAP)	20
D. Fatigue Management.....	21
CLINICAL RESPONSIBILITIES, TEAMWORK, AND TRANSITIONS OF CARE	21
INSTITUTIONAL POLICY ON CLINICAL AND EDUCATIONAL WORK HOURS	23
PATIENT SAFETY AND QUALITY IMPROVEMENT	24
CAMPUS ASSISTANCE PROGRAM (CAP)	24

INSTITUTION/HOUSE OFFICER CLOSURE/REDUCTION POLICY	25
POLICY ON HOLIDAY SCHEDULE	25
MOONLIGHTING POLICY	25
HURRICANE POLICY AND CALL FOR EVACUATION	25
SUPERVISION AND ACCOUNTABILITY	26
STATEMENT ON OVERSIGHT AND LIAISON	27
ADMINISTRATIVE INFORMATION INTERNET POLICY	27
VACATIONS	27
LEAVE OF ABSENCE	28
MILITARY LEAVE	28
MATERNITY/PATERNITY LEAVE	28
EDUCATIONAL LEAVE	29
FAMILY LEAVE	29
SICK LEAVE	29
MEETINGS	30
TRAVEL	30
ROTATIONS	30
SURGICAL HOUSESTAFF ASSIGNED TO NEUROSURGERY SERVICE	31
CALL SCHEDULES	31
MEALS	31
PAGERS	32
PAYROLL	32
INSURANCE COVERAGE	32
COMPUTERS AND LIBRARIES	32
MEDICAL LICENSURE	32
TEXTBOOKS	33
LAB COATS	33
LEAD APRON AND THYROID SHIELDS	33
SURGICAL LOUPES	33
AMERICAN BOARD OF NEUROLOGICAL SURGERY PRIMARY EXAMINATION	34
MEDICAL RECORDS	34
ACGME CASE LOGS	35

NEUROSURGERY RRC DEFINED CATEGORIES AND MINIMAL REQUIREMENTS	36
DEPARTMENT OF NEUROSURGERY CONFERENCES	37
LOUISIANA ANNUAL NEUROSURGICAL SOCIETY (LANS) MEETING	38
DUTIES OF THE RESIDENTS IN EACH YEAR	38
PGY-1 – First Year Resident in Neurosurgery	39
PGY-2 – Second Year Resident in Neurosurgery	40
Patient Care	40
Medical Knowledge	40
Practice-Based Learning and Improvement	40
Interpersonal and Communication Skills	40
Professionalism	41
System Based Practice	41
Clinical and Academic Duties	41
PGY-3 – Third Year Resident in Neurosurgery	42
Patient Care	42
Medical Knowledge	42
Practice-Based Learning and Improvement	43
Interpersonal and Communication Skills	43
Professionalism	43
System Based Practice	43
Clinical and Academic Duties	43
PGY-4 – Fourth Year Resident in Neurosurgery	45
Patient Care	45
Medical Knowledge	45
Research	45
Interpersonal and Communication Skills	46
Professionalism	46
System Based Practice	46
PGY-5 – Fifth Year Resident in Neurosurgery	47
Patient Care	47
Medical Knowledge	47
Research	47
Interpersonal and Communication Skills	48
Professionalism	48
System Based Practice	48
Clinical and Academic Duties	48
PGY-6 – Sixth Year Resident in Neurosurgery	49
Patient Care	49
Medical Knowledge	49
Research	49
Interpersonal and Communication Skills	49
Professionalism	49

System Based Practice	50
Clinical and Academic Duties	50
PGY-7 – Seventh Year Resident in Neurosurgery	51
Patient Care	51
Practice-Based Learning and Improvement	51
Interpersonal and Communication Skills	51
Professionalism	51
System Based Practice	51
Clinical and Academic Duties (CHIEF)	52
FACULTY WELLNESS	53
PROGRAM WELLNE	55
LSU DEPARTMENT OF NEUROSURGERY SUPPORT STAFF	57
2026-2027 NEUROSURGERY ROTATION SCHEDULE	58

LSU SCHOOL OF MEDICINE - NEW ORLEANS NEUROSURGERY RESIDENT

In the event a program or departmental policy or guideline conflicts with the LSU SOM NO House Officer Manual, the LSU SOM NO House Officer Manual takes precedence (i.e., GME House Officer Manual).

Policies are subject to change due to local, state, and federal laws as well as changes in accreditation requirements. The manual will be updated as such requirements dictate.

INTRODUCTION AND OVERVIEW

The mission of the clinical training program is excellence in patient care, scholarship, and neurosurgical education. Program goals have been established by which satisfaction of the mission is judged. Residents first establish foundations in fundamental clinical and surgical skills. As training progresses, increasing one's clinical and scholarly neurosurgical expertise is required. Upon completion of the neurosurgery residency, each graduate will be highly skilled in managing the full spectrum of neurosurgical disease. Furthermore, all graduates will be educated in neurosurgical scholarship, promoting the advancement of neurosurgical knowledge.

The LSU Neurosurgical Residency is a 7-year (84 month) program. There are 60 months of clinical neurosurgery, of which the last 12 months serve as chief residency. Three months of the PGY 1 year are spent on the General Surgery service establishing the fundamental clinical skills of the evaluation and management of the general surgical patient with an emphasis on trauma and clinical critical care. Another three months are spent in neurology learning to master the neurological examination and formulating a differential diagnosis in the neurological patient. Other service rotations during the PGY 1 year include West Jefferson Medical Center (WJMC) and University Medical Center (UMCNO) along with neuroscience rotations which include: 2-3 months of neuroradiology, endovascular, radiosurgery and 2 months of neuropathology. The PGY-2 year is spent at University Medical Center as a junior resident. The PGY 3 through PGY 4 year is divided between WJMC senior resident rotation and Pediatric Neurosurgery at Children's Hospital New Orleans (CHNOLA). The PGY 5 year is considered an academic/research year which can be spent at the LSU Neuroscience Center of Excellence or another approved academic experience. The department will support residents in the PGY 5 year to pursue a Master of Health Administration or (MHA) or a Master of Business Administration (MBA) through LSU Shreveport online. The PGY 6 and PGY 7 years are spent as the chief residents. In summary, there are 12 months of intern and neuroscience rotations. 24 months of clinical junior residency, another 24 months of clinical senior rotations, a year of research work, and a final 12 months of clinical neurosurgery serving as chief resident.

Neuro-Critical Care experience is emphasized throughout the training, and extensive exposure to subspecialty services including Neurovascular, Neuro-Oncology, Epilepsy Surgery, Spinal Neurosurgery, Stereotactic Radiosurgery, Neurotrauma, Functional Neurosurgery, and Pediatric Neurosurgery.

Didactic conferences are protected from all clinical commitments and include Quality Improvement conference, case conference, subspecialty conferences, and journal club, neuroradiology, neurology, and neuropathology conferences. Our skull base lab is also utilized for a weekly approach (June - August) directed by the residents with faculty guidance. In addition, preparation of scientific manuscripts, review articles, book chapters, and abstracts, as well as presentation skills and leadership/administrative skills are fostered within a structured mentored environment in a multidisciplinary fashion.

PROGRAM OVERALL GOALS, OBJECTIVES, AND GRADUATION REQUIREMENTS

The overall goal of the residency program is to develop in our graduating residents a proficiency level appropriate for a new and independent practitioner in the six core competencies as outlined by the ACGME.

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. **Medical knowledge** about established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.
3. **Practice-based learning** to be able to demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve their patient care based on constant self- evaluation and life-long learning.
4. **Interpersonal and communication skills** that result in effective exchange of information and collaboration with patients, their families, and health professionals.
5. **Professionalism** manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles.
6. **Systems-based practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal care.

Each rotation is designed to contribute to the achievement of the overall goal and therefore share the common goal. In order to direct progress toward goal achievement, general and specific objectives are identified. General Objectives are purposefully common to all rotations and listed separately. Unique aspects of each rotation are outlined, and specific objectives are listed under each rotation. In order to achieve our stated goal, we have purposefully mirrored the goals and objectives of the ACGME Milestones Project. Our assessment tools are designed to demonstrate progress towards these objectives by direct linking via a common format.

NEUROSURGERY PROGRAM COMMITTEES

Clinical Competency Committee (CCC) The Clinical Competency Committee serves at the invitation of the Program Director and forms the highest departmental authority in the evaluation of each resident in terms of attainment of milestones for reporting to the ACGME and makes recommendations to the Program Director for advancement, remediation, or dismissal.

Program Evaluation Committee (PEC) The Program Evaluation Committee is the guidance committee which makes recommendations to the Program Director for determination or modification of the curriculum, policy, and procedures of the training program. The PEC meets at least yearly to review all program data and create action plans for program improvement. The Program Director, at the recommendation of the PEC, has authority to modify the contents of this manual at any time to respond to real or potential deficiencies in the program, as determined by the PEC. When this occurs, all residents will be notified of new policy by departmental email. Current members of the PEC are all core faculty and the residents.

NEUROSURGERY DEPARTMENT POLICIES / HOUSE OFFICER ELIGIBILITY AND SELECTION

House Officer Selection criteria must conform to the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) General Requirements. House Officers are selected by program directors from an applicant pool in the National Residency Matching Program (NRMP).

United States Citizens, Permanent Residents of the US, and J1 Visa holders sponsored by the ECFMG are the only applicants eligible for selection. As noted in the Chancellor Memorandum 39 (CM-39) ECFMG sponsorship as a J-1 exchange visitor is the appropriate and only mechanism whereby foreign physicians may enter graduate medical education/training programs at the LSU Health Sciences Center.

House Officers must be (1) graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME); (2) graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); (3) graduates of medical schools outside the United States who have received a currently valid certificate from the Education Commission for Foreign Medical Graduates or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction; or (4) graduates of medical schools outside the United States who have completed a Fifth Pathway Program by an LCME-accredited medical school.

All acceptable candidates are invited to submit applications through the Electronic Resident Application System (ERAS).

The department of Neurosurgery does not support any visas except for a J1 visa . If a foreign medical graduate matches with our program, they must be registered and verified through the Educational Commission for Foreign Medical Graduates (ECFMG) before beginning their residency training. All applicants must also meet the requirements for licensure through the Louisiana State Board of Medical Examiners – either an intern permit, which will eventually lead to an unrestricted license, or a Graduate Education Training Permit (GETP) given to foreign medical graduates.

CREDENTIALING

All House Officer Trainees must have a valid active license or permit to practice medicine in the State of Louisiana, or DDS license in the case of Dental resident and pre-MD Oral Surgery residents. The Louisiana State Board of Medical Examiners issues temporary training permits to qualified post-graduate year I level trainees. Temporary permits (Visiting resident permits) also may be issued for certain foreign medical graduates entering the US on J1 visas. Foreign citizen trainees must have standard Educational Commission for Foreign Medical Graduates (ECFMG) certification. Rules and regulations regarding trainees with visas frequently change. When questions regarding visas arise, the Neurosurgery department will refer all questions to the LSUHSC Office of Governmental Relations for final determination to ensure compliance with all institutional, state, and Federal rules and regulations.

Requirements for medical licensure change from time to time. The Louisiana State Board of Medical Examiners (LSBME) requires passage of USMLE Step 3 before the end of PGY 2 year to issue a permit or license to begin PGY 3 training. Because of the wait times between sitting for the USMLE and the reporting time, residents not passing USMLE Step 3 by March 1 of their PGY 2 year are subject to automatic non-renewal of their contract to enter the PGY 3. The rules for how many times the USMLE can be taken, and the waiting times required between sitting for the test exchange. For this reason, the House Officer is urged to regularly review these specific rules.

The Coordinator, Program Director and other faculty then review the submitted applications. Criteria for an interview offer include but are not limited to performance on standardized tests, medical school performance, letters of recommendation (3), personal statement, extra-curricular activities, and research activities.

Interviews take place in November, December, and January. Applicants are interviewed by the Residency Interview Committee (approximately 10-12 faculty and 2-3 chief residents) with interviews approximately 15 minutes long. All applicants will meet with the Program Director and Chairman.

At the completion of the interview process, applicants will be ranked on the basis of the preceding factors in combination with a subjective evaluation of the interview by the faculty. Faculty, chief residents, program director, and the chairman meet and based on the applicants interview and their advocates among faculty; final ranking list is prepared and then submitted to the National Resident Match Program (NRMP). If the program does not fill through the usual matching process, the position will be filled through the NRMP Supplemental Offer and Acceptance Program (SOAP). The most qualified individuals based on the above factors will be contacted for an interview. The position will be offered based on a vote of the faculty members.

RESIDENT EVALUATION AND PROMOTION POLICY

Records of House Officer Evaluations are to be maintained by the Departmental Program Director. These files will be available for review to the individual trainees, training faculty, Program Director, and other University personnel as may be required by the LSU House Officer program, School of Medicine, or University. House Officers are not given partial or complete copies of their files. In cases where an outside entity is requesting information directly on a resident, upon receiving a valid release of information from our website, LSU will supply the requested information directly to the requesting institution. House Officers will be formally evaluated no less than twice a year. Both strengths and weaknesses will be documented and discussed in the evaluation process, as well as plans to remediate any deficiencies.

All written agreements of appointment/contracts are for one year and each House Officer must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year and assurance that all requirements are met for progression. Contract renewal is subject to mutual written consent of the Department Head and the House Officer. A contract renewal must be made in a timely manner in accordance with ACGME requirements as

outlined in the School of Medicine Policy and Procedure Manual and with dates set by the GME Office.

Evaluation of House Officers will follow the ACGME requirements for evaluations. Additionally, each House Officer is expected to participate in departmental self-assessment when applicable. Except where specifically described herein, House Officers in regular training programs who successfully complete training during a year would normally be promoted to the next training level. There are several areas where a resident must demonstrate accomplishments and proficiency to advance to the next level of training or be considered qualified to practice neurosurgery at the highest level. These are as follows: evaluations by faculty and students, proficiency in the 6 ACGME competencies, satisfying graduate medical requirements, satisfying ACGME Milestone requirements, successful completion of the written neurosurgical board exams for the appropriate year of training, quality improvement research project involvement, and scholarly activity (presentations and manuscript preparation). The practice of an excellent standard of medical care in each area of the six competencies is regularly evaluated through the biannual evaluation process as well as in regular clinical mentoring. Milestone evaluations are reported to the ACGME semi-annually. By participating with the American Board of Neurological Surgery (ABNS) examinations, the Residency Review Committee for Neurological Surgery (RRC) and the Accreditation Council for Graduate Medical Education (ACGME) oversight, the residents are assessed compared to national standards for neurosurgery. The LSU School of Medicine Office of Graduate Medical Education requires completion of Core Curriculum Modules with an 80% pass rate on each test for resident advancement to the next year of training. Residents must pass USMLE Step 3 in order to advance to the PGY 3 level.

PRELIMINARY INTERVENTION

Substandard disciplinary and/or academic performance is determined by the Department of Neurosurgery. Corrective action for minor academic deficiencies or disciplinary offenses which do not warrant remediation as defined below, shall be determined and administered by the Neurosurgery Department. Corrective action may include oral or written counseling, or any other action deemed appropriate by the Department under the circumstances. Corrective action for such minor deficiencies and/or offenses are not subject to appeal. If such circumstances should occur, the Clinical Competence Committee (CCC) will meet in order to determine the appropriate counseling.

PROBATION

House Officers may be placed on probation for, among other things, issuance of a warning, reprimand, or imposition of a remedial program. Remediation refers to an attempt to correct deficiencies which, if left uncorrected, may lead to a non-reappointment or disciplinary action.

In the event a House Officer's performance, at any time, is determined by the House Officer Program Director to require remediation, the House Officer Program Director shall notify the House Officer in writing of the need for remediation. A remediation plan will be developed that outlines the terms of remediation and the length of the remediation process. Failure of

the House Officer to comply with the remediation plan may result in termination, non-renewal, non-promotion, extension of the probationary period of the House Officer's appointment, or a combination of the foregoing. In cases where probation is extended as part of non-promotion, the appeal of probation, if any, would be included in the appeal, if any, of non-promotion as described in the Due Process section of the manual (revised June 2017).

CONDITIONS FOR REAPPOINTMENT

The Department of Neurosurgery will provide notice in writing of the intent to non-renew or non-promote residents as early as circumstances will allow.

TERMINATION, NON-REAPPOINTMENT, AND OTHER ADVERSE ACTION

A House Officer may be dismissed, or other adverse action may be taken for cause, including but not limited to:

- i. Unsatisfactory academic or clinical performance;
- ii. Failure to comply with the policies, rules, and regulations of the House Officer program or University or other facilities where the House Officer is trained;
- iii. Revocation, expiration or suspension of license;
- iv. Violation of federal and/or state laws, regulations, or ordinances;
- v. Acts of moral turpitude;
- vi. Insubordination;
- vii. Conduct that is detrimental to patient care; and
- viii. Unprofessional conduct.

The House Officer Program may take any of the following adverse actions:

- i. Issue a warning or reprimand.
- ii. Impose terms of remediation or a requirement for additional training, consultation, or treatment.
- iii. Institute, continue, or modify an existing summary suspension of a House Officer's appointment.
- iv. Terminate, limit, or suspend a House Officer's appointment or privileges.
- v. Non-renewal of a House Officer's appointment.
- vi. Dismiss a House Officer from the House Officer Program.
- vii. Any other action that the House Officer Program deems is appropriate under the circumstances.

DUE PROCESS

All communication regarding due process will occur by either official campus email, certified letter, or hand delivery (revised 12/15/2009). Dismissals, non-reappointments, or non-promotion 25 are subject to appeal and the process shall proceed as follows:

Recommendation for dismissal, non-reappointment, non-promotion, or other adverse action which could significantly threaten a House Officer's intended career development shall be made by the Program Director in the form of a Request for Adverse Action. The Request for Adverse Action shall be in writing and shall include proposed disciplinary action, a written statement of deficiencies and/or charges registered against the House Officer, a list of all known documentary evidence, a list of all known witnesses and a brief statement of the nature of testimony expected to be given by each witness. The Request for Adverse Action shall be delivered in person to the Department Head. If the Department Head finds that the charges registered against the House Officer appear to be supportable on their face, the Department Head shall give Notice to the House Officer in writing of the intent to initiate proceedings which might result in dismissal, non-reappointment, summary suspension, or other adverse action. The Notice shall include the Request for Adverse Action and shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management or may be hand delivered to the House Officer (revised 12/15/2009). Probation which is included as part of one of these appealable actions delineated above is appealed as part of this Due Process and not as a separate appeal process (see Probation section revision June 2017) (revised June 2017).

Upon receipt of Notice, the House Officer shall have five (5) working days to meet with the Department Head and present evidence in support of the House Officer's challenge to the Request for Adverse Action. Following the meeting, the Department Head shall determine whether the proposed adverse action is warranted. The Department Head shall render a decision within five (5) working days of the conclusion of the meeting. The decision shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or hand delivered to the House Officer and copied to the Program Director and Academic Dean (revised 12/15/2009).

If the House Officer is dissatisfied with the decision reached by the Department Head, the House Officer shall have an opportunity to prepare and present a defense to the deficiencies and/or charges set forth in the Request for Adverse Action at a hearing before an impartial Ad Hoc Committee, which shall be advisory to the Academic Dean. The House Officer shall have five (5) working days after receipt of the Department Head's decision to notify the Academic Dean in writing or by email (revised 12/15/2009) whether the House Officer would challenge the Request for Adverse Action and desires an Ad Hoc Committee to be formed. If the House Officer contends that the proposed adverse action is based, in whole or in part on race, sex (including sexual harassment), religion, national origin, age, Veteran status, and/or disability discrimination, the House Officer shall inform the Academic Dean of that contention. The Academic Dean shall then invoke the proceedings set out in the Section entitled "Sexual Harassment Policy" of this Manual. The hearing for adverse action shall not proceed until an investigation has been conducted pursuant to the Section entitled "Sexual Harassment Policy."

The Ad Hoc Committee shall consist of three (3) full-time (75% or greater effort) clinical faculty members who shall be selected in the following manner:

The House Officer shall notify the Academic Dean of the House Officer's recommended appointee to the Ad Hoc Committee within five (5) working days after receipt of the decision reached by the Department Head. The Academic Dean shall then notify the Department Head of the House Officer's choice of Committee member. The Department Head shall then have five (5) working days after notification by the Academic Dean to notify the Academic Dean of his recommended appointee to the Committee. The two (2) Committee members selected by the House Officer and the Department Head shall be notified by the Academic Dean to select the third Committee member within five (5) working days of receipt of such notice; thereby the Committee is formed. Normally, members of the committee should not be from the same program or department, In the case of potential conflicts of interest or in the case of a challenge by either party, the Academic Dean shall make the final decision regarding appropriateness of membership to the ad hoc committee. (Revised 7-1-2005) Once the Committee is formed, the Academic Dean shall forward to the Committee the Notice and shall notify the Committee members that they must select a Committee Chairman and set a hearing date to be held within ten (10) working days of formation of the Committee. A member of the Ad Hoc Committee shall not discuss the pending adverse action with the House Officer or Department Head prior to the hearing. The Academic Dean shall advise each Committee member that he/she does not represent any party to the hearing and that each Committee member shall perform the duties of a Committee member without partiality or favoritism.

The Chairman of the Committee shall establish a hearing date. The House Officer and Department Head shall be given at least five (5) working days' notice of the date, time, and place of the hearing. The Notice may be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the House Officer, Department Head, and Academic Dean. Each party shall provide the Academic Dean five copies of the witness list, a brief summary of the testimony expected to be given by each witness, and a copy of all documents to be introduced at the hearing at least three (3) working days prior to the hearing. The Academic Dean will ensure that all parties will receive the other parties' documents.

The hearing shall be conducted as follows:

The Chairman of the Committee shall conduct the hearing. The hearing shall include the following persons: the House Officer appealing the action, the members of the Ad Hoc Committee, the Program Director with or without the Department Head, counsel if present and any other persons deemed by the Chairman of the Ad Hoc Committee to carry out the hearing. Each party shall have the right to appear, to present a reasonable number of witnesses, to present documentary evidence, and to cross-examine witnesses. The parties may be excluded when the Committee meets in executive session. The House Officer may be accompanied by an attorney as a nonparticipating advisor. Should the House Officer elect to have an attorney present, the program may also be accompanied by an attorney. The attorneys for the parties may confer and advise their clients upon adjournment of the proceedings at reasonable intervals to be determined by the Chairman, but may not question witnesses, introduce evidence, make objections, or present argument during the hearing. However, the right to have an attorney present can be denied, discontinued, altered, or modified if the Committee finds that such is necessary to ensure its ability to properly conduct the hearing. Rules of evidence and procedure are not applied strictly, but the Chairman shall exclude irrelevant or unduly repetitious testimony. The

Chairman shall rule on all matters related to the conduct of the hearing and may be assisted by University counsel.

There shall be a single verbatim record, such as a tape recording, of the hearing (not including deliberations). Deliberations shall not be recorded. The record shall be the property of the University (revised 3/2010).

Following the hearing, the Committee shall meet in executive session. During its executive session, the Committee shall determine whether or not the House Officer shall be terminated, or otherwise have adverse actions imposed, along with reasons for its findings; summary of the testimony presented; and any dissenting opinions. The Academic Dean shall review the Committee's report and may accept, reject, or modify the Committee's findings. The Academic Dean shall render a decision within five (5) working days from receipt of the Committee's report. The decision shall be in writing and sent by campus email or certified mail to the House Officer, and a copy shall be sent to the Department Head and Dean (revised 12/15/2009).

If the Academic Dean's final decision is to terminate or impose adverse measures and the House Officer is dissatisfied with the decision reached by the Academic Dean, the House Officer may appeal to the Dean, with such appeal limited to alleged violations of procedural due process only. The House Officer shall deliver Notice of Appeal to the Dean within five (5) working days after receipt of the Academic Dean's decision. The Notice of Appeal shall specify the alleged procedural defects on which the appeal is based. The Dean's review shall be limited to whether the House Officer received procedural due process. The Dean shall then accept, reject, or modify the Academic Dean's decision. The decision of the Dean shall be final.

A House Officer who at any stage of the process fails to file a request for action by the deadline indicates acceptance of the determination at the previous stage.

Any time limit set forth in this procedure may be extended by mutual written agreement of the parties and, when applicable, the consent of the Chairperson of the Ad Hoc Committee.

SUMMARY SUSPENSIONS

The House Officer Program Director, or designee, or the Department Head or designee shall have the authority to summarily suspend, without prior notice, all or any portion of the House Officer's appointment and/or privileges granted by University or any other House Officer training facility, whenever it is in good faith determined that the continued appointment of the House Officer places the safety of University or other training facility patients or personnel in jeopardy or to prevent imminent or further disruption of University or other House Officer training facility operations.

Except in those cases where suspension occurs as part of other appealable disciplinary actions, within two (2) working days of the imposition of the summary suspension, written reason(s) for the House

Officer's summary suspension shall be delivered to the House Officer and the Academic Dean. In those other appealable cases the due process as described in the above section of this manual labeled Termination, Non-Reappointment, and Other Adverse Action takes precedence. The House Officer will have five (5) working days upon receipt of the written reasons to present written evidence to the Academic Dean in support of the House Officer's challenge to the summary suspension. A House Officer, who fails to submit a written response to the Academic Dean within the five (5) day deadline, waives his/her right to appeal the suspension. The Academic Dean shall accept or reject the summary suspension or impose other adverse action. Should the Academic Dean impose adverse action that could significantly threaten a House Officer's intended career, the House Officer may utilize the due process delineated above.

The Department may retain the services of the House Officer or suspend the House Officer with pay during the appeal process. Suspension with or without pay cannot exceed 90 days, except under unusual circumstances.

RESIDENT TRANSFERS

Transfer In: Before accepting an applicant wishing to transfer from another Program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based milestones performance evaluation of the transferring House Officer from the previous Program Director/Program. Applicants must complete the required School of Medicine GME required verification forms as part of the transfer request process.

Transfer Out: The Program Director must provide timely verification of residency education and summative performance evaluations for House Officers who leave the School of Medicine Program prior to completion. House Officers must sign a written release before the performance information requested can be disseminated upon request.

OTHER GRIEVANCE PROCEDURES

Grievances other than those department actions described above or discrimination should be directed to the Program Director for review, investigation, and/or resolution. Complaints alleging violations of the LSUHSC EEO policy or sexual harassment policy should be directed to the appropriate supervisor, Program Director, Director of Human Resource Management and EEO/AA Programs, or Labor Relations Manager (504-568-8742).

Resident complaints and grievances related to the work environment or issues related to the program or faculty that are not addressed satisfactorily at the program or departmental level should be directed to the Associate Dean for Academic Affairs. For those cases that the resident feels cannot be addressed directly to the program or institution s/he should contact the LSU Ombudsman.

OMBUDSMAN

Catherine Briley, Associate University Ombudsperson, is available to serve as an impartial, third party for House Officers who feel their concerns cannot be addressed directly to their program or institution. Ms. Briley will work to resolve issues while protecting House Officer confidentiality. She can be contacted at ombuds@lsu.edu or 225-578-3429.

SEXUAL HARASSMENT POLICY

The department adheres to the LSU GME House Officer Handbook regarding sexual harassment. The department strives to create a professional work environment, regardless of gender and ethnicity. If questions arise regarding sexual harassment, please feel free to contact the Program Director or LSU SOM Ombudsman. The Title IX Coordinator for LSUHSC-NO can be contacted at:

LSUHSC-NO Title IX Coordinator Academic Affairs
Resource Center-433 Bolivar Street
New Orleans, LA 70112
titleix@lsuhsc.edu
504-568-2211

EQUAL OPPORTUNITY EMPLOYMENT POLICY

The Louisiana State University Health Sciences Center New Orleans (“LSUHSC-NO”) reaffirms its commitment to Equal Employment Opportunity policies and procedures in the recruitment, hiring, transfer, promotion, and other terms or conditions of employment without regard to race, color, ethnicity, national origin, sex (including pregnancy, sexual orientation, or gender identity/expression), age (over 40), spirituality, socio-economic status, disability, genetic information, family status, protected veteran’s status, experiences, opinions or any aspect of one’s social identity or other non-merit factor which cannot lawfully be used as the basis for an employment decision. Any discriminatory action can be cause for disciplinary action, up to and including termination. Additionally, retaliation against any individual for having complained about discrimination on the basis of any protected status described above or participating in the investigation of such a claim is expressly prohibited.

The equal employment policy has been carried out through the development and maintenance of Affirmative Action plans on the LSUHSC-NO campus. The execution of this policy requires vigorous efforts to identify and attract qualified applicants from groups underutilized at all levels in LSUHSC-NO. The policy further ensures that all applicants receive fair consideration for employment and that all employees are treated fairly. Such action shall include, but not be limited to, the following: employment; promotion or upgrading; demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; selection for training; and tenure.

The Human Resource Management's ("HRM") Employee Relations Manager has been designated to have primary responsibility for implementing the equal opportunity policy at LSUHSC-NO. Administrative heads of all divisions and departments who have responsibility for recruitment, appointment, employment, and evaluation of faculty and staff are charged with seeing that the plan is successfully implemented and for cooperating fully with the official who has primary responsibility.

STATEMENT ON PROFESSIONALISM

Of the 6 competencies discussed, a commitment to Professionalism actually leads to improvement in all of the other competencies and is critical to our continued existence as a profession and your successful development and performance as a physician. Without daily recognition and commitment to the requirements to be a professional, you can never truly realize your potential or achieve and maintain the expectations society has for you. You will see both professional and unprofessional behavior during your training and, through learning, mentoring, evaluation, self- reflection, and continued professional development, develop the set of characteristics that define you over time. Many if not most of the problems you will encounter in the future can be minimized if not avoided by strict adherence to the following principles.

The Elements of Professionalism:

1. Altruism
2. Accountability
3. Excellence
4. Duty
5. Honor and Integrity
6. Respect for others

They are partly defined as follows:

- **Altruism** - the "essence" of professionalism. Putting the best interests of patients, not self-interest, first.
- **Accountability**
 - *To patients*, for fulfilling the implied contract governing the physician patient relationship.
 - *To society*, for addressing the health needs of the public.
 - *To our profession*, for adhering to medicine's time-honored ethical precepts.
- **Excellence** - entails a conscientious effort to exceed ordinary expectations and to make a commitment to life- long learning.
- **Duty** - a commitment to service which entails:
 - Being available and responsive when "on call."
 - Accepting inconvenience to meet the needs of one's patients.
 - Enduring unavoidable risks to oneself when a patient's welfare is at stake.
 - Advocating the best possible care regardless of ability to pay.
 - Seeking active roles in professional organizations (AMA, LSMS, and OPMS).

- Volunteering one’s skills and expertise for the welfare of the community.
- **Honor and Integrity**
 - Being fair, being truthful, and keeping one’s word.
 - Meeting commitments, being straightforward.
 - Recognizing conflicts of interest and avoidance of relationships that allow personal gain to Supersede the best interest of the patient.
- **Respect for others** – includes patients, families, other physicians, and professional colleagues such as nurses, medical students, residents, fellows.

You will be evaluated for adherence to the above principles in many ways including monthly evaluations, semiannual evaluations, 360 evaluations and others. In addition to the above, behaviors that reflect a commitment to professionalism include completion of all tasks which are assigned to you including accurately logging and adhering to duty hour standards, medical records, case logs, attendance at conferences, alertness management, assurance of fitness for duty, recognition of impairment, adherence to policies governing transitions of care, working Core Modules and other on line assignments, maintenance of licensure and certifications, awareness of and compliance with institutional policies, adherence to policies and procedures in GME including those in the House Officer Manual, and other program and institutional requirements.

HOUSE OFFICER WELL BEING

If any injury occurs on the job, it is necessary for the House Officer’s Department to notify Mark Gele in Human Resource Management via phone **immediately at 504-568-7812**. The Department will then complete the DA 1973 **and** DA 2000 forms and send them to IncidentReports@lsuhsc.edu.

To report an injury or to gain further information:

Mark Gele
 Human Resource Management
 433 Bolivar Street, 6th Floor
 New Orleans, LA 70112
 (504) 568- 7812
hrmfmla@lsuhsc.edu

A. Self-Care

The Department is committed to providing House Officers with an academic and clinical education that is carefully planned and balanced with concerns for patient safety, and House Officer and faculty wellbeing. Monthly Well Being conferences are scheduled for faculty and residents to participate in. The Program Director has made every effort to enhance the meaning that each House Officer finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and

enhancing professional relationships. The Program Director is paying attention to scheduling, work intensity, and work compression that impacts House Officer Well-being; evaluating workplace safety data and addressing the safety of House Officers and faculty members. House Officers are given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. The Institution and Program must direct attention to House Officers and faculty member burnout, depression, and substance abuse. The Program, in partnership with the Sponsoring Institution, must educate faculty members and House Officers in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. House Officers and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The Program, in partnership with the Sponsoring Institution, must encourage House Officers and faculty members to alert the Program Director, the GME Office, appropriate Departmental faculty when they are concerned that another House Officer, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

B. Coverage of Patient Care

There are circumstances in which House Officers may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each Program must have policies and procedures in place that ensure coverage of patient care in the event that a House Officer may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the House Officer who is unable to provide the clinical work.

C. Counseling and Mental Health Resources – Campus/Employee Assistance Program (C/EAP)

In collaboration with Participating Site, the Sponsoring Institution works to ensure a healthy and safe environment for House Officers inclusive of access to appropriate tools for self-screening, access to confidential and affordable mental health assessment, counseling, and treatment. House Officers who work for the School of Medicine are expected to report to work in a fit and safe condition. House Officers taking prescription medication(s) and/or having alcohol, drug, psychiatric or medical condition(s) that could impair their ability to perform in a safe manner should contact the Campus Assistance Program.

The Campus/Employee Assistance Program (C/EAP) is a free service provided by LSU Health Sciences Center to assist faculty, staff, House Officers, and students in the resolution of personal problems.

C/EAP offers a multidisciplinary team with medical backup. The staff is equipped to assist House Officers with an array of problems, issues, or stressors. All services are confidential, and all client records are limited to C/EAP staff. If a House Officer or a family member needs C/EAP services, they should call 568-8888. A C/EAP counselor will answer any questions about their services or schedule an appointment.

D. Fatigue Management

The program director monitors clinical and educational work hours and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue. The program director also monitors the need for and ensures the provision of backup support systems when patient care responsibilities are unusually difficult or prolonged. The program director monitors the demands of at home call and adjusts schedules as necessary to mitigate excessive service demands and/or fatigue. Our program ensures continuity of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue. In addition to the training on fatigue that the GME office requires for all new residents and fellows, our program provides annual education for residents and faculty members on their program-level clinical and educational work hour policies including the process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care duties.

Our Program:

- Educates all faculty members and residents to recognize the signs of fatigue and sleep deprivation.
- Educates all faculty members and residents in alertness management and fatigue mitigation process.
- Educates residents and faculty members on the professional responsibilities of physicians to appear appropriately rested and fit to provide the services required by their patients.

Residents and faculty members must also demonstrate an understanding and acceptance of their personal role in:

- management of their time before, during and after clinical assignments.
- recognition of impairment, including from illness, fatigue, and substance use, in themselves, their peers, and other members of the health care team; and,
- accurate reporting of clinical and educational work hours.

Immediately notify your supervising physician if you cannot safely perform your duties due to fatigue. There is always access to the call rooms for naps, the option to obtain a ride home from co-worker, family, or friend, or call taxi/UBER/Lyft and submit your receipt to the department for reimbursement.

CLINICAL RESPONSIBILITIES, TEAMWORK, AND TRANSITIONS OF CARE

In addition to the below specific policies, promotion of patient safety is further ensured by:

- Provision of complete and accurate rotational schedules in New Innovations.
- Presence of a backup call schedule for those cases where a House Officer is unable to complete their duties.
- The ability of any House Officers to be able to freely, and without fear of retribution, report their inability to carry out their clinical responsibilities due to fatigue or other causes.

House Officers receive educational material on Transitions at Orientation and as a core module. In any instance where care of a patient is transferred to another member of the health care team an adequate

transition must be used. Although transitions may require additional reporting than in this policy a minimum standard for transitions must include the following information:

- **Demographics:** Name, medical record number, unit/room number, age, weight, gender, allergies attending physician phone numbers
- **History and Problem List:** Primary diagnosis(es), chronic problems (pertinent to this admission/shift)
- **Current condition status**
- **System based list:** Pertinent medications and treatments, oral and IV medications, IV fluids, blood products, oxygen, respiratory therapy interventions
- **Pertinent lab data**
- **To do list:** Check x-ray, labs, wean treatments, etc. – rationale
- **Contingency planning:** what may go wrong and what to do
- **Anticipate what will happen to your patient:** “If this ...than that...”
- **Code status/family situation** - Difficult family or psychosocial situations SBAR analysis: (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition.

Programs will periodically sample transitions including a sample of a patient’s chart and interview of incoming team to ensure that key elements are transmitted and have been understood. Faculty are required to answer a question on effectiveness of transitions witnessed on evaluations. Periodic sampling will occur by the Graduate Medical Education Office. Programs must add the following language to the end of each monthly evaluation form in New Innovations:

“I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy were transmitted to and understood by the receiving team.”

The process and effectiveness of each program’s transition system is monitored by the Sponsoring Institution through the Annual Program Evaluation and Special Review process. The institution and program will monitor this by periodic review.

- A. If a resident is aware of any conflict that may arise during the course of any upcoming procedure or patient care activity, whether such a procedure or activity is scheduled or emergent, that resident must inform the attending physician and/or Residency Program Director in advance to allow the physician or service to determine whether patient safety will allow for reasonable accommodations. It may be necessary to alter a resident’s rotation schedule if breaks cannot be reasonably accommodated.
- B. In surgical settings and other patient care activities, residents may not scrub out of surgical procedures, leave the operating room or any patient care setting for any non-emergent reason (e.g., medical conditions, breast feeding, or child or adult care). While emergencies occasionally arise, in the event of an unforeseen emergency, residents must appropriately notify the attending physician of the emergency and seek the necessary permission to be excused only when and if the circumstances warrant. In absolutely no instance should a resident scrub out of surgery or leave the operating room without first informing the attending physician and obtaining permission to exit. Residents are expected to be compliant with current duty hour standards and program duty hour policies and procedures.

Consequences for failure to comply will be at the discretion of the Residency Program Director.

INSTITUTIONAL POLICY ON CLINICAL AND EDUCATIONAL WORK HOURS

The institution through GMEC supports the spirit and letter of the ACGME Clinical Experience and Education requirements as set forth in the Common Program Requirements and related documents July 1, 2017, 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 ensure that the specific ACGME policies relating to work hours are successfully implemented and monitored. These policies may be summarized as:

Maximum Hours of Clinical and Educational Work Per Week

Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time. Clinical and Educational Work Hour Exceptions 23 In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events.

Maximum Frequency of In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. *(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

Residents 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 on patient care activities by residents on at-home call must count toward the 80- hour maximum weekly 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 clinical work and education, when averaged over four weeks. At- home call must not be so 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 provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Residents are required to log all Clinical and Educational Work hours in New Innovations Software Program or its replacement program. Those who fail to log Clinical and Educational Work hours or log erroneous Clinical and Educational Work hours are subject to disciplinary action.

The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. This policy applies to every site where trainees rotate.

PATIENT SAFETY AND QUALITY IMPROVEMENT

On the last Friday of every month, our residents hold a Quality Improvement conference to discuss near misses, adverse events, and serious adverse events. This learning experience allows all residents to see a complication and discuss a solution hopefully to then decrease or eliminate the chances of error occurring again in the future. All of these events are communicated to the patients and family by the entire team and not solely the responsibility of one person. Our residents also complete modules on patient safety and quality improvement as well as attend hospital sponsored events, Death Cafe and "B Well" activities, which allow them the opportunity to discuss personal experiences openly.

CAMPUS ASSISTANCE PROGRAM (CAP)

A physician who works for the LSU Health Sciences Center – New Orleans is expected to report to work in a fit and safe condition. A House Officer who is taking prescription medication (s) and/or who has an alcohol, drug, psychiatric or medical condition (s) that could impair his/her ability to perform in a safe manner should contact the Campus Assistance Program (CAP).

The LSUHSC Campus/Employee Assistance Program is a free service provided by LSU Health Sciences Center to assist faculty, staff, residents, and students in the resolution of personal problems.

CAP offers a multidisciplinary team with medical backup. The staff is equipped to assist you with an array of problems, issues, or stressors. All services are confidential, and all client records are limited to CAP staff. If you or a family member needs CAP services, call 504-568-8888. A CAP counselor will be happy to answer any questions you may have about their services or schedule an appointment.

INSTITUTION/HOUSE OFFICER CLOSURE/REDUCTION POLICY

If the University itself intends to close or to reduce the size of House Officer Programs or to close a residency program, the University shall inform the Designated Institution Official, the GMEC, and House Officers 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 House Officers already in the Program to complete their education or to assist the House Officers in enrolling in an ACGME accredited program in which they can continue their education.

POLICY ON HOLIDAY SCHEDULE

House Officers will follow the holiday schedules of the entities (hospitals, clinics, etc.) where they are assigned to work and train. They are not to adhere to the LSU system holiday schedule.

MOONLIGHTING POLICY

To ensure that professional activities falling outside the course and scope of the training program are consistent with policies and guidelines set forth by the Accrediting Council for Graduate Medical Education (ACGME) and Graduate Medical Education Committee. Moonlighting is defined as any professional activity not considered an integral part or required rotation of the curriculum for a postgraduate training program, irrespective of remuneration. Residents will not be required to participate in moonlighting activities.

HURRICANE POLICY AND CALL FOR EVACUATION

The following outlines the LSUHSC-NO Department of Neurosurgery resident policy in the event of a hurricane or other natural disasters.

1. Residents assigned to a given hospital will be responsible for resident on-service coverage of that hospital during a hurricane or other natural disasters.
2. The residents who are on-service at a given hospital should communicate with one another such that one resident is on-duty and plans to stay at the hospital through the duration of the storm.

3. Decisions regarding coverage should be made well ahead of any formal declarations of mandatory evacuation so that the evacuating resident may secure his/her family and belongings and leave the city.
4. Unless there is a chief resident, there will be one senior resident contact assigned for each hurricane. This will be specified ahead of time, and everyone will be notified.
5. When the decision is made among the residents on service, they should notify the chief resident with their plan. In turn the chief resident should notify the chairperson and program director. At the appropriate time, the chief resident should present the pre- and post-hurricane plan to the chairperson and program director for approval or alterations.
6. All other on-service residents should evacuate with plans of returning to the hospital and relieving the on-duty resident within 48-72 hours of the storm passing, providing that it is safe and permissible to return to the city.
7. Residents who are off service should make every attempt to stay in contact with the chief residents in case their help is needed after the storm passes.
8. If a resident is unable to stay at the hospital during a storm due to extenuating circumstances, he/she must preferably find another resident to take his/her place or have permission of the chairperson and program director to evacuate.
9. During an emergency, such as a hurricane, every attempt will be made to follow the ACGME duty hour guidelines. However, patient safety and resident safety is the priority. Our departmental decisions made for resident coverage are independent of Code Gray at hospitals and the medical school.

SUPERVISION AND ACCOUNTABILITY

The levels of supervision are defined as follows:

- *Direct Supervision by Faculty* - faculty is physically present with the resident being supervised.
- *Direct Supervision by Senior Resident* - same as above, but resident is the direct supervisor.
- *Indirect with Direct Supervision IMMEDIATELY Available – Faculty* – the supervising physician is physically present within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
- *Indirect with Direct Supervision IMMEDIATELY Available – Resident* - same but direct supervisor is resident.
- *Indirect 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.
- *Oversight* - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

*****Retaliatory supervision will not be tolerated*****

PGY 1 residents must be supervised by either faculty or more senior residents in the hospital setting.

The Sponsoring Institution monitors supervision through a series of questions in the Annual Resident Survey. The Program will monitor this through feedback from House Officers and monitoring by Chief Residents and Program Directors. House Officers can report, free of reprisal, any inadequate supervision and accountability to the Program Director, DIO, or the LSU GME Ombudsman. House Officers can report any inadequate supervision or accountability to the program administration of LSU GME Ombudsman.

STATEMENT ON OVERSIGHT AND LIAISON

The Program Director maintains contact with faculty members placed in positions of supervision and oversight of residency training. Faculty members are encouraged to discuss resident issues with the Program Director in personal interviews and quarterly town hall meetings.

Training Site	Liaison and Oversight
West Jefferson Medical Center (WJMC)	Frank Culicchia, MD
University Medical Center New Orleans (UMCNO)	Gabriel Tender, MD
Manning Family Children’s Hospital New Orleans (CHNOLA)	Kelsey Hundley, MD
Neuroscience Center of Excellence	Nicholas Bazan, MD

ADMINISTRATIVE INFORMATION INTERNET POLICY

The internet is closely monitored by patients, colleagues, and the Louisiana Medical Board. Inappropriate or unprofessional material (i.e., obscene images, comments, etc.) should not be posted or transmitted electronically (i.e., IM, texting, email, etc.). This material can be detrimental to your career and reflects poorly on LSUHSC New Orleans. Remember, your digital footprint can have an eternal lifespan.

VACATIONS

Each House Officer at post-graduate year 1 (PGY1) is entitled to twenty-one (21) days, which include weekends, of non-cumulative vacation leave per year. PGY 2 residents and above are entitled to twenty-eight (28) days, which include weekends of non-cumulative vacation leave per year. Vacation leave should not ordinarily be requested before or after scheduled holidays.

Vacation leave must be used during the academic/appointment year. No carry forward or accumulation of unused vacation leave is permitted. At the end of the academic/appointment year, any unused vacation leave will be forfeited. Furthermore:

- It is expected that the vacation weeks will take place at a time convenient for the other residents as well as the faculty in the program.
- A vacation request slip must be submitted to their chief resident and program director prior to each three-nonrotation block. The completed leave slip must be given to the residency coordinator.
- In arranging schedules, special circumstances are needs are always given the highest priority. If all things are otherwise equal, resident seniority is considered in cases of timing conflicts.
- No vacations (on-service junior residents) are allowed in last two weeks of June of each year unless special circumstances arise.
- Graduating chief residents will be limited to a maximum of two consecutive weeks' vacation in June.
- No vacations for on-service residents before the boards in March.
- Only one on-service resident at a time will be allowed to take vacation. This includes outside resident rotators.

LEAVE OF ABSENCE

A 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 and vacation leave; for academic remediation; to address licensing problems; and/or for family or personal emergencies. To the extent that such leave exceeds available vacation and/or sick leave, any leave granted will be without pay. The House Officer will make arrangements to make up missed training with the Program Director in accordance with the requirements of the Board of the effective specialty.

To request any type of leave of absence, residents must submit in writing said request to the Program Director, the Faculty member whose service the resident is under, and the Residency Program Administrator.

MILITARY LEAVE

If called to active duty, House Officers are permitted fifteen (15) days of paid military leave. Additional or other military leave, paid or unpaid, will be granted in accordance with applicable law.

MATERNITY/EXTENDED MEDICAL/CAREGIVER LEAVE

The ACGME passed an Institutional Requirement in 2022 allowing for up to six (6) weeks of approved paid leave for extended medical, parental and/or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws during each ACGME-accredited program, starting the day the resident/fellow is required to report. It may be an aggregate of noncontinuous or continuous leave. Any available sick or vacation leave will be exhausted concurrently to this leave designation. In addition to the 6 weeks of Extended Medical, Parental and/or Caregiver Leave, the ACGME requires one (1) additional week or seven (7) days (inclusive of weekends) of paid personal leave to be used outside the 6 weeks of medical, parental, and/or caregiver leave. Like all other leave, this special leave does not carry across academic years. LSUHSC provides PGY1 House Officers with twenty-one (21) days (including weekends) and PGYII House Officers with twenty-eight (28) days (including weekends)

of non-cumulative vacation leave that can be counted toward this additional week of required leave as required by the ACGME. If the week of vacation leave is used prior to the exhaustion of six weeks of the required ACGME leave, an additional week will not be granted. House Officers will only be granted an additional week of personal leave if all LSUHSC provided leave is exhausted for extended medical, parental and/or caregiver purposes.

*Designated Lactation Rooms by site:

- University Medical Center - The lactation rooms are located on the first floor of D&T, down the hallway from the staff purple elevators (Claiborne side). Employee will see near the sliding entryway doors a room labeled Staff Lockers. Enter via badge access. The women's locker room has 4 lactation rooms contained therein.
- West Jefferson Medical Center – The lactation room is located in the WJMC Medical Staff Office. Contact Laura Neil for access to the room (Office: 504.349.1119 and Cell: 504.909.7716)
- Children's Hospital – Rooms listed below. The code for the other hospital lactation rooms is 3, 4, 5.
 1. 2nd floor of the ER waiting room, behind the red elevators
 2. 3rd floor ACC next to the green elevators
 3. 3rd floor in the new CICU
 4. 3rd floor of State St, just off the elevators
 5. 4th floor, the call room the residents have self-designated. Code: 3/5 (at same time), this room also has a small refrigerator in it.

The State St room does not have a code but locks and has an "in use" sign

EDUCATIONAL LEAVE

House Officers are permitted five (5) days (including weekends) of educational leave to attend or present at medical meetings.

FAMILY LEAVE

All House Officers who have worked for LSUHSC for twelve (12) months and 1,250 hours in the previous twelve (12) months, may be eligible for up to twelve (12) weeks of unpaid, job-protected leave in each twelve (12) month period, in accordance with the requirements of the Family Medical Leave Act of 1993 (FMLA). See the FMLA information on the LSUHSC website.

SICK LEAVE

House Officers are permitted 14 days (two 7-day weeks) of non-cumulative paid sick leave per year for illness or injury of the resident or for an immediate family member. Extended sick leave without pay is allowable at the discretion of the Department and in accordance with applicable law.

MEETINGS

Residents may attend conferences if they have had an abstract accepted as a poster or presentation. The Department will pay for reasonable travel expenses. No more than one resident may leave the clinical service to attend a meeting.

TRAVEL

Residents may attend conferences if they have had an abstract accepted as a poster or presentation. The Department will pay for reasonable travel expenses. No more than one resident may leave the clinical service to attend a meeting. The department will support the travel costs for residents who have paper(s) accepted for oral presentation at a National Society Meeting or Conference, provided all state travel regulations are followed. Should a resident have a poster accepted for presentation or wish to attend an educational course, they will need to find external grant funding to support their travel. The resident should contact the business manager and/or residency coordinator for assistance with the grant process.

1. The resident should meet with the residency coordinator no later than two (2) months prior to the meeting in which they are requesting to attend so that travel paperwork can be completed. International travel requests require additional institutional approvals; therefore, the resident should meet with the residency coordinator at least three (3) months in advance of the meeting.
2. The resident will be responsible for contacting the state travel agency (Concur's travel) to book their airfare. Airfare MUST be purchased through the state travel agency.
3. The resident will be responsible for making and booking their own hotel accommodations. Please note that there is a state daily per diem for hotels and meals based upon travel destination. On the last page you will find a copy of a travel pocket guide which lists all per diems. It will be your responsibility to find accommodations within these established per diems.
4. The resident must submit an educational leave slip signed by the chief resident and Program Director. The completed leave slip must be given to the residency coordinator.
5. The resident will have up to 30 days upon returning from the meeting in which to submit all travel receipts to the residency coordinator.
6. Please use Travel Pocket Guide as it pertains to your travel needs. Please inform the residency coordinator of any questions or concerns prior to making any travel arrangements.

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

ROTATIONS

Resident rotations are designed to optimize the educational experience of each individual resident, to allow progression per curriculum objectives and to satisfy the requirements of the ACGME in Neurological Surgery.

On all neurosurgical rotations, all residents are required to participate in the call schedule unless they are on vacation.

The rotation schedules are available a year in advance. Residents will be notified at the earliest possible time, if necessary, changes are made in the schedule. All residents should feel free to contact the Program Director with questions or other concerns regarding the rotations. The rotation schedule cannot be changed without the knowledge and consent of the Program Director. See final page of program manual for 2020-2021 Rotation schedule.

SURGICAL HOUSESTAFF ASSIGNED TO NEUROSURGERY SERVICE

Surgical interns and house staff assigned to the neurosurgical service shall be integrated under the oversight of neurosurgery residents. They shall assist in clinical and call activities, although the priority of assignment to surgical procedures shall be for neurosurgery residents.

CALL SCHEDULES

The call schedule for each hospital is primarily the responsibility of the chief resident. Any changes to the schedule must be approved by the Chief of the respective service. Neurosurgery call is taken from home. No in-house call is expected unless necessitated by patient care needs. The call schedule must comply with the duty hour requirements of the 80- hour work week. Patient care and educational objectives must be monitored, and if the long weekends are too great a burden for one resident, this option will no longer be allowed. On-call rooms are available at each hospital for resident use. Resident work hours should be monitored by the chief resident on an on-going basis, with the aim of modifying call policies and workforce decisions to ensure continued full compliance with the ACGME requirements.

MEALS

West Jefferson Medical Center, University Medical Center, and Children's Hospital offer free meals to residents/physicians. Contact the program coordinator for more details.

- UMC Policy - UMCNO is contracted to provide both LSUSOM and TULANE SOM \$100.00 per contracted resident FTE per month. Meal cards are intended to be used by house officers for meals when rotating in-house and taking nightly call.

Lost or stolen meal cards should be reported to 1) the UMC Academic Affairs office UMCAcademicAffairs@lcmchealth.org and 2) the Residency or Fellowship Program Coordinator.

Reported lost or stolen cards will be deactivated until the card is found or replaced. Each program is permitted two (2) lost/stolen cards per academic year. A replacement fee of \$25 will be billed to the Program for every reported instance of a lost/stolen card more than the two (2) permitted for each program.

PAGERS

The Louisiana State University provides digital pagers for the residents. Residents will usually retain the same pager number for the duration of their training. Each pager is allowed one free battery per month, which can be obtained from the hospital operators. At each of the main Neurosurgery offices, extra batteries are available from the office administrative staff. If a pager is lost or stolen, please contact the Program Coordinator immediately for replacement.

The department will cover the cost of a beeper for each resident; however, it will not support the cost of a cell phone. In addition, should a resident misplace or lose a pager it will be their responsibility to pay the \$55.20 replacement cost to obtain a new pager through the GME office. This fee must be paid by check or cashier's check only. The residency coordinator should be contacted if a resident loses or misplaces their pager.

PAYROLL

All payroll checks are distributed on a semi-monthly basis in the Department of Neurosurgery. Paystubs are automated and can be found by logging in to the link below. Should you have any questions please ask the program coordinator.

INSURANCE COVERAGE

Please see the GME House Officer Manual on Policies and Procedures for information on health, life, and malpractice insurance as well as disability coverage.

COMPUTERS AND LIBRARIES

Computers and medical libraries are available to residents at all hospitals and in the department, offices located in the Lion's building on LSUHSC Campus. User ID's and passwords are assigned by Computer Services after completing paperwork given to you during GME intern orientation. All residents are given an email account through LSU and are required to check it daily. This is the primary way in which information concerning the residency program will be distributed.

MEDICAL LICENSURE

Payment of licensure will be the financial responsibility of each resident. Every resident is required to hold a Louisiana medical license. A copy must be provided to the Department upon initial receipt and upon renewal each year. All interns must be registered to take **USMLE Step 3** by the end of their intern year. Once you have passed you must notify your coordinator and submit a copy of your scores to the department.

Specific licensure information should be obtained directly from the Louisiana State Board of Medical Examiners. www.lsbme.louisiana.gov or you can call them at 504.568.6820.

Policy (Step 3): It is required that **all residents must pass USMLE Step 3 by March 1st of their PGY 2 year.** Failure to pass Step 3 by this time will result in non-renewal of resident contract and dismissal from the program. ***Results should be sent directly to LSBME. ***

TEXTBOOKS

Through industry support the department maintains a subscription to Thieme E-Neurosurgery. This has proven to be the most cost effective and most efficient medium allowing access to numerous electronic textbooks. Additional educational book funds are available through grants. The business manager and program coordinator will assist with necessary paperwork.

The process for book(s) or educational/clinical item(s):

1. Residents will identify the book(s) or educational/clinical item(s) and email the residency coordinator with all of the pertinent information.
2. The department will have the requested item purchased.

LAB COATS

The department will fund the purchase of 2 lab coats every six months. The department does not support the cleaning of lab coats. This will be the financial responsibility of the resident. The process for having the lab coat(s) purchased will be as follows:

1. Residents will email the residency coordinator with the size and style of the lab coat needed.
2. The residency coordinator will place the order for the lab coat(s).
3. The residency coordinator will notify the residents once their lab coat(s) has/have arrived.

LEAD APRON AND THYROID SHIELDS

The department will cover the cost of one lead apron and one thyroid shield for each resident. Contact the residency coordinator for additional information.

SURGICAL LOUPES

The department will support the cost of one pair of surgical loupes during their PGY-2 year. The resident should contact the residency coordinator for additional information.

AMERICAN BOARD OF NEUROLOGICAL SURGERY PRIMARY EXAMINATION

In March of each year, the American Board of Neurological Surgery primary examination is administered. The examination consists of approximately 375 questions, covering information on the basic sciences, critical care, fundamental clinical skills, imaging, neuroanatomy, neurobiology, neurology, neuropharmacology, neurosurgery, pathology, and other disciplines deemed suitable and important. Residents taking the exam should develop and maintain a daily study routine to ensure the highest possible score. **To be eligible for credit during the PGY-3 year, a resident must score 50 points higher than the passing score on the ABNS Primary Examination.** The ABNS website states the neuroanatomy exam must be mastered before the resident can register to take the ABNS Primary Exam for credit or self-assessment as of July 1, 2025.

MEDICAL RECORDS

Residents are responsible for dictating and signing medical records on all patients they are responsible for. Operative notes must be dictated immediately after the operation. Admission history, physical exams, consults and discharge summaries should also be dictated immediately so they appear in the patient's chart in a timely manner. It is the resident's responsibility to visit medical records weekly and sign off on all notes. If you do not sign off on notes in a timely manner you will be placed on the delinquent list, which will lead to a suspension of privileges without pay. Timely completion of medical records is a cornerstone of professionalism.

ACGME CASE LOGS

All residents must enter their operative experience concurrently during each year of the resident in the ACGME Case log system. The following information is required for each case entered on the ACGME website:

- ✓ Resident
- ✓ Attending
- ✓ Institution
- ✓ Resident's Role
- ✓ Rotation
- ✓ Patient type
- ✓ Procedure date
- ✓ Case ID (patient's hospital number)
- ✓ If the patient was involved in trauma, it must be indicated CPT Code (more than one CPT code may be entered. However, only one may be marked for credit)

The ACGME Residency Review Committee (RRC) and the American Board of Neurological Surgery require that all residents participate in a minimum number of operative cases in certain "defined categories." Please refer to the information below for the minimum number and for the procedures that count in each defined category. There are no exceptions to these minimum numbers. Residents must continue to record cases even after finishing the minimum numbers. Please contact your coordinator at 504-568-6120 if you have any problems logging into the ACGME case log system.

*****ACGME case logs are the responsibility of the resident. Case logs are monitored weekly by the Program Director and Program Coordinator*****

NEUROSURGERY RRC DEFINED CATEGORIES AND MINIMAL REQUIREMENTS

The numbers listed are the minimum requirements you must meet for each category during your seven years of training. A lesser amount will not be accepted, and the resident will not be eligible for graduation. You must maintain complete records of all the cases in which you participate. Continue recording cases even after you have reached the required minimum. You will be held to these as well as Program case requirements.

Defined Case Category	Required Minimum Number	
	Senior + Lead Cases ¹	Lead Cases ¹
Adult Cranial		
Adult Cranial Tumor	60	30
Adult Cranial Trauma	60	30
Adult Vascular Lesion: Open	10	--
Adult Vascular Lesion: Endovascular	10	--
Adult Vascular Lesion: Extracranial	--	--
Total Adult Vascular Lesion	60	30
Adult Sellar/Parasellar Tumor	20	10
Adult CSF Diversion	20	10
Adult Radiosurgery	10	5
Adult Cranial Treatment for Pain	10	5
Adult Cranial Functional	10	5
Epilepsy (Adult and Pediatric)	10	5
Total Adult Cranial	300	150
Adult Spinal	Senior + Lead Cases	Lead Cases
Adult Anterior Cervical	30	15
Adult Posterior Cervical	30	15
Adult Thoracic/Lumbar Instrumentation and Fusion	30	15
Adult Lumbar Laminectomy/Laminotomy	30	15
Adult Extracranial Functional	10	5
Total Adult Spinal	300	150
Pediatric	Senior + Lead Cases	Lead Cases
Pediatric Cranial Tumor	5	--
Pediatric Cranial Trauma/Other	10	5
Pediatric CSF Diversion	10	5
Pediatric Spinal	5	--
Total Pediatric	40	10
Peripheral Nerve	10	5
Peripheral Device Management	20	10
Critical Care	Senior + Lead Cases	Lead Cases
Airway Management	--	10
Angiography	--	20
Arterial Line Placement	--	10
CVP Line Placement	--	10
EVD/Transdural Monitor	--	30
Percutaneous Tap Intracranial	--	10
Percutaneous Tap Intraspinal	--	10
Total Critical Care	--	100
TOTAL ALL DEFINED CASE CATEGORIES	800	400
Intradural Microdissection**	--	80

*See Case Log Guidelines for participation level definitions
**See Case Log Guidelines for microdissection definition and case types that could potentially involve microdissection and count toward microdissection.

¹Residents graduating in 2021 and beyond reviewed for potential citation.

DEPARTMENT OF NEUROSURGERY CONFERENCES

The residents and medical students on the service. Designated faculty are assigned to oversee each conference. All faculty members are required to attend all conferences.

Quality Improvement (formerly M&M/Complications): Quality Improvement Conference covering the cases is held the last Friday of each month. This conference is held to discuss in detail selected surgical cases that have been associated with deaths or complications. It is the responsibility of the most senior resident on the service to submit accurate data on all surgical cases, including deaths and complications, performed on the service the month prior. Complications conference is attended by the most senior resident on each service and the chief resident. Final decisions regarding which cases will be presented in full Quality Improvement Conference will be made by the Program Director with the input of the chief resident. The chief resident will then prepare them for presentation at the Quality Improvement conference. Each case presentation should include detailed history and physical examination of the patient, details of the hospital course details of the decision process made in the care of the patient literature review relevant to the case alternative treatments. Options/suggestions to avoid complications or death in the future. This is to be presented in a power point format. The chief resident should be able to answer questions on any of the cases included in the statistics. All residents on the service are required to attend and participate in the discussions.

Journal Club: Several recent meritorious journal articles are presented and reviewed in depth by a resident with a designated faculty and placed in context using classically quoted articles on that topic. Designated faculty and all residents are required to attend.

Neuropathology Conference: All faculty and residents attend neuropathology conferences held at WJMC and University Medical Center. Led by pathology faculty, this conference will review a general neuropathology topic and highlight interesting cases from the preceding month.

Neurosurgery Case conference: In preparation for the oral boards interesting cases from each hospital, chosen by the chief resident, are presented for discussion. Differential diagnosis and management options are discussed in detail to formulate a treatment plan. The residents and students are asked to present their plans for treatment with explanations for their choices. This plan is then discussed and critiqued by the faculty and other residents.

Mock Oral Board Exam: Those residents that have passed the primary exam sit for a mock oral board to prepare for the certification process. Residents are examined by two members of the faculty and evaluated on diagnosis, treatment, and complication management.

Skull base Conference: A weekly (June - August), skull base approach lectures are given followed by hands-on resident dissection in the laboratory.

Vascular Conference: Monthly vascular cases are presented and discussed by the Neurovascular and Neurointerventional staff.

Tumor Board: Each month, new brain tumor patient cases are presented, and recommendations are made for the appropriate plan of treatment. The reviews typically include imaging studies (MRI, CT, and/or PET scans), pathology studies, lab results, as well as past medical and surgical history.

Neuroradiology Conference: This monthly conference is moderated by members of the neuroradiology service. Interesting cases from the preceding month are presented along with the relevant Neuro-diagnostic images.

The didactic schedule will be distributed with the HO Manual which will include all tentative lectures and conferences details scheduled for the 2016-2017 academic year.

LOUISIANA ANNUAL NEUROSURGICAL SOCIETY (LANS) MEETING

LANS, as its members refer to it, is the official organization of the Louisiana Neurosurgeons. It is in collaboration with the LSU, Tulane, and Shreveport Department of Neurosurgery Residency programs. LANS was also established to promote the advancement of knowledge, practice, and teaching of neurosurgery. Every January the Society holds an annual conference at which all residents (unless you are on call) are expected to participate and attend.

DUTIES OF THE RESIDENTS IN EACH YEAR

Duties of the residents in the LSU Neurosurgical Residency program are structured to provide a graduated experience and involvement in neurosurgical patient management and preoperative, intraoperative, and postoperative patient care, foster a learning environment to develop the resident as a neuroscientist, and mentor the resident to mature as a thoughtful, caring, and compassionate physician. All residents are required to publish twice annually. This can be in the form of a manuscript or abstract at a national meeting.

The standard rotation schedule for neurosurgery rotations is depicted below. Note that variations will occur based on individual circumstances and personnel changes.

YEAR	JULY - DECEMBER	JANUARY - JUNE
PGY-1	UMC, WJMC, Neurology, Trauma, Critical Care, Neuroradiology, Endovascular, Radiosurgery, Neuropathology	UMC, WJMC, Neurology, Trauma, Critical Care, Neuroradiology, Endovascular, Radiosurgery, Neuropathology
PGY-2	UMC	UMC
PGY-3	WJMC/CH NOLA	WJMC/CH NOLA
PGY-4	WJMC	UMC
PGY-5	Academic/Research	Academic/Research
PGY-6	UMC	WJ
PGY-7	WJMC	WJMC

PGY-1 – First Year Resident in Neurosurgery

This is a clinical resident rotation where early skills and habits will be developed. Three months of the PGY-1 year are spent on the General Surgery service establishing the fundamental clinical skills of the evaluation and management of the general surgery patient with an emphasis on trauma and critical care. Goals in the general surgery months are to develop skills in patient diagnosis and management, learn basic critical care and emergency management, learn to manage ICU patients, recognize the complications of surgery and trauma, and learn basic surgical techniques. The three months are spent on clinical Neurology and neurophysiology services learning to master the neurological examination and formulating a differential diagnosis in the neurological patient. Two months are spent at The Methodist Hospital in Houston for a Neuropathology rotation. The resident participates in brain cutting, tumor board, conferences, and book study to acquire appropriate knowledge and skills in neuropathology. The PGY-1 resident also spends two months on a Neuro-Interventional Surgery rotation at West Jefferson Medical Center. The goal of this rotation is primarily to acquire skill in diagnostic Neuro-Intervention. Residents will also rotate with the Neuroradiologists. CT of the brain and spine, CT angiography, MRI of the brain, spine, and peripheral nervous system, MRA, MR Spectroscopy, ultrasounds of the cerebrovascular system including transcranial Doppler, intraoperative ultrasound, cisternography, PET, SPECT, and performance and interpretation of myelography will be covered. There are two months of the PGY-1 year that is spent on the general Neurosurgery service at West Jefferson Medical Center, learning the fundamentals of the evaluation and management of the Neurosurgical patient. Additional time will be spent rotating with radiation oncology reviewing the fundamentals of stereotactic radiosurgery and neuroradiology.

PGY-2 – Second Year Resident in Neurosurgery

The PGY-2 year is spent on the Trauma neurosurgery service at University Medical Center (UMC). The resident will serve as the junior resident with the Chief (PGY – 4 or PGY-6) resident focusing on spinal, trauma, and general neurosurgery. The resident will attend one clinic every week at University Medical Center focusing on general neurosurgery working directly with faculty. This experience will allow the resident to acquire the ability to prepare treatment plans for patients presenting in a non-urgent environment and follow the patient from first visit through surgery and recovery. The resident will begin to develop the skills of neurosurgical patient management by following the patient through the course of their treatment with more involvement in surgical care.

Educational and Competency Goals

Patient Care

The residents will be able to:

- Perform and document a comprehensive Neurosurgery history and physical examination [H&P].
- Understand and interpret laboratory studies and imaging, including appropriate indications.
- Develop and demonstrate patient education and management skills.
- Develop skill to place ICP monitors and external ventricular drains with minimal assistance.
- Perform selected surgical procedures under direct supervision.
- Assist in major surgical procedures and perform those portions of such procedures (under supervision) that are appropriate for level of training.
- Develop skills necessary to establish and implement an effective patient management plan.

Medical Knowledge

The residents will be able to:

- Demonstrate a solid foundation of neuroscience knowledge in conferences and on patient rounds.
- Develop accuracy in clinical evaluation skills. o Develop a solid foundation of knowledge in the specialties associated with each of the rotations.
- Demonstrate the foundation for clinical Neurosurgery problem solving and decision making.

Practice-Based Learning and Improvement

The residents will be able to:

- Establish a solid evidence-based approach to patient care in formulating treatment plans

Interpersonal and Communication Skills

The residents will be able to:

- Provide compassionate ward and outpatient care as determined by patients, families, colleagues, and ancillary health professionals
- Develop and nurture sound and appropriate interpersonal and communication skills
- Focus on and develop a compassionate approach to deal with patients, to their illness and to the patients' families
- Deliver high quality professional communications, including scholarly work

Professionalism

The residents will be able to:

- Demonstrate a high level of professionalism at all times
- Advocate for the patient, according to ethical principles, and exhibit sensitivity to a diverse patient population
- Behave in a manner respectful to patients, families, colleagues, and healthcare personnel at all times

System Based Practice

The residents will be able to:

- Demonstrate an awareness of and responsiveness to the larger context and systems resources to provide care that is of optimal value.
- Apply evidence-based information to clinical decision making in a cost-effective manner

Clinical and Academic Duties

Hospital patients are generally in ICU or on the post-op surgical floor although some consultation patients are on other floors. The census runs from about 10-15 patients. Residents make early morning rounds, evaluating and examining all patients, reviewing charts and studies, and planning dispositions. Rounds may be made with the attending in the morning, or later in the day, depending on the operative schedule and meetings, emergencies, and other factors. The residents and medical students are fully integrated into the outpatient clinics. Patients are evaluated by a resident and/or medical student; the Attending then sees the patient with the resident and the case is discussed. The resident may dictate the consultation or post op note but it must be read, corrected, and signed by the attending. Outpatient clinic is held Mondays and administered by the chief resident. The caseload is such that the NS2 resident may be “one on one” with the attending in the operating room. The resident is allowed increasing involvement in the operation as surgical skills improve. Following the operation details are discussed and critiqued and recommendations for improvement made. Call is every third to fourth night as determined by the Chief resident. On Fridays, all residents attend the neurosurgery conference block. When possible, the resident is encouraged to attend any others of the multiple conferences at the LSU Neuroscience Center. The NS2 resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society, and to prepare papers for submission to journals, participate in quality improvement research and presentation at meetings. All residents are encouraged to submit one manuscript to a major peer review journal each year.

PGY-3 – Third Year Resident in Neurosurgery

The PGY-3 year is spent at WJMC for spine, tumor, functional, and cerebrovascular neurosurgery experience. Here the resident is exposed to a broad spectrum of neurosurgical disorders, working one on one with subspecialty neurosurgery faculty. The resident is involved in the work up of patients admitted to the neurosurgical service. He/she is responsible for history and physical examination on elective admits and develops a management plan in conjunction with the attending. He/she reviews the findings on diagnostic studies and discusses the treatment options with the attending neurosurgeon. Surgical treatment is discussed and the procedure reviewed in detail. The resident assists at operation and is included in postoperative management. Rounds are made with the attending on a daily basis. Consults will be answered either with the attending or initially by the resident and then presented to the attending. Emergency Room consults may be answered initially by the resident and presented to the attending. The resident is on call every third to fourth night. The resident attends selected clinics and evaluates new patients and presents the findings to the attending. The resident keeps a personal log of all cases through the ACGME website. The resident also rotates at Children’s Hospital of New Orleans for pediatric exposure.

Educational and Competency Goals

Patient Care

The residents will be able to:

- Teach medical students the fundamentals of the neurosurgical H&P
- Accurately interpret complex laboratory and imaging tests and other fundamental skills
- Develop complex patient diagnostic and managerial skills
- Perform selected surgical procedures under direct supervision e.g., laminectomy for stenosis and intermediate- level craniotomies
- Assist in major surgical procedures and perform those portions of the operation that are appropriate to the resident’s level of training under guidance
- Demonstrates competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans
- Demonstrate necessary skills to diagnosis and perform radiosurgery procedures. This includes pre-operative and peri-operative decision-making and dosimetry planning, frame placement, and procedural performance
- Acquire skill in managing head trauma and commensurate critical care skills

Medical Knowledge

The residents will be able to:

- Perform above the 50th percentile on the Neurosurgery in-service examination
- Demonstrate the ability to evaluate medical literature in journal clubs and on rounds
- Demonstrate understanding of the pathophysiology of common pediatric neurosurgical conditions

Practice-Based Learning and Improvement

The residents will be able to:

- Perform a clinical or basic science research project appropriate for presentation at a national scientific meeting and for subsequent publication
- Demonstrate sound habits of personal scholarship and scientific inquiry
- Finalize the design of the research project to be carried out during the PGY-4 year
- Demonstrate an ongoing and improving ability to learn from errors
- Learn to identify and improve system problems that impede patient care and/or resident education

Interpersonal and Communication Skills

The residents will be able to:

- Demonstrate ability to provide compassionate care to patients and their families
- Demonstrate a high level of interpersonal communication skills
- Demonstrate a compassionate and objective approach to patient counseling

Professionalism

The residents will be able to:

- Demonstrate a high level of professionalism at all times

System Based Practice

The residents will be able to:

- Apply cost effectiveness and evidence-based approaches to the previously acquired clinical decision-making skills
- Understand practice management issues in Neurosurgery such as patient processing, Evaluation and Management Coding, procedural terminology, documentation of services rendered, and other reimbursement process related issues
- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems, and medical economics

Clinical and Academic Duties

The PGY 3 resident spends the year at West Jefferson Medical Center under the direction and supervision of the Staff Neurosurgeons. The resident is involved in the work up of patients admitted to the neurosurgical service. He/she is responsible for history and physical examination on elective admits and develops a management plan in conjunction with the attending. He/she reviews with the attending neurosurgeon the findings on diagnostic studies and discusses the treatment options. Surgical treatment is discussed and the procedure reviewed in detail. The resident assists at operation and is included in postoperative management. Patients admitted to the ICU are provided care by the neurosurgical service with assistance of consults. This includes inserting pressure monitors under the supervision of the attending to manage intracranial pressure.

Rounds are made with the attending on a daily basis. Consults will be answered either with the attending or initially by the resident and then presented to the attending. Emergency Room consults may be answered initially by the resident and presented to the attending. The resident is on call

every third to fourth night. The resident attends selected clinics and evaluates new patients and presents the findings to the attending. He/she attends specialty clinics where he observes the interdisciplinary approach to functional, spine, vascular disorders, etc. The resident collects the statistics for the neurosurgery service and presents them at the monthly Morbidity and Mortality conference. The resident keeps a personal log of all cases. To successfully complete the rotation, the resident must engage in a clinical research project to be presented at the annual Louisiana Neurosurgical Society meeting and participate in quality improvement research.

PGY-4 – Fourth Year Resident in Neurosurgery

In the fourth year, the resident spends time at UMC functioning as chief, typically focusing more on complex cranial and spine pathology. The resident also rotates at West Jefferson Medical Center on the Spine service. The resident has more autonomy in the operating room under the direction of the neurosurgical staff. The fourth year manages the floor and ICU patients with assistance from the chief resident and staff. Additionally, the resident operates a staff assisted morning clinic once a week focusing on complex cranial cases and clinical trial patients.

Leadership/managerial skills are developed and implemented during this year. Medical student and junior resident teaching are encouraged through daily rounds and conference lectures.

Educational and Competency Goals

Patient Care

The residents will be able to:

- Accurately interpret complex laboratory and imaging tests
- Begin to direct ward and clinic patient care
- Instruct residents and medical students regarding their performance of selected non-complex surgical procedures appropriate to their level of training
- Demonstrate competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans
- Provide high level non-operative care
- Perform complex neurosurgery procedures (spine and cranial) and assist with those cases that are CR-level cases.

Medical Knowledge

The residents will be able to:

- Perform at passing or above on the Neurosurgery in-service (written board) examination
- Teach and mentor PGY-2 residents
- Demonstrate the ability to evaluate the medical literature in journal clubs and on rounds
- Build upon the previously established foundation of knowledge in the specialties associated with each of the four rotations
- Demonstrate understanding of radiologic diagnosis of neurosurgical disease, interventional radiology skills including angiograms, and pathological diagnosis.

Research

The residents will be able to:

- Demonstrate a high capacity for work and intensity in the research environment
- Develop problem solving skills that can be used to design, implement, and report research that is relevant to the clinical arena
- Establish sound research and research-related problem-solving habits, which includes becoming extraordinarily familiar with the relevant literature

- Become an integral component of the research team
- Demonstrate an ongoing and improving ability to learn from errors

Interpersonal and Communication Skills

The residents will be able to:

- Demonstrate a high level of interpersonal communication skills
- Communicate effectively with all members of the research team
- Utilize the aforementioned communication, interpersonal, and team building skills to effectively participate in and lead research projects

Professionalism

The residents will be able to:

- Demonstrate a high level of professionalism at all times

System Based Practice

The residents will be able to:

- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems, and medical economics

PGY-5 – Fifth Year Resident in Neurosurgery

The fifth year of training is spent in pursuit of neurosurgical scholarship, most frequently in a laboratory in the LSU Neuroscience Center of Excellence or lab of their choosing. The resident must submit a proposal to the Program Director outlining the objectives and course of study to be pursued. The resident may pursue a clinical elective at another institution, but the department will NOT be responsible for costs including but not limited to: (licenses, meals, housing, mileage, additional malpractice, etc.). The department will cover the resident's stipend. All requests for elective study outside LSUHSC-NO Department of Neurosurgery must be approved by the Program Director. Clinical duties are strictly limited, though some call coverage may be expected to maintain clinical skills through this period. This academic year is an opportunity for the resident to fine-tune their skills in academic pursuit including research design, conduct, and ethics, as well as academic professional communication skills. The content of the investigation is largely determined by the interests of the resident but must be of high quality as determined by the program director. It is fully expected that this work should result in at least one publication in a major peer reviewed journal.

The department will support residents in the PGY 5 year to pursue a Master of Health Administration or (MHA) or a Master of Business Administration (MBA) through LSU-Shreveport online.

Educational and Competency Goals

Patient Care

The residents will be able to:

- Demonstrate competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans

Medical Knowledge

The residents will be able to:

- Demonstrate the ability to evaluate the medical literature in journal clubs and on rounds

Research

The residents will be able to:

- Demonstrate a high capacity for work and intensity in the laboratory/research environment
- Develop problem solving skills that can be used to design, implement, and report research that is relevant to the clinical arena
- Establish sound research and research-related problem-solving habits, which includes becoming extraordinarily familiar with the relevant literature
- Become an integral component of the research team
- Demonstrate an ongoing and improving ability to learn from errors

Interpersonal and Communication Skills

The residents will be able to:

- Demonstrate a high level of interpersonal communication skills

Professionalism

The residents will be able to:

- Demonstrate a high level of professionalism at all times

System Based Practice

The residents will be able to:

- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems and medical economics

Clinical and Academic Duties

The academic year is an opportunity for the resident to fine tune their skills in academic pursuit including research design, conduct, and ethics, as well as academic professional communications skills. The content of the investigation is largely determined by the interests of the resident but must be of high quality as determined by the program director or assistant program director. The resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society and is required to prepare papers for submission to journals and presentations at meetings.

The Neuroscience Center is widely known for research on cerebral ischemia and degenerative diseases. Our academic faculty has various interests including spinal cord regeneration, trauma, cerebrovascular and peripheral nerve pathology. There are several ongoing and research projects in which residents are encouraged to participate. The neurosurgery skull base anatomy lab is available as well. The resident is expected to join or design a project that can be reasonably completed within a year.

PGY-6 – Sixth Year Resident in Neurosurgery

The sixth year begins as the Trauma chief resident at University Medical Center. In the second six months, the PGY6 resident goes to West Jefferson Medical Center. In this year, the resident shares “chief call”, seeing all potential operative cases on call and reporting directly to the attending on call with their assessment. In addition, they function as the chief resident on their services, managing the patient care duties of one junior resident. It is expected that they will participate in the most complex procedures at each hospital during this year, functioning as a chief at both hospitals.

Educational and Competency Goals

Patient Care

The residents will be able to:

- Demonstrate competency regarding performance of inpatient and surgical procedures
- Demonstrate clear and concise patient care plans
- Demonstrate the ability to implement the aforementioned patient care plans

Medical Knowledge

The residents will be able to:

- Demonstrate the ability to evaluate the medical literature in journal clubs and on rounds

Research

The residents will be able to:

- Demonstrate a high capacity for work and intensity in the laboratory/research environment
- Develop problem solving skills that can be used to design, implement, and report research that is relevant to the clinical arena
- Establish sound research and research-related problem-solving habits, which includes becoming intimately familiar with the relevant literature
- Become an integral component of the research team
- Demonstrate an ongoing and improving ability to learn from errors

Interpersonal and Communication Skills

The residents will be able to:

- Demonstrate a high level of interpersonal communication skills
- Communicate effectively with all members of the research team
- Utilize the aforementioned communication, interpersonal, and team building skills to effectively participate in and lead research projects

Professionalism

The residents will be able to:

- Demonstrate a high level of professionalism at all times

System Based Practice

The residents will be able to:

- Demonstrate an understanding of practice opportunities, practice types, health care delivery systems and medical economics

Clinical and Academic Duties

The resident is expected to present a paper at the annual meeting of the Louisiana Neurosurgical Society, participate in quality improvement research, and encouraged to prepare papers for submission to journals and presentation at meetings.

PGY-7 – Seventh Year Resident in Neurosurgery

At the conclusion of the PGY-6 year, the resident is amply prepared for the true chief residency. The chief year is spent at West Jefferson Medical Center. The chief is fully responsible for coordination of all patient care on all the services, resident workforce decisions, complication review, journal club, conference, and call schedules. In addition, they directly manage the service they are on.

Educational and Competency Goals

Patient Care

The resident will be able to:

- Demonstrate ability to perform all major neurosurgical procedures
- Demonstrate the highest level of patient care skills, problem solving skills and technical skills
- Manage and administrate the complexities of a large clinical and academic service
- Instruct and nurture junior residents in critical care related procedures, intensive care unit, call, etc.
- Demonstrate ability to teach effectively
- Manage and lead the patient care conference
- Assist program director in overseeing personal, academic, and clinical growth and development of junior residents
- Participate actively and lead conferences in a manner that demonstrates a high level of global awareness regarding clinical neurosurgery, applied research, an understanding of the literature, neurosurgical education, and program building

Practice-Based Learning and Improvement

The resident will be able to:

- Manage and administrate the complexities of a large clinical and academic service
- Develop skills as program builder and an administrator of the neurosurgical service

Interpersonal and Communication Skills

The resident will be able to:

- Demonstrate a high level of interpersonal communication skills

Professionalism

The resident will be able to:

- Demonstrate a high level of professionalism at all times

System Based Practice

The resident will be able to:

- Demonstrate understanding of legal issues in neurosurgery
- Demonstrate a high level of understanding regarding practice types, medical economics, and medical politics

Clinical and Academic Duties (CHIEF)

During NSurg Year 7, the resident is responsible for the day-to-day running of the neurosurgical service under the supervision of the faculty. He/she is expected to discuss and plan patient management including surgical operations with the attendings, take leading roles in patient evaluation, planning of treatment, surgical procedures, and postoperative care. He/she is responsible for supervising resident assignments to the operating room, producing call schedules, and supervising the junior residents and medical students. He/she provides overall supervision for conferences including data collection for morbidity and mortality conferences, works with the junior residents to assure compliance with case log recording and monitoring of Clinical and Educational Work hours, and works with the Chairman of Neurosurgery and the Program Director to provide an academic learning experience. He/she communicates with Chief Residents in other medical and surgical specialties to coordinate consultations, manage multi-trauma or other cases requiring team management. At this level, resident will be familiar with billing and coding, medical liability and patient safety issues, governmental regulatory concerns, and practice development. It is anticipated that the finishing resident will be fully qualified to practice the highest level of neurosurgery.

FACULTY WELLNESS

The Department of Neurosurgery at LSU Health New Orleans recognizes that faculty wellness is essential to the success of our educational mission, patient care, and overall program culture. Faculty are not only educators and clinicians but also mentors and role models for our residents. We are committed to fostering an environment that supports professional fulfillment, reduces burnout, and promotes a sustainable and rewarding career in academic medicine.

Faculty wellness directly impacts: quality of patient care, effectiveness of teaching and mentorship, resident well-being and program culture, & long-term faculty retention and career satisfaction. A healthy faculty creates a healthier learning environment for everyone.

Key Areas of Focus

1. Workload & Efficiency

We aim to support faculty by:

- Promoting efficient clinical and administrative workflows
- Encouraging use of standardized processes and tools
- Reducing unnecessary administrative burden where possible
- Supporting delegation and team-based care models

2. Professional Fulfillment

Faculty are encouraged to pursue areas of interest and growth, including:

- Teaching and curriculum development
- Research and scholarly activity
- Leadership and administrative roles
- Participation in regional and national organizations

3. Work-Life Integration

We recognize the importance of balance and sustainability:

- Respect for time outside of clinical and educational duties
- Encouragement of vacation and time off
- Flexibility when possible for personal and family needs

4. Supportive Culture

We strive to maintain a culture that is collegial and respectful, inclusive and psychologically safe, & one that is open to feedback and continuous improvement. Faculty are encouraged to communicate concerns early, support one another as colleagues & mentors, & participate in departmental discussions & planning.

4. Burnout Awareness & Support

Burnout in academic medicine is common and can present as emotional exhaustion, decreased job satisfaction, & reduced sense of accomplishment. Faculty experiencing signs of burnout are encouraged to seek support early. Available resources may include:

- Institutional wellness programs
- Employee Assistance Programs (EAP)
- Peer support and mentorship
- Departmental leadership support

5. Faculty Development & Mentorship

The department supports ongoing faculty development through:

- Mentorship opportunities (formal and informal)
- Teaching and leadership development programs
- Feedback and coaching opportunities
- Participation in workshops and conferences

The department is committed to ongoing evaluation and improvement of faculty wellness efforts. Feedback is encouraged and may be shared with Department leadership, Program leadership, and Institutional GME office.

PROGRAM WELLNESS

The Department of Neurosurgery at LSU Health New Orleans recognizes that program wellness does not happen without the assistance of everyone within the department as well as from institutional and national accrediting bodies. We are committed to fostering an environment that supports professional fulfillment, reduces burnout, and promotes a sustainable and rewarding career in academic medicine.

Program wellness directly impacts effectiveness of teaching and mentorship, resident well-being, & long-term faculty retention and career satisfaction. A healthy program creates a healthier learning environment for everyone.

Key Areas of Focus

1. Workload & Efficiency

We aim to support faculty, residents, and administrators by:

- Promoting efficient clinical and administrative workflows
- Encouraging use of standardized processes and tools
- Reducing unnecessary administrative burden where possible
- Supporting delegation and team-based care models

2. Professional Fulfillment

Faculty, residents, and administrators are encouraged to pursue areas of interest and growth, including:

- Teaching and curriculum development
- Research and scholarly activity
- Leadership and administrative roles
- Participation in regional and national organizations

3. Work-Life Integration

We recognize the importance of balance and sustainability:

- Respect for time outside of clinical and educational duties
- Encouragement of vacation and time off
- Flexibility when possible for personal and family needs

4. Supportive Culture

We strive to maintain a culture that is collegial and respectful, inclusive and psychologically safe, & one that is open to feedback and continuous improvement. Department members are encouraged to communicate concerns early, support one another as colleagues & mentors, & participate in departmental discussions & planning.

4. Burnout Awareness & Support

Burnout in academic medicine is common and can present as emotional exhaustion, decreased job satisfaction, & reduced sense of accomplishment. Department members experiencing signs of burnout are encouraged to seek support early. Available resources may include:

- Institutional wellness programs
- Employee Assistance Programs (EAP)
- Peer support and mentorship
- Departmental leadership support

The department is committed to ongoing evaluation and improvement of program wellness efforts. Feedback is encouraged and may be shared with Department leadership, Program leadership, and Institutional GME office. We actively seek out outside agencies for unbiased reviews of our department so as to improve upon current policies, engage with the larger Neurosurgical community, and to continue to strive for excellence.

LSU NEUROSURGERY SUPPORT STAFF

Jennifer Bordelon	<i>Business Director</i>	jbord7@lsuhsc.edu	w: 504-568-2582
Chelsea David	<i>Residency Program Administrator</i>	cdav47@lsuhsc.edu	w: 504-598-6120 c: 225-939-8779
Cynthia Nguyen	<i>Department Administrator</i>	cngu41@lsuhsc.edu	w: 504-598-2646
Mary Hastrup	<i>Research Coordinator</i>	mhaast@lsuhsc.edu	w: 504-598-6123

		July	August	September	October	November	December	January	February	March	April	May	June
PGY 7	Austin Crabill	WJ Cranial Chief	WJ Cranial Chief	WJ Cranial Chief	WJ Cranial Chief	WJ Spine Chief	WJ Spine Chief	UMC Chief	UMC Chief	UMC Chief	WJ Spine Chief	WJ Spine Chief	WJ Spine Chief
PGY 7	Wesley Shoap	UMC Chief	UMC Chief	UMC Chief	WJ Spine Chief	WJ Cranial Chief	WJ Cranial Chief	WJ Spine Chief	WJ Spine Chief	WJ Spine Chief	WJ Cranial Chief	WJ Cranial Chief	WJ Cranial Chief
PGY 6	Sarah Lawhon	WJ Spine Chief	WJ Spine Chief	WJ Spine Chief	UMC Chief	UMC Chief	UMC Chief	WJ Spine Chief	WJ Spine Chief	WJ Spine Chief	UMC Chief	UMC Chief	UMC Chief
PGY 5	Jamieson Glasser	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research
PGY 5	Elery Hayden	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research	Research
PGY 4	Addy Adesina	WJ	WJ	WJ	WJ	UMC	UMC	UMC	UMC	WJ	WJ	UMC	UMC
PGY 3	Tyler Schriber	Peds	Peds	UMC	UMC	WJ	WJ	UMC	UMC	Peds	Peds	WJ	WJ
PGY 3	Ian Ramsay	UMC	UMC	Peds	Peds	UMC	UMC	WJ	WJ	UMC	UMC	Peds	Peds
PGY 2	Kaleb Derouen	UMC	UMC	UMC	UMC	Peds	Peds	Peds	Peds	UMC	UMC	UMC	UMC
PGY 1	Cara Ramos	TICU (GS)	Cohn's (GS)	Trauma (GS)	NeuroICU	NeuroICU	NeuroICU	Neuropath	Neuropath	WJ/Endo/ Radiosurgery	WJ/Endo/ Radiosurgery	WJ/Endo/ Radiosurgery	WJ/Endo/ Radiosurgery
PGY 1	Jack Leoni	WJ/Endo/ Radiosurgery	WJ/Endo/ Radiosurgery	WJ/Endo/ Radiosurgery	WJ/Endo/ Radiosurgery	Neuropath	Neuropath	TICU (GS)	Cohn's (GS)	Trauma (GS)	NeuroICU	NeuroICU	NeuroICU
Ortho		WJ			WJ			WJ			WJ		
OMFS		WJ	WJ	WJ	WJ	WJ	WJ	WJ	WJ	WJ	WJ	WJ	WJ
Vascular						WJ	WJ	WJ	WJ				
	WJMC												
	UMC												
	Children's												