



LOMA LINDA UNIVERSITY HEALTH CARE EDUCATIONAL PROGRAM

VASCULAR SURGERY FELLOWSHIP

MASTER POLICIES AND PROCEDURES MANUAL

MISSION STATEMENT:

- We aim to educate medical students, residents and fellows in the art and science of vascular surgery.
- We aim to recruit, support and retain faculty with high academic standards, who are committed to surgical education and are excellent role models to younger generations of vascular surgeons.
- We aim to maintain and foster a research environment that contributes to medical knowledge and stimulates innovative thinking in our residents, fellows and faculty.
- We aim to foster an educational environment in which the mission of Loma Linda University, "To make man whole," is emphasized not only in the care of the patient but also by helping our fellows to become excellent surgeons while they continue to cultivate their cultural, social and spiritual life.

GENERAL EDUCATIONAL OBJECTIVES:

The fellows are expected to gain knowledge and skills required for independent practice as a vascular surgeon during the two years of training.

Specifically,

1. Following the completion of training, the resident should be capable of managing all aspects of the care of the patient with vascular disease beginning with the initial evaluation, through the diagnostic and therapeutic phases. The resident should acquire sufficient knowledge to achieve board-certification and deliver comprehensive vascular care in the tertiary care environment.
2. Possess adequate knowledge of the anatomy, physiology and imaging (angiographic and noninvasive) details of the arterial, venous and lymphatic systems.



3. Possess a thorough understanding of the pathology of all arterial, venous and lymphatic disorders.
4. Describe the pathogenesis and complications of aneurysms, atherosclerotic occlusive disease and non-atherosclerotic disease processes in the various vascular beds (aortic, carotid, peripheral, visceral).
5. Understand all available therapies – medical, endovascular, and surgical – and their relative merits and expected outcomes.
6. Assess and optimize risks: especially pertaining to the cardiac, pulmonary, and renal systems in these complex patients with multiple comorbidities.
7. Understand unique aspects of diabetes specific to vascular disease.
8. Be able to assess all basic and advanced tests employed – CXR, CT scan, CTA, MRA, arteriography, PFT's, DSE, echocardiography, nuclear cardiac stress tests, etc.
9. Understand all noninvasive vascular laboratory studies and their role in patient care.
10. To develop professional habits consistent with sound ethical medical practice, including:
 - Effective interpersonal relationships with peers and other health professionals.
 - A compassionate attitude toward patients and their families and friends.
 - Clarity and timeliness of written communication in medical records and elsewhere.
11. To develop General Competencies in areas recommended by the ACGME
 - Patient care
 - Medical knowledge
 - Practice-Based learning and improvement
 - Interpersonal and communication skills
 - Professionalism
 - Systems-Based practice
12. To secure an environment in which the fellows can develop mature surgical judgment and technical skills and, at the same time, be able to cultivate their cultural, social and spiritual life.



ACGME COMPETENCIES:

The Accreditation Council for Graduate Medical Education (ACGME) has implemented a requirement that fellows must obtain competence in the six areas listed below to the level expected of a vascular surgeon. Accreditation of a given fellowship is contingent on this requirement being met. Your fellowship program defines the specific knowledge, skills, behaviors, and attitudes required while providing educational experiences needed in order for fellows to demonstrate the following:

1. Patient care and Procedural Skills that are compassionate, appropriate, and effective for the treatment of health programs 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 and improvement that involves the ability to
 - a. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
 - b. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
4. Interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals;
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds;
6. Systems-based practice, as manifested by actions that demonstrate an awareness of 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 health care.



STRUCTURE OF FELLOWSHIP:

The vascular fellowship at LLU is a two-year fellowship allowing entry following completion of an ACGME-accredited general surgery fellowship program and leading to qualification for Vascular Surgery Board eligibility. The general structure of the fellowship is outlined below.

ROTATIONS:

As of July 2008, with two fellows in the program, the structure will be two rotations – one at LLUMC and one at LLVA.

Fellowship Year	July – September	October – December	January – March	April – June
R – 1	LLVA	LLVA	LLUMC	LLUMC
R – 2	LLUMC	LLUMC	LLVA	LLVA

FELLOW EVALUATION AND PROMOTION POLICY:

Purpose:

Graduates of the Vascular Surgery Fellowship Program and Loma Linda University Medical Center must demonstrate competence in the knowledge, skills, and core competencies necessary to practice independently in a manner that is consistent with the American Board of Surgery. The program curriculum is laid out in a manner to provide residents with a graduated training experience. Evaluation of residents is necessary and key in order to determine whether a resident has met the criteria for advancement. All evaluations (except for comprehensive evaluation, in-training exam, operative experience log, and self-assessment) will be completed utilizing the



Med Hub System. The purpose of this policy is to provide specific guidelines for the evaluation, promotion, or remediation of residents.

Components of the Formative Evaluation System:

Each resident will be evaluated as detailed below. All resident evaluation methods with the exception of the Comprehensive Evaluation, In-Training Examination, and Operative Experience Log will be competency based.

1. Quarterly Evaluations

At the completion of each quarter, the attending physicians will evaluate each resident's performance. The resident performance will be evaluated across each of the six ACGME Core Competencies and technical skills. Attendings are expected to provide comments regarding the resident's performance and suggestions for improvement if necessary. To be promoted to the next scheduled rotation, the resident must achieve a satisfactory rating in all areas. Residents who do not receive a satisfactory rating in all areas will be placed on a remediation plan as determined by the Program Director and attendings. If the resident fails to follow the remediation plan or fails to show improvement, the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to continue in or complete the training program.

2. In-Training Examination

The In-Training Examination is given in February of each year of the fellowship. Satisfactory performance is expected. Satisfactory performance is defined as a score that places the resident above the 25th percentile of their year of training as compared to national data. Residents who fall into the bottom quartile of performance will be required to follow an individualized plan of remediation as determined by the Program Director with input from the attendings. The resident's knowledge vs. test taking abilities will be assessed and taken into account when formulating a remediation plan. If the resident fails to follow the remediation plan or fails to show improvement on the next In-Training Exam (i.e. failure to achieve score >25th percentile), the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to continue in or complete the training program.



3. *Operative Experience Logs*

Each resident is expected to maintain an accurate operative experience log. The Program Director and Program Coordinator will review each resident's log on a weekly basis to monitor accuracy and resident progression in meeting the index case requirements for the Vascular Surgery Fellowship. Residents who fail to maintain an accurate and current operative log will be suspended from clinical activity until the operative log has been updated accordingly. The operative experience log will be one of the evaluation factors during the resident semi-annual evaluation. The Program Director will counsel residents who show difficulty in meeting the necessary experience requirements and develop a remediation plan as necessary. If the resident fails to follow the remediation plan or fails to obtain the required operative experience, the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to continue in or complete the training program.

4. *Semi-Annual Comprehensive Evaluation*

The resident will be evaluated on a semi-annual basis primarily in the areas of professionalism and interpersonal and communication skills utilizing a multi-rater system comprised of staff from the following areas: nursing, perfusion, patients, respiratory, and other ancillary support staff. The resident is expected to receive an overall average satisfactory rating in all areas. Residents who do not receive a satisfactory rating in all areas will be placed on a remediation plan as determined by the Program Director and attendings. If the resident fails to follow the remediation plan or fails to show improvement, the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to continue in or complete the training program.

5. *Procedural Evaluation*

Attendings will evaluate residents at the end of a procedure regarding their preoperative, intraoperative, and postoperative performance. Residents will then be given immediate feedback and suggestions for improvement. The resident is expected to show improvement in performance for procedures performed and receive overall satisfactory scores by the end of each rotation. If the resident fails to exhibit



appropriate progression in skill and performance, he/she may be placed on a remediation plan as specified by the Program Director and attendings. If the resident fails to follow the remediation plan or fails to show improvement, the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to continue in or complete the training program.

6. Self-Assessment

On a semi-annual basis, residents are expected to complete a written self-assessment on their performance over the past six months in the following areas: the ACGME core competencies, identification of strengths, identification of areas for improvement, identification of learning objectives, and overall comments. The completed self-assessment will be reviewed with the Program Director.

7. Semi-Annual Evaluation

Attendings will evaluate each resident on a semi-annual basis. Residents are expected to receive satisfactory scores in all areas. The resident is expected to receive an overall average satisfactory rating in all areas. Residents who do not receive a satisfactory rating in all areas will be placed on a remediation plan as determined by the Program Director and attendings. If the resident fails to follow the remediation plan or fails to show improvement, the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to continue in or complete the training program.

Formal Review of Resident Performance and Promotion:

The Program Director will formally meet with each resident every six months to review and discuss performance and progress. The results of all evaluations completed in within the past six months plus the resident's operative experience log, comprehensive evaluation, resident self-assessment will be reviewed. The resident is expected to receive an overall average satisfactory rating in all areas. Residents who do not receive a satisfactory rating in all areas will be placed on a remediation plan as determined by the Program Director and attendings. If the resident fails to follow the remediation plan or fails to show improvement, the duration of training may be extended, the resident may not be promoted, or the resident may not be allowed to



continue in or complete the training program. In addition, on an annual basis, the GME office will provide each resident with a written evaluation.

At the conclusion of the first year of training the resident will be advanced to the second year if all evaluations are satisfactory and the resident has no deficits which require remediation. At the completion of the fellowship training program, the Program Director will provide each graduating resident with a summative evaluation. Resident who have completed all requirements of training including satisfactorily passing all evaluations, and rotations will be recommended to the Board.

DISCIPLINARY ACTION:

If the Program Director in conjunction with the attendings decides that a resident's performance is unsatisfactory and corrective action must be taken. The following institutional Operating Policies will be followed:

1. GMEC – 04 Corrective Action
2. GMEC – 09 Resident Promotion, Dismissal, and Graduation
3. GMEC – 20 House Staff Grievance Policy and Procedure
4. GMEC – 29 Remediation Policy

GRADUATE MEDICAL EDUCATION (GME) OFFICE:

The General Medical Education (GME) office is the hospital's representative to oversee that all residencies are approved and functioning appropriately. GME office is located in The Westerly Building (Suite C) in the Cape Cod buildings at the intersection of Barton Road and Mountain View. The official address is:

11334 Mountain View Avenue, Westerly Building Suite C Loma Linda, CA 92354

Dr. Daniel Giang is Director of GME and Marilyn Houghton is the Executive Director of GME. Other GME office personnel include Teresa Meinken, Nicole Dimmitt, Amy Yin, Gloria Mrad and Martie Parsley, PhD. They may be reached at ext. 66131.

The GME office will assist you in obtaining your California Medical License prior to start of the fellowship. Subsequently, each fellow will then be responsible for providing an updated copy of his/her California Medical License, DEA certificate and to both the GME office and to the fellowship office. No fellow will be employed without a California Medical License.



The GME office also coordinates all payroll activities and the House Staff Association (which functions to assist residents in negotiations with the hospital and in planning social activities). Representatives to the House Staff Association are elected annually.

CALIFORNIA MEDICAL LICENSE:

Fellows are required to obtain and maintain a current non-restricted California Medical License within the time frame required by LLUMC and the Medical Board of California (MBC). It is the fellow's responsibility to obtain information concerning licensing requirements, and to meet established deadlines.

LECTURES AND WEEKLY CONFERENCES:

Weekly lectures and conferences covering a wide a spectrum of vascular topics will be scheduled. Fellows will be provided a copy of the yearly schedule and will be required to attend these conferences and lectures or have an excused absence. Excused absences include: vacation or illnesses. Administrative office must be notified of the absence. Any absence from these meetings must be explained. If a fellow's attendance falls below 85%, he or she will be placed on Academic Warning.

SCHEDULE:

- Morbidity & Mortality with General Surgery: Wednesdays 7:30am - 8:30am
- General Surgery Grand Rounds: (Quarterly) 7:30am - 8:30am
- Vascular Rutherford Textbook & Resident Conferences (Presented by Resident) / Journal Club: Wednesdays 6:30am-7:30am
- Vascular Didactic Conference (Presented by Resident) / Journal Club: Thursdays 6:45am-8:00am
- CVQI (joint conference with cardiothoracic surgery): Every other 4th Wednesday of each month 7:30am-8:30am
- Aortic Aneurysm Conference (joint conference with cardiothoracic surgery): Every other 4th Wednesday of each month 7:30am-8:30am

JOURNAL CLUB:



Fellows are required to participate in Journal Club (moderated by various attendings). Fellows will be required to attend journal club or have an excused absence. Excused absences include: vacation or illnesses and the administrative office/program coordinator must be notified of the absence. Any absence from these meetings must be explained. Journal Club occurs once a month.

FELLOW TRAVEL FOR PROFESSIONAL ACTIVITIES:

Criteria for approved travel:

- The reason for traveling is to present the results of original investigative work conducted while at LLU or for participation in educational activities approved by the Program Director.
- The traveler is the first author and will be personally making the presentation of the investigative work.
- Time away from clinical duties is minimized. Fellows presenting a paper or a poster at a scientific meeting can use one day for a local meeting and can use up to 4 days for an out-of-town meeting.

ALLOWABLE & EDUCATIONAL EXPENSES INCLUDE:

Allowance of \$1,500 for:

- 1 pair of loupes and necessary lead protective gear
- 2 sets of lab coats
- Educational books

Program Director Approved Meetings and Conferences:

- Domestic economy class airfare (includes the United States and Canada)
- Single hotel room for a meeting or conference
- Usual and customary meeting or conference registration fees
- Meal allowance at LLUHC-approved per diem rate
- Mileage charges and/or ground transportation fees

Additionally, if a fellow has vacation scheduled and also is invited to present his/her research during a particular rotation; the vacation may have to be adjusted. The level of care in the rotation cannot be allowed to suffer due to absences.



Each fellow must apply to the fellowship office for funding prior to the meeting. This reimbursement is solely at the discretion of the program director and will need approval prior to the presentation.

If expenses will exceed the allocated amount, the reimbursement will need to be at the discretion of the Program Director.

For reimbursement, all receipts must be turned in and it is subject to the guidelines of LLUHC's Accounting Department during each fiscal year.

DRESS CODE:

Your dress is a demonstration of the quality of your professional skills. It is expected that fellows appear well-groomed and professional at all times. White clinical coats and name tags are required at all institutions. It is expected that all personnel will dress in a professional way that represents the Department of Surgery. Linen service on "B Level" at LLUMC will clean and store white coats for fellows. When you are in clinic, you are expected to be in professional attire, not surgical scrubs.

CLINICAL ROTATIONS:

Clinical rotations at LLUMC and the VAH form the core of vascular surgery training. We have developed clinical rotations that allow for the progressive development of skill and responsibility of a vascular surgeon.

HOME CALLS:

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

Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period."



PATIENT HAND-OFF POLICY:

Purpose:

The purpose of this policy is to define a safe process for communicating important information, responsibility, and authority regarding a patient's care when care responsibility is shifting from one physician to another. The hand-off process provides an opportunity to ask questions and solicit a read-back/check-back of information shared. Proper hand-off should prevent occurrence of errors and ensure patient safety.

Scope:

This policy applies to all vascular surgery attendings and residents, as well as, any other residents or fellows rotating on the service, or other licensed professionals such as physician assistants or nurse practitioners with patient care responsibilities.

Policy:

A hand-off report must occur whenever responsibility for a patient's care changes. Situations when responsibility for a patient's care changes include, but are not limited to:

- Shift Change
- Patient transfers between units and/or ancillary services for tests, procedures, or care
- Admission to Unit
- MD transfer of complete responsibility or on-call responsibility for a patient to another MD
- Patient transfer to another hospital or healthcare organization
- Weekends
- Night coverage

The following must be covered during a hand-off:

S: Situation – what is currently happening with the patient?

- ❑ Identify yourself & service/attending
- ❑ Identify patient (name & age), admitting diagnosis
- ❑ Patient diagnosis and operation (type, date of surgery)
- ❑ Current significant clinical change/assessment findings



B: Background – what is the pertinent background of the situation?

- ❑ Description of patient's previous status
- ❑ Time of onset
- ❑ Previous assessment findings
- ❑ Pertinent laboratory or test results
- ❑ Current health history & past medical history
- ❑ Current medications
- ❑ DNAR/Advanced Directives/Limitation of Treatment/POLST/Code Status
- ❑ Any post-op complication

A: Assessment – what do you think the problem is?

- ❑ Your most likely diagnosis of the current problem
- ❑ Differential diagnoses
- ❑ Other factors that are worrisome

R: Recommendation/Request – what would you suggest happen for the patient and how/when does it need to be completed?

- ❑ Request a formal consult
- ❑ Provide informal opinion
- ❑ Diagnostic testing
- ❑ Therapy and/or management of acute problems
- ❑ Change level of care (ICU versus Acute, etc.)
- ❑ Transfer of care

Solicit questions

Hand-offs may be face-to-face, verbal (via phone), or written. Whenever possible, hand-offs should be conducted face-to-face in an environment that is free of or with limited interruptions and noise. Precise language should be used and unapproved abbreviations must be avoided. If hand-off occurs face-to-face or verbally, the time and date of hand-off must be documented in chart. If hand-off occurs via written method then the written hand-off must be placed in chart.

Questions or clarifications will be addressed by phone if the information is received in writing. If a patient transfers with non-clinical personnel (i.e. Dispatch, Radiology Tech, AMR, or other patient transport), the chart and a written hand-off report will accompany the patient. A phone number will be provided in order to reach the sender if the receiving licensed professional finds it necessary to ask or clarify information.



CONSULTS:

Consults are an important part of surgical training and are to be done in a timely manner. The fellow is responsible to insure that the consults are completed by them or their team members within 24 hours of request.

FELLOW WORK HOURS:

Duty hour and on-call activities comply with ACGME regulations as follows:

- Work hours are defined as all clinical and academic activities related to the fellowship program (patient care, administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences). Work hours do not include reading and preparation time spent away from the duty site.
- Work hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- One week is defined as Sunday thru Saturday
- Fellows are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as 1 continuous 24 hour period free from all clinical, educational and administrative activities.
- Adequate time for rest and personal activities is provided between all daily duty periods and must be at a minimum of 8 hours off.
- At-home call (or pager call) is defined as call taken from outside the assigned institution. The frequency is not subject to the every third night limitation. Fellows are provided with 1 day in 7 completely free of clinical responsibilities, averaged over a 4-week period. When fellows are called into the hospital from home, the hours fellows spend in-house are counted toward the 80 hour limit based on the home call policy. In order to provide adequate rest, if the fellow on home call is called and in the hospital for a period of more than 4 hours from 2200 and 0400, then the fellow should be given the next day off without duty.
- The Program Director and the faculty monitor the demands of the at-home call in their programs, and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
- Assessment of the compliance with these requirements will be done through the fellow's feedback on the Internet Evaluation Program and through time studies by the fellowship office.

A report of the previous week's work hours (for purposes of hours reporting, the work week runs Sunday– Saturday) is due each Monday



in Med Hub by no later than 0800. Hours are considered delinquent as of 8 a.m. Monday morning, and fellows who are delinquent in reporting hours may be immediately suspended from duty. The purpose of reporting hours is for the fellowship office to monitor work hours and keep them within the ACGME guidelines.

The fellowship will use Med Hub (new-innov.com) to track duty/work hours to verify fellows are in compliance with ACGME guidelines as noted above. Fellows are required to record work hours on Med Hub on a weekly basis. It is extremely important that hours are accurately reported. Under- and over-reporting of hours is not allowed; it is required that all fellows accurately report work hours.

MEALS POLICY:

Four \$3.00 meal tickets are issued for each scheduled 24-hour-in-house on-call period. In addition, fellows receive 20 percent discount on food purchased at the Medical Center, Children's Hospital, Faculty Dining Room, FMO, and the Councilor's Student Pavilion. Medical Center Cafeteria hours are from 6 a.m. to midnight Sunday through Saturday.

COATS & PARKING POLICY:

Two white laboratory coats are provided at the beginning of training. Additional coats may be purchased by a fellow from the GME Office upon request. There is no provision for personal laundry.

Parking is provided for designated parking lots on campus. The Department of Parking has established an online service for required parking permits. The fellow must register their vehicle for needed lots, or receive ticketing.

SLEEPING ROOMS & FATIGUED ASSISTANCE POLICY:

Call rooms are available for fellows who are required to stay in the hospital overnight.

Fellows who feel it unwise or unsafe to drive themselves home following duty should take a cab home. The GME Office will reimburse the fellow for a round-trip cab fare to home addresses within 30 miles of Loma Linda University Health if submitted online with a receipt within one week.



MOONLIGHTING POLICY:

Purpose:

This policy is meant to augment the Loma Linda University Medical Center House Staff Office Graduate Medical Education Moonlighting Policy GMEC-26.

Program Policy:

Moonlighting activities are not permitted by the Vascular Surgery Fellowship Program for the duration of the fellowship program.

OPERATIVE EXPERIENCE:

Operative cases are entered through the ACGME Data Collection web-site. Fellows will receive password and user name to this site from the fellowship office. Fellows must enter their operative cases daily. Failure to enter cases may result in suspension from service.

MEDICAL RECORDS:

Chart completion is an important part of work as a physician. Each hospital has its own guidelines, but as a general rule, operative reports and discharge summaries must be dictated WITHIN 24 HOURS. If you do not complete the medical records per the hospital policy, you will be suspended. During suspension, you are not permitted to participate in any aspect of patient care, including on-call or operative activities. The fellowship program keeps records of chart completion, and includes these in letters of recommendations to hospitals.

MEDICAL STUDENT TEACHING:

Medical student and resident teaching is a very important part of the fellowship training, as it encourages the resident to know the material about which she/he is teaching, and is a valuable resource for students and residents. It is important to provide the students with supervised responsibility in patient care and documentation. Students that show interest and ability should be allowed to make decisions about patient care and should be given responsibility to follow and present their patient.

Students should be involved in seeing what typically occurs on a surgical service including: patient care, decisions to operate, and discussions with the



patients' families. Junior and senior medical students are not required to work longer hours than the house staff (i.e., 80 hours per week). However, students may opt to work longer hours should they choose to do so to learn. Students are not required to stay for lectures or formal didactic activities if they have been on duty for more than 28 consecutive hours. However, students who have worked more than 28 hours may opt to attend lectures/didactic activities if they wish to do so to learn. Junior medical students are in lecture for most of the morning on Friday.

AUTHORIZED ABSENCE/INTERVIEWS:

Fellows are allowed 7 days of authorized absence to interview for jobs. Any additional days spent on interviews will have to be authorized by the program director.

VACATION AND LEAVE POLICY:

Fellows are granted the following vacation and leave time: 4 weeks (20 working days). Vacation time cannot be carried over from one academic year to another.

All leave requests for the year must be submitted to the fellowship office through the MedHub Website, "absence request". To acquire your ID/PW to submit your requests contact the fellowship office/program coordinator. Leave requests will be considered in the order they are submitted. If you do not submit all time allowed, you may be assigned vacation time or potentially lose your time. You cannot carry over unused days nor will we be mandated to give days off in June due to not planning in advance. Vacation requests may not be approved if 2 or more residents assigned to the same service request the same vacation time. In that case the earliest request will have priority.

Once a request is submitted, no changes will be allowed except under extenuating circumstances: interviews, leaving the program at the end of the year, maternity/paternity leave, a death in the immediate family, or illness. If any of these circumstances are foreseen, please communicate them to the fellowship office right away.



Vacation Process: Do's and Don'ts

- 1) All vacation/leave must be submitted online via MedHub
- 2) All vacation requests are approved in order of receipt
- 3) Once vacation is approved, it cannot be changed.

SICK LEAVE:

Fellows are provided with ten Monday-Friday days of paid sick leave.

- Fellows must notify the assigned service and the fellowship office via a page or email if they are unable to work due to illness.
- Fellows are responsible for keeping their department aware of their status.
- The Program Director will determine whether sick leave used will have to be made up in compliance with program.

MATERNITY LEAVE:

The Program Director will determine whether time off for maternity leave will have to be made up, in compliance with program and Board requirements. Fellows must inform the Program Director of anticipated delivery within six (6) months prior to the expected delivery to allow the program to plan for the fellow's absence to minimize disruption to the program.

FUNERAL LEAVE:

Three regularly scheduled work days off, with pay, for funeral leave are granted in the case of a death in the fellows' immediate family (spouse, children, stepchildren, parents, stepparents, father-in-law, mother-in-law, brothers, sisters, stepbrothers, stepsisters, only living relative, foster parents and legal guardians). The fellow must notify the fellowship and GME offices in the event funeral leave is required.

JURY DUTY:

Compensation for up to 15 days per calendar year of jury duty is provided. Court verification of time served must be given to the GME office. The GME office, the fellowship office, and attending must be notified of both potential and actual jury duty.



SUPERVISION POLICY:

Purpose:

It is understood that the supervision of residents by an attending is necessary at all levels of fellowship training. The program recognizes that a system in which progressive graded resident authority and responsibility must be maintained in order for a resident to learn and develop surgical and clinical judgment. As a resident progresses through the training levels, it is expected and encouraged that the resident will accept added responsibility with the faculty maintaining ultimate responsibility. Graded responsibility under appropriate attending supervision is delegated to residents based on demonstrated merit and acquisition of knowledge and clinical expertise in clinical care with the ultimate goal of fostering independent decision making while providing safe quality patient care. Residents are expected to be aware of and to understand the supervisory chain of responsibility. If there is a serious concern regarding supervision or any other aspect of patient care, the resident may bypass the supervisory chain of command and share concern with the Program Director or Department Chair.

Levels of Supervision:

The program adheres to the following classifications of supervision as established by the ACGME:

8. Direct Supervision: The supervising physician is physically present with the resident and patient.
9. Indirect Supervision:
 - a. With Direct Supervision Immediately Available: The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
 - b. 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.
10. Oversight: The supervising physician is available to provide review of procedure/encounters with feedback provided after care is delivered.

Specific Guidelines:

Resident Capabilities:



The Program Director has approved a list of specific procedures which a resident has been deemed competent to perform without direct attending supervision. These capabilities are listed on the Med Hub system.

Admissions/Consultations/Discharges/In-Patient Care:

All admissions or consultations are seen by either a surgical or vascular resident member of the vascular surgery team. The resident is then expected to notify the supervising attending regarding admission, consultation, transfer, change in patient clinical status, bleeding, discharge or death of a patient and arrange as appropriate for the patient to be seen by the faculty attending. Discussion of a resident's preliminary diagnosis and decisions regarding treatment or proposed treatment are made collaboratively by the resident and the attending. No patient shall be accepted, admitted or discharged without the approval of the supervising attending.

Operating Room:

All cases requiring operation must first be discussed with the attending prior to being scheduled for the operating room. The attending must be physically present during the critical or key portion of each surgical procedure and during the non-critical or non-key portions of the procedure be immediately available to assist the resident should the need arise. Depending upon the degree of difficulty of the case and the level of competence of the resident, the attending may supervise the resident as surgeon, 1st/2nd assistant, or as an in-room observer.

Outpatient Clinic:

Patients in the outpatient clinic are seen by all members of the surgical team. Residents are expected to see patients in the outpatient clinic on assigned days under the supervision of an attending. The resident is expected to evaluate new patients in the clinic, formulate a plan for work-up and management and then discuss the plan with the attending. Residents also provide outpatient post-operative follow-up in clinic under direct attending supervision. Attendings in the supervisory role in the clinic are present to provide residents with supervision, consultation, and teaching.

PGY 6 Resident:



The PGY 6 resident has the responsibility of supervising other residents rotating on the service and medical students.

Direct Supervision is required for the following:

- All operating room procedures.

Indirect Supervision is required for the following:

- Procedures such as: central venous access placement, arterial catheterization, resuscitating patient, chest tube placement/removal, placement of pulmonary arterial catheter, minor bedside surgical procedures (wound debridement/closure, etc.).

Oversight is required for the following:

- Documentation of patient procedures/encounters not requiring direct or indirect supervision shall be reflected by counter-signature of the resident's note or by referencing the resident's note in documentation of a separate attending note. The supervising physician will personally interview and examine the patient each day to confirm the resident's findings/assessment and to evaluate the resident's clinical care/assessment.

PGY 7 Resident:

The PGY 7 is considered the senior resident and may be delegated the responsibility of supervising the PGY 6 resident, other residents rotating on the service, and medical students.

With regards to clinical duties, the PGY 6 and 7 are not on the same service and will not have overlapping clinical duties. The PGY 7 resident has the responsibility for making and coordinating the call schedules, vacation schedules and resident lectures.

The PGY 7 Resident is expected to exercise and exhibit increasing degrees of responsibility and independent judgment for clinical/surgical decision making and to perform more advanced/complicated surgical procedures while under the supervision of the supervising attending surgeon.

Direct Supervision is required for the following:

- All operating room procedures.



Indirect Supervision is required for the following:

- Procedures such as: central venous access placement, arterial catheterization, resuscitating patient, chest tube placement/removal, placement of pulmonary arterial catheter, minor bedside surgical procedures (wound debridement/closure, etc).

Oversight is required for the following:

- Documentation of patient procedures/encounters not requiring direct or indirect supervision shall be reflected by counter-signature of the resident's note or by referencing the resident's note in documentation of a separate attending note. The supervising physician will personally interview and examine the patient each day to confirm the resident's findings/assessment and to evaluate the resident's clinical care/assessment.

FACULTY SUPERVISION POLICY:

Only attendings who are members of the Medical Staff at the Loma Linda University Medical Center or affiliated entities who have been granted appropriate privileges and who have been appointed as faculty members by the Fellowship Program Director may supervise residents. Attendings must accept responsibility for the residents assigned to his/her patients. The attending is responsible for ensuring that residents are permitted the privilege of progressive responsibility, conditional independence, and decision-making to the level of competence. Attendings must recognize that residents are still in the learning phase and have not yet reached the level in which they have the skills and knowledge to operate independently without attending supervision. As such, it is the responsibility of the attending to actively involve residents under his/her supervision to participate in the care of patients (including care delivered in the operating room, patient care unit, and outpatient settings) in a manner that is commensurate with the residents' level of competence. Although a resident may be delegated by an attending with varying degrees of responsibility for the care of a patient, the attending is ultimately responsible for the safety, care, outcome, and welfare of the patient under his/her care, as well as the residents' conduct and management of said patient.



Policy Defining Requirements for Faculty Involvement:

Purpose:

This policy is meant to augment the Vascular Surgery Fellowship Resident Supervision Policy and further define situations in which a resident is expected to involve a faculty member in the care of a patient. While residents are expected to assume personal responsibility for his/her assigned patients, it is the attending faculty physician that bears ultimate responsibility for the safety, care, outcome, and welfare of patients under his/her care. Each resident is responsible for understanding his/her personal limitations and seeking faculty involvement for any of the situations listed in this document for any patient care activity that the resident feels is out of the scope of his/her skill, knowledge, or experience.

Specific Guidelines:

Residents are expected to involve In addition to the general guidelines listed in this document regarding faculty involvement, residents may, at any time, request direct faculty involvement during patient care activities.

Outpatient Clinic Encounters:

Residents are expected to see patients in the outpatient clinic on assigned days under the supervision of an attending. The resident is expected to evaluate new patients in the clinic, formulate a plan for work-up and management and then discuss the plan with the attending. Residents also provide outpatient post-operative follow-up in clinic under direct attending supervision. Attendings in the supervisory role in the clinic are present to provide residents with supervision, consultation, and teaching.

Inpatient Consultations (including ED):

All inpatient consultations will first be seen by the resident on-call. After the initial consultation, the resident is expected to notify the supervising attending regarding the consultation and recommendations for care (including treatment plan, recommendation for operative treatment, or transfer of patient to service).

Inpatient Care (including OR):

Faculty involvement with direct supervision is required for all operative procedures, change in patient clinical status (significant clinical deterioration), changes in DNR status, end-of-life decisions, and bedside procedures. Residents should notify the attending on-call of all requests to admit a new patient prior to accepting or admitting the patient.



All cases requiring operation must first be discussed with the attending prior to being scheduled or going to the operating room. The attending must be physically present during the critical or key portion of each surgical procedure and during the non-critical or non-key portions of the procedure be immediately available to assist the resident should the need arise.

For more information, please reference our websites:

Vascular Surgery Fellowship: <https://lluh.org/health-professionals/gme/resident-fellow/vascular-surgery-residency>

Loma Linda GME: <https://lluh.org/health-professionals/gme/resources-residents-fellows>



LOMA LINDA UNIVERSITY
MEDICAL CENTER

By signing, you are stating that you have received the Vascular Fellowship Policies and Procedures information.

Sign: _____

Date: _____