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Overview of the Fellowship Training Program

The NYU Langone Medical Center offers a 2 year fellowship training program covering all aspects of vascular and endovascular surgery. Under the guidance of Program Director Caron Rockman, M.D. and Division Chief Mark A. Adelman, M.D., this program offers fellows a rich and extensive opportunity to participate in difficult and complicated vascular surgeries, observe leading-edge clinical research, and present at local and national vascular surgery conferences. Fellows complete the fellowship program prepared to achieve board certification. Former graduates of this program have received numerous awards and gained leadership positions throughout North America and around the world.

The vascular surgery fellowship is a 2 year clinical program whose goal is the mastery of all aspects of Vascular and Endovascular Surgery. It is expected that at the conclusion of the 2 year fellowship program, the vascular fellow will be able to perform all the functions of a vascular surgeon, including the demonstration of competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Each year, 1 new fellows enter the program and 1 fellows graduate, so that in any given year, there are a total of 2 fellows: 1 first year fellow and 1 second year fellow. Each fellow rotates through each of 4 blocks (a block being a 3 month rotation) each year, for a total of 8 distinct blocks by the time the program is completed. Each of the 2 fellows is in a different block at any given point in time.

Each rotation during the fellowship program is designed to train the fellow in different aspects of the vascular surgery practice, and each rotation may emphasize different competencies. By the time the fellow completes the 2 year program, the fellow is expected to have achieved the goals and objectives described for each block, and demonstrate the competencies required by each block, which when taken together, demonstrate that the overall goals and objectives of the program have been met.

NYULMC’s Department of Surgery also sponsors a Vascular Surgery Integrated Residency program, which consists of five years of vascular and general surgery training. The program sponsors one trainee per R year for a total of five trainees. The fellows and the chief vascular residents work closely together to provide oversight of the vascular services at NYU, Bellevue, and the VA. Because of the way the department of surgery has planned out the block schedules for vascular rotations, the surgery chief residents, the vascular chief resident, and vascular fellows do not overlap in their care of patients.
Program Director, Associate Director, Coordinator & Staff

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NYU Tisch Medical Center; The Tisch Hospital of New York University Langone Medical Center is an acute-care general hospital consisting of 726 beds. The hospital is a general and tertiary care referral center located in midtown Manhattan. There are approximately 184 beds dedicated to the Surgical Services and 33 Operating Rooms, including a state of the art Hybrid Endovascular Operating Suite. The patient population at NYU Hospital Center is ethnically diverse given its location in New York City. During their rotations at Tisch Hospital, vascular trainees are exposed to an incredibly wide variety of vascular surgical patients and diagnoses, consistent with a large urban academic general and tertiary care center. This includes both routine and complex diagnoses, surgeries and endovascular procedures in the following areas: aortic, cerebrovascular, mesenteric / renal, lower extremity, and venous procedures. Active faculty (including 9 full time board certified vascular surgeons), perform all of their private cases at Tisch Hospital, and vascular trainees are intimately involved in the preoperative, operative, and postoperative care of these patients. Trainees see patients with the Faculty in the clinics at least once per week, evaluate outpatients and perform preoperative assessment, planning, and evaluation, evaluate inpatient and emergency room vascular consultation requests, and participate intimately and extensively in the operative and postoperative care of the inpatient service. In-hospital support includes excellent physician extenders including experienced vascular Nurse Practitioners and Physicians’ Assistants.

The Hospital and Outpatient Faculty Vascular Clinics have two busy certified Non-Invasive Vascular Laboratories; most of the Vascular Faculty have either RVT (registered vascular technologist), or other appropriate ultrasonography experience and certification. The trainees have dedicated rotations through the Vascular Laboratory Service, but are also able to participate actively in the performance and evaluation of the studies on a daily basis. Didactic and educational conferences specific to Vascular and Endovascular Surgery are held at least 4 days per week at Tisch Hospital. The Vascular Faculty Suites also include an active and dedicated outpatient Vein Center, whereby trainees gain important experience in the outpatient care, evaluation, and procedural management of patients with varicose veins and venous insufficiency. The Vein Center includes three full time procedure rooms, where a variety of standard outpatient procedures are performed, including endovenous ablation, phlebectomy, and cosmetic sclerotherapy. Finally, the Tisch Hospital rotation includes participation in our Outpatient Vascular Care Center, a dedicated outpatient procedure facility where routine and complex outpatient endovascular procedures are performed, including: arteriography, venography, intravascular ultrasound (IVUS), balloon angioplasty and stenting, and atherectomy procedures. Here, the vascular trainee gains invaluable experience in the performance of these outpatient procedures on appropriately selected patient populations.
Bellevue Hospital Center
462 First Avenue, New York, NY 10016

Bellevue Hospital Center Bellevue Hospital is the flagship of the New York City public hospitals system, and is a Level I Trauma Center. The patient population is ethnically diverse with large populations of East and South Asians, Eastern European, Hispanic and African American patients. This diverse patient population allows for cultural sensitivity training of our fellows. There are 12 active operating rooms. Bellevue Hospital functions as the premier Vascular and Endovascular referral center for the public hospitals system in New York City, and patients with unusual vascular diagnoses, trauma, or other diagnoses unable to be appropriately managed at other hospitals are frequently transferred to Bellevue for their care. This specifically includes complex aortic diagnoses, including aneurysms and aortic dissections. Additionally, the Bellevue Hospital rotations afford an excellent opportunity for the trainees to gain valuable experience in managing vascular trauma patients with both penetrating and blunt injuries. During their rotations at Bellevue Hospital, vascular trainees are exposed to a wide variety of diverse vascular surgical patients and diagnoses, consistent with a large urban public hospital system. This includes both routine and complex diagnoses, surgeries and endovascular procedures in the following areas: aortic, cerebrovascular, mesenteric / renal, lower extremity, and venous procedures. Because a certain percentage of Bellevue Hospital patients are indigent, trainees are also exposed to unusual end-stage or neglected disease, in patients who unfortunately have not been able to obtain access to routine medical management for vascular disease.

Bellevue hospital has three active Board-Certified Vascular faculty, who perform the majority of the cases here, vascular trainees are intimately involved in the preoperative, operative, and postoperative care of these patients. Trainees see patients in the weekly Vascular Clinic and a weekly Vein Clinic, evaluate outpatients and perform preoperative assessment, planning, and evaluation, evaluate inpatient and emergency room vascular consultation requests, and participate intimately and extensively in the operative and postoperative care of the inpatient service. In the operating room, vascular trainees are afforded an experience of graduated independence, whereby senior trainees can independently perform appropriate vascular surgical and endovascular procedures under the direct supervision of Faculty Attending Staff. In-hospital support includes physician extenders including experienced vascular Nurse Practitioners and Physicians’ Assistants. The Hospital has a busy Non-Invasive Vascular Laboratories; most of the Vascular Faculty have either RVT (registered vascular technologist), or other appropriate ultrasonography experience and certification. The trainees are also able to participate actively in the performance and evaluation of the sonographic studies on a daily basis. Didactic and educational conferences specific to Vascular and Endovascular Surgery are held at least 4 days per week at neighboring Tisch Hospital.

Veterans Affair Hospital Manhattan
423 East 23rd, Street, New York, NY 10010

Manhattan VA Harbor HealthCare System The Manhattan VA Harbor HealthCare System is one of the integrated institutions of the NYU Vascular fellowship. It offers the fellows a wide and excellent spectrum of vascular surgery cases with complex pathology typical of the Veteran population. The Manhattan site is the regional referral site for many of the other surrounding VA facilities which cannot provide complex vascular and endovascular care. During their rotations at the Manhattan VA Harbor HealthCare System vascular trainees are exposed to a wide variety of diverse vascular surgical patients and diagnoses, consistent with a veteran populations with an
often significant history of tobacco use. This includes both routine and complex diagnoses, surgeries and endovascular procedures in the following areas: aortic, cerebrovascular, mesenteric/renal, lower extremity, and venous procedures. Because a certain percentage of VA Hospital patients are socioeconomically disadvantaged, trainees are also exposed to unusual end-stage or neglected disease, in patients who unfortunately have not been able to obtain access to routine medical management for vascular disease. The Manhattan VA Harbor HealthCare System has five active Board-Certified Vascular faculty, who perform the majority of the cases here, vascular trainees are intimately involved in the preoperative, operative, and postoperative care of these patients. Trainees see patients in the weekly Vascular Clinic and a weekly Wound Care Clinic, evaluate outpatients and perform preoperative assessment, planning, and evaluation, evaluate inpatient and emergency room vascular consultation requests, and participate intimately and extensively in the operative and postoperative care of the inpatient service. In the operating room, vascular trainees are afforded an experience of graduated independence, whereby senior trainees can independently perform appropriate vascular surgical and endovascular procedures under the direct supervision of Faculty Attending Staff. In-hospital support includes physician extenders including experienced vascular Nurse Practitioners and Physicians’ Assistants. Didactic and educational conferences specific to Vascular and Endovascular Surgery are held at least 4 days per week at neighboring Tisch Hospital.

Advanced Vascular Care
425 East 58th Street, New York, NY 10022

The Advanced Vascular Care (AVC) site of New York University Langone Medical Center is an outpatient facility tailored towards the elective treatment of vascular pathologies using minimally invasive techniques. The site comprises two rooms with fluoroscopic capabilities, and has a full complement of ancillary staff and nursing with a focus on treating arterial and venous pathologies using endovascular techniques. The patient population at AVC represents a subset of the vascular and endovascular patients from NYU Hospital Center, who require endovascular treatments and who are candidates for undergoing these procedures on an outpatient basis.

During their rotations at AVC, vascular trainees are exposed to the full complement of outpatient elective endovascular treatments, including peripheral arterial, central venous, and arteriovenous access maintenance. The technologies encountered include but are not limited to angiography/venography, balloon angioplasty, stenting, atherectomy, intravascular ultrasound, percutaneous thrombectomy, vena cava filter insertion and retrieval. Active faculty (including 9 full time board certified vascular surgeons), perform a majority of their outpatient elective endovascular interventions at AVC, and vascular trainees are intimately involved in the preoperative, operative, and postoperative care of these patients. As is the paradigm with all NYU outpatients, trainees see patients with the Faculty in the clinics at least once per week, and perform preoperative assessment, planning, and evaluation. In addition, since AVC is integrated into the NYU rotation, didactic and educational conferences specific to Vascular and Endovascular Surgery are attended at least 4 days per week at Tisch Hospital.
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<thead>
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<tr>
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<td>Chief of Surgery, VA</td>
<td><a href="mailto:garth.ballantyne@nyumc.org">garth.ballantyne@nyumc.org</a></td>
</tr>
</tbody>
</table>

Key:

VA- Manhattan Veterans Hospital
BH- Bellevue
Training Program Curriculum

At Tisch Hospital, where there is an active day surgery center as well as private practice in an office setting, fellows gain experience: supervising the vascular surgery service, with patients directly under their care; scrubbing in on the more difficult and complex vascular cases; directly overseeing general surgical residents, medical students, and nurse practitioners; and, seeing patients in the offices of the vascular surgery attending faculty members.

At Bellevue Hospital, a level-one trauma center in one of the largest cities in the world, the vascular fellow encounters broad and in-depth experience in the area of vascular trauma. While the vascular fellow deals with all aspects of vascular surgery, Bellevue provides a particularly rich experience in thoracic aortic aneurysms and dissections.

At the VA Hospital, the vascular fellow acts as a junior consultant for the vascular surgical service. Here, fellows manage the in-patient service, oversee all consults, do the pre-operative planning for and performance of all vascular cases (endovascular and open aortic cases, peripheral arterial cases and venous operations), train general surgical residents in all of these area, manage and oversee the out-patient clinic, manage the endovascular inventory of the operating room, and work on academic research projects.

During the Outpatient Services rotation, the fellow participates in all aspects of the outpatient experience. This includes working in the non-invasive Vascular Laboratory, where the fellow learns to perform and interpret the results of non-invasive testing modalities necessary to the diagnosis and treatment of vascular disease. The fellow is expected to qualify to take the RVT examination for vascular laboratory certification. Additionally, the fellow spends time in the Vein Center, where he learns how to diagnose the full spectrum of venous disease and perform all appropriate treatments and procedures.

Research and Conferences

The academic education of the vascular surgery fellow is enhanced by the pursuit of clinical research projects. Accordingly, fellows are provided with significant time for independent reading, research and conference preparation.
Each week, the Department of Vascular Surgery holds a conference at which the vascular fellows make a presentation about a particular case or patient. All aspects of the disease condition and treatment are discussed. Fellows must also attend the Department of Surgery’s weekly Mortality and Morbidity conference, monthly Grand Rounds, daily teaching rounds at the location of their particular rotation as well as monthly Journal Club meetings.

**Patient Safety and Quality Improvement Curriculum**

A required Patient Safety and Quality Improvement curriculum was designed for all trainees in the Department of Surgery with a one hour conference every other month, led by an attending facilitator. The conference includes a presentation and discussion of the literature pertaining to each safety issue listed below. This is followed by a review of NYU-specific data and comparison to the national data. Attendees conclude with a review of the hospital’s policy for each safety issue and a discussion of what can be done at the resident level to improve patient safety and outcome.

This curriculum will meet the following goals:

- Competency in Practice Based Learning
- Competency in Systems Based Practice
- Better understand the current health care environment and the roles of the major players (i.e., governmental and non-governmental agencies, hospitals, professional societies and advocacy groups) that shape the practice of medicine
- Be familiar with quality and safety literature
- Learn how to create evidence-based practice guidelines to improve patient safety and outcomes for the hospital as well as our own personal practices

Curriculum includes:

- Overall review of the current health care environment including policy, reimbursement, safety initiatives and measures
- DVT prophylaxis
- Postoperative UTI
- Postoperative wound infection/wound protective devices
- Ultrasound guided CVL placement
- Postoperative confusion/hospital delirium

In addition to the didactic patient safety curriculum, the Department has a QI meeting every Friday with senior trainees to discuss every complication from the week on each service at Tisch and at Bellevue.

The department has also developed a Quality Improvement Committee, that will report to the hospital Quality Improvement Committee that includes department trainees.

Trainees also participate in resident-run Mortality and Morbidity conferences and root cause analysis as part of their core curriculum.
Professionalism (SPICE) Curriculum- runs throughout the year - The Department of Surgery has a robust curriculum on professionalism and interpersonal communications. Below is our resident curriculum for 2013-2014. We inaugurated this curriculum five years ago and have improved and refined these interactive seminars each year. To test these competencies, we instituted annual OSCE (Objective Structured Clinical Examinations) with specially trained actors for our surgical resident learners.

The six interactive, small group sessions are centered on the following topics:

- Medical Malpractice and the Surgeon
- Admitting Mistakes: Ethical and Communication Issues – Error Reporting
- Delivering Bad News: Your Chance to Become a Master Surgeon
- Interdisciplinary Respect: Team Communication
- Working Across Language and Cultures: The Case for Informed Consent
- Self Care and the Stress of Surgical Practice

**Participation in the Patient Safety, Quality Improvement, and Professionalism curriculums is mandatory of all Department of Surgery trainees.**
**Didactics**

<table>
<thead>
<tr>
<th>Day</th>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Teaching Rounds – NYU</td>
<td>7:00-7:30am</td>
<td>Tisch 1466</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Vascular Surgery Conference – NYU</td>
<td>7:00 - 8:00a.m.</td>
<td>Skirball 3rd Floor Conference Room</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Vein Conference - NYU</td>
<td>7:30-8:30 a.m.</td>
<td>HCC</td>
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<tr>
<td>Thursday</td>
<td>M&amp;M Conference</td>
<td>7:00 – 8:00 a.m.</td>
<td>Schwartz Lecture Hall E -Tisch</td>
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<tr>
<td>Friday</td>
<td>Teaching Rounds</td>
<td>7:00-7:30am</td>
<td>Tisch 1466</td>
</tr>
</tbody>
</table>

**Attendance by trainees at Vascular Surgery didactic conferences is mandatory; the ACGME program requirements indicate that attendance must be at least 75%.**
## Vascular Surgery Clinical Conference

(list clinical conference topics for the most recent complete academic year)

<table>
<thead>
<tr>
<th>Name of faculty member in charge:</th>
<th>Mark A. Adelman, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of clinical conference :</td>
<td>3 Tuesdays per month</td>
</tr>
</tbody>
</table>

### Presenter

<table>
<thead>
<tr>
<th>Name</th>
<th>Faculty or Resident</th>
<th>Fellow / PGY</th>
<th>Title of Presentation</th>
<th>Site #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheila Blumberg, MD</td>
<td>Fellow</td>
<td>9</td>
<td>Vascular Trauma – Endovascular Role</td>
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<tr>
<td>Caron Rockman, MD</td>
<td>Faculty</td>
<td>N/A</td>
<td>Timing of Carotid Intervention: When is it safe?</td>
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<tr>
<td>Glenn Jacobowitz, MD</td>
<td>Faculty</td>
<td>N/A</td>
<td>Tandem Carotid Artery Lesions</td>
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<td>Aleks Policha, MD</td>
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<td>Acute Carotid Occlusion</td>
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<tr>
<td>Thomas Maldonado, MD</td>
<td>Faculty</td>
<td>N/A</td>
<td>Current Management Strategies for Popliteal Artery Aneurysms</td>
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<tr>
<td>Neal Cayne, MD</td>
<td>Faculty</td>
<td>N/A</td>
<td>EVAR – Postoperative Surveillance</td>
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<tr>
<td>Victoria Lee, MD</td>
<td>Resident</td>
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<td>Carotid Artery-Blunt and Penetrating Trauma</td>
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<td>Patrick Lamparello, MD</td>
<td>Faculty</td>
<td>N/A</td>
<td>Connective Tissue Disorders – Aortic Pathology and Treatment Options</td>
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<td>Mike Sadek, MD</td>
<td>Faculty</td>
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<td>IVC Filter Retrieval</td>
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<td>Todd Berland, MD</td>
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<td>N/A</td>
<td>May-Thurner Syndrome – IVUS and Endovascular Management</td>
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<td>Vascular Surgery – A Military History</td>
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<td>Andrew Baxter MD</td>
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<td>Tibial Interventions: Drug Eluting Stents</td>
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<tr>
<td>Mark Adelman, MD</td>
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<td>Jeffrey Berger, MD</td>
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<td>Thrombophilia and Pro-thrombotic States</td>
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<td>Andrew Baxter, MD</td>
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<td>Mycotic Aneurysms – Role for Endo?</td>
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<td>Todd Berland, MD</td>
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<td>Cardiac Risk Stratification</td>
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<td>Greg Westin, MD</td>
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## Vascular Surgery Clinical Research Conference
(list clinical conference topics for the most recent complete academic year)

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Conferences

**Annual UCLA Symposium (Moore Course)**
This is a 4-day course which provides an in-depth, comprehensive, and current review of vascular and endovascular surgery, and it is co-sponsored by the Society for Vascular Surgery. It covers four significant categories of topics including open surgery, endovascular procedures, medical management and diagnostic and non-invasive imaging. It is particularly useful for those taking the vascular board examination and therefore the all fellows are to attend this course.

**Veith Symposium**
The Veith Symposium is a 5-day annual vascular event that represents the most cutting edge, comprehensive, and possibly the most well-attended meeting in the field of vascular surgery. It is setup in a series of 5-minute rapid-fire presentations that run the full successively the full duration of each day. It is geared towards all practitioners involved with vascular surgeries, procedures or interventions. It is also run by Dr. Frank Veith, who is on faculty at the NYU School of Medicine and is contributed to heavily by the NYU Vascular Surgery Faculty. All vascular fellow are required to attend at least one day of the meeting, at during each year of their training.

**Society for Vascular Surgery, Eastern Vascular Society, Society for Clinical Vascular Surgery, etc.**
There are numerous opportunities for the vascular residents to attend one of the many other vascular meetings. These additional opportunities will be granted on an individual basis with priority given based on seniority and to those individuals who have abstracts/papers that are accepted to the meeting.
The vascular surgery fellowship is a 2 year clinical program whose goal is the mastery of all aspects of Vascular and Endovascular Surgery. It is expected that at the conclusion of the 2 year fellowship program, the vascular fellow will be able to perform all the functions of a vascular surgeon, including the demonstration of competency in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Each year, 1 new fellows enter the program and 1 fellow graduates, so that in any given year, there are a total of 2 fellows: 1 first year fellow and 1 second year fellow. Each fellow rotates through each of 4 blocks (a block being a 3 month rotation) each year, for a total of 8 distinct blocks by the time the program is completed. Each of the 2 fellows is in a different block at any given point in time.

Each rotation during the fellowship program is designed to train the fellow in different aspects of the vascular surgery practice, and each rotation may emphasize different competencies. By the time the fellow completes the 2 year program, the fellow is expected to have achieved the goals and objectives described for each block, and demonstrate the competencies required by each block, which when taken together, demonstrate that the overall goals and objectives of the program have been met.

The vascular service at TH comprises the attending faculty, the vascular fellow, a 1st (PGY1), and 2nd (PGY2) year categorical general surgery resident, and a team of dedicated vascular advance practice nurses and physician assistants.

At BHC, the vascular service comprises a dedicated BHC vascular attending physician, vascular fellow, PGY1, a PGY3, and a dedicated vascular physician assistant (PA).

At the VA, the vascular service comprises a rotating attending vascular faculty member, a vascular fellow, a PGY1, and a PGY2.
The goal of the Tisch Hospital Vascular Surgery rotation is to develop the trainee in all aspects of vascular surgical patient care in a tertiary care setting. Trainees are directly involved in patient care in both the inpatient and outpatient setting. Trainees are exposed to a wide variety of vascular surgical patients and diagnoses, including both routine and complex diagnoses, surgeries, and endovascular procedures in the aortic, cerebrovascular, mesenteric/renal, lower extremity, and venous domains. Trainees see patients with the Faculty in the clinics at least once per week, evaluate outpatients and perform preoperative assessment, planning and evaluation. They fulfill inpatient and emergency room vascular consultation requests, and participate integrally and extensively in the operative and postoperative care of the inpatient service, in a venue comprising state of the art operating rooms and a hybrid endovascular suite. The rotation is enhanced by additional participation in the busy non-invasive vascular laboratories, as well as the dedicated outpatient Vein Center and Endovascular Center.

Specific Objectives Fellowship Year 1

Patient Care

1. Synthesize patient data to arrive at an organized differential diagnosis including all treatment options
2. Lead the surgical team, and provide supervision in the evaluation and management of complex perioperative problems in the vascular patient
3. Independently provide longitudinal care for vascular patients
4. Understand the preparation required for advanced vascular surgical procedures, including imaging, equipment, devices, intraoperative positioning and draping
5. Handle surgical instruments proficiently, and make independent intraoperative decisions
6. Independently perform basic, intermediate, and some complex advanced vascular procedures
7. Proficiently handle catheters, guide-wires and endovascular devices
8. Independently perform basic and intermediate endovascular procedures
9. Use imaging findings in operative planning for advanced procedures, and independently use and interpret multidimensional imaging
Medical Knowledge

1. Describe the rationale for the selection of intermediate vascular surgical procedures.
2. Describe areas for potential complications and measures for procedural success with intermediate vascular surgical procedures.
3. Anticipate patient-specific risk for complications following intermediate vascular surgical procedures, and describe appropriate treatment algorithms should these occur.
4. Describe the rationale for the selection of advanced vascular surgical procedures.
5. Describe the impact of patient-specific anatomy on the operative plan with regard to advanced vascular surgical procedures.
6. Describe areas for potential complications and measures for procedural success with advanced vascular surgical procedures.
7. Anticipate patient-specific risk for complications following advanced vascular surgical procedures, and describe appropriate treatment algorithms should these occur.

Practice Based Learning

1. Become a highly effective teacher with an interactive educational style, and constructive educational dialogue.
2. Participate in local, regional and / or national educational activities or conferences.
3. Demonstrate application of M&M or other QI conference conclusions to own patient care.
4. Exhibit on-going self-evaluation and improvement, including tracking and analyzing patient outcomes.

Professionalism

1. Positively influence others by modeling professionalism.
2. Consistently demonstrate integrity in all aspects of care and professional relationships.
3. Recognize and address personal health issues in self and other members of the health care team.
4. Ensure that others under his or her supervision respond appropriately to responsibilities in a timely fashion.
5. Act as a role model for attendance, promptness, and attention to assigned tasks.

Interpersonal and Communication skills

1. Customize emotionally difficult information, including participation in end-of-life discussion.
2. Negotiate and manage conflict among patients and families.
3. Assume overall leadership of a health care team
4. Take responsibility to ensure that clear hand-offs are given at transitions of care

**Systems Based Practice**

1. Consistently and independently employ ALARA principles to minimize radiation exposure, while optimizing image quality
2. Coordinate the activities of all health care professionals on the team to provide optimal patient care
3. Participate in work groups or performance improvement teams designed to reduce errors and improve patient outcomes.

**NYU Tisch Hospital- Fellowship Year 2**

**Specific Objectives Fellowship Year 2**

**General:** Expertly achieve and implement all goals and objectives related to the Fellowship Year 1 level, and improve and expand as detailed below.

**Patient Care**

1. Independently utilize patient data to arrive at an organized differential diagnosis, including primary and secondary treatment options, in a sophisticated fashion, even for complex diagnoses and patients
2. Independently lead the surgical team in the total care of the vascular surgical patient
3. Independently ensure that all necessary imaging, instrumentation, equipment, devise, and medications are available, even for very complex vascular surgical procedures.
4. Independently perform basic, intermediate and advanced vascular surgical procedures, including the most complex procedures.
5. Begin to competently teach and supervise other learners in the performance of vascular surgical procedures.
6. Independently and expertly handle catheters, guide wires and devices, and make independent intraoperative decisions
7. Perform advanced endovascular procedures, including troubleshooting and the management of complications
8. Expertly use imaging findings in operative planning for advanced procedures, and interpret subtle findings.

**Medical Knowledge**

1. Demonstrate advanced knowledge of the procedural rationale for the most complex and advanced vascular surgical procedures.
2. Describe the impact of unusual patient-specific anatomic findings on the operative plan involving advanced and complex vascular surgical or endovascular procedures.
3. Anticipate patient-specific risk for intraoperative or perioperative complications, and develop appropriate treatment algorithms.

**Practice Based Learning**

1. Coordinate conferences and case discussions
2. Demonstrate use of a system or process for staying abreast of changes in the literature
3. Publish a peer-reviewed manuscript or book chapter.
4. Participate in root-cause analyses and apply best evidence to make recommendations for change.

**Professionalism**

1. Mentor others to promote professional behavior, and assertively modeling professionalism
2. Proactively modify schedules to ensure that those caregivers under their supervision maintain personal wellness and do not compromise patient safety.
3. Mentor others to promote timely completion of administrative tasks.

**Interpersonal and communication skills**

1. Negotiate and manage potential conflict among patients and families, members of the surgical team, and other care providers
2. Act as a role model for patients, peers, and staff members
3. Independently assume leadership of the health care team, while seeking and valuing input from the members of the team.

**Systems Based Practice**

1. Perform root-cause analyses for recordable or reportable events.
2. Initiate or complete a performance improvement project.
3. Function as a team leader for work groups or other performance teams designed to improve patient safety and outcomes.
VASCULAR SURGERY AT BELLEVUE HOSPITAL

The goal of the Bellevue Hospital Vascular Surgery rotation is to develop the trainee in all aspects of vascular surgical patient care in a public hospital care setting. Trainees are directly involved in patient care in both the inpatient and outpatient setting. Trainees are exposed to a wide variety of vascular surgical patients and diagnoses, including both routine and complex diagnoses, surgeries, and endovascular procedures in the aortic, cerebrovascular, mesenteric / renal, lower extremity, and venous domains. Trainees see patients with the Faculty in the clinics at least once per week, evaluate outpatients and perform preoperative assessment, planning and evaluation. They fulfill inpatient and emergency room vascular consultation requests, and participate integrally and extensively in the operative and postoperative care of the inpatient service. The rotation is enhanced by the social, cultural, and economic diversity of the patient population, affording the trainee the opportunity to work in an environment which values cultural competency in patient care.

NYU Bellevue Hospital – Fellowship Year 1

Specific Objectives Fellowship Year 1

Patient Care

1. Synthesize patient data to arrive at an organized differential diagnosis including all treatment options
2. Lead the surgical team, and provide supervision in the evaluation and management of complex perioperative problems in the vascular patient
3. Independently provide longitudinal care for vascular patients
4. Understand the preparation required for advanced vascular surgical procedures, including imaging, equipment, devices, intraoperative positioning and draping
5. Handle surgical instruments proficiently, and make independent intraoperative decisions
6. Independently perform basic, intermediate, and some complex advanced vascular procedures
7. Proficiently handle catheters, guide-wires and endovascular devices
8. Independently perform basic and intermediate endovascular procedures
9. Use imaging findings in operative planning for advanced procedures, and independently use and interpret multidimensional imaging

Medical Knowledge

1. Describe the rationale for the selection of intermediate vascular surgical procedures.
2. Describe areas for potential complications and measures for procedural success with intermediate vascular surgical procedures.
3. Anticipate patient-specific risk for complications following intermediate vascular surgical procedures, and describe appropriate treatment algorithms should these occur.
4. Describe the rationale for the selection of advanced vascular surgical procedures.
5. Describe the impact of patient-specific anatomy on the operative plan with regard to advanced vascular surgical procedures.
6. Describe areas for potential complications and measures for procedural success with advanced vascular surgical procedures.
7. Anticipate patient-specific risk for complications following advanced vascular surgical procedures, and describe appropriate treatment algorithms should these occur.

**Practice Based Learning**

1. Become a highly effective teacher with an interactive educational style, and constructive educational dialogue.
2. Participate in local, regional and / or national educational activities or conferences.
3. Demonstrate application of M&M or other QI conference conclusions to own patient care.
4. Exhibit on-going self-evaluation and improvement, including tracking and analyzing patient outcomes.

**Professionalism**

1. Positively influence others by modeling professionalism.
2. Consistently demonstrate integrity in all aspects of care and professional relationships.
3. Recognize and address personal health issues in self and other members of the health care team.
4. Ensure that others under his or her supervision respond appropriately to responsibilities in a timely fashion.
5. Act as a role model for attendance, promptness, and attention to assigned tasks.

**Interpersonal and Communication skills**

1. Customize emotionally difficult information, including participation in end-of-life discussion.
2. Negotiate and manage conflict among patients and families.
3. Assume overall leadership of a health care team.
4. Take responsibility to ensure that clear hand-offs are given at transitions of care.

**Systems Based Practice**

27
1. Consistently and independently employ ALARA principles to minimize radiation exposure, while optimizing image quality.
2. Coordinate the activities of all health care professionals on the team to provide optimal patient care.
3. Participate in work groups or performance improvement teams designed to reduce errors and improve patient outcomes.

NYU Bellevue Hospital – Fellowship Year 2

Specific Objectives Fellowship Year 2

General: Expertly achieve and implement all goals and objectives related to the Fellowship Year 1 level, and improve and expand as detailed below.

Patient Care

1. Independently utilize patient data to arrive at an organized differential diagnosis, including primary and secondary treatment options, in a sophisticated fashion, even for complex diagnoses and patients.
2. Independently lead the surgical team in the total care of the vascular surgical patient.
3. Independently ensure that all necessary imaging, instrumentation, equipment, devise, and medications are available, even for very complex vascular surgical procedures.
4. Independently perform basic, intermediate and advanced vascular surgical procedures, including the most complex procedures.
5. Begin to competently teach and supervise other learners in the performance of vascular surgical procedures.
6. Independently and expertly handle catheters, guide wires and devices, and make independent intraoperative decisions.
7. Perform advanced endovascular procedures, including troubleshooting and the management of complications.
8. Expertly use imaging findings in operative planning for advanced procedures, and interpret subtle findings.

Medical Knowledge

1. Demonstrate advanced knowledge of the procedural rationale for the most complex and advanced vascular surgical procedures.
2. Describe the impact of unusual patient-specific anatomic findings on the operative plan involving advanced and complex vascular surgical or endovascular procedures.
3. Anticipate patient-specific risk for intraoperative or perioperative complications, and develop appropriate treatment algorithms.


**Practice Based Learning**

1. Coordinate conferences and case discussions  
2. Demonstrate use of a system or process for staying abreast of changes in the literature  
3. Publish a peer-reviewed manuscript or book chapter.  
4. Participate in root-cause analyses and apply best evidence to make recommendations for change.

**Professionalism**

1. Mentor others to promote professional behavior, and assertively modeling professionalism  
2. Proactively modify schedules to ensure that those caregivers under their supervision maintain personal wellness and do not compromise patient safety.  
3. Mentor others to promote timely completion of administrative tasks.

**Interpersonal and communication skills**

1. Negotiate and manage potential conflict among patients and families, members of the surgical team, and other care providers  
2. Act as a role model for patients, peers, and staff members  
3. Independently assume leadership of the health care team, while seeking and valuing input from the members of the team.

**Systems Based Practice**

1. Perform root-cause analyses for recordable or reportable events.  
2. Initiate or complete a performance improvement project.  
3. Function as a team leader for work groups or other performance teams designed to improve patient safety and outcomes.
VASCULAR SURGERY AT VA HOSPITAL

The goal of the VA Hospital Vascular Surgery rotation is to develop the trainee in all aspects of vascular surgical patient care in a federal hospital care environment. Trainees are directly involved in patient care in both the inpatient and outpatient setting. Trainees are exposed to a wide variety of vascular surgical patients and diagnoses, including both routine and complex diagnoses, surgeries, and endovascular procedures in the aortic, cerebrovascular, mesenteric/renal, lower extremity, and venous domains. Trainees see patients with the Faculty in the clinics at least once per week, evaluate outpatients and perform preoperative assessment, planning and evaluation. They fulfill inpatient and emergency room vascular consultation requests, and participate integrally and extensively in the operative and postoperative care of the inpatient service. The rotation is enhanced by the social, cultural, and economic diversity of the veteran patient population, affording the trainee the opportunity to work in an environment which values cultural competency in patient care, and satisfies the requirements of a federally run institution.

NYU VA Hospital – Fellowship Year 1

Specific Objectives Fellowship Year 1

Patient Care

1. Synthesize patient data to arrive at an organized differential diagnosis including all treatment options
2. Lead the surgical team, and provide supervision in the evaluation and management of complex perioperative problems in the vascular patient
3. Independently provide longitudinal care for vascular patients
4. Understand the preparation required for advanced vascular surgical procedures, including imaging, equipment, devices, intraoperative positioning and draping
5. Handle surgical instruments proficiently, and make independent intraoperative decisions
6. Independently perform basic, intermediate, and some complex advanced vascular procedures
7. Proficiently handle catheters, guide-wires and endovascular devices
8. Independently perform basic and intermediate endovascular procedures
9. Use imaging findings in operative planning for advanced procedures, and independently use and interpret multidimensional imaging

Medical Knowledge

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2. Describe areas for potential complications and measures for procedural success with intermediate vascular surgical procedures.
3. Anticipate patient-specific risk for complications following intermediate vascular surgical procedures, and describe appropriate treatment algorithms should these occur.
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5. Describe the impact of patient-specific anatomy on the operative plan with regard to advanced vascular surgical procedures.
6. Describe areas for potential complications and measures for procedural success with advanced vascular surgical procedures.
7. Anticipate patient-specific risk for complications following advanced vascular surgical procedures, and describe appropriate treatment algorithms should these occur.

**Practice Based Learning**

1. Become a highly effective teacher with an interactive educational style, and constructive educational dialogue.
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3. Demonstrate application of M&M or other QI conference conclusions to own patient care.
4. Exhibit on-going self-evaluation and improvement, including tracking and analyzing patient outcomes.

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4. Ensure that others under his or her supervision respond appropriately to responsibilities in a timely fashion.
5. Act as a role model for attendance, promptness, and attention to assigned tasks.

**Interpersonal and Communication skills**

1. Customize emotionally difficult information, including participation in end-of-life discussion.
2. Negotiate and manage conflict among patients and families.
3. Assume overall leadership of a health care team.
4. Take responsibility to ensure that clear hand-offs are given at transitions of care.

**Systems Based Practice**

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31
1. Consistently and independently employ ALARA principles to minimize radiation exposure, while optimizing image quality
2. Coordinate the activities of all health care professionals on the team to provide optimal patient care
3. Participate in work groups or performance improvement teams designed to reduce errors and improve patient outcomes.

NYU VA Hospital – Fellowship Year 2

Specific Objectives Fellowship Year 2

General: Expertly achieve and implement all goals and objectives related to the Fellowship Year 1 level, and improve and expand as detailed below.

Patient Care

1. Independently utilize patient data to arrive at an organized differential diagnosis, including primary and secondary treatment options, in a sophisticated fashion, even for complex diagnoses and patients
2. Independently lead the surgical team in the total care of the vascular surgical patient
3. Independently ensure that all necessary imaging, instrumentation, equipment, devise, and medications are available, even for very complex vascular surgical procedures.
4. Independently perform basic, intermediate and advanced vascular surgical procedures, including the most complex procedures.
5. Begin to competently teach and supervise other learners in the performance of vascular surgical procedures.
6. Independently and expertly handle catheters, guide wires and devices, and make independent intraoperative decisions
7. Perform advanced endovascular procedures, including troubleshooting and the management of complications
8. Expertly use imaging findings in operative planning for advanced procedures, and interpret subtle findings.

Medical Knowledge

1. Demonstrate advanced knowledge of the procedural rationale for the most complex and advanced vascular surgical procedures.
2. Describe the impact of unusual patient-specific anatomic findings on the operative plan involving advanced and complex vascular surgical or endovascular procedures.
3. Anticipate patient-specific risk for intraoperative or perioperative complications, and develop appropriate treatment algorithms
Practice Based Learning

1. Coordinate conferences and case discussions
2. Demonstrate use of a system or process for staying abreast of changes in the literature
3. Publish a peer-reviewed manuscript or book chapter.
4. Participate in root-cause analyses and apply best evidence to make recommendations for change.

Professionalism

1. Mentor others to promote professional behavior, and assertively modeling professionalism
2. Proactively modify schedules to ensure that those caregivers under their supervision maintain personal wellness and do not compromise patient safety.
3. Mentor others to promote timely completion of administrative tasks.

Interpersonal and communication skills

1. Negotiate and manage potential conflict among patients and families, members of the surgical team, and other care providers
2. Act as a role model for patients, peers, and staff members
3. Independently assume leadership of the health care team, while seeking and valuing input from the members of the team.

Systems Based Practice

1. Perform root-cause analyses for recordable or reportable events.
2. Initiate or complete a performance improvement project.
3. Function as a team leader for work groups or other performance teams designed to improve patient safety and outcomes.
Vascular Lab Rotation – Fellowship Year 2

The goal of the Vascular Laboratory rotation is to provide trainees with the practical and didactic training required to develop the knowledge and expertise required to become proficient in the performance and interpretation of non-invasive vascular laboratory diagnostic examinations. Simultaneously, the experience provides them with the appropriate training to allow them to become eligible to take the Registered Physicians’ Vascular Interpretation (RPVI) Examination and become certified by the ARDMS (American Registry for Diagnostic Medical Sonography) at the completion of the training; this is also a requirement to be eligible to sit for the board examination in vascular surgery. Trainees work directly in our certified vascular laboratories at Tisch Hospital in the inpatient and outpatient setting, performing examinations in the following areas: cerebrovascular, venous, arterial, aortic, mesenteric, and other miscellaneous. They interpret examinations as well. They are supervised by both Attending Vascular Surgeons as well as Registered Vascular Technologists throughout the course of the rotation.
Policies

All GME Policies can be found here: http://gme.webdev.nyumc.org/policies-procedures/policies.
Advancement Policy

Department of Surgery
Vascular Surgery Fellowship
Criteria for Promotion from one Fellow Level to the Next

Advancement from Year 1 to Year 2 requires:
1. Completion of all scheduled rotations with evaluations of 3 or greater in all competencies. Advancement with lesser grades is at the discretion of the Program Director and the Clinical Competency Committee, typically based upon demonstrated improvement, and/or ongoing compliance with a remediation or probation plan.
2. Completion of the online Sleep and Fatigue Module.
4. Completion of the New Innovations Advancement Checklist
5. Conference attendance of at least 75% or demonstration of a satisfactory alternative didactic (eg. online review of missed seminars). See Policy on Conference Attendance
6. Completion of an appropriate and designated number of surgical cases in the designated year, as determined by ACGME requirements and the Program Director and Clinical Competency Committee.
7. Completion of the GME NI Advancement Checklist.
8. Achievement of at least Level 2 in the ACGME / ABS Vascular Surgery Milestones Project in at least 75% of Milestone categories.
9. Unanimous support among the Program Director, Associate Program Director, and members of the Clinical Competency Committee that the trainee is at an appropriate level to move into Year 2.

Graduation from the Program requires:
1. Successful completion of all schedule rotations with evaluations of 3 or greater in all competencies. Graduation with lesser grades is at the discretion of the Program Director and the Clinical Competency Committee, typically based upon demonstrated improvement, and/or ongoing compliance with a remediation or probation plan.
2. Complete and accurate procedure log to substantiate future credentialing.
3. Achievement of appropriate designated numbers of surgical procedures, as required by the ACGME.
4. Completion or satisfactory progress demonstrated in a meaningful research effort.
6. Completion / fulfillment of all “de-credentialing” requirements with the several hospitals, and signoff by the Office of Graduate Medical Education. This includes return of all keys, lab coats, pagers, etc. The Program requires that graduating trainees also leave contact information for future communications.
7. Completion of GME NI Termination Checklist.
8. The graduate should be making appropriate plans to achieve Board Certification in the area of Vascular Surgery
9. Achievement of at least Level 4 in the ACGME / ABS Vascular Surgery Milestones Project in at least 90% of Milestone categories.
10. Unanimous support among the Program Director, Associate Program Director, and members of the Clinical Competency Committee that the trainee is at an appropriate level to graduate.
BLS/ACLS/PALS/NRP/ATLS Training Policy

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 07/01/2013
Reissue Date: 01/01/2016
BLS/ACLS/PALS/NRP/ATLS Training Policy for House Staff Officers

I. Applicability of the Policy

NYU Hospital Centers BLS / ACLS / PALS / NRP/ATLS certification requirements for all House Staff Officers in ACGME and non-ACGME-accredited specialty and subspecialty programs.

II. Definitions (if applicable)

A. BLS – Basic Life Support
B. ACLS – Advanced Cardiac Life Support
C. PALS – Pediatric Advanced Life Support
D. NRP - Neonatal Resuscitation Program
E. ATLS – Advanced Trauma Life Support
F. ACGME – Accreditation Council for Graduate Medical Education
G. Director – The House Staff Officer’s NYU Director of Residency or Fellowship Training
H. NYULMC – NYU and its affiliated hospitals
I. House Staff Officer – In this document, all references to House Staff Officers include trainees in specialty and subspecialty programs, whether or not ACGME-accredited.
J. Office of GME – Office of Graduate Medical Education

III. Policy
1. The NYU Office of Graduate Medical Education requires the certification and maintenance of a current BLS, ACLS, PALS and NRP for all house staff officers in following training programs in accordance with the ACGME Program Requirements.

<table>
<thead>
<tr>
<th>Program</th>
<th>BLS</th>
<th>ACLS</th>
<th>PALS</th>
<th>NRP</th>
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<tbody>
<tr>
<td>Anes-Pain</td>
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<tr>
<td>Anesthesiology</td>
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<tr>
<td>Adult Cardiothoracic Anesthesia</td>
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<tr>
<td>Thoracic Surgery</td>
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<tr>
<td>Cardiovascular diseases and all Cardiology Subs</td>
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<tr>
<td>Child Psychiatry</td>
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<tr>
<td>Emergency Medicine</td>
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<td>Endocrinology</td>
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<td>Geriatrics</td>
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<td>Maternal-fetal Medicine</td>
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<td>Neonatal-Perinatal Medicine</td>
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<td>OB/GYN</td>
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<td>Oral &amp; maxillofacial</td>
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<td>Orthopedics</td>
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<td>Pediatrics</td>
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<td>Peds Fellowships</td>
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<td>Plastic Surgery</td>
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<td>Pulmonary Critical Care</td>
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<td>Urology</td>
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X = Required
2. Any programs excluded from the list above may still require BLS/ ACLS /PALS /NRP certifications at the discretion of the Training Program Director and with approval of the Office of Graduate Medical Education.

3. All surgery residents must maintain ATLS certification in accordance with the New York State Trauma Program.

4. All certifications and record keeping is the responsibility of each training program, and must be made available to the Office of Graduate Medical Education upon request.

5. When re-certification is required as part of the residency or fellowship training program, the Office Of Graduate Medical Education will provide the training without cost to the Resident/Fellow. BLS/ ACLS /PALS /NRP courses are available free of charge for all trainees excluding those in their final year of training through the NYU Department Emergency Medicine Training Division.

6. Each Training Program is responsible for registering their house staff for the BLS/ ACLS/ PALS/ NRP courses. The NYU Department Emergency Medicine Training Division will not accept registration requests submitted by house staff.

7. If a house staff officer does not attend a course they have been registered for, they will be marked, as a ‘no show’ for the class and the Training Program will be responsible for reimbursing the Office of Graduate Medical Education for the cost of the course.
Case Log Policy & Procedure

Vascular Surgery Fellowship Training Program

Case Log Policy and Procedures

Vascular Surgery Fellows need to perform a minimum of 250 major vascular reconstructive procedures that reflect an adequate representation of endovascular diagnostic and therapeutic cases, Endovascular Aneurysm repair, Abdominal, cerebrovascular and peripheral vascular cases as well as a breadth and balance of experience in the surgical care of vascular diseases. Cases can be logged by going to this link: https://apps.acgme.org/connect/login

Defined Categories-

- Endovascular Diagnostic = 100
- Endovascular Therapeutic = 80
- Endovascular Aneurysm Repair = 20
- Abdominal = 30
- Cerebrovascular = 25
- Peripheral = 45
- Complex = 10

Fellows need to document a significant role in the following aspects of patient management: determination or confirmation of the diagnosis; provision of preoperative care; selection and accomplishment of the appropriate operative procedure; direction of postoperative care; and accomplishment of sufficient follow-up to be acquainted with both the course of the disease and the outcome of its treatment. Participation in the operation only, without preoperative and postoperative care, is not appropriate.

Fellows also need to demonstrate competency with special diagnostic techniques for the management of vascular disease. It is essential that residents understand the methods and techniques of angiography, CT scanning, MRI and MRA and other vascular imaging modalities. They should be competent in the assessment of the vascular portion of such images.

Fellows do a rotation on outpatient vascular lab where they learn about the application, assessment, and limitations of noninvasive vascular diagnostic techniques. Fellows attend a RPVI Certification Course which they require 500 ultrasound cases with technique in the following prior to sitting for the certification exam:

- Carotid duplex ultrasound
- Transcranial Doppler
- Peripheral arterial physiologic testing
- Peripheral arterial duplex ultrasound
- Venous duplex ultrasound
- Visceral vascular duplex ultrasound

Trainees are responsible for logging and tracking their cases daily. Trainees are also responsible for advising the Program Director of any problems and concern regarding logging and accessing cases.
Chief Resident or Fellow Policy

NYU Hospitals Center
Issuing Department: Graduate Medical Education
Effective Date: 07/20/2011
Reissue Date: 01/01/2016
Chief Resident or Fellow Policy

I. Summary of Policy

This policy describes the appointment and duties of a Chief Resident or Fellow that are in addition to those regularly performed by other residents in his or her department and post-graduate year.

II. Applicability of the Policy

Applies to All NYU School of Medicine and NYU Hospitals Center trainees and Foreign National Physicians in ACGME and AOA accredited specialty and subspecialty programs.

III. Definitions (if applicable)

A. Chief Resident/Fellow – a senior-level resident or fellow who has been assigned administrative and training responsibilities within the residency training program.

B. Director – medical director of the residency training program.

C. ACGME – Accreditation Council for Graduate Medical Education

D. AOA – American Osteopathic Association

E. Sponsoring Institutions – NYU School of Medicine and NYU Hospitals Center

IV. Policy

A. A Chief Resident or Fellow is appointed by his or her Director and is generally in his or her final year of Residency or Fellowship (e.g., Surgery) or is working for an additional year after residency is completed (e.g., Internal Medicine and Pediatrics). Some post-graduate training programs require that each resident serve as Chief Resident in the last or next to last year of training. The Director may give the title of Chief Resident or Fellow to as many residents in his or her program as available chief differentials and perform Chief Resident duties. Programs without Chief differentials are not allowed to give these duties to the house staff. Such duties frequently include:
a. supervising and training junior residents;

b. developing rotation, conference, journal club, lecture, and on-call schedules;

c. acting as a resident liaison;

d. providing formal medical student education;

e. monitoring and recording attendance;

f. reassigning residents as necessary for coverage issues when unplanned absences occur (due to illness, etc.);

g. making decisions on behalf of his or her department; and

h. performing other administrative duties as assigned by his or her Director of Training (“Director”).

i. Extra Year Chief Residents must complete applications for and will be appointed to the Medical Staff at each institution (except the VA, in which case they will remain house staff.)

V. Compensation

A. Each training program is authorized to award additional compensation above the PGY compensation for one FTE Chief Resident per year, at the rate of $4,000 for NYU, $2,500 for NYU Lutheran and $4,162 for Bellevue (“differential”). Any program that has 10 residents or more is authorized to award the differential to additional Chief Residents, on the basis of one FTE differential for each 10 residents in the training program, not to exceed a total of 10 Chief Residents in a single program.

B. In the event the number of FTE Chiefs exceeds the number of allotted differentials, the program differential will be pooled and divided equally among the Chiefs. At the discretion of the Director, the differential may be prorated among Chiefs when the duration of a Chief Resident’s term of appointment as Chief Resident is less than one year.

C. The Director must obtain approval from the Office of GME before the number of compensated Chief Residents may be increased beyond the total established for the program.

D. Directors have the discretion to develop Chief Appointment policies for their respective training programs that is more restrictive than this policy.
Concerns and Complaints Policy

The NYU School of Medicine Vascular Surgery Program is committed to maintaining an environment that is supportive and conducive to learning. As such, open communication with our residents is of utmost importance. In the event that an individual would like to discuss or report a concern or complaint, there are numerous opportunities for residents to do so, either directly or anonymously.

Fellows have a professionalism session dedicated to “Admitting Mistakes – Error reporting”. They go over how to report errors at all 3 hospital locations.

Fellows can contact Dr. Caron Rockman, Program Director, Dr. Mikel Sadek, Associate Program Director and or Dr. Leon Pachter, Chairman, or Michael Ambrosino, M.D., the Senior Associate Dean for Graduate Medical Education and DIO to discuss any issues of concern.

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 09/16/2011
Reissue Date: 01/01/2016
House Staff Officer Concerns or Complaints

I. Summary of Policy
The NYU School of Medicine is committed to maintaining an environment that is supportive and conducive to learning in which Residents/Fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate. As such, open communication with House Staff Officers is of utmost importance. In the event that an individual would like to discuss or report a concern or complaint, there are numerous opportunities for residents to do so, either directly or anonymously.

II. Applicability of the Policy
This policy applies to all House Staff Officers in GME residency or fellowship training programs at NYU.

III. Definitions (if applicable)
A. GME – Office of Graduate Medical Education
B. GMEC – Graduate Medical Education Committee
C. CIR – Committee of Interns and Residents - Bellevue Hospital
D. DIO – Designated Institutional Official
E. Program Director – Medical director of GME specialty or sub-specialty training program
F. **HSLC - House Staff Leadership Council**

G. **HSPSC – House Staff Patient Safety Council**

**IV. Procedure**

A. **House Staff Leadership Council (HSLC)** The ACGME Institutional Requirements state that the Sponsoring Institution and its programs must provide an environment in which residents may raise and resolve issues without fear of intimidation or retaliation. One forum that is required to provide this environment is an organization and/or forum for House Staff Officers to communicate, exchange information, and discuss and address House Staff Officer issues. The House Staff Leadership Council provides such a forum, and is comprised of representatives from each training program. The Council meets monthly, and all House Staff Officers are invited to attend, or are encouraged to express their comments or concerns to the House Staff Leadership Council representative from his/her program to speak on his/her behalf. House Staff Leadership Council is in regular contact with the DIO, and through him, the Vice Dean and Dean/CEO.

B. **House Staff Patient Safety Council** – Any issues or concerns related to quality and/or patient safety can also be brought to the House Staff Patient Safety Council (HSPSC). The HSPSC is comprised of NYU House Staff Officers who have an interest in quality and safety. House Staff Officers are welcome to bring concerns about patient safety or quality issues to this council, or, can ask the HSPSC representative from his/her program to speak on his/her behalf. To contact the House Staff Patient Safety Council, please contact the Office of GME.

C. **Annual Program Review** – The Annual Program Review, required by the ACGME and performed annually by Program leadership must include House Staff Officer representation from the program and must also include a review of written evaluations of the program, by the House Staff Officers. The Annual Program Review provides time for House Staff Officers to report any issues or concerns they may have with the training program and/or faculty. These issues or concerns will subsequently be reviewed by the Associate Dean for GME and the Senior Director of the Office of GME.

D. **Compliance Hotline (NYUHC/Tisch Hospital)** – A Compliance Hotline (1-866-NYU-1212) is also available to all members of the institution to allow for the confidential, anonymous reporting of activities that are contrary to hospital and School of Medicine regulations and policies such as violations of resident duty hours, and form of harassment, HIPAA violations, etc. Residents are reminded of and encouraged to use this Hotline on a regular basis.

E. **Compliance Hotline (Bellevue Hospital Center)** – A Medical Resident Hotline is also available through Bellevue Hospital Center intranet (http://intranet.bellevue.org/) Click directly on Resident Hotline Online Issues Form. The submission form will be forwarded to pertinent department Administrators, Chief’s of Service, Medical Director and others in an effort to facilitate the resolution of the issues.
F. Incident/Error Reporting: House Staff Officers should report sentinel events, adverse events, and/or close calls. Reporting such events is the responsibility of all House Staff Officers, and will increase the focus on improving patient safety, help develop changes that result in improved outcomes, and increase our reporting of adverse events and our awareness of patient safety issues.

a. At NYULMC: House Staff Officers are encouraged to use the Patient Safety Intelligence (PSI) when working at an NYULMC facility. The PSI is web-based application that allows users to electronically report events. Anyone can enter an event using the PSI, and these events can be reported anonymously. The PSI Icon can be found on every clinical desktop, or it can be access by navigating to The Link, selecting “web applications” on the right hand side of the screen, and clicking on “PSI for front line reporter.”

b. At the Manhattan VA: House Staff Officers can report events using a web-based reporting system, called Electronic Patient Event Reporting (ePER).

c. At Bellevue: To report events, please go to the Bellevue Hospital Center (BHC) Intranet, and click on the “Patient Safety Hotline” link on the right-hand side of the screen. Please follow all prompts.

d. At NYU Lutheran: House Staff Officers can report events using MIDAS.

G. Residents on Bellevue Payroll – When residents rotate onto the Bellevue Hospital pay line, they are also represented by a union, the CIR, that has additional avenues for the redress of grievances within its policies developed through collective bargaining.

H. Program Director and/or DIO – Residents may also contact their Program Director, DIO/Associate Dean for Graduate Medical Education, and/or the Office of Graduate Medical Education to discuss any issues of concern.

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1 http://www.nyumc.net
2 http://www.cirseiu.org/
Corrective Action and Disciplinary Policy

NYU Hospitals Center  
Issuing Department: Graduate Medical Education  
Effective Date: 08/01/2013  
Reissue Date: 01/01/2016  
Corrective Action and Disciplinary Policy for House Staff

I. Summary of Policy

The Accreditation Council for Graduate Medical Education (ACGME) requires a written set of policies and procedures for House Staff Officer evaluation and for implementing corrective and/or disciplinary action when a House Staff Officer’s performance fails to meet required standards. This includes the criteria for any adverse action, such as placing a resident/fellow on probation or terminating a House Staff Officer whose performance is unsatisfactory. The procedures are designed to be fair to House Staff Officer, patients under care, and the training program and are applicable to all House Staff Officers in training at New York University School of Medicine (“NYU”) or any affiliated training sites.

All further references in this document to House Staff Officer shall include residents and fellows.

II. Applicability of the Policy

This policy applies to all House Staff Officers, including those in ACGME and non-ACGME- accredited specialty and subspecialty programs

III. Definitions

ACGME – Accreditation Council for Graduate Medical Education

AOA – American Osteopathic Association

CCC (for ACGME Accredited Programs) – Clinical Competency Committee, which is composed of at least three members of the Program faculty and may include faculty from other programs and non-physician members of the health care team. For each Program, there must be a written description of its CCC responsibilities, including: (a) review all resident evaluations semi-annually; (b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and (c) advise the program director regarding resident progress, including promotion, remediation, and dismissal.

CPH – Committee on Physicians’ Health of the Medical Society of the State of New York

Director – Director of Residency or Fellowship training program

GME – Office of Graduate Medical Education
IV. Policy

A. Performance Deficiencies

Upon receipt of satisfactory evaluations and compliance with all other terms of the House Staff Policies and Procedures, each House Staff Officer should expect to continue to the next level of training to program completion. If, however, a House Staff Officer’s performance is unsatisfactory, as determined by the CCC (or similar education committee for non-ACGME programs), the Director shall notify the House Staff Officer of that conclusion, both verbally and in writing, as soon as it is determined and initiate appropriate corrective and/or disciplinary action, as provided in Section IV.A.1., Remediation. In the ordinary course, corrective and/or disciplinary action should be imposed progressively, beginning with a plan for remediation and proceeding to probation and dismissal from the program if performance does not improve. In some cases, as outlined in Section IV.A.3, summary suspension may be appropriate. Prior to initiating any corrective and/or disciplinary action, the Director must consult with the Associate Dean for Graduate Medical Education and the Senior Administrative Director for NYU GME. In addition, the Director must inform all relevant Hospital Medical Directors of any disciplinary action initiated against the House Staff Officer under this Section IV.

I. Remediation: In the event that a House Staff Officer’s performance is unsatisfactory and summary suspension is not appropriate, the Director, after consultation with the NYU GME, shall issue a remediation letter to the House Staff Officer, which must include a detailed plan for remediation. Copies of the remediation letter and all subsequent administrative documentation relating to this corrective action shall be maintained in the Director’s and the NYU GME files.

   a. The remediation letter may include documentary evidence, such as letters of complaint, attendance logs, reports from the licensure board, and other relevant documents and materials.

   b. The remediation period must be defined in the remediation plan.
c. The plan for remediation must include directives for additional supervision and specific instructions with clear measurable educational goals and performance expectations.

d. The plan should provide for regular feedback from the Director (or Director’s designee) to the House Staff Officer.

e. In determining the appropriate plan of remediation, the Director shall decide which action to take based on numerous factors, such as the nature and severity of the deficiency giving rise to the need for corrective action, the potential impact on patient health or safety, the impact of the House Staff Officer’s conduct on the program or the facility, the likelihood that the deficiency can or shall be successfully remediated, and the degree of notice and opportunity to cure that the House Staff Officer has previously received.

f. At the end of the remediation period, the following may occur:

i. Conclusion of remediation, with a statement provided to the House Staff Officer stating that the conditions of remediation were satisfactorily resolved and there is no present need for further corrective action. Copies of such statement shall be maintained in the Director’s and the NYU GME files;

ii. Continuation of remediation, provided the House Staff Officer has performed satisfactorily on a significant portion of his/her plan of remediation and the Director agrees to the assignment of an additional term of remediation. Continued remediation shall be approved for a specified period of time, with a redefinition of the problems and procedures to be followed in order to satisfy this additional term of remediation in accordance with this Section IV; or

ii. Imposition of a term of probation as specified under Section IV.A.2, Probation.

2. **Probation** - Following a summary suspension or the unsuccessful completion of a plan of remediation or as deemed necessary due to one or more recurring performance deficiencies after prior remediation periods, the Director or his/her designee shall place the House Staff Officer on probation, provided the House Staff Officer’s continuation in the program does not constitute a serious threat to the welfare or safety of patients, employees, or other staff members or to the integrity of the program, as follows:

a. The Director or his/her designee shall meet with the House Staff Officer and present a written notice, drafted in conjunction with the NYU GME, stating:
i. the term of probation (ordinarily not to exceed six months); 

ii. the reasons for probation (i.e., the House Staff Officer’s specific actions or deficiencies that led to the recommendation for probation); and

iii. the conditions of probation (i.e., what the House Staff Officer shall be expected to do differently and the specific measures the department will take to provide the House Staff Officer the opportunity to achieve these goals). Copies of the written notice and all subsequent administrative documentation relating to this disciplinary action shall be maintained in the NYU GME files. Copies of the written instance also shall be forwarded to all relevant Hospital Medical Directors. The written notice shall advise the House Staff Officer of the right to appeal the decision of probation as provided in Section IV.B., Appeals.

b. At the end of the probationary period, the following may occur:

i. Termination of probation, with notice provided to the House Staff Officer stating that the conditions of probation were satisfactorily resolved and there is no present need for further probation. Copies of such statement shall be maintained in the Director’s and the NYU GME files and forwarded to all relevant Hospital Medical Directors;

ii. Continuation of probation for an additional specified period of time with a written redefinition of the problems and procedures to be followed in order to satisfy this additional term of probation in accordance with this Section IV.A.2.; or

iii. Termination of the House Staff Officer’s participation in the residency or fellowship program in accordance with Section IVA.5., Dismissal.

c. A decision to place a House Staff Officer on probation may require reporting to the appropriate State agency, as discussed in Section IV.C., Reporting.

3. Summary Suspension - A House Staff Officer may be summarily suspended from participation in the residency/fellowship training program by the Director, the Department Chair, a Hospital Medical Director, or the Dean of the School of Medicine or his/her designee a) if the House Staff Officer’s actions or his/her continued participation in the program may constitute a threat to the welfare or safety of patients, employees, or other staff members or to the integrity of the program; or b) if his/her license or permit is
suspended or revoked. When a House Staff Officer is summarily suspended from the program, the following procedures shall be followed:

a. The Director, in conjunction with the NYU GME, shall provide the House Staff Officer with written confirmation of his/her suspension. The notice shall specify the deficiencies that gave rise to the suspension, the term of the suspension, and any conditions that might be imposed for resuming participation in the residency/fellowship program after the period of suspension. Copies of this notice shall be maintained in the Director’s and the NYU GME files. Copies shall also be forwarded to all relevant Hospital Medical Directors. Credit for GME training shall not be given to a House Staff Officer during a period of suspension. No compensation is earned or paid to a House Officer during a period of suspension, but health insurance and professional liability insurance coverage is maintained.

b. The House Staff Officer shall be advised in writing of the right to appeal the suspension as provided in Section IV.B., Appeals.

c. The House Staff Officer shall be advised in writing regarding the program’s policy with respect to whether, upon return from suspension, any academic or clinical work and/or additional time will need to be made up, and/or completion of training extended due to the suspension period.

d. At the end of the suspension period, the Director, in conjunction with the NYU GME, shall notify the House Staff Officer in writing as to what further action, if any, is to be taken. Copies of this notice shall be maintained in the Director’s and the NYU GME files. Copies shall also be forwarded to all relevant Hospital Medical Directors. One of the following may occur:

   i. Termination of suspension, with a statement provided to the House Staff Officer stating that such suspension occurred and there is no present need for additional disciplinary action;

   ii. Termination of suspension and placement of the House Staff Officer on probation as specified under Section IV.A.2, Probation; or

   iii. Termination of the House Staff Officer's participation in the residency or fellowship program, in accordance with Section IV.A.5., Dismissal.

d. A decision to suspend requires reporting to the appropriate State agency, as discussed in Section IV.C., Reporting.

4. Denial of Academic Credit:
If a House Staff Officer fails to make up work missed during a summary suspension; does not satisfactorily complete remedial work during a probationary period; misses a significant component of the academic program during leave from the program; or has otherwise failed to make sufficient academic progress, the Director may require the House Staff Officer repeat all or part of the academic year's work.

5. Dismissal:

a. The Director shall recommend the House Staff Officer’s dismissal from the program to the Department Chair or Dean or his/her designee, if the House Staff Officer has:

i. Misrepresented credentials upon which s/he had been accepted into the program, which will not be subject to the appeals process;

ii. Engaged in conduct that threatens the welfare or safety of patients, employees, or other staff members or the integrity of the residency or fellowship training program, or if his/her license or limited permit is revoked or suspended;

b. Failed to meet standards for academic, clinical, or professional conduct/performance, as set forth in the NYU Office of GME “Evaluation Policy for Graduate Medical Education,” after summary suspension or probation.

i. The process of dismissal shall be initiated by recommendation of the Director to the Department Chair after consultation with the NYU GME. The Department Chair shall make the final decision to dismiss in consultation with the Director and/or the Dean or his/her designee and shall record the recommendation and the reasons thereof in writing.

ii. The House Staff Officer shall receive notice of dismissal from the Department Chair with a copy of the recommendation for dismissal and the reasons thereof. S/he also shall receive notice of his/her right to appeal, as provided in Section IV.B., Appeals. Notice of the recommendation for dismissal and all subsequent administrative documentation relating to this disciplinary action shall be maintained in the Director’s and the NYU GME files. A copy of the notice of dismissal shall be forwarded to all relevant Hospital Medical Directors.

If the House Staff Officer does not request a hearing, the recommendation for dismissal shall be final.

iii. If a House Staff Officer is dismissed before the completion of his/her academic year, the Director shall determine the number of month’s credit to be given the House Staff Officer for that academic year.
iv. A decision to dismiss requires reporting to the appropriate State agency, as provided in Section IV.C., Reporting.

6. Training Extensions

a. For ACGME programs: The Program has the authority to extend the house staff officer’s contract for a period of up to 1 month for leave or illness purposes without requesting approval from the RRC. All extensions beyond one month need to be approved by the RRC.

b. For AOA programs: The Program has the authority to extend the house staff officer’s contract for a period of up to 3 months for leave or illness purposes without requesting approval for overlap from the Specialty College and/or PTRC. There is no need to request temporary increase in complement from the PTRC for extension up to 3 months. If a remediation plan results in the extension of training in excess of 3 months, advanced approval must be obtained and reported to the AOA Division of Postdoctoral Training, specialty College and OPTI. A copy must be maintained in the house staff officer’s file.

B. Appeals

1. Neither the decision to place a House Staff Officer on a plan of remediation nor the plan of remediation itself is appealable.

2. The decision to summarily suspend, place on probation, not advance, deny academic credit, or dismiss a House Staff Officer is appealable, as follows:

   a. The House Staff Officer must submit a written request for a hearing to his/her Department Chair within seven calendar days after his/her receipt of written notice of an appealable adverse decision or recommendation. If no request is submitted within such seven-day period, the Director's decision shall become final and not subject to further review.

   b. The Dean or his/her designee in consultation with the Department Chair shall appoint an ad hoc Appeals Committee. The Appeals Committee shall consist of two attending physicians, each of whom hold faculty appointments in the New York University School of Medicine, and two House Staff Officers, none of whom have had prior direct involvement in the proceedings with respect to the House Staff Officer.

   c. The Appeals Committee shall be charged to review and make a recommendation to the Dean or his/her designee on the following issues:
i. Was the decision of the department or division made substantially in compliance with the procedures set forth in the Corrective Action and Disciplinary Policy for House Staff Officers?

ii. Was the decision of the department or division made arbitrarily and capriciously or in bad faith or in violation of anti-discrimination or other laws or regulations?

iii. It is not the role of the Appeals Committee to substitute its academic judgment for the academic judgment of the department or division. If the Appeals Committee determines the answer to i) is yes and the answer to ii) is no, the Appeals Committee should uphold the decision of the department or division. If the Appeals Committee determines that the department has failed to substantially comply with the procedures of the Corrective Action and Disciplinary Policy for House Staff Officers or that the decision of the department was made arbitrarily and capriciously or in bad faith or in violation of anti-discrimination or other laws or regulations, the Appeals Committee shall make an appropriate recommendation for remedy or reversal.

d. The Appeals Committee shall hold a hearing in a timely fashion. The House Staff Officer shall receive at least three calendar days’ prior notice of the hearing. Such notice shall include a statement of reasons(s) for the department or division’s decision to summarily suspend, place on probation, not advance, deny academic credit or dismiss the House Staff Officer. The Director, the NYU GME, and all relevant Hospital Medical Directors shall receive copies of the notice.

e. The Appeals Committee shall make rules it deems necessary to assure prompt, fair, and expeditious handling of the appeal. The Committee shall be permitted to have legal counsel present during the hearing. The rules of law relating to the examination of witnesses or presentation of evidence shall not apply. Any relevant matter upon which responsible persons may rely on the conduct of serious affairs may be considered.

f. The Appeals Committee shall conduct interviews and review documents, including medical records, as the Appeals Committee deems necessary or helpful in its conduct of the investigation. A recording of all interviews shall be made. The Appeals Committee may require a physical and/or mental evaluation of the House Staff Officer in any case where the Appeals Committee has reason to consider the physical or mental competency of the House Staff Officer. Appropriate consultants shall carry out such
evaluation, and a report of the evaluation shall be forwarded to the House Staff Officer as well as to the Appeals Committee.

g. The Appeals Committee shall be authorized to recommend that the charges or proposed disciplinary action raised against the House Staff Officer be modified.

h. The physical presence of the House Staff Officer for whom the hearing has been scheduled shall be required. Failure to appear without good cause shall be deemed a waiver of the House Staff Officer’s right to the hearing provided in this section, shall be considered an acceptance of an adverse decision, and is final.

i. At the hearing the House Staff Officer may elect to be accompanied or represented by an attorney or other persons of his or her choice. The role of this representative shall be limited to providing advice and counsel to the House Staff Officer; and addressing the members of the Appeals Committee. The role of the representative shall not include the questioning of witnesses. The Appeals Committee may, in its discretion, further define, expand, or limit the role of any such representative.

j. The House Staff Officer (or his/her representative) shall have the right to present the House Staff Officer's position to the Appeals Committee, together with such other documentation as the House Staff Officer may wish. The House Staff Officer may suggest witnesses who have information relevant to the issue under appeal. It shall be within the sole discretion of the Appeals Committee to determine if the witnesses will be interviewed.

k. Following the hearing, the Appeals Committee shall submit to the Dean or his/her designee a written report and recommendation, which may include a recommendation that the proposed charges or disciplinary action be modified. The House Staff Officer and the Director, the NYU GME, and all relevant Hospital Medical Directors shall receive copies of the report for their files.

l. The Appeals Committee shall forward the record of its proceedings and interviews to the Dean. The proceedings and records of the Appeals Committee and the Dean's decision shall be, so far as possible, confidential, but shall be retained as an institutional record.

The Dean or his/her designee shall issue a final written decision within seven (7) calendar days after receipt of the Appeals Committee's report. The House Staff Officer and the Director, the NYU GME, and all relevant Hospital Medical Directors shall receive copies of the decision for their files.

a. The decision of the Dean or his/her designee is final and, therefore, not subject to further appeal.
C. Reporting

1. Whenever the Director takes any action under Subsections IV.A.2, 3, 4 or 5, Performance Deficiencies, s/he shall notify the Associate Dean for Graduate Medical Education, the Senior Administrative Director for NYU GME, and all relevant Hospital Medical Directors of the action taken and the circumstances surrounding it, as well as the ultimate disposition of the matter.

2. Hospitals are required, under § 405.3 (e), Codes, Rules and Regulations of New York State, to report to the OPMC any denial, suspension, restriction, termination, or curtailment of training, employment, association, or professional privileges or the denial of certification of completion of training of any physician licensed or registered by the New York State Department of Education for reasons related in any way to any of the following

   a. Alleged mental or physical impairment, incompetence, malpractice, misconduct, or endangerment of patient safety or welfare;
   
   b. Voluntary or involuntary resignation or withdrawal of association or of privileges with the Hospital to avoid the imposition of disciplinary measures; and
   
   c. The receipt of information concerning a conviction of a misdemeanor or felony. The report must be made in writing to OPMC, with a copy to the appropriate area administrator of the New York State Office of Health Systems Management, within 30 days after the taking of such action, and must include:

      1. The name and address of the individual;
      2. The profession and license number;
      3. The date of the Hospital’s action;
      4. A description of the action taken; and
      5. The reason for the Hospital’s action or the nature of the action or conduct which led to the resignation or withdrawal and the date thereof.

3. In cases involving unlicensed physicians practicing under a limited permit or serving in a clinical fellowship or residency, the Hospital must report to the New York State Education Department Office of Professional Discipline.

4. All licensed health professionals, including physicians, are required by state law to report colleagues whom they suspect may be guilty of misconduct as defined in New York State law. Failure to report suspected instances of misconduct is, in
itself, misconduct. For physicians and House Staff Officers affiliated with a hospital, the report can be made to the hospital’s Chief Medical Officer, who will then inform OPMC; in the case of a House Staff Officer, the report may be made to the Program Director, the DIO, the Senior Administrative Director for NYU GME, and/or all relevant Hospital Medical Directors. If the colleague is not affiliated with a hospital, a report can be made to the county medical society, which will be responsible for reporting to OPMC. If a health professional is uncertain whether specific actions or behaviors constitute misconduct, s/he may request advice from OPMC without revealing the name of the practitioner. Once advice is provided, the health professional who requested the advice is required to follow it.

5. Practitioners suspected of having problems with alcohol, drugs, or mental illness, but whose ability to practice is not impaired, may be reported to the Committee on Physicians’ Health of the Medical Society of the State of New York (CPH). All calls are confidential. CPH identifies, refers to treatment and monitors impaired physicians. The program is voluntary and participation is confidential. The names of physicians participating in the program are not shared with OPMC without a participant’s approval unless there is a failure to comply with treatment recommendations. A physician whose medical performance may be impaired, however, also must be reported to OPMC. The law does not exempt physicians from their duty to report colleagues practicing with a suspected impairment to OPMC because they have reported to CPH.

6. Nothing in this policy relieves the institution of its obligations to report incidents of possible professional misconduct under applicable laws and regulations. The results of drug or alcohol testing and matters related thereto shall be kept confidential except to the extent necessary to implement this policy.

7. A Plan for Remediation need not be reported. and effective as of the date of receipt by the House Staff Officer, and the decision to dismiss shall not be subject to further review, in accordance with Section IV.B., Appeals.
Disaster Policy

In the event of a natural disaster, residents should contact the program director or associate program director directly via e-mail or by phone. If they are unavailable, the resident should contact the program coordinator or program manager via e-mail or by phone. Their contact information is listed in the Overview section of this program manual. Please also be sure to update all personal contact information in NYULMC’s peoplesoft to ensure that you can receive any updates from the medical center.

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 05/16/08
Reissue Date: 01/01/2016
Disaster Policy

I. Policy Purpose

To define the basic procedures and assigned responsibilities to efficiently and effectively reconstitute and restructure the resident training experience following a disaster or a set of significant events, and/or interruption inpatient care. NYU SoM strives to provide a stable educational environment for House Staff Officers and to provide guidelines for administrative continuity and maintenance of the critical teaching mission of the NYU SoM.

When disasters occur elsewhere we will attempt to take on displaced residents from other programs when feasible. In order to credential House Staff displaced due to natural or other disasters. The GME may accept a modified list of credentials, agreed upon by the DIO, the Director, and the Senior Administrative Director of GME of the host institution. Under all circumstances, it is the responsibility of the GME to credential displaced House Staff.

II. Applicability of the Policy

All Trainees, including those in ACGME and non-ACGME accredited specialty and sub-specialty program.

III. Definitions (if applicable)

A. NYUHC – NYU Hospitals Center
B. NYU SoM – New York University School of Medicine
C. GMEC – Graduate Medical Education Committee
D. GME – Office of Graduate Medical Education
E. ACGME – Accreditation Council for Graduate Medical Education
F. DIO – ACGME Designated Institutional Official
G. IRIS – Medicare GME Reimbursement System – Intern & Resident Information System
H. Disaster – An event or set of events causing significant alteration to the residency experience at one or
more residency programs.
I. Director – Medical Director of the ACGME-accredited or non-accredited specialty or sub-specialty program.
J. House Staff Officer – Trainees in specialty and subspecialty programs, whether or not ACGME-accredited.

V. Responsibilities

A. GMEC’s Responsibilities

1. The GMEC is responsible for assuring that all graduate medical education programs and Directors are aware of and comply with this policy and for monitoring program-specific contingency planning for a disaster or interruption in patient care.

B. NYUSoM’s Responsibilities

1. All NYUSoM sponsored graduate medical education Directors are responsible for implementing this policy as it pertains to program-specific disaster contingency planning and to communication with the Office of Graduate Medical Education, ACGME, and House Staff Officers regarding temporary and/or permanent transfers.

C. DIO and GME Responsibilities

1. The NYU SoM Designated Institutional Official to the ACGME and the NYU SoM Graduate Medical Education Program staff are responsible for working with disaster-affected programs and Directors to reconstitute or reconfigure the educational experience for residents and clinical fellows.

IV. Procedure

1. Prior to any expected emergency planning for an anticipated emergency (i.e. a hurricane or storm) the DIO will establish communication with all programs and provide ongoing communication and instructions.

2. Immediately after a disaster or interruption in patient care, each graduate medical education program affected by the disaster or interruption, under the direction of its Director, and in collaboration with the DIO and the Office of Graduate Medical Education, will undertake all reasonable measures to ascertain the whereabouts of its trainees and ensure their safety. If trainees are in immediate danger, the Director, in collaboration with the DIO and Office of GME, will coordinate all reasonable measures available to the NYUSoM to remove trainees from harm and return them to safety.

3. Communication: Consistent with the NYU Emergency Operations Plan, information concerning disaster operations can be found at www.med.nyu.edu. The Office of Graduate Medical Education will serve as a command center for House Staff Officers and Program Directors during a disaster. In the event that the NYU website or email is not
available, alternate means of communication such as cell phones, personal emails may be used, including social media. NYUSOM/Hospital may also use Send Word Now (SWN) as a means of emergency communication to cell phones using text, voice and email messaging. To help ensure the effectiveness of their communications, all House Staff are strongly encouraged to update their emergency contact cell phone numbers in PeopleSoft.

4. As soon as possible after the disaster or interruption in patient care, the DIO will notify the ACGME of the nature and details of the disaster or the interruption. The Executive Director of ACGME with consultation of the ACGME Executive Committee and the Chair of the Institutional Review Committee will decide if the disaster report warrants a declaration of disaster by the ACGME. Should the ACGME declare a disaster, a notice will be posted on the ACGME website, with information relating to the ACGME response to the disaster. The DIO will monitor this information and maintain ongoing communications with the ACGME.

5. Following declaration of a disaster or an interruption in patient care, the DIO, and Office of Graduate Medical Education, working with the GMEC, and other NYUSoM administration will work to restructure, reconfigure or reconstitute the educational experience for trainees enrolled in NYU SoM sponsored graduate medical education programs affected by the disaster or interruption, as quickly as possible.

6. Within ten days after a declaration of disaster is issued by the ACGME, the DIO or his/her designee will contact the ACGME to discuss the due dates that the ACGME will establish for each affected program to: Submit proposed program reconfigurations for review by the ACGME Inform each House Staff Officer of a transfer decision

7. **Transfer**

   a. If the DIO determines that the NYU SoM sponsored graduate medical education program(s) affected by the disaster or interruption in patient care cannot be restructured or reconstituted to provide an adequate educational experience for House Staff Officers, or if the program cannot be restructured or reconstituted within an appropriate time frame to allow House Staff Officers to complete their training program requirements within the standard time required for certification within their specialty, then the DIO working in collaboration with the Director(s), the Office of Graduate Medical Education, and NYUSoM administration will:

   i. Arrange temporary transfers to other programs/institutions until such time as the training program can provide an adequate educational experience for each of its House Staff Officers.

   ii. Cooperate in and facilitate temporary/permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the training year.

   iii. A Memorandum of Understanding (MOU) will be created for each rotating Institution to which our trainees are being displaced.

   b. Inform each transferred trainee of the minimum duration of his/her temporary transfer,
and continue to keep each trainee informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a training year, it must so inform each such transferred trainee.

c. During the period of time that NYU trainees spend in temporary transfer at the host program, NYU and affiliates will continue to provide salary, travel, and benefits to the trainee, consistent with applicable law.

8. NYUSoM trainees, who, as a result of the disaster or interruption in patient care, temporarily transfer to other training programs, will be provided by their Directors with a best estimate of the duration of time that relocation to the host program will be necessary. Should the time at the host program need to be extended, the House Staff Officers will be notified by their Director(s) using written or electronic means, indicating the estimated duration of the extension.

9. The DIO will be the primary institutional contact with the ACGME and the Institutional Review Committee Executive Director regarding disaster plan implementation and communication regarding specific graduate medical education needs within NYU SoM. The DIO will call or email the Institutional Review Committee Executive Director with information and/or requests for information as specified in the ACGME Policies and Procedure manual. Communications from Directors to the ACGME will be directed by phone or email to the appropriate Review Committee Executive Director. Communications from residents/clinical fellows to the ACGME also will be directed to the appropriate Review Committee Executive Director.

10. Individual NYU sponsored graduate medical education programs will take responsibility for establishing contingency plans and procedures to address continuation of program leadership, evacuation planning, relocation, program recovery, maintenance of communication and working with affiliates in the event of a disaster or interruption in patient care and coordinate all plans through the Graduate Medical Education Office.

11. Individual NYU sponsored graduate medical education programs will, to the extent permitted by available resources and program personnel, protect the academic and training files of residents or clinical fellows from loss or destruction by disaster.

12. Administrative Support

   a. All temporary Disaster Relief rotations to other institutions must be maintained in New Innovations.

   b. In the event of a disaster, communication between the Senior Administrative Director of Graduate Medical Education, the DIO, Chief Medical Officers of NYU Tisch Hospital and the affiliate institutions, General Counsel, and the Vice Dean of Human Resources will be initiated to mobilize House Staff. During a disaster House Staff can obtain current information on the NYU Emergency Management website: [http://central.nyumc.org/clin/admin/E-MGMT/Pages/home.aspx](http://central.nyumc.org/clin/admin/E-MGMT/Pages/home.aspx) as well as the Employee Emergency Information Hotline: 212-263-2002. Communications may also be sent to all House Staff using Send Word Now (SWN), via text, voice or email messaging.
13. **Displaced Residents From Other Programs**

   a. If salary and support will continue to be provided by home institution, then the House Staff will only need to submit the following:

      i. In-Elective Form, Request, and Agreement
      ii. House Staff Application
      iii. Proof of approval of Director & DIO from host institution

   b. If the House Staff is to be employed in addition to the above, the necessary employment paperwork must be submitted, following the credentialing checklist of NYUSoM.

   c. If the displaced House Staff was in the accredited program at their home institution, the corresponding accredited program at NYUSoM and NYU Lutheran Medical center must request ACGME permission to temporarily host displaced House Staff.

14. **Record Keeping**

   a. Documentation of all temporary assignments must be maintained for GME reimbursement purposes.

   b. Rotation assignments for all trainees must be entered and tracked in New Innovations to appropriately capture the FTE data for IRIS.
Duty Hour Policy

The Vascular Surgery Fellowship at New York University School of Medicine considers the Duty Hour Policy as absolutely mandatory and takes into account both the newly revised ACGME requirements as well as the New York State Department of Health Duty Hour policies. The most restrictive policy between the two is used here. Duty hours include all clinical and academic activities of the Fellow i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, transfer of patient care, time spent in-house on-call, and scheduled academic activities such as conferences. Duty Hours do not include reading and preparation time spent away from the duty site.

It is the policy of the Vascular Surgery Fellowship at New York University School of Medicine that the fellows must maintain compliance with the following duty hour rules. Furthermore, all fellows should use alertness management strategies while engaging in patient care. Surgical fellows at NYU School of Medicine have reviewed the warning signs of fatigue, alertness management strategies, and strategic napping policies during the mandatory fatigue recognition and management online tutorial and similar lecture given by the Program Director. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

Mandatory Logging Period – Fellows must be adhering to the Mandatory Logging Periods of April 1-30 and October 1-31.

Mandatory Time Free of Duty – Residents must be scheduled for a minimum of one day free of duty every week. At-home call cannot be assigned on these free days.

It is the policy of the Vascular Surgery Fellowship at New York University Medical Center that the fellows are in compliance of the following duty hour rules.

RULE 1: Duty hours MUST be limited to 80 hours per week, average over a four-week period. This is inclusive of all in-house call activities.
- If the fellow comes into the hospital for consults/rounds, the hours count towards the 80 hours. This includes home call.
- Each weekend, one fellow is on call (each fellow has one call per month, for a total of 13 weekend calls each year).
- On the weekends, the fellow who is on call MUST round, take care of consult notes as needed and finish his on-site work from 7am-12pm. The evenings are covered by the general surgery night float team.
- The fellow who is in the Outpatient Service rotation (where there is no call schedule) is always designed as the “relief fellow.” The relief fellow is there to step in and relieve the fellow who is on call, where that call might otherwise demand a breach of these rules governing duty hours.

RULE 2: Fellows must be provided with one 24 hour day/week free from all educational and clinical responsibilities.
- Fellows MUST turn off their pagers for 1 full day/week.
- Fellows taking home call also must comply with this rule and get 1 day off each week.
RULE 3: Fellows must have a 10 hour period between shifts

- The 10 hour period starts once the fellow leaves the hospital and is relieved of all patient care responsibility.
- On any of the vascular surgery services, if a fellow is on duty for any period of time that would impinge on that fellow’s achieving his 10 hours of duty-free rest, then the relief fellow will step in for the fellow in need of rest. The requirement of duty-free rest is an **absolute** one and the fellow may not return for 10 hours

RULE 4: Fellows CANNOT work more than 24 hours consecutively.

- Fellows cannot be on duty more than 24 hours of continuous duty.
- At any time, if a fellow is on duty for any 24 hour period (even if that includes home call) then the relief fellow will step in for the fellow in need of rest. The requirement of duty-free rest is an **absolute** one and the fellow may not return for 10 hours

**At-Home Call**

a. Time spent in the hospital by trainees 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.
b. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each trainee. Trainees 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”

**Process for monitoring compliance with these duty hour rules**

Each fellow is required to document his weekly duty hours (including on-site and home call) by filing out duty hours in New Innovations for the full months of April and October. The Program Director reviews the data and if he sees any incidence of non-compliance with these rules, he will meet with the fellow in violation of the rules and make necessary adjustments to ensure compliance. Violations are also reported to the monthly Program Evaluation Committee. The committee discusses a plan of correction for the violations. Violations are also discussed at the Annual Program Review Retreat.

Fellows are expected to report to the Program Director any circumstances in which they experience excess fatigue or undue fatigue, stress or other situations which may impair their performance. The Program Director will take such action as may be necessary to correct this issue.

**A summary of the ACGME rules and requirements is put together in a contract that each faculty member and trainee MUST sign attesting that they will abide by the requirements and facilitate trainee duty hour compliance. Failure of a faculty member to facilitate resident compliance will result in being placed on a non-teaching service and receiving NO trainee coverage.**

*For further information, please refer to the NYU GME policy located on ATNYULMC.org in the Ellucid application and the Fatigue Back Up Plan in the Fatigue Policy*
Evaluation Policy

Vascular Surgery program has evaluations for trainees, faculty and the program in New Innovations.

**New Innovation system**

The Vascular Surgery Fellowship Program utilizes an electronic evaluation system called New Innovations, which maintains confidential evaluations. This system operates by coordinating a schedule of evaluations that must be submitted by all of the participants in the program (including the residents, attending faculty, the Program Director, and other personnel at the medical center) and email reminders to each of these participants.

Each email reminder contains a link to the actual evaluation, so that a simple click enables the resident and/or faculty to complete the evaluation electronically.

*Fellows have access to completed evaluations on New Innovations 24/7.*

The system compiles the evaluations into a report for the Program Director so that he is able to monitor compliance with all of the rules and requirements of the Program. If, for example, the evaluations point out a deficiency in a particular area, the Director is made aware and can take steps to remediate the deficiency. Additionally, the system also sends the Director reports about the instances of failure to complete the evaluations themselves, ensuring the ability to monitor compliance with the Program requirements.

- Faculty member from each rotation evaluates residents on that service on a monthly basis
- Junior fellows complete an evaluation of their senior fellows on a monthly basis
- Senior fellows evaluate junior fellows on a monthly basis
- All trainees evaluate faculty after each rotation
- All trainees and faculty evaluate the program at the end of the year

The program evaluation committee holds an annual retreat to discuss all the program evaluations along with rotation changes that need to be made for the new academic year. In addition to the comprehensive annual retreat, there are also monthly meetings to discuss the same issues and other issues which may arise throughout the academic year.

**ACGME Survey**

The ACGME also conducts an annual survey of the fellows and faculty about the Program and sends the information to the Program Director. The Program Director reviews the survey and takes steps to address any deficiencies that the survey identifies. Deficiencies are addressed by the Program Evaluation Committee, the Program Director and Core Faculty, along with input from the appropriate designated trainees.

For further information, please refer to the NYU GME policy located on ATNYULMC.org in the Ellucid application.
Fatigue Mitigation Policy

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 09/16/2011
Reissue Date: 10/31/2014
Alertness Management/Fatigue Mitigation

I. Policy Purpose

In 2010, the Accreditation Council for Graduate Medical Education (ACGME) set new standards for House Staff Officer well-being based on recommendations made by the Institute of Medicine (IOM). One of the new standards was the need to set more specific requirements for alertness management and fatigue mitigation strategies designed to ensure continuity in both patient care and resident safety.

II. Applicability of the Policy

Applies to House Staff Officers enrolled in all NYU Hospitals Center specialty and sub-specialty training programs.

III. Definitions (if applicable)

A. GME – Office of Graduate Medical Education
B. ACGME – Accreditation Council for Graduate Medical Education
C. IOM- Institute of Medicine

IV. Policy

A. The GME Training Program must:
   a. Educate all faculty members and House Staff Officers to recognize the signs of fatigue and sleep deprivation
      i. This education must be given to all program faculty and house staff officers via the Sleep Alertness and Fatigue Education in Residency (SAFER) module. This will partially satisfy the ACGME requirements.
   b. Educate all faculty members and House Staff Officers in alertness management and fatigue mitigation processes;
      ii. All House Staff officers and Program Faculty, must complete the SAFER online tutorial on Sleep Alertness and Fatigue Management on IDevelop.
   c. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

B. Each program must have a formal process to ensure continuity of patient care in the event that a House Staff Officer may be unable to perform his/her patient care duties. This process must be communicated to program trainees and faculty.

C. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for House Staff Officers who may be too fatigued to safely return home.
Vascular Surgery Fatigue Back up Plan:
The Department of Surgery has put in place the following back up plan for when a fellow calls in sick or is unable to show up as scheduled due to fatigue. Is it the responsibility of the faculty and peers to recognize when a colleague or trainee is fatigued. Self-recognition is also very important. The Department will provide coverage by reassigning a surgery or vascular resident from the following:

1. A resident who is doing an elective rotation
2. A resident from services such as breast, endocrine, endoscopy where the clinical demands are less on residents
3. A resident who is doing on site research and is credentialed as an assistant in service by NYU Langone Medical Center.

In addition, for the fellows, the attendings are available to step in with 24/7 in house attending at Bellevue, Tisch and the VA.

Coverage in situations as above is coordinated by direct communication with the Program Director or Associate Program Director.
Impairment Policy

NYU Hospitals Center
Issuing Department: Graduate Medical Education
Effective Date: 09/01/2013
Policy Name: Impairment Policy for Residents and Fellows

I. Summary of Policy

The Accreditation Council for Graduate Medical Education (ACGME) requires a written policy and procedure for addressing resident and fellow impairment. The procedures are designed to be fair to residents/fellows, patients under care, and the training program and are applicable to all residents/fellows in training at New York University School of Medicine (“NYU”).

All further references in this document, to residents shall include fellows.

II. Definitions

ACGME – Accreditation Council for Graduate Medical Education
CPH – Committee on Physicians’ Health of the Medical Society of the State of New York
Director – Director of Residency or Fellowship training program
GME – Office of Graduate Medical Education
NYU – New York University School of Medicine
OPMC – NYS Office of Professional Medical Conduct

House Staff Officer - a physician who is enrolled in an accredited or non-accredited NYUSoM Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.

III. Physician Impairment

If, at any time, the Director has reasonable cause to suspect that a resident’s behavior is altered because of a physical or mental impairment or the use of drugs, narcotics, or alcohol, the resident shall, at the Director’s request, submit to a physical and/or mental examination by a nurse practitioner and/or physician(s) acceptable to the NYU Hospitals Center Employee Health Service.

Reasonable cause shall include, but not be limited to:
• unsatisfactory, excessive, or deteriorating attendance record;
• unexplained absences;
• missed appointments,
• declining productivity or other unsatisfactory performance,
• accosting, striking, or assaulting an employee, patient, or visitor other than in self-defense;
• returning to work following participation in a drug or alcohol rehabilitation program or leave
of absence;
• unkempt appearance, poor hygiene; trembling, slurred speech; bloodshot or bleary eyes;
• complaints or allegations of impairment by anyone interacting with the house staff officer;
• arguments, bizarre behavior;
• irritability, depression, mood swings, irresponsibility;
• poor memory, poor concentration;
• unexplained accidents or injuries to self;
• neglect of family, isolation from friends;
• DWI arrest, DUI violations, or any other arrest involving drugs or alcohol;
• financial and/or legal problems;
• unavailability by pager, phone or email;
• unexplained rounding at irregular times;
• loss of interest in professional activities, social or community affairs;
• neglect of patients, incomplete charting, or neglect of other clinical or academic responsibilities;
• inappropriate treatment or dangerous orders;
• excessive prescription writing;
• unusually high doses or wastage noted in drug logs;
• noticeable dependency on alcohol or drugs to relieve stress;
• intoxication at social events or odor of alcohol on breath while on duty; or
• any other behavior which suggests that the employee may be unfit for work or which may be reasonably attributable to the use of drugs, narcotics, or alcohol.

The Director shall, prior to making such request, consult with the NYU GME. The purpose of the examination(s) shall be to determine if the resident is free from health impairments which pose potential risk to patients or personnel or which may interfere with the performance of the resident’s clinical duties. The examination shall include, but not be limited to, a breathalyzer, urinalysis, blood, and/or other similar tests to determine if drugs, narcotics, and/or alcohol are in the resident’s system. Upon requesting a fitness for duty examination, the Director must explain to the house staff officer that failure to undergo such examination when requested shall be grounds for immediate suspension and/or dismissal from the training program in accordance with the provisions of Corrective Action and Disciplinary Policy Section IV.A.4, Summary Suspension, and Section IV.A.5, Dismissal.

Pending and following medical evaluation, the resident may be placed on a medical leave of absence, administratively referred for further evaluation and recommended treatment, and/or subject to disciplinary action up to and including termination of the residency in accordance with The Corrective Action and Disciplinary Policy. The Director shall consult with the NYU GME prior to any decisions regarding medical leave of absence, treatment referral or disciplinary action.

IV. Reporting

Hospitals are required to report to the New York State Office of Professional Medical Conduct (OPMC) whenever any of the following actions are taken for reasons related in any way to alleged mental or physical impairment: denial, suspension, restriction, termination, or curtailment of, or voluntary or involuntary resignation or withdrawal from, training, employment, association, or professional privileges, or the denial of certification of completion of training.
All licensed health professionals, including physicians, are required by state law to report colleagues whom they suspect may be practicing while impaired. Failure to report is, in itself, professional misconduct. For attending physicians, the report can be made to the hospital’s chief medical officer, who must then inform OPMC; in the case of residents and fellows, the report should be made to the Program Director or the Senior Administrative Director for NYU GME, who must then inform OPMC.

Physicians suspected of having problems with alcohol, drugs, or mental illness, but whose ability to practice is not impaired, may be reported to the Committee on Physicians’ Health of the Medical Society of the State of New York (CPH). All calls are confidential. CPH identifies, refers to treatment, and monitors impaired physicians. The program is voluntary and participation is confidential. The names of physicians participating in the program are not shared with OPMC without a participant’s approval unless there is a failure to comply with treatment recommendations. A referral to CPH does not exempt physicians from their duty to report colleagues practicing with a suspected impairment to OPMC.

Nothing in this policy relieves the institution of its obligations to report incidents of possible professional misconduct under applicable laws and regulations. The results of drug or alcohol testing and matters related thereto shall be kept confidential except to the extent necessary to implement this policy.
Moonlighting Policy

I. Policy and Procedure

The NYU Fellowship Training Program Agreement prohibits a trainee from engaging in any moonlighting activity except upon receipt of prior written approval from the Program Director. The Director has the discretion to prohibit moonlighting activities that interfere with educational objectives, patient care responsibilities, and/or Duty Hour limitations and to develop a moonlighting policy for his/her training program that is more restrictive than the requirements set forth under this Moonlighting Policy for Residents.

The Vascular Fellowship program will only allow moonlighting when the fellow is on vacation or on leave of absence for research from the clinical program. During this time fellows can moonlight at any desired location with approval from the Program Director.

The policy below refers to both residents and fellows in the Department of Surgery.

Moonlighting Application. The Resident must initiate the Application process.

1. Fellow's Submission of Application. Prior to the acceptance and commencement of any moonlighting activity, any Trainee wishing to moonlight (as defined in Section II, Definitions) must submit a completed and signed Application to Dr. Rockman, Program Director, for approval. The Trainee may not commence, under any circumstance, any moonlighting activity without prior written approval from Dr. Rockman. An Application may be obtained from the Department office in New Bellevue 15 North 1.

2. Director's Discretion. The Program Director has the discretion to decide, categorically or individually, whether or not the proposed moonlighting activity is compatible with the training requirements for the program. The Director, therefore, may permit, prohibit, limit, or revoke permission to moonlight as s/he deems appropriate. In addition, NYU, or any individual Director, may deny any moonlighting activity that is deemed inconsistent with NYU policy. The Director will base his/her written approval or denial of a Resident's Application on factors that include, but are not limited to:
   a. Residency Review Committee Requirements. The Trainee’s proposed moonlighting activity must comply with the requirements of his/her programs’ Residency Review Committee regarding moonlighting.
   b. PGY Level. The Trainee must have completed at least one year of clinical training in an approved residency training program and possess a valid New York State medical license.
   c. Academic Standing. The Trainee must be in good standing, as evidenced by his/her evaluations.
   d. Total Duty Hours. The Trainee’s total Duty Hours must not exceed the limitations set forth under NYU’s Duty Hours Policy for Residents.
e. **Conflict of Commitment.** Fellowship education is a full-time endeavor. The Director, therefore, must ensure that the Resident's moonlighting workload interferes neither with the Fellow’s ability to achieve the goals and objectives of his/her residency program nor with his/her ability to complete regular duties, including call and continuity practice.

3. **Program Director’s Approval/Denial.** The Program Director must indicate his approval or denial of a Fellow’s Application by completing the appropriate section of the Application. Any Fellow who moonlights in the absence of prior written approval from his/her Director is subject to disciplinary action.

   a. **Moonlighting Denied.**
      i. **Not Subject to Appeal.** The Program Director’s decision to deny a Fellow's Application is final and not subject to appeal.
      ii. **Record Maintenance.** The Program Director will send the original denied Application to the Fellow, maintain a copy in the Fellows’ department file, and forward a copy to the NYU Graduate Medical Education office.

   b. **Moonlighting Approved.** In the event the Application is approved, the Director will send the original approved Application, with a copy of this Moonlighting Policy for Fellows attached, to the Fellow. Per ACGME requirements, the Director will maintain a copy of the approved Application in the Fellows’ department file. The Director also will forward a copy to the NYU Graduate Medical Education Office.

B. **Fellow's Responsibilities.** Upon receipt of an approved Application, the Fellow must:

   1. **Comply with Program Assignments.** The Fellow's commitment to his/her fellowship training program must take priority over any moonlighting activity. Failure to comply with program assignments will subject the Fellow to disciplinary action.

   2. **Obtain Malpractice Coverage.** The Fellow must either purchase sufficient malpractice insurance to cover his/her moonlighting activities or obtain written assurance from the Hiring Entity that it will provide malpractice insurance and workers’ compensation coverage to the Resident. That insurance is separate from the coverage provided by NYU for the Fellow's core training program. NYU's malpractice policy for Fellows does not extend to medical services rendered outside of officially scheduled assignments, duties, or rotations.

   3. **Obtain License or Limited Permit and DEA Registration Number.** In accordance with New York State Education Law, the Fellow must obtain a license or limited permit before s/he may begin any moonlighting activity. Pursuant to Drug Enforcement Agency regulations, the Fellow may not use, under any circumstances, a DEA Registration Number assigned to the Fellow by NYU while engaged in moonlighting activities outside the NYU System.

   4. **Refrain from Moonlighting During Regular Duty Hours.** The Fellow MUST NOT moonlight during regular Duty Hours, as defined by his/her Program Director.

   5. **Adhere to Duty Hour Limitations.** The Fellow is responsible for complying with the Duty Hour limitations set forth under NYU's Duty Hours Policy for Fellows when moonlighting and, as such, must assure his/her NYU Director that the combined training program and moonlighting hours do not exceed those Duty
Hour limits. Time spent moonlighting must be included in the calculation of Duty Hours.

6. **Submit Weekly Schedule.** The Fellow must provide the Program Director with the Resident’s total working hours for any and all moonlighting activities each week. Under no circumstance will any Fellow be allowed to work in excess of Duty Hour limitations.

7. **Refrain From Wearing NYU Identification When Moonlighting.** The Fellow must not be visually identifiable as a trainee in an NYU fellowship training program when moonlighting at a Hiring Entity other than Tisch, Bellevue, the Veterans' Administration and the Hospital for Joint Diseases.

8. **Arrange for Direct Remuneration.** Each Hiring Entity must remit remuneration and benefits earned by the Fellow while moonlighting directly to the Fellow.

9. **Submit Ad Hoc Changes/Annual Renewal.** The Fellow must submit a new Application to his/her Director annually and as changes to his/her training program requirements or previously approved moonlighting activities occur. Changes include any modification to the a) training program schedule (e.g., due to promotion to next PGY level); b) number of moonlighting hours worked; c) supervisor(s) to whom the Fellow is assigned while engaged in an approved moonlighting activity; and/or d) sites where the moonlighting activity occurs. The Director must approve or deny each request for continued or amended moonlighting activity in writing.

C. **Director’s Monitoring Responsibilities.**

1. **Performance.** Once the Fellow has begun an approved moonlighting activity, the Director must monitor and document the Fellow's performance to ensure that factors such as Fellow fatigue are not detracting from patient safety or contributing to diminished learning or performance.

2. **Duty Hours.** The Director must review the Fellow's weekly report of moonlighting hours so that the Director may monitor the Fellow's total Duty Hours. The Fellow, however, is responsible for ensuring that s/he does not exceed established Duty Hour restrictions as set forth under the NYU Duty Hours Policy for Fellows.

D. **Moonlighting Revoked.** Any limitations to, prohibitions against, or revocations of moonlighting privileges made subsequent to an approval must be documented in writing and presented to the Fellow by his/her Director. The Director must maintain a copy of such written notice in the Fellow's department file and forward a copy to the NYU Graduate Medical Education Office. Once the Program Director has revoked the Fellow’s permission to moonlight, the Fellow will not be eligible for reinstatement or reconsideration of his/her moonlighting privileges for six months.
On-call Policy

Vascular Surgery fellowship program follows General Surgery program which has night float services at Tisch and Bellevue hospitals for Sunday to Thursday. The Night Float service is an entirely separate rotation. The services are staffed as follows:

Night Float Service at Tisch Hospital
House Staff Complement: R4, R2

Night Float Service at Bellevue Hospital
House Staff Complement: R5, R3 (the R1s work 12 hour shifts at all three institutions).

The Night Float Services at both Tisch and Bellevue will be responsible for all patient-care issues, consults, and OR cases starting on Sundays 7AM through Monday 7AM. They also cover Monday-Thursday 6PM-7AM. The members of this service will absolutely leave no later than 7am (other than for Wednesday and Thursday conference). The primary goals of the Night Float Service are:

1) To provide full-service patient care during the night hours, and
2) To support the primary surgical services so that the primary-team residents can maximize the benefit of their time in the hospital during the weekdays.
3) All patient and educational conferences at NYU School of Medicine have been moved to morning so that both the night float and the daytime teams can attend all conferences.

There is a R4 and R2 on call for Tisch and R5/R3 on call for Bellevue and VA Hospital from 7AM until 8AM on Saturdays.

Calls at VA Hospital are from home. The R3 takes first call and R5 provides back up, with the fellow also available on call.

Attending supervision is indirect off-site, available by phone. Senior Residents R4s and R5s are available on site, and Fellows are on at home call with the availability to be called in.

The first-call and second-call (backup) fellows will be on call for Tisch/Bellevue and VA Hospital from 7PM until 8AM on weekdays, and from 7AM until 8AM on weekends and Tisch/Bellevue and VA Hospital holidays. All call is at-home call and fellows will be immediately available by pager and/or telephone. Fellows must be able to see patients in hospital within 20 minutes of being called.

The first-call fellow will not hesitate to solicit the second-call fellow for help and consultation as needed. The second-call fellow will not hesitate to come in to the hospital, see patients or perform procedures in conjunction with the first-call fellow. The second-call fellow will also perform consultation or procedures as needed when the first-call fellow is already engaged, preventing his/her attending to the second consultation in a timely fashion. This holds true as well when the first-call fellow is unduly stressed or fatigued. Please not that fellows do not break duty hour regulations when on call. Each fellow has 1 day off in 7, and does not work more than 24+3 hours at a time (this includes at home call).

For more information regarding the lines of supervision and escalation when on Night Float rotations, please refer to the Departmental specific Supervision and Escalation Policy located in this manual.
Out-rotation/Elective Policy

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 04/21/11
Reissue Date: 01/01/2016
Out-Elective Policy and Procedure

I. Policy Purpose

Over the course of a House Staff Officer’s post-graduate training, s/he may be permitted a program-specific number of electives. Accordingly, the Resident/Fellow may request authorization to explore a clinical or research experience not available through the New York University School of Medicine (“NYUSoM”)/NYU Hospitals Center (“NYUHC”) by seeking approval for an Out-Elective.

II. Applicability of the Policy

House Staff Officer’s enrolled in ACGME-accredited, AOA-accredited, and CPME accredited specialty and sub-specialty programs

III. Definitions (if applicable)

A. ACGME – Accreditation Council for Graduate Medical Education

B. AOA – American Osteopathic Association

C. CPME- Council on Podiatric Medical Education

D. Agreement – Out-Elective Program Letter of Agreement

E. CPME- Council on Podiatric Medical Education

F. Director – NYU Director of Residency Training

G. House Staff Officer - a physician who is enrolled in an Accredited or non-Accredited NYUSoM Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.

H. NYUSoM Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.

I. NYUHC- NYU Hospitals Center

J. GME – Office of Graduate Medical Education
K. **Host Institution** - The site of approved clinical study undertaken outside the NYU System. A Host Institution can be a hospital, a private practice office, or any other clinical entity.

L. **NYUSOM** - New York University School of Medicine

M. **NYUHC** - NYU Hospitals Center

N. **Out-Elective** - A program of study that is arranged on an individual basis and hosted by an institution that is outside the NYU System (as defined in this Section II). Out-Electives must be authorized by the NYU GME and be consistent with Residency Review Committee requirements.

O. **Request** – Out-Elective Request Form

P. **Standing Rotation** - A Standing Rotation is a required component of a residency-training program that takes place at a hospital or other setting where NYU has an institutional affiliation agreement. *This policy does not pertain to Standing Rotations.*

Q. **Supervisor** – Host Institution faculty responsible for the supervision and evaluation of an NYU Resident/Fellow.

IV. **Policy**

The Accreditation Council for Graduate Medical Education (“ACGME”) requires that Out-Electives a) be based on a clear educational rationale; b) have clearly stated learning objectives and activities; and c) provide resources not otherwise available within the House Staff Officer’s training program. In addition, Out-Electives must be of sufficient length to ensure a quality educational experience and should provide sufficient opportunity for continuity of care. Exceptions to those requirements must be justified and approved by the Out-Elective Subcommittee of the GMEC.

Out-Electives must be selected with the advice and approval of the House Staff Officer’s NYU Director of Residency Training (“Director”), who will base his/her recommendation on the House Staff Officer’s academic standing and factors which include whether or not the Out-Elective experience:

- Is available within the NYUHC;
- Enriches, but not replaces, the Resident/Fellow’s core experiences;
- Enhances the residency experience; and
- Provides sufficient and appropriate supervision to the Resident/Fellow.

When House Staff Officer’s education occurs outside NYU, NYU continues to have responsibility for the quality of that educational experience and must retain authority over the House Staff Officer’s activities.

In this document, references to Resident/Fellows are limited to NYU Resident/Fellows enrolled in specialty and sub-specialty programs accredited by the ACGME, AOA, and CPME.

V. **Procedure**
K. **Initial Considerations** - While it is within the Director’s discretion to grant initial approval for Out-Elective study to a Resident/Fellow in his/her program, under normal circumstances acceptable justification should include affirmation that the proposed training experience is *not available within NYU*.

L. **Additional Acceptable Justification** - The Director may, however, consider requests that:

- Provide defined educational opportunities specific to the House Staff Officer’s career goals;
- Are deemed valuable to NYU; or
- Are humanitarian in nature.

M. **Requirements.**

1. **Good Academic Standing** - A House Staff Officer must be in good academic standing, as evidenced by his/her performance evaluations.
2. **PGY Year.** - A House Staff Officer must be a PGY-2 or higher to be eligible for an Out-Elective.

N. **Compensation and Malpractice Insurance Coverage** - Arrangements for the House Staff Officer’s compensation and malpractice insurance coverage during the Out-Elective must be in place (see Sections IV, Medical Licensure and Malpractice Coverage, and V, Financial Considerations, in this document).

O. **Program-Specific Guidelines** - The Director will establish general Out-Elective guidelines for his/her program consistent with this *Out-Elective Policy and Procedure*.

P. **Selection of Out-Elective** - A House Staff Officer interested in pursuing an Out-Elective must select an area of interest and a location for such training. The House Staff Officer then must contact the supervising attending physician at the prospective Host Institution and obtain an informal promise of commitment from him/her.

Q. **Completion of the Out Elective Request Form.**

1. **House Staff Officer’s Responsibility.** The House Staff Officer must initiate the application process at NYU by completing an Out-Elective Request Form, available online at the GME Website under Policies and Procedures. The *Request* form must be signed and approved by the Host Institution Supervisor. The House Staff Officer must submit the completed form to his/her Director for approval and signature.

2. **Director’s Responsibility.** The Director must approve or deny the House Staff Officer’s *Request* in writing:

   a. **Denial.** If the Director denies the House Staff Officer’s *Request*, the Director will return the form to the Resident/Fellow so indicating. A copy of the denied *Request* will be maintained in the House Staff Officer’s department file. The decision of the Director is final and not subject to appeal.

   b. **Approval.** In cases where the Director approves the *Request*, he/she will complete the appropriate area of the form, initiate an *Out-Elective Program Letter of Agreement*
(“Agreement”), and submit a summary statement summarizing the elective and addressing the following criteria:

- The educational value of the experience
- Unique value the experience provides

c. Submission. Submit all documents to the NYU Office of GME (three months prior to the scheduled out-elective). The elective will then need the approval of the Out-Elective Subcommittee of the GMEC, which meets quarterly.

d. NYU GME’ Responsibility. The NYU Office of GME will forward the completed and signed Request and Agreement to the Out-Elective Subcommittee for final execution.

R. Notification - Once the Request and Agreement are fully executed, the NYU Office of GME will notify the Director and the Resident/Fellow of the final approval in writing.

S. Recordkeeping - Copies of the approved Request and Agreement will be sent to the House Staff Officer and maintained in the files of the NYU Office of GME. The original Request and Agreement will be maintained in the Resident/Fellow’s department file.

T. Evaluation - The Director must ensure that an evaluation of the House Staff Officer’s performance is obtained from the Supervisor or his/her designee at the end of the Out-Elective. The Director or his/her designee also should meet with the Resident/Fellow at the conclusion of the Out-Elective to discuss the experience and the evaluation with him/her.

U. Continuity Experience - For those programs that have continuity requirements, continuity experience must receive priority over other responsibilities and may be interrupted only for vacations and outside rotations located at too great a distance to allow Resident/Fellows to return.

VI. Medical Licensure and Malpractice Coverage

A. Medical Licensure - It is the responsibility of the House Staff Officer to understand and follow the applicable state licensure rules for House Staff Officer in Graduate Medical Education (“GME”) programs in the state in which s/he will be training. Many states require, at minimum, a training certificate to be issued by their state’s medical board prior to the commencement of any clinical activities; this requirement may include certain institutions within New York State.

B. Malpractice Coverage - Malpractice coverage provided to House Staff Officer by NYU is effective only within the standard clinical training program as defined within current affiliation and/or program agreements; therefore, the Resident/Fellow has the primary responsibility for ensuring that a malpractice policy, provided by either the Host Institution or by the NYU Insurance Office, is in force to cover his/her Out-Elective activities.

It is the policy of NYU School of Medicine that House Staff Officer who elect to participate in an out-elective contact the Host Facility to ensure that the Host Facility will provide professional liability
insurance through a qualified professional liability insurance carrier or through self insurance to cover the
Resident/Fellows as applicable in their activities at the Host Facility.

If the Host Facility elects not to cover the House Staff Officer and if the out-elective is needed to complete
ACGME requirements for the training program, the Resident/Fellow may request that the NYU Insurance
Office authorize malpractice coverage for the out-elective. The House Staff Officer will not be covered by
NYU malpractice insurance during an out-elective in the absence of a written malpractice insurance
coverage authorization from the NYU Insurance Office. In most cases, this will result in a fee changed to
the department for the extended coverage.
**Professionalism Policy**

The training program in Vascular Surgery adheres to the institutional policy on professionalism.

As part of the curriculum designed to enhance Professionalism, the Program requires that the trainees participate in the following 6 lectures. We also have incorporated the Professionalism Evaluations under the Direct Observation Program in clinics which is under the direction of Donna Phillips and the evaluations are in NI.

- a. Advanced Communication Skills for Surgical Practice
- b. Admitting Mistakes: Ethical and Communication Issues – Error reporting
- c. Delivering Bad News - Your Chance to Become a Master Surgeon
- d. Working With Professionals Around You: Team Communication
- e. Working Across Language and Cultures: The Case for Informed Consent
- f. Self-Care and the Stress of Surgical Practice
- g. UME: Residents as Teachers

Trainees are also evaluated on an annual basis by a Professionalism OSCE exercise conducted in the NY SIM Center.

**NYU School of Medicine**

*Issuing Department: Graduate Medical Education*

*Effective Date: 04/08/2013*

*Reissue Date: 01/01/2016*

*Professionalism in Graduate Medical Education*

**I. Summary of Policy**

The ACGME Common Program Requirements state the following with regard to professionalism in Graduate Medical Education:

*Professionalism*

> Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

- IV.A.5.e).(1) compassion, integrity, and respect for others;
- IV.A.5.e).(2) responsiveness to patient needs that supersedes self-interest;
- IV.A.5.e).(3) respect for patient privacy and autonomy;
- IV.A.5.e).(4) accountability to patients, society and the profession; and,
- IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

**II. Policy Purpose**
In addition to policies and expectations set by other organizations and institutions (such as the ACGME, AOA, AAMC, Joint Commission, and hospital policies), this policy sets the professionalism expectations of House Staff Officers and faculty in Graduate Medical Education at NYULMC.

III. Applicability of the Policy

This policy applies to all House Staff Officers at NYULMC. Additionally, when applicable, this policy sets expectations for program directors and faculty.

IV. Definitions (if applicable)

A. House Staff Officer - a physician who is enrolled in an accredited or non-accredited NYUSoM or NYUHC Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.

B. Sponsoring Institutions - NYU School of Medicine and NYU Hospitals Center

V. Policy

A. Professionalism

a. Responsibilities: All House Staff Officers are expected to:
   i. Adhere to The NYULMC Code of Conduct and all policies of Office of GME, NYULMC, HHC, VA, and any other policies that apply to House Staff Officers or the institution/location at which they are working.

b. In the Curriculum
   i. In the Common Program Requirements, the ACGME states that evaluation and teaching of professionalism “is most effective when done in the context of patient care and related activities, (e.g., conducting QI projects, leading a team, presenting M&M, reflections on practice, conversation with mentor.” Program Directors and faculty must ensure the integration of professionalism into all possible aspects of the curriculum.
   ii. Programs must incorporate education about the appropriate scenarios in which a House Staff Officer should ask for help. Each program must determine appropriate escalation procedures. These escalation procedures must be provided to House Staff Officers.
   iii. Programs must incorporate education about error reporting procedures for all locations at which House Staff Officers will work.
   iv. House Staff Officers must be appropriately educated about retaliation, how to recognize retaliatory actions, and the appropriate methods for dealing with such.

c. Evaluations and Feedback: Evaluations must be completed, as stipulated in the ACGME requirements and the NYU Evaluation Policy for Graduate Medical Education. In addition:
   i. Both the evaluator and the individual being evaluated are expected to respect diversity of opinion.
ii. House Staff Officers must be open to accepting evaluations and feedback on their performance in all areas of training, and incorporate evaluations and feedback into their practice.

d. Error Reporting, Concerns, and Complaints: House Staff Officer are at the front line of patient care, and are expected to report any errors or incidents using the appropriate methods. This practice is essential to patient care and quality improvement, and should be encouraged. In addition:
   i. House Staff Officers are expected to submit any concerns or complaints as defined by the “House Staff Officer Concerns or Complaints” Policy. The appropriate mechanisms for submitting such information at each institution are available in this policy.
   ii. If a situation or concern does not need to go through the formal processes listed above, House Staff Officers should approach their supervisor, the next highest ranking individual if the issue involved the supervisor, the Office of GME, and/or the Associate Dean of Graduate Medical Education.
   iii. Programs are responsible for educating House Staff Officers about the error reporting methods at each hospital. Please refer to the “In the Curriculum” section of this policy.
   iv. Programs must ensure that error reporting mechanisms are available to House Staff Officers at all times.

e. Quality Improvement and Patient Safety: House Staff Officers are expected to:
   i. Participate in quality improvement and patient safety projects during their time of training.
   ii. House Staff Officers are expected to be aware of quality improvement initiatives that are taking place at the hospitals in which they work. When possible and appropriate, House Staff Officers should actively participate in these initiatives.
   iii. Programs are responsible for providing the appropriate education to House Staff Officers about institutional/hospital quality improvement initiatives.

B. Retaliation
   a. In order to provide all House Staff Officers with a culture of safety, and to ensure that they feel comfortable reporting errors and providing feedback, asking for help, and reporting lapses in professionalism by colleagues, any and all retaliatory actions taken against a House Staff Officer should be escalated to his/her supervisor, or the next highest ranking individual in the event that the House Staff Officer’s supervisor is involved. Such incidents can also be reported directly to the Office of GME, and the Associate Dean of Graduate Medical Education.

C. Unprofessional Behavior and Remediation
   a. Any lapses in professionalism will be handled according to the “Corrective Action and Disciplinary Policy for House Staff Officers.”
Recruitment and Selection Policy

Applicants for the Vascular Surgery Fellowship must have completed a five-year Surgery Residency by the time they would enter the Vascular Surgery Fellowship Program.

The Vascular Surgery Fellowship Program at NYULMC participates in the Electronic Residency Application Service (ERAS) and the National Residency Matching Program (NRMP) for the recruitment and selection of Housestaff.

Applications submitted through ERAS must include a medical school transcript, 3 letters of recommendation including a letter from the Surgery Chairman, and ABSITE scores. Applicants are notified via email of all the documentation that is required for a complete application.

Once an application is complete the Department Selection Committee reviews applications looking at the following criteria:

- Medical School Transcript
- USMLE Scores step I and preferably Step II as well
- Letters of Recommendations
- Chairman’s letter
- Personal Statement
- ABSITE Scores
- ECFMG certificate if applicable

Selected applicants will be invited to interview. Invitations to interview are sent via email and applicants are offered an interview date which is filled on a first come, first served basis. All applicants that are not selected to interview are notified via email. Interviews are conducted from January through mid-March.

The offer of a fellowship position is not final until all information about matters that are relevant to credentialing has been finalized.
Supervision and Scope of Practice Policy (including Escalation)

DIVISION OF VASCULAR OF SURGERY

This Policy for Supervision for Vascular Surgery Fellowship is intended to supplement the official institutional policy approved by the Graduate Medical Education Committee and is titled “New York University School of Medicine Supervision of Residents, Subspecialty Residents, and Fellows policy.” The full institutional policy is available at ATNYULMC.org under the Ellucid application.

- Fellow supervision is the key to a successful fellowship training program. For a Vascular Surgery Fellowship, this supervision must take place not only on the wards and in the outpatient/clinic setting, but in the operating room as well. Optimal supervision of the fellows benefits all participants in the patient-fellow-faculty relationship. When fellows are optimally supervised, outstanding patient care is guaranteed. Furthermore, progressive fellow responsibility can only be accomplished and allowed when there is continuous supervision, assessment and feedback. Finally, since the attending staff is ultimately accountable for the care delivered to patients and the supervision of the fellows, a formal supervision policy guarantees that the surgical faculty is committed to both outstanding patient care and outstanding residency training.

- The goal of the Fellowship Training Program in Vascular Surgery at New York University School of Medicine is to provide an academic environment to train the surgeons of tomorrow. An important tenet of our training is insuring they are properly guided and supervised. Only in this way can our faculty guarantee patient safety and appropriate standard of care, promote fellow development in the Accreditation Council for Graduate Medical Education (ACGME) Core Competencies, and reinforce its commitment to training and supervision of the surgical fellow. It is equally critical for our faculty to train our fellows to become effective supervisors themselves. We expect all fellows to closely supervise medical students and senior fellows to oversee junior fellows.

- The ACGME requirements state that, “Fellows must be supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience.” Furthermore, on-call schedules for teaching staff must be structured to ensure that supervision is readily available for fellows on duty and the teaching staff must determine the level of responsibility accorded to each fellow.

The Department of Surgery at NYU believes that fellow supervision has many components and many objectives as outlined below.

1. The Faculty
   - Attending surgeons who comprise the teaching faculty for the fellows are chosen by the Chairman and Program Director based on their simultaneous commitment to fellows (education, personal and professional maturation) and patients (optimize safety and level of care). Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow. Faculty will delegate portions of patient care to fellows based on the needs of the patient and the fellows’ skills. Characteristics that make for appropriate fellow supervisors include:
     a. Availability
     b. Approachability
c. Open to diverse opinions  
d. Dedication to truth and integrity  
e. Compassion  
f. Promote team approach to fellow education and patient care  

2. Tools and Assessments Used for Supervision  
a. Direct oversight by faculty on the wards, outpatient setting, and operating room.  
c. Skills laboratory- direct faculty oversight and assessment of competence in the simulation setting.  
e. Competency curriculum- Objective structured clinical examination (OSCE). The OSCE’s, used to evaluate progress through the Competency Curriculum, are evaluated by faculty and report cards reviewed with fellows.  
f. VSITE (American Board of Vascular Surgery In Training Examination) yearly examination to assess medical knowledge. The VSITE Examination is a combination of both vascular and general surgery medical knowledge questions. Because of the extensiveness of the examinee, examinees are allowed seven hours to complete the examination.  
g. New Innovations- web-based evaluations of each fellow by faculty, other fellows, other healthcare team members, and the fellows themselves. The teaching faculty is also evaluated by fellows in an anonymous fashion.  
h. Scope of Practice- a list of all procedures (invasive and non-invasive) that specifies level of supervision necessary per fellow year. The CCC determines the Scope of Practice every six months based on the observation and clinical advancement of the fellow.  
i. Procedural competency log in New Innovations include non-operative invasive procedures which are supervised and assessed by faculty members on the clinical competency committee who determine level of competency. This will allow for an individualized, fellow-specific scope of practice.  

Specific Policies for Supervision  

Levels of Supervision  
PGY 1 fellows should be supervised directly or indirectly with direct supervision immediately available. Fellows must communicate with supervising faculty on the service regarding the transfer of patients to the Intensive Care Unit and end of life issues. To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision;  
1. Direct supervision- the supervising physician is physically present with the fellow and patient  
2. 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.  
3. Oversight – The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.
Supervision for Inpatient Care
In the clinical learning environment, each patient must have an identifiable, appropriately
credentialled and privileged attending physician who is ultimately responsible for that patient’s
care. This information should be available to fellows, faculty members, and patients. Fellows and
faculty members should inform patients of their respective roles in each patient’s care.

1. Supervising faculty members are available for immediate supervision in person or by
telephone.
   a. Bellevue Hospital: There is in-hospital 24 hours/7 days per week surgical faculty
      supervision and coverage.
   b. Tisch Hospital and Manhattan VA Hospital: Specific schedules are prepared in advance
      and distributed to all fellows and throughout the hospital. These schedules note which
      faculty member is responsible for fellow supervision and patient coverage at all times.

2. To allow for supervised progressive responsibility, fellows will make patient rounds on their
   service/hospital each morning. When appropriate, they will also round on patients in the
   afternoon or more frequently as needed. Patient care plans are formulated by the fellows and
   then presented to the supervising faculty member. As outlined in the goals and objectives, the
   fellows actively assume increasing patient care responsibility, while being closely supervised by
   the faculty.

3. Intensive care units at Bellevue and Tisch are supervised by surgical and/or critical care faculty
   24 hours/7 days per week. This is in addition to the faculty member primarily responsible for the
   patient’s care. At the VA Hospital the Anesthesia Critical Care faculty covers in-house. This is in
   addition to the on-call supervising surgical faculty member covering the VA Hospital.

Supervision of Outpatient Experience

1. At each site, the outpatient experience is directly supervised by the surgical teaching faculty.
   a. Bellevue and VA clinics: Each clinic is staffed by at least one full-time faculty member
      who is present for the duration of the entire clinic, providing full-time supervision.
   b. At NYU Hospital: The fellow will attend an individual teaching attending’s clinic/office
      hours and direct supervision will be provided by that member of the faculty.

2. In the outpatient setting, the fellow performs a history and physical examination and presents
   to the faculty member. Together, all imaging studies and pathology reports are reviewed. With
   progressive responsibility, the fellow will then present his/her plan of action to the supervising
   attending. When the plan is finalized, the fellow and supervising faculty member will go together
   to the patient’s room to further discuss with patient and clarify any issues.

Supervision in the Operating Room

1. All operative procedures are performed under the direct supervision of an attending surgeon.
The attending surgeon must document his/her supervision throughout the case.
2. Standard operating procedure at Tisch, Bellevue, and the VA Hospital dictates that the responsible surgical attending be present in the specific operating room and personally perform the “time out” prior to deliverance of anesthesia.

3. For procedures performed in the intensive care unit or in the trauma unit of the Emergency Department, direct fellow supervision is required. Critical care attending staffing is noted above with in-house coverage at Tisch and Bellevue and coverage until midnight at the VA Hospital.

Supervision of Duty Hours

1. All teaching faculty and all fellows have received in-service regarding duty hour regulations.
   a. Faculty must supervise fellow duty hours and every teaching attending has signed a Departmental attestation that he/she not only understands the duty hour rules, but will facilitate fellow compliance with all duty hour regulations.
   b. All fellows must monitor their own duty hours and senior fellows must monitor duty hours of their junior fellows working under them. Each fellow has signed a Departmental attestation that he/she understands all of the duty hour rules and will abide by them and facilitate other fellows complying with the hours regulations.

2. The Program Director supervises duty hour compliance through monitoring the reporting system in New Innovations.

Supervision to Guard Against Fatigue and Sleep Deprivation

1. All fellows and all teaching faculty members have received fatigue and sleep deprivation tutorials. These educational tutorials have been designed to raise awareness of the dangers of sleep deprivation and fatigue and to educate as to how to recognize the signs and symptoms of fatigue and sleep deprivation.

2. It is the responsibility of all supervising faculty members, the Program Director, and the Site Supervisors to be vigilant and to identify any fellow who may be impaired by fatigue or sleep deprivation.

3. Responsibilities of the supervising faculty member include:
   a. Responsible, professional behavior dictates that when a fellow recognizes that he or she is suffering from fatigue or exhaustion, he or she must notify their supervising attending or the program director immediately.
   b. The supervising attending or Program Director will immediately relieve the fellow of clinical responsibility and send him/her home to allow time for sleep.
   c. The fellow will be considered ONLY in a positive light for putting the safety of their patient first. Under no circumstances will this be considered a negative occurrence by faculty or other fellows.
   d. The chief fellow must not only be aware of the possibility of their own fatigue, but will also monitor the junior fellows for signs of fatigue. The chief fellow will immediately relieve the fatigued fellow of all clinical responsibility and they will contact the supervising faculty member and/or program director.
e. It is also the responsibility of supervising faculty member to recognize the signs and symptoms of fatigue amongst the fellows, relieve the affected fellow immediately, and arrange for alternative coverage for that physician.

Graduated Levels of Responsibility

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. This progression of scope of practice is determined by the Clinical Competency Committee or CCC.

1. The program director must evaluate each fellow’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria. This occurs on an informal basis monthly, following each rotation, with the Program Director assessing New Innovations evaluations provided by the Vascular Surgery Core Faculty. On a more formal semi-annual basis, the CCC performs specific milestones evaluations of all trainees.
2. Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.
3. Senior fellows or fellows should serve in a supervisory role of junior fellows in recognition of their progress toward independence. This occurs on a continuous basis, based upon the Department of Surgery guidelines for the Fellow Expectations of Surgical Education of Medical Students and Junior Fellows.

Emergency Situations

An "emergency" is defined as a situation where immediate care is necessary to preserve the life of, or to prevent serious impairment to the health of a patient. In such situations, any fellow, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The appropriate attending physician will be contacted and notified of the situation as soon as possible. The fellow will document the nature of that discussion in the patient's record.

SUMMARY

Residents, subspecialty residents and fellows treat patients at all of the affiliated hospitals under the supervision of staff attending physicians who are independently licensed and duly credentialed by each institution. All inpatients and outpatients will be assigned an attending physician of record who is responsible for his/her care and for determining and implementing the appropriate level of supervision of the trainee along with the Program Director.

Patients shall be notified of the name of the attending staff physician responsible for their care and that residents and fellows participating in their care are supervised by such staff physician(s).

In providing clinical supervision to residents and fellows, supervisors should provide advice and support and should encourage trainees to freely seek their input.

Residents and fellows are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from their supervisors.

The supervising physician’s involvement in a patient’s case shall be documented in the medical record.
POLICY FOR ESCALATION

Fellows in the Division of Vascular Surgery at New York University School of Medicine are guided by rotation-based goals and objectives that include levels of supervision. They also are given a “Scope of Practice” both by postgraduate year and, for most procedures, based on their individualized skills and competency levels. These guidelines, however, do not always provide for the fellow a rationale approach to when they should escalate information to supervising faculty. Fellows must not hesitate to contact a supervising faculty. The following serves as an escalation policy for fellows:

NOTIFY a more senior team member (Attending and Chief Resident) IMMEDIATELY “within 10 minutes” for

- Death – unexpected
- Cardio-pulmonary arrest or Surgical Airway
- MRT (Medical Response Team) call – Please note that any criterion to call for an MRT needs to be communicated immediately (even if an MRT was not called)
- Level of care upgrade to a Post Op Unit or an ICU, no matter what the reason
- Deterioration in clinical status to include any of, but not restricted to, the following:
  -- acute neurologic event (e.g. seizure; TIA; CVA), no matter what cause
  -- hemodynamic instability, no matter what cause
  -- pulmonary distress or oxygen desaturation, no matter what cause
  -- cardiac arrhythmia, sustained, recurrent, or not rapidly controlled
  -- tachycardia when recovering from bariatric surgery
  -- high fever, unexpected or not quickly suppressed
  -- oliguria, unexpected, not responsive to simple therapy
  -- pain, worsening or out of proportion to physical exam (e.g. ischemic)
  -- pain, chest/back/abdominal with known/suspected aortic aneurysm
  -- pain, abdominal with known/suspected mesenteric ischemia
  -- neurologic symptoms with known/suspected arterial ischemia
  -- change in pulse/Doppler or neurovascular exam of an extremity
  -- medication error with untoward side-effect
  -- fall with obvious injury

NOTIFY a more senior team member IN AN URGENT MANNER “within 1 hour” for

- Death – even if expected or with DNR status receiving comfort care
- Deterioration in clinical status to include any of, but not restricted to, the following:
  -- cardiac arrhythmia, even if self-limited or not needing specific treatment
  -- high fever, even if expected or quickly suppressed
  -- oliguria, even if expected or responsive to simple therapy
  -- pain, unexpectedly persistent
  -- unexpected vomiting even without aspiration
  -- pneumothorax, even without requiring thoracentesis or tube thoracostomy
  -- wound appearance change, worrisome for bleeding, infection, or disruption
  -- medication error, even without untoward side-effect
  -- fall, even without overt injury

- Significant change in vital lab value – even before a repeat, confirmation value is available. Depending on the clinical situation, immediate action may be needed.
Radiographic imaging results – whether crucial findings are “positive” or “negative.”

The need to notify is considered mandatory. Moreover, the information relayed must be confirmed to have been received. This Departmental policy recommends alerting all—not just one—member of the team. The surgical attending must be notified of any of the above clinical events as soon as possible.

What if the attending does not answer or answer appropriately?

- On Vascular, Call Senior Vascular Fellow or Dr. Rockman (Vascular Surgery) Call Dr. Adelman if Dr. Rockman cannot be reached
I. Summary of Policy

This Policy includes the Oral Maxillofacial Surgery Programs. The first condition for appointment is successful completion of the credentialing and employment processes as described in the Credentialing of House Staff Officers policy. The Credentialing Policy can be found in the GME Website under Policies and Procedures. House Staff Officers must be able to furnish all required credential documents and be legally employable. All House Staff Officers are required to undergo and pass a drug toxicology screening, pre-employment background check, and fingerprint investigation prior to beginning work. Following initial appointment, House Staff Officer annual reappointment is dependent upon the successful completion of the advancement checklist and the satisfactory demonstration of clinical competence and professional standards, including completion of learning modules required by the affiliate hospitals. Any resident not completing the required modules will be required to petition the GME office for an extension of the deadline with the support of the program director in order to continue training without interruption.

II. Definitions (if applicable)

A. ACGME – Accreditation Council for Graduate Medical Education
B. CODA – Commission on Dental Accreditation
C. AOA – American Osteopathic Association
D. CIR – Committee of Interns and Residents
E. CPME – Council on Podiatric Medical Education
F. GME – Office of Graduate Medical Education
G. House Staff Officer – In this document, all references to House Staff Officers include trainees in specialty, subspecialty and non-specialty dental residency programs, whether or not ACGME, AOA, CPME or CODA accredited.
H. LOA – Leave of Absence
I. NYULMC – New York University Langone Medical Center (including New York University School of Medicine and NYU Hospitals Center)
J. NYU Lutheran – the NYU Lutheran Medical Center site of NYU Hospitals Center in Brooklyn, NY.

III. Policy

A. Financial Support - The educational stipend effective January 1st, 2016 based upon the level of postgraduate training, and subject to all applicable withholdings, is shown in the table below.

   a. In addition, if a House Staff Officer has completed or trained in a non-ACGME, non-AOA training or non-CODA program, they will be placed at the Payroll level that equals the years completed in an ACGME or AOA accredited training program plus one. Please note: This will include non-ACGME or non-AOA Research Programs and Extra Year Chiefs in Medicine and Pediatrics.

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B. Licensure – NYU Health System policy on licensure is more restrictive than that of New York State. A full description of the Licensure Policy can be viewed on the GME website,¹ under the “Policies and Procedures” section.

   a. For House Staff Officers in ACGME-accredited AOA- accredited programs:

      i. A valid NYS Medical License (or limited permit if not eligible for license) may be required by individual program.

      ii. For all House Staff Officers entering NYU-sponsored, ACGME-approved and AOA-approved post-graduate training programs, licensure is not required

¹ http://www.med.nyu.edu/gme/policies-procedures/policies
by New York State Law, because House Staff Officers fall under the “resident” exception of New York State Education Law 6526(1).

iii. A valid NYS Medical License is required for Moonlighting (refer to Moonlighting policy). Moonlighting credentialing is a lengthy process and House Staff Officers are encouraged to submit their applications early.

b. For House Staff Officers in CPME Accredited Programs

A valid limited permit is be required to begin training.

c. For House Staff Officers in CODA Accredited Programs

A valid State License (or permit) may be required by the individual program or according to the training site’s state licensure requirements.

d. For House Staff Officers in Non-accredited Programs

i. House Staff Officers in a non-accredited program MUST have a valid New York State License or a limited permit. House Staff Officers may not begin training without a license (or limited permit) and are required to maintain licensure for the entire training period.

ii. House Staff Officers may obtain a limited permit in lieu of a license if:

1. He/she does not meet citizenship requirements.

2. He/she is an American citizen who graduated from a foreign medical school but does not have three years of post-graduate training. The limited permit will be acceptable until the trainee becomes eligible for a license and the license application can be processed.

C. USMLE Step 3 - All House Staff Officers in ACGME-accredited programs must take USMLE Step 3 (or COMLEX-USA for DO’s) prior to beginning their final year of residency, and must provide acceptable documentation of such. This will include applicant House Staff Officers that are entering their final year in a NYU sponsored Residency Training program. Foreign National Graduates are required to take and pass USMLE Step 3 to be eligible for an H1B Visa. A full description of the Licensure Policy can be viewed on the GME website, under the “Policies and Procedures” section. All House Staff Officers in AOA-

4 http://www.med.nyu.edu/gme/policies-procedures/policies

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accredited programs must take and pass COMLEX 3 by the end of the PGY 2 year to continue training.

D. **CPME Programs** shall accept only graduates of colleges of podiatric medicine accredited by CPME. Applicants shall have passed the Parts I and II examinations of the National Board of Podiatric Medical Examiners.

E. **Payroll/Union** - There are two separate major payroll systems: NYULMC (Tisch, VA, NYU Lutheran and Hospital for Joint Diseases) and Bellevue Hospital Center. House Staff Officers are initially placed on one of the two payrolls as determined by their program. For the sake of parity, House Staff Officers in NYU School of Medicine-sponsored training programs will rotate between the Bellevue and NYULMC payrolls throughout their training period. The payroll changes occur no more frequently than at yearly intervals. When a House Staff Officer rotates between hospital payrolls, their benefits change with the rotation, but coverage is always continuous. House Staff Officer health benefits are fully covered at all times during the payroll switch. While on Bellevue payroll, House Staff Officers are required to join the union, Committee of Interns and Residents (CIR). If you have any concerns regarding benefits coverage or any related pay issues, please feel free to discuss them during your interview or at anytime. For further information you may also contact the NYU Office of Graduate Medical Education at 212-263-5506.

F. **Vacation** – House Staff Officers are entitled to four weeks paid vacation per annum. Such vacation shall be taken at a time in agreement with the provisions of the vacation policy of the Residency Training Program and the annual rotation schedule. Vacation time is not accruable and will not be paid out if not taken during a given academic year.

G. **Leave** – House Staff Officers are entitled to medical, family, personal, and educational leaves. A full description of the Time-Off and Leave of Absence Policy can be viewed on the GME website, under the “Policies and Procedures” section. Credit toward completion of the Residency Training Program requirements, with respect to leave time, shall be determined by the program’s individual policy on the effect of taking a LOA on completion of the program.

H. **Professional Liability Insurance** - The House Staff Officer shall be provided with professional liability insurance coverage for the duration of training. Such coverage shall provide legal defense and protection against awards from claims reported or filed after the completion of the residency Training Program if the alleged acts or omissions are within the scope of the Residency Training Program. Such insurance coverage does not extend to outside employment, such as moonlighting.

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5 [http://www.med.nyu.edu/gme/policies-procedures/policies](http://www.med.nyu.edu/gme/policies-procedures/policies)
I. **Medical and Disability Insurance** - Medical and disability insurance benefits will be made available to the House Staff Officers in accordance with the medical and disability insurance employee benefits of NYULMC or Bellevue Hospital Center depending on which institution has the House Staff Officers on its payroll at the time. The medical and disability insurance benefits are described in the new employee orientation materials of each hospital.


K. **Housing Information** – Applications and updated housing information will be provided via email after the Match, to each new resident and clinical fellow. Applications and information can be downloaded from [http://redaf.med.nyu.edu/housing](http://redaf.med.nyu.edu/housing). Housing priority is given to PGY-1 and PGY-2 House Staff Officers relocating from out-of-town. However, after a random lottery, most House Staff Officers will not receive a housing offer through NYU due to limited availability. New residents not offered housing may re-apply and go on a waiting list.

All NYULMC students and staff may access the off-campus housing website [http://redaf.med.nyu.edu/och](http://redaf.med.nyu.edu/och). That site includes relocation information, including a link to CitiHabits, a real estate agency which discounts its commissions for NYU affiliates. If current House Staff Officers log in with the Kerberos I.D. and password, they can access information on a lease guaranty program.

L. **Meals and Laundry** –
   a. Both Bellevue and NYULMC have an annual meal allowance of $2,900, included in the annual salaries stated above.
   b. NYU Lutheran House Staff Officers receive an annual meal allowance of $1,440 via FreedomPay. Lab coats and scrubs are supplied and laundered by the hospitals for House Staff Officers.

M. **Book and Conference Stipend Reimbursement** – The Book and Conference stipends were instituted to help offset expenses incurred during the trainee’s Academic Year by House Staff in relation to purchase of medical equipment or Conference presentation/attendance. The Book and Conference Policy can be found at: [http://www.med.nyu.edu/gme/policies-procedures/policies](http://www.med.nyu.edu/gme/policies-procedures/policies).
N. **Background Information** - Several conditions must be met before a House Staff Officer can begin training:

a. All credentialing requests for verification of eligibility (reference house staff credentialing policy link)

b. Toxicology screening: This is done no more than five weeks before the start date

c. Background investigation: House Staff Officers must supply their social security number, driver’s license (when applicable), and previous addresses for the past seven years.

d. New York State’s Child Abuse Registry (SCR): House Staff Officers who will have contact with the pediatric population must successfully clear this investigation. House Staff Officers in the following programs must complete the SCR during the hiring process:

   i. Child & Adolescent Psychiatry

   ii. Psychiatry

   iii. Psychiatry – Addiction

   iv. Psychiatry – Forensic

   v. Psychiatry – Forensic (non-ACGME)

   vi. Psychiatry – Geriatric Psychiatry

   vii. Psychiatry – Psychiatry/Neurology

   viii. Psychiatry – Psychosomatic Medicine

   ix. Psychiatry – Public Psychiatry

   x. Psychiatry – Reproductive Psychiatry – Women’s Mental Health

e. Fingerprinting: All House Staff Officers who rotate through the VA Hospital will be fingerprinted. House Staff Officers on the Bellevue Hospital payroll must be fingerprinted and a second background check is conducted by the New York City Health and Hospitals Corporation. The associated fee (currently $89.75) for fingerprinting at Bellevue Hospital will be taken out of the House Staff Officer’s first paycheck.

O. **Residency Closure/Reduction.** The Director will inform the House Staff Officer of any adverse accreditation actions taken by the ACGME, AOA, or CPME, CODA against the House Staff Officer’s training program or of any decisions by NYU to reduce the size of or
to close the training program within a reasonable period after such action is taken. In the event of a training program reduction or closure, NYU either will allow the House Staff Officer to complete his/her training at NYU or will assist the House Staff Officer in enrolling in an ACGME, AOA, CPME, or CODA accredited program that will allow the House Staff Officer to continue his/her training.
Time-off and Effect of Taking LOA Policy

The American Board of Surgery requires that each fellow must complete 48 weeks of full-time clinical activity in each training year. The fellow will be required to make up excess time missed before he or she will be eligible for promotion within or completion of the program and before the specialty board will allow the fellow to take the board examination.

Fellows are allotted a total of four weeks of vacation time every academic year (see GME policy below for more specific information). The fellows must request time away from his or her training program at the earliest date possible to allow time for the Program Director to arrange coverage in the Resident’s absence. The fellows must submit corroborating documentation as requested to receive approval for time off (whether paid or unpaid) and, where applicable, to receive authorization to return to his or her training program.

Please find the GME Policy Below:

NYU School of Medicine
Issuing Department:
Graduate Medical Education
Effective Date: 01/15/2010
Reissue Date: 01/01/2016
Time-Off and Leave-of-Absence Policy for House Staff Officers

I. Summary of Policy

The New York University Langone Medical Center is committed to meaningful and enriching educational experiences for its House Staff Officers. This includes accruing any time taken off voluntarily or otherwise, adhering to strict NYULMC regulations so as not to preclude the successful completion of post-graduate medical training.

Please note: If a House Staff Officer requires a Leave that totals more than 90 calendar days in an academic year, eligibility for return to the training program will be dependent upon financial and academic position availability.

For AOA Programs Only: The Program has the authority to extend the house staff officer’s contract for a period of up to 3 months for leave or illness purposes without requesting approval for overlap from the specialty college and/or PTRC. Any overlap in excess of 3 months shall require advance approval and be reported to the AOA Division of Postdoctoral Training, specialty college, and OPTI. A copy must be maintained in the house staff officer’s file.

II. Applicability of the Policy
All NYU School of Medicine House Staff Officers, and Foreign National Physicians in ACGME and non-ACGME-accredited specialty and subspecialty training programs

III. Definitions (if applicable)

A. ACGME – Accreditation Council for Graduate Medical Education
B. AOA- American Osteopathic Association
C. Office of GME – Office of Graduate Medical Education
D. HHC – NYC Health and Hospitals Corporation
E. NYULMC – New York University Langone Medical Center (including New York University School of Medicine and NYU Hospitals Center)
F. LOA – Leave of Absence
G. Medical Disability – “serious health condition”: illness, injury or impairment that involves either: 1) inpatient care or 2) continuing treatment by a health care provider. “Continuing treatment” includes incapacity resulting in an absence of more than 3 days. It also includes permanent or long-term illness and their treatments; incapacity or treatment for a chronic serious health condition; and multiple treatments for restorative surgery or condition that would cause incapacity of more than three days.
H. OPTI- Osteopathic Postdoctoral Training Program
I. PTRC- Program and Trainee Review Council
J. CPH – Committee for Physician Health
K. EHS – NYULMC Employee Health Services
L. HCP – Health Care Provider
M. Director – the Program Director of Residency or Fellowship Training
N. Resident: All further references in this document to residents and/or House Staff Officers shall include fellows.

IV. Policy

A. Responsibilities
   a. Specialty Board - Each specialty board maintains a policy specifying the maximum amount of time a House Staff Officers may be absent during each year of training; the House Staff Officers will not receive credit toward program completion for any leave period in excess of that maximum. The House Staff Officers will be required to make up excess time missed before he or she will be
eligible for promotion within or completion of the program and before the specialty board will allow the House Staff Officers to take the board examination.

Note: This document does not address the certification requirements of each individual specialty board or the issue of remuneration when a House Staff Officers is required to extend the length of his or her training. This should be addressed by the Program specific policy.

b. **Director of Residency Training** - The Director is responsible for approving, monitoring, and reporting leaves of absence in compliance with the Medical Center policy and specialty board requirements, including maintaining a record of the leave time used by each House Staff Officers each year. In addition, it is the program director’s responsibility to provide the House Staff Officers with a written policy concerning the effect of leaves of absence on satisfying the criteria for completion of training. The Program Director must also issue a formal written letter to the House Staff Officer and the GME Office outlining the conditions of the LOA, expected return date, and anticipated impact on training requirements. The Director must notify the Office of GME whenever a House Staff Officers is absent from training for more than three consecutive days. A copy of all LOA records must be forwarded to the Office of GME. The Office of GME will provide a template letter explaining the terms and conditions of the LOA and the conditions for return to the program and extension of training or promotion dates. The Director must complete and sign the letter and send it to the House Staff Officer, with copies sent to Senior Director of the Office of GME.

The Program Director cannot access a House Staff Officers’ medical records or confer with the House Staff Officers’ Health Care Provider (HCP) to certify a medical condition. Certification of a medical condition can only be requested from the HCP by the department designated Leave Administrator (who must be someone other than the Program Director) the Office of GME or OHS.

The Director is discouraged from discussing details of a House Staff Officer’s Leave with the HCP. If the Director is contacted by the HCP, the HCP should be encouraged to contact the designated department Leave Administrator, OHS, The PD should maintain appropriate contact with the House Staff Officer and monitor all LOA end dates for purposes of scheduling the return to training. The PD must ensure appropriate return to work clearance documentation is submitted by the House Staff Officer or an extension is requested and documentation.

The Office of GME may not ask HCPs for additional information beyond that required by the Physician Health Certification form. HCPs are allowed, but not required, to provide a diagnosis as part of the certification.

c. **House Staff Officer** - The House Staff Officer must request time away from his or her training program at the earliest date possible to allow time for the Director to arrange coverage in the House Staff Officer’s absence. The House Staff Officer must submit corroborating documentation as required or requested to receive approval for time off (whether paid or unpaid) and, where applicable, to receive authorization to return to his or her training program. The House Staff Officer is responsible for keeping the training program informed of his or her return to work status.

B. **Family Medical Leave Act of 1993 (FMLA)**  - For more information about the FMLA, please visit: [http://www.dol.gov/whd/fmla/](http://www.dol.gov/whd/fmla/). Please also view the NYULMC Policy regarding FMLA, which is located on the Human Resources Portal via atNYULMC.²

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7 https://nyumc.ellucid.com/
a. **Basic Leave Entitlement** - A covered employer must grant an eligible employee up to a total of 12 work-weeks of unpaid leave during any 12-month period for one or more of the following reasons:

   i. For the birth and care of a newborn child of the employee within one year of birth;
   
   ii. For placement with the employee of a son or daughter for adoption or foster care, within one year of placement;
   
   iii. To care for a spouse, son, daughter, or parent with a serious health condition;
   
   iv. To take medical leave when the employee is unable to work because of a serious health condition.
   
   v. For any qualifying exigency related to the employee’s spouse, son, daughter, or parent who is a covered military member or on “covered active duty.”

   vi. **Additional Info** - Spouses employed by the same employer are limited in the amount of family leave they may take for the birth and care of a newborn child, placement of a child for adoption or foster care, or to care for a parent who has a serious health condition to a combined total of 12 weeks. Leave for birth and care, or placement for adoption or foster care, must conclude within 12 months of the birth or placement.\(^8\)

b. **Military Family Leave Entitlements** - A covered employer must grant an eligible employee up to a total of 26 work-weeks of unpaid leave for Military Caregiver Leave or 12 workweeks of unpaid leave for Qualifying Exigency Leave. Spouses employed by the same employer are limited to a combined total of 26 work-weeks in a “single 12-month period” if the leave is to care for a covered servicemember with a serious injury or illness.

   i. **Military Caregiver Leave** - A covered employer must grant an eligible employee up to a total of 26 workweeks of unpaid leave during a “single 12-month period” to care for a covered servicemember with a serious injury or illness.

      A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness.

      A serious injury or illness is one that was incurred by a servicemember in the line of duty on active duty that may render the servicemember medically unfit to perform the duties of his or her office, grade, rank, or rating.

      The “single 12-month period” for Military Caregiver Leave begins on the first day the employee takes leave for this reason and ends 12 months later, regardless of the 12 month period established by the employer for other types of FMLA leaves.

   ii. **Qualifying Exigency Leave** - A covered employer must grant an eligible employee up to a total of 12 workweeks of unpaid leave (during the normal 12-month period established by the employer for FMLA leave) for qualifying exigencies for a servicemember that has been notified of an impending call or order to active duty, in support of a contingency operation.

\(^8\) [http://www.dol.gov/whd/regs/compliance/1421.htm](http://www.dol.gov/whd/regs/compliance/1421.htm)
A servicemember must be the employee’s spouse, son, daughter, or parent who is in the National Guard or Reserves. Under the terms of the statute, qualifying exigency leave does not extend to military members of the Regular Armed Forces.

Qualifying exigencies include:

1. Issues arising from a covered military member’s short notice deployment (i.e., deployment on seven or less days of notice) for a period of up to seven days from the date of notification;

2. Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs and informational briefings sponsored or promoted by the military, military service organizations, or the American Red Cross that is related to the active duty or call to active duty status of a covered military member;

3. Certain childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending certain meetings at a school or a day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member;

4. Making or updating financial and legal arrangements to address a covered military member’s absence;

5. Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the need for which arises from the active duty or call to active duty status of the covered military member;

6. Taking up to 15 days of leave to spend time with a covered military member who is on short-term temporary, rest and recuperation leave during deployment;

7. Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for a period of 90 days following the termination of the covered military member’s active duty status, and addressing issues arising from the death of a covered military member;

8. Any other event that the employee and employer agree is a qualifying exigency.

iii. Certification Requirements - Employers may require that an employee’s request for military family leave be supported by an appropriate certification. An employer may require that:

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*Please refer to “Fact Sheet #28M(c): Qualifying Exigency Leave under the Family and Medical Leave Act” from the U.S. Department of Labor (February 2013). Most of the information provided here is directly quoted from this document.*
1. Leave for a qualifying exigency be supported by a copy of the covered military member’s
   in the training program and will be granted when satisfactory documentation is provided.

i. Eligibility - The House Staff Officer is eligible for this benefit immediately after employment begins. For the purpose of this document, a House Staff Officer is considered disabled when, due to his or her own illness, injury, pregnancy, or childbirth, the House Staff Officer’s treating physician has determined that he or she is unable to work. A Health Certification Form must document a qualified LOA. The form should complete the Physician Health Certification Form.

ii. Additional Info – The House Staff Officer must provide medical documentation for absences in excess of four days to the Office of GME or the Director. Failure to provide medical documentation may result in denial of sick pay. Recertification from the HCP may be requested every 30 days or less. For continuous or open-ended conditions it may be requested every six months.

House Staff Officers on NYU and NYU Lutheran payroll will receive his or her regular pay for up to 90 working days in the event that he or she is certified as disabled. Any time taken due to injury or illness in excess of the 90-day allowance will be paid in accordance with the Medical Center disability benefit plan. In order to access the sick leave bank, the House Staff Officer must inform their Program Coordinator of their medical absence and provide supporting medical documentation. House staff at Bellevue will also need to provide this documentation and copy of Bellevue FMLA to Bellevue Benefits Department. The Program Coordinator will inform the Office of GME of the last day worked. The Office of GME will initiate a leave in Manager Self Service. as requested, to NYULMC Benefits

1. NYU will replenish the House Staff Officer’s sick leave bank on July 1 of each year, or, if off cycle, upon completion of the active duty orders and certification providing the appropriate facts related to the particular qualifying exigency for which leave is sought, including contact information if the leave involves meeting with a third party;

2. Leave to care for a covered servicemember with a serious injury or illness be supported by a certification completed by an authorized health care provider or by a copy of an Invitational Travel Order (ITO) or Invitational Travel Authorization (ITA) issued to any member of the covered servicemember’s family.

C. Paid Time-Off Benefits

a. Adoption/Parental Leave
   i. Paid Time Off – One day per event / non-accruable (Not when on Bellevue Payroll)

   ii. Eligibility - The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.

   iii. Additional Info - The House Staff Officer will receive his or her regular pay for one working day to adopt a child or for the birth of his or her child (Parenty Leave). See also sections IV.C. (Disability), IV.H. (Vacation), IV.B. (FMLA), and V.B. (Personal) for additional information applicable to pregnancy and new parenthood.
b. Bereavement

i. Immediate Family:
   1. Paid Time Off – Three days maximum per event / non-accrual
   2. Eligibility - The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.
   3. Additional Info - The House Staff Officer will receive his or her regular pay for up to three working days in the event of the death of a parent, spouse, same gender domestic partner, child, brother, sister, mother/father-in-law (except while on Bellevue Payroll), or grandparent. The House Staff Officer must take bereavement days consecutively and within a reasonable time from the date of the death or funeral. Bereavement days may not be split or postponed.

ii. Other Relatives:
   1. Paid Time Off – One day maximum per event / non-accrual (except when on Bellevue Payroll)
   2. Eligibility - The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.
   3. Additional Info - The House Staff Officer will receive his or her regular pay for up to one working day in the event of the death of a relative other than the relatives referenced above. The House Staff Officer must take the bereavement day within a reasonable time from the date of the relative’s death or funeral; it may not be postponed (except while on Bellevue Payroll.)

c. Sick Time (ESTA)

i. A House Staff Officer may use up to forty (40) hours of accrued sick leave each calendar year when necessary for the care of a family member. Family members are defined as: Child (biological, adopted, or foster child; legal ward; child of an employee standing in loco parentis); Grandchild; Spouse; Domestic partner; Parent; Grandparent; Child or parent of an employee’s spouse or domestic partner; Sibling (including a half, adopted, or step sibling).

ii. If an employee is absent for *four (4) or more consecutive days due to the employee’s illness or injury or that of a family member, (as defined above) a statement from a licensed health care provider must be provided verifying the absence due to illness/injury and its beginning and expected ending dates.

d. Disability

i. Paid Time Off –

   1. **NYU and NYU Lutheran Payroll** - 90 days maximum of sick bank time per academic year (inclusive of the 40 hours of ESTA Time).
Bellevue Payroll - Medical leave is unlimited provided the House Staff Officer remains enrolled House Staff Officer’s academic year, of which the House Staff Officer is in training at NYU.

ii. Maternity Leave: A House Staff Officer who gives birth to a child is eligible for Maternity Leave. Maternity Leave is defined as a combination of:

1. **Disability Leave** – Paid sick time/disability leave for the period of time the House Staff Officer is considered disabled;

2. When possible and only if the House Staff Officer is still able to perform the essential functions of his/her program, the Department may make reasonable accommodations for a House Staff Officer’s disability. Such accommodation may include modifying the House Staff Officer’s responsibilities or schedule. The House Staff Officer must submit to her Director documentation of medical necessity in order to be paid sick time during disability leave.

3. **Family Medical Leave Act of 1993 (FMLA)** – Runs concurrent with Disability Leave, beginning the first day out;

4. **Vacation Time** – The House Staff Officer cannot forfeit future vacation time in order to “make up” missed clinical time for board eligibility. House Staff Officers can request to have up to two weeks remaining in their vacation bank after depletion of their sick time; however, approval is at the discretion of the Director.

5. **Personal Leave** – The period of time beyond the first 12 weeks of leave, beginning on the last day of work. Permission to grant leave beyond the first 12 weeks of absence from training will be at the discretion of the Director.

See also sections IV.C.a. (Adoption/Parental Leave), IV.C.h. (Vacation), V.A. (FMLA), and IV.D.a. (Personal) for additional information applicable to pregnancy and new parenthood.

iii. Returning from a Disability Leave – In order to recommence training following disability the House Staff Officer must submit appropriate and acceptable medical clearance from the treating physician to the NYU Office of GME. House Staff Officer is receiving Disability pay from Bellevue must provide documentation of medical clearance to the Bellevue Benefits Department.

House Staff Officers returning from a Maternity Leave must submit to the NYU Office of GME documentation of clearance to return to work from the treating physician. The Director, the Physician Health Certification form is required, if the House Staff Officer experienced major complications during the Maternity Leave or required longer than the routine LOA.

Once the House staff officer is cleared to return to work, (disability or maternity) The Department of GME, with initiate a return from leave in Manager Self-Service,

House Staff Officers returning from a Disability Leave (other than a Maternity leave) must have their HCP complete a Physician Health Certification form, and if necessary receive clearance from the CPH. Documentation of fitness for return to duty is to be provided to the Office of GME and forwarded to Employee Health Service at least one work day prior
to the planned date of return to work. The House Staff Officer will be required to provide this documentation as part of their clearance to return to work from a Disability Leave. CPH or an HCP will advise EHS and Office of GME, via the certification form, when the House Staff Officer has been deemed able to return to work with or without a reasonable accommodation. If accommodations are requested, the NYU Employee Relations office should be involved. If the certification form is incomplete or insufficient the Office of GME will notify the House Staff Officer in writing. The House Staff Officer will be allowed a maximum of seven days to respond with a completed form.

e. Educational/Conference
   i. Paid Time Off – Three days maximum per annum / non-accruable with Departmental permission.

   ii. Eligibility - The House Staff Officer is eligible for this benefit immediately after employment begins, at the discretion of the Resident’s Director.

   iii. Additional Info - Educational/conference leave is an optional benefit that is granted at the discretion of the House Staff Officer’s Director. The Director will approve or deny leave based on factors including, but not limited to, the appropriateness and value of the workshop, conference, or seminar to the House Staff Officer’s assignment and responsibilities as well as Medical Center staffing needs.

f. Jury Duty
   i. Paid Time Off – 10 days maximum per event / non-accruable When on Bellevue payroll, the House Staff Officer will receive $40 for the first three days of jury duty service instead of their regular salary. After which time, if on Bellevue payroll, regular salary will be paid.

   ii. Eligibility - The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.

   iii. Additional Info – If on NYU payroll the House Staff Officer will receive his or her regular pay for up to 10 days when summoned for jury duty. The House Staff Officer must submit the appropriate documentation to his or her Director in order to continue to receive regular pay while serving as a juror.

g. Marriage
   i. Paid Time Off – Three days maximum per event / non-accruable - Not available when on Bellevue payroll.

   ii. Eligibility – The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.

   iii. Additional Info – The House Staff Officer will receive his or her regular pay for up to three days for his or her marriage. The House Staff Officer must take marriage days consecutively and in association with the date of the event.

h. Military
   i. Paid Time Off – When on Bellevue payroll, two weeks maximum per event / non-accruable. See HHC Operating Procedure 20-15 and Extended Military Leave Policy.
ii. **Paid Time Off** – When on NYU payroll, the House Staff Officer will receive his or her regular pay for up to two weeks if he or she is called for military duty. The House Staff Officer must submit to his or her Director written documentation of notice to serve in order to be paid during this time. In cases where the House Staff Officer’s orders require him or her to be absent from training for more than two weeks, the House Staff Officer should refer to the NYULMC Policy regarding Military Leave – Policy 7.6 available on the Human Resources Portal via atNYULMC or by contacting Employee & Labor Relations at 212-404-3857.

iii. **Eligibility** – The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.

i. **Vacation**

   i. **Paid Time Off** – Four weeks per academic year / non-accrual

   ii. **Eligibility** – The House Staff Officer is eligible for this benefit immediately after employment begins, with approval from his or her Director.

   iii. **Additional Info** – Subject to limitations established by the House Staff Officer’s specialty board, Residency Review Committee, and/or training program, the House Staff Officer is eligible for four weeks of vacation time per academic year. The Medical Center will replenish the House Staff Officer’s vacation bank on July 1 of each year, or, if ‘off cycle’, upon the completion of the House Staff Officer academic year, of which the House Staff Officer is in training at NYU. Vacation time cannot be carried over to the following academic year; House Staff Officers will not be paid in lieu of taking vacation; and any unused vacation time will not be payable upon termination, provided the House Staff Officer has been permitted to take vacation time. The House Staff Officer cannot forfeit future vacation time in order to “make up” missed clinical time for board eligibility. NYU does not permit forfeiture of vacation without prior approval of the GME Office and documentation in writing with the consent of the resident/fellow.

   iv. **Returning from a Personal Leave** – At the time a Personal Leave is granted, a written agreement must be established regarding the length of the Leave and circumstances for

D. **Unpaid Time-Off Benefits**

   a. **Personal Leave of Absence**

      i. **Unpaid Time** – A Personal Leave of Absence may be granted at the discretion of the Director.

      ii. **Eligibility** – The House Staff Officer is eligible for an unpaid personal leave of absence after employment begins, with prior approval from the Director.

      iii. **Additional Info** – House Staff Officers will be required to use Vacation time during a Personal leave and subsequently take unpaid time. House Staff Officers can request to have up to two weeks remaining in their vacation bank; however, approval is at the discretion of the Director. In the event that the House Staff Officer exhausted his or her paid time off, this leave will be without pay. See also section III.A. (Specialty Board) for additional relevant information.

      iv. **Returning from a Personal Leave** – At the time a Personal Leave is granted, a written agreement must be established regarding the length of the Leave and circumstances for
re-entry to the program. Re-entry into the program may include the House Staff Officers being re-credentialed by the Office of GME.
Transitions of Care

Program Responsibilities in regard to Transitions of Care are as follows:

- The Program recognizes that its trainees will be required to demonstrate competence in the handover process and that the Faculty of the Program will teach and document that competence and implement a learning plan for the trainee who violates this Policy.
- The Program herein delineates its standard for transitions of care within the Department, Division and Program.
- The Program will implement the proper level of supervision for transitions of care as stated in its Policy of Supervision.
- All call schedules and rotation block schedules including attending schedules and contacts are made available to physician and non-physician providers via email. These schedules assure compliance with all applicable Duty Hour regulations and minimize the number of transitions of care in order to maintain continuity and safety of care.

Morning rounds start at 6am at Tisch hospital and 7am at Bellevue hospital where the entire fellow/resident team from the Night and new team for the Day along with the service PA/NP is present to discuss each patient on their service and transition of care takes place within 30 minutes so the night team leaves within the scheduled hours meeting duty hour regulations.

In the evening, patient care transfer takes place over the course of a half an hour (beginning at 6 pm at Tisch and 7 pm at Bellevue). Junior residents sign out the service to the overnight junior resident and the senior resident signs out to the covering senior resident. Advanced care practitioners participate in the sign-out process as well. We have attempted to minimize interruptions during this period by making nurses aware that this is protected time, and all pages are deferred, unless in an emergency.

The transfer of accurate information is facilitated by a Department of Surgery Sign-out Sheet. This is a list of pertinent patient information that is generated automatically by a combination of the electronic medical record and daily fellow/resident updates.

The fellow, resident, ACP and attending call schedules along with their contact information is distributed well in advance of each rotation so that everyone is aware who is the responsible team for patient care each day and night.

Transitions are supervised by Chief Residents. When the EPIC sign out form goes live in the Spring 2016, Faculty will begin formally evaluating transitions in real time to document competence on a consistent basis. **Currently transitions are supervised and evaluated by Faculty informally.**

**To the best of its ability, the Program is attempting to standardize Handoffs as follows:**

- **Patient Intro**
  - Name
  - Age, Sex
  - Surgical Problem(s)

- **Periop/Hospital Course**
  - Intra-or Periop Events

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I. Summary of Policy

The ACGME Common Program Requirements state:

- Programs must design clinical assignments to minimize the number of transitions of patient care.
- Sponsoring Institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
• Programs must ensure that residents are competently in communicating with team members in
the hand-over process.
• The sponsoring institution must ensure the availability of schedules that inform all members of
the health care team of attending physicians and residents currently responsible for each patient’s
care.

II. Policy Purpose

The purpose of this policy is to ensure that all House Staff Officers and Program Directors are aware of the
importance of safe and effective transitions of care. This policy aims to meet the requirements of the ACGME
Institutional and Common Program Requirements with respect to transitions of care.

III. Applicability of the Policy

This policy applies to all House Staff Officers in ACGME accredited training programs at
NYULMC.

IV. Policy

Transitions of Care/Handoff Standards – The policies that are developed by each individual program must be
sure that transitions of care occur in a standardized fashion, and include, at minimum, the following
information/components:

a. Patient identifiers: Name, medical record number, date of birth
b. Admission information: Admitting physician, date and time of admission
c. Patient Summary: exam findings, lab results, any clinical changes since admission, including
changes in level of patient care and severity of issue(s)
d. Active issues: Current diagnosis, status, condition of patient, recent events.
e. Contingency plans (“if.../...then”)
f. Family contacts
g. Discharge plans/instructions: Any discharge information given to patient,
   anticipated discharge information. This should include discharge instructions to other
   facilities or levels or care.
h. Anticipated action/changes: Expected tests or procedures.
i. Any changes in responsible attending physician and/or nurse
j. “Check for Understanding”: All transitions of care must be fortified with a
   “check-back” to ensure that the receiver of information correctly understands all
   information that has been provided.

B. Office of GME Responsibilities

a. The Sponsoring Institution must monitor programs to ensure that each program has
a handoff/transitions of care policy that applies specifically to their specialty. These policies
must be submitted to the Office of GME at least annually and whenever requested.

b. The Sponsoring Institution must have the appropriate mechanisms in place to
allow all appropriate parties access to the schedule of physicians and House Staff Officers to
allow for safe and effective transitions of care. In addition, these schedules should clearly
delineate the responsible physician and/or House Staff Officer for a given patient at any time,
to ensure that proper care and oversight is provided for each patient.
c. The Office of GME will monitor the entry of schedules into New Innovations to ensure that House Staff Officer and faculty schedules are entered.

d. The Office of GME will grant view-only access of these schedules to necessary parties, such as nurses who are working alongside House Staff Officers in caring for a patient.

C. Training Program Responsibilities

a. Each program must have its own policy for transitions of care/handoff. These policies must address any specialty-specific tasks necessary for a safe and effective transition of care. These policies should address, but are not limited to:
   i. The accepted standard for transitions of care within the department or program
   ii. Expectations for following the Transition of Care Policy
   iii. Course of Action in the event that a House Staff Officer violates this policy
   iv. Instructions on how the program intends to educate all House Staff Officers on how to perform appropriate and safe transitions of care.
   v. The required level of supervision for transitions of care for different levels of trainees and/or patient care.

b. All schedules and call-schedules must be made available to nurses, attendings, and other House Staff Officers through New Innovations or other appropriate methods.

c. The Training program must ensure that the schedules of House Staff Officers minimize the number of transitions of patients to maintain patient safety and continuity of care, and also allow House Staff Officers to comply with ACGME and New York State Duty Hour regulations.

V. Related Policies (if applicable)
A. Duty Hour Policy for House Staff Officers
B. Alertness Management/Fatigue Mitigation
Book & Conference Fund

NYU School of Medicine

Issuing Department: Graduate Medical Education
Effective Date: 08/09/11
Reissue Date: 10/31/14
Book and Conference Stipend Reimbursement Policy

I. Policy Purpose

The Book and Conference Stipends were instituted to help offset expenses incurred during the trainees Academic Year (July 1st thru June 30th) by House Staff in relation to purchase of medical equipment or Conference presentation/attendance.

II. Applicability of the Policy

House Staff Officers who are assigned to an HJD, VA or Tisch Hospital pay line are eligible for one or both of these stipends. House Staff Officers assigned to a Bellevue pay line are eligible for one or both of these stipends thru CIR.

Effective July 1, 2008 House Staff Officers assigned to a State pay line will be eligible for Book Stipend reimbursement. House Staff Officers on the State line must be PGY 2 or below to be eligible for the $600.00 reimbursement.

Eligibility begins with the date training begins and the stipend amounts are non accruable. House Staff Officers in non-ACGME programs not funded by a Hospital pay line or whose salary is 100% funded by a grant, are not eligible for these stipends.

III. Definitions

A. ACGME – Accreditation Council for Graduate Medical Education
B. GME – Office of Graduate Medical Education
C. CIR – Committee of Interns and Residents
D. PEP – CIR Professional Education Plan
E. HHC – Health and Hospitals Corporation

IV. Policy

NYU LANGONE MEDICAL CENTER STIPEND:
A. Book Stipend – NYU Book Stipend follows CIR established guidelines set for the PEP for eligible reimbursable expenses.

1. Eligibility – All House Staff Officers assigned to a HJD, VA or Tisch Hospital pay line. House Staff
assigned to a State line that are PGY 2 or below.

2. **Reimbursement** – Up to $600.00 per academic year for qualified academic expenses:

   a. Medical Books
   b. Medical Audio or Video Tapes
   c. Medical Compact Discs
   d. Work-Related Medical Equipment
      i. Personal digital assistants (PDAs or "Palm Pilots") are work-related medical equipment and reimbursable.
      ii. Items that can be used only for work/medical purposes, such as the Pocket PDR®, are reimbursable.
      iii. Smartphone, BlackBerry, Treo’s and i-Phone that have available medical software are reimbursable.
      iv. Items, other than PDAs, that can be used generally, that is either for work/medical purposes, or personal/non-work purposes, such as computers, laptops, cameras, or most software, are **not** reimbursable.
   e. Dues for Medical Specialty Societies
   f. Subscriptions for Medical Specialty Journals
   g. Medical License Application Fees
   h. Medical License Examination Fees
   i. Specialty Board Examination Fees

B. **Conference Stipend** – NYU Conference Fund follows CIR established guidelines for HHC Conference Fund for eligible reimbursable expenses.

1. **Eligibility**
   a. All residents to be used anytime during their basic residency program.
   b. Extra Year Chief Residents who have finished their basic residency.
   c. Fellows in subspecialty training programs.

2. **Reimbursement**
   a. $1,500.00 maximum benefit during basic residency
   b. $1,500.00 maximum each year for Fellows or Extra Year Chiefs.

**BELLEVUE HOSPITAL CENTER STIPEND**

House Staff on Bellevue Hospital are part of the HHC and are eligible for the Book and Conference Fund through their membership with CIR.

V. **Procedure**

**NYU LANGONE MEDICAL CENTER REIMBURSEMENT PROCESS:**

A. **HJD, VA and Tisch, and State Hospital**
   1. To apply for reimbursement, House Staff Officers should complete the NYU Hospitals
Center Book & Conference Reimbursement Form. This form is to be submitted to the Program’s Residency Coordinator with the corresponding original receipts. (House Staff Officer, be sure to provide your mailing address on the form.)

2. As requests are reviewed by the department, the Coordinator then enters or updates the data on the Book Stipend Tracking spreadsheet and the Book Stipend Submission template. The completed template should then be submitted via email to the applicable GME Training Program Specialist for review. Once it is approved, the GME Training Program Specialist will submit it to NYU Payroll Services mailto:FinanceServiceCenter@nyumc.org for processing.

3. Conference Reimbursement requests are reviewed by the department and the Coordinator enters the data on the NYU Medical Center - Hospital for Joint Diseases Conference Fee Travel Expense Reimbursement Form to be submitted to Accounts Payable for payment.

4. **Program Coordinators may not add individuals to the Book or Conference reimbursement roster.** Please contact the Office of GME if an individual is missing from the reimbursement roster or to check eligibility status.

5. House Staff Officers should contact the Program Coordinator with any questions.

6. **NYU Finance process for reimbursement must be followed:**  

**BELLEVUE HOSPITAL CENTER STIPEND PROCESS**

1. To apply for reimbursement for the PEP or HHC Conference Fund, House Staff Officers should complete the PEP Reimbursement Form and/or the Conference Expense Reimbursement Form and submit to the CIR for processing.

   The CIR/SEIU Professional Education Plan (PEP) Reimbursement Claim Form can be found at:  
   [http://www.cirseiu.org/pep/](http://www.cirseiu.org/pep/)
Patient Safety/Quality Improvement Resources, Expectations & Curriculum

Patient Safety and Quality Improvement Curriculum

A required Patient Safety and Quality Improvement curriculum was designed for all trainees in the Department of Surgery with a one hour conference every other month, led by an attending facilitator. The conference includes a presentation and discussion of the literature pertaining to each safety issue listed below. This is followed by a review of NYU-specific data and comparison to the national data. Attendees conclude with a review of the hospital’s policy for each safety issue and a discussion of what can be done at the resident level to improve patient safety and outcome. This curriculum will meet the following goals:

- Competency in Practice Based Learning
- Competency in Systems Based Practice
- Better understand the current health care environment and the roles of the major players (i.e., governmental and non-governmental agencies, hospitals, professional societies and advocacy groups) that shape the practice of medicine
- Be familiar with quality and safety literature
- Learn how to create evidence-based practice guidelines to improve patient safety and outcomes for the hospital as well as our own personal practices

Curriculum includes:

- Overall review of the current health care environment including policy, reimbursement, safety initiatives and measures
- DVT prophylaxis
- Postoperative UTI
- Postoperative wound infection/wound protective devices
- Ultrasound guided CVL placement
- Postoperative confusion/hospital delirium

In addition to the didactic patient safety curriculum, the Department has a QI meeting every Friday with senior trainees to discuss every complication from the week on each service at Tisch and at Bellevue.

The department has also developed a Quality Improvement Committee, that will report to the hospital Quality Improvement Committee that includes department trainees.

Trainees also participate in resident-run Mortality and Morbidity conferences and root cause analysis as part of their core curriculum.

**Participation is mandatory of all Department of Surgery trainees.**
Education and Scholarly Activities for Trainees

It is expected that each year during the fellowship program, each fellow will:

- demonstrate initiative by selecting an area of interest and, working with a mentor, pursuing a research project within this area
- design a research project or join an ongoing research project
- submit at least one abstract to a national vascular meeting
- submit at least one manuscript to a peer-reviewed journal
- demonstrate competency in all areas of research including grant preparation, experimental design, data collection, data analysis and data publication

If the fellow is interested in doing scholarly activity or research, they should arrange and meeting for discussion with either the Program Director, Caron Rockman or Associated Program Director, Mikel Sadek.
Education and Scholarly Activities for Faculty

Department of Surgery has a robust mentoring program for junior faculty where each faculty member needs to:

- Publish a minimum of one paper year in a peer-reviewed journal
- Attend at least one national and one regional meeting per year
- Fulfill all teaching assignments for our medical students and residents as requested by Dr. Berman and Dr. Hochberg, the Vice Chair for Education and Associate Vice Chair for Education.
- Participate in at least one medical school or hospital committee as our Department of Surgery representative.
- Apply for at least one grant from a governmental (NIH, DoD, NYCHHC) or a private funding source each year.

In addition, each Division has clinical research projects that the faculty are involved in. The department also has clinical databases in Bariatric, Breast Surgery, Endocrine Surgery, GI Surgery, and Vascular Surgery to perform Quality improvement based research.

The Department is also working on Faculty development sessions to promote presentation skills, teach the residents and medical students and learn to do direct observation for the trainees.
Clinical Competency Committee Description (CCC)

Clinical Competency Committee of the
Vascular Surgery Fellowship Program

The Program Director will appoint a Clinical Competency Committee. (V.A.1.)

1. Committee Membership
   a. The Clinical Competency Committee will be composed of 4 members of the Program Faculty (V.A.1.a.)
   b. The Clinical Competency Committee will be comprised of vascular surgery integrated core faculty who dedicate 30 or more hours per week to Trainee education.

2. The following is the written description of the responsibilities of the Clinical Competency Committee: (V.A.1.b.)
   a. The Clinical Competency Committee must: [V.A.1.b. (1)]
      i. Meet and review all trainee evaluations every six months. [V.A.1.b. (1). (a)] These evaluations might include:
         1. rotation performance evaluations
         2. procedural competence evaluations and procedure logs
         3. multisource evaluations
         4. transitions of care evaluations
         5. research evaluations
         6. simulation evaluations
         7. unsolicited submissions to the Program Director and other Faculty that pertain to trainee performance
      ii. Prepare and assure the reporting of Milestones evaluations of each trainee semi-annually to ACGME; [V.A.b. (1). (b)] and
      iii. Advise the Program Director regarding trainee progress, including promotion, remediation, probation and dismissal. [V.A.b. (1). (c)] The CCC will monitor trainee progress on all remediation plans. The final decision for implementing such remains with the Program Director.

(Blue font denotes adaptation taken from ACGME Common Program Requirements for Graduate Medical Education)

Membership of the Vascular Clinical Competency Committee (CCC) for the 2015-16 Academic Year(s) is as follows: Dr. Patrick Lamparello, Dr. Mikel Sadek, Dr. Neal Cayne and Dr. Glen Jacobowitz.
Program Evaluation Committee Description (PEC)

Charge of the Program Evaluation Committee (PEC)
Vascular Surgery Fellowship Training Program

1. The Program Director will appoint a Program Evaluation Committee (PEC).
2. The Program Evaluation Committee will include at least 3 Core Program Faculty members and 2 Trainees.
3. This document will serve as a written description of the PEC’s responsibilities.
   a. The Faculty members of the PEC will serve for at least 2 terms.
   b. The trainee representative(s) will serve for 2 year(s), as determined by the committee chair.
4. The PEC will participate actively in:
   i. planning, developing, implementing, and evaluating educational activities of the Program;
   ii. reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
   iii. addressing areas of non-compliance with ACGME standards; and,
   iv. reviewing the Program at least annually using evaluations of Faculty, Trainee and others, as specified below.
5. The Program, through the PEC, will document formal, systematic evaluation of the curriculum at least annually, and will be responsible for rendering a written Annual Program Evaluation (APE) based on each academic year. The PEC will meet at least once per year. The Program will monitor and track each of the following areas:
   a. Trainee performance as determined by the Clinical Competence Committee
   b. Faculty development
   c. Graduate performance, including performance of Program graduates on the certification examinations in accordance with your program specific requirement
   d. Program quality;
      i. Assessment of resources
         1. Case numbers and clinical resources
         2. Personnel
         3. Funding
         4. Space
         5. Equipment
         6. Information technology
      ii. Trainees and Faculty members will have the opportunity to evaluate the Program confidentially and in writing at least annually, and
      iii. The Program will use the results of Trainees’ and Faculty members’ assessments of the Program together with other Program evaluation results (ACGME Trainees and Faculty’s surveys, ACC In-Training Examination) to improve the Program.
   e. Progress on the previous year’s action plan(s).
6. The PEC will prepare a written plan of action (program improvement plan - PIP) to document initiatives to improve performance in one or more of the areas listed in section 3 as well as delineate how they will be measured and monitored.
   a. The action plan (PIP) will be reviewed and approved by the teaching Faculty
b. The action plan (PIP) and its approval will be documented in meeting minutes.

Membership of the Vascular Program Evaluation Committee (PEC) for the 2015-16 Academic Year(s) is as follows: Dr. Mark Adelman, Dr. Patrick Lamparello, Dr. Thomas Maldonado and Dr. Todd Berland
# Evaluation of the fellow by the faculty

## Vascular Surgery

### Subject Name
- Status: [ ]
- Employer: [ ]
- Program: [ ]
- Rotation: [ ]
- Evaluation Dates: [ ]

### Evaluator Name
- Status: [ ]
- Employer: [ ]
- Program: [ ]

## 1. (Vascular) Patient Care: Ward Care

<table>
<thead>
<tr>
<th>Critical Deficiencies</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>This resident is not able to recognize common vascular surgery presentations (e.g., limb ischemia, compartment syndrome, venous thrombosis, etc.).</td>
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<tr>
<td>This resident has problems in recognizing or managing common post-operative problems (e.g., hypotension, electrolyte imbalances).</td>
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<tr>
<td>This resident can perform a thorough, efficient, and accurate history and physical exam for a patient presenting with a common vascular surgery presentation (e.g., limb ischemia, compartment syndrome, venous thrombosis, etc.).</td>
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<tr>
<td>This resident can accurately diagnose some broad vascular surgery conditions such as acute limb ischemia, compartment syndrome, venous thrombosis, etc.</td>
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</tr>
<tr>
<td>This resident can accurately diagnose a broad vascular surgery condition (such as those mentioned in Level 2), and some focused vascular surgery conditions (such as arterial aneurysms and dissections, venous graft infections, etc.).</td>
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<td>This resident can independently perform complex post-operative problems and independently stabilize and transfer the vascular surgery patient to a higher level of care within the hospital.</td>
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### Not Observed

## 2. (Vascular) Patient Care: Operative

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<th>Critical Deficiencies</th>
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<th>Level 3</th>
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</thead>
</table>

### Not Observed
### 3 (Vascular) Medical Knowledge

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<tr>
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<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>This resident does not have medical student clerkship basic knowledge about common vascular surgery conditions (acute limb ischemia, compartment syndrome, venous stasis, venous thrombosis/pulmonary embolism).</td>
<td>This resident has medical student clerkship basic understanding of the symptoms, signs and treatments of:</td>
<td>This resident has basic knowledge about:</td>
<td>This resident meets level 2 and also has basic knowledge of the focused diseases in vascular surgery (arterial aneurysms and dissections, vascular graft infections, chronic visceral disease), and can complete an initial consultation, recommending appropriate initial care for the patient with these presentations.</td>
<td>This resident has comprehensive knowledge about varying patterns of presentation and alternative and adjacent treatments and can make the diagnosis and provide the initial treatment for complex patients in vascular surgery.</td>
</tr>
<tr>
<td>- the broad diseases of vascular surgery (acute limb ischemia, compartment syndrome, venous stasis, venous thrombosis/pulmonary embolism).</td>
<td>- many of the &quot;broad&quot; diseases of vascular surgery (with the addition of cerebrovascular disease, diabetic foot infections, peripheral vascular disease, and dialysis access).</td>
<td>- &quot;essential-common&quot; operations of vascular surgery (with the addition</td>
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<td>- essential-common surgical operations of</td>
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</table>
### 4 (Vascular) Systems-Based Practice

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<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>This resident does not have a basic understanding of resources available for</td>
<td>This resident has a basic understanding of the team members</td>
<td>This resident knows the resources available to coordinate care and</td>
<td>This resident can arrange disposition planning and prepare necessary</td>
<td>This resident coordinates the activities of all health care team members</td>
</tr>
<tr>
<td>coordinating patient care and how hospital and healthcare systems impact the patient</td>
<td>coordinating care for the vascular surgery patient</td>
<td>how to access them to help aid transitions in care for the</td>
<td>materials for discharge of the vascular surgery patient.</td>
<td>(including nursing, PT/OT, social work, etc.) to provide optimal care</td>
</tr>
<tr>
<td>who presents to the vascular surgery service.</td>
<td>They are aware that variations in care occur.</td>
<td>for the vascular surgery patient.</td>
<td></td>
<td>for the vascular surgery patient for discharge or transfer.</td>
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<tr>
<td>This resident follows protocols for the vascular surgery service when they</td>
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<td>are presented.</td>
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- Not Observed

### 5 (Vascular) Practice-Based Learning and Improvement

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- Not Observed
### 6 (Vascular) Professionalism

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<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
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</thead>
<tbody>
<tr>
<td>This resident has</td>
<td>This resident is polite and respectful, takes personal responsibility for patient care outcomes.</td>
<td>This resident maintains composure even in stressful situations.</td>
<td>This resident ensures that patient care responsibilities are performed.</td>
<td>This resident serves as a role model for others in terms of ethical behavior, especially towards the consulting services, and encourages prompt and polite responses to all consultations.</td>
</tr>
<tr>
<td>exhibited undesirable</td>
<td>This resident responds to pages and consultations on the vascular surgery service.</td>
<td>This resident asks for help when needed.</td>
<td>This resident accepts responsibility for errors in patient care.</td>
<td>This resident places the patient’s needs above him or herself when appropriate.</td>
</tr>
<tr>
<td>behaviors on this</td>
<td>This resident is prompt in attendance at vascular surgery conference and other conferences.</td>
<td>This resident assures that team members under his or her supervision respond appropriately to responsibilities.</td>
<td></td>
<td>This resident leads a team that promotes wellness of others by modifying schedules or intervening when necessary without compromising patient wellbeing.</td>
</tr>
<tr>
<td>service such as</td>
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<tr>
<td>being impolite,</td>
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<td>disrespectful, not</td>
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<td>respecting</td>
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<td>confidentiality,</td>
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<td>flagrantly violating</td>
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<td>duty hour</td>
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<td>requirements, or</td>
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<td>failing to timely</td>
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<td>perform duties.</td>
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- Not Observed
7 (Vascular) Interpersonal and Communication Skills

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</thead>
<tbody>
<tr>
<td>This resident cannot effectively communicate with patients and their families, hospital staff members, and/or the senior surgeon on the vascular surgery team.</td>
<td>This resident uses a variety of communication techniques with patients when necessary.</td>
<td>This resident takes the initiative to provide timely updates to patients and their families on the vascular surgery service.</td>
<td>This resident is capable of delivering difficult news to family members on the vascular surgery service.</td>
<td>This resident is capable of realistic end-of-life discussions.</td>
</tr>
<tr>
<td>This resident responds politely to requests for consultation services of the vascular surgery service.</td>
<td>This resident exhibits respect, approachability, and active listening when speaking with consulting services and team members.</td>
<td>This resident keeps members of the health care team updated on patient statuses and care plan changes.</td>
<td>This resident effectively communicates back to consulting services that use the services of the vascular surgery service in a timely manner.</td>
<td>This resident is capable of negotiating and managing conflict among patients and their families, as well as among health care providers.</td>
</tr>
<tr>
<td>This resident performs face-to-face handoffs.</td>
<td>This resident can perform basic consent for common vascular surgery operations such as varicose vein surgery, percutaneous vascular access, arteriovenous fistula, lower extremity amputation, and arterial embolization.</td>
<td>This resident can perform a clear consent for common vascular surgery operations such as varicose vein surgery, percutaneous vascular access, arteriovenous fistula, lower extremity amputation, arterial embolization, carotid endarterectomy, peripheral bypass surgery, and aneurysmal repair.</td>
<td>This resident can effectively consent a patient for a complex operation.</td>
<td>This resident is able to effectively communicate unexpected events to patients and family members.</td>
</tr>
</tbody>
</table>

☐ Not Observed

8* What are this resident's strengths (using the categories above as a guide)
9

Please elaborate on at least one area where this resident should strive to improve (using the categories above a
guide)
# Faculty Evaluation of Trainee

**Subject Name**

<table>
<thead>
<tr>
<th>Status</th>
<th>Employer</th>
<th>Program</th>
<th>Rotation</th>
<th>Evaluation Dates</th>
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**Evaluator Name**

<table>
<thead>
<tr>
<th>Status</th>
<th>Employer</th>
<th>Program</th>
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1. **Evaluates with history and physical data**

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<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Very Good</th>
<th>Superior</th>
<th>Cannot Assess</th>
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2. **Develops appropriate surgical plan for diagnosis and treatment**

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<tr>
<th>Poor</th>
<th>Below Average</th>
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3. **Judgment and problem solving in OR**

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<tr>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
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4. **Dexterity and technical skills**

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<th>Below Average</th>
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5. **Understand operations for level of training**

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<th>Poor</th>
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6 Comes to OR prepared

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<th>Poor</th>
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7 Integrates medical facts and clinical data

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<thead>
<tr>
<th>Poor</th>
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8 Possesses up-to-date knowledge/knows literature

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9 Study habits and self education

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10 Understands own limits

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11 Improves own practice based on data and feedback

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12 Counsels and educates patients and families

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13 Demonstrates compassion for patients and families

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14 Communicates with hospital staff and peers

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15 Documents activity in medical records appropriately

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16 Educates students and health care team

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<th>Poor</th>
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<th>Average</th>
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<th>Superior</th>
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17 Educates junior trainees

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<tr>
<th>Poor</th>
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18 Integrity/Ethics

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19 Dedication

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20 Respect for patients, families, health care team

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21 Feedback Response

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22 Understands systems of patient care and role of health care team

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23 Refers patients to appropriate practices and services

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24 Understands use of risk-benefit analysis

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25 OVERALL ASSESSMENT

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26 Completed objectives of rotation

- Yes
- No

27 Corrective action recommended

- Yes
- No

28 Comments

Overall Comment
## Trainee Evaluation of Attending

### Subject Name
- Status
- Employer
- Program
- Rotation
- Evaluation Dates

### Evaluated by
- Status
- Employer
- Program

<table>
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<tr>
<th>Question</th>
<th>Disagree Completely</th>
<th>Disagree Somewhat</th>
<th>Agree Somewhat</th>
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<td>1. Was readily available</td>
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<td>2. Was very involved in teaching in the O.R.</td>
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<td>3. Has state-of-the-art knowledge on rounds</td>
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<td>4. Communicates very well</td>
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<td>5. Provides timely feedback</td>
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6 Please comment on any rating of 2 or below

7 Overall assessment of the faculty attending

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<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
<th>N/A</th>
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Comment

Overall Comment
**Multiple Evaluators (peers, self, etc)**

Self-evaluation is an essential professional tool. It is meant to assist you and your Program Director in completing your overall evaluation.

Below are the General Competencies defined by the ACGME. Please evaluate yourself in each of the areas by selecting the choice that best describes your performance and provide any relevant comments from a personal perspective. Then, please answer the question regarding your professional goals.

### PATIENT CARE

Displays caring/respectful behavior; performs accurate, comprehensive interviews; capable of formulating diagnosis and making informed decisions; counsels and educates patients and families; able to perform/interpret physical/neuro exam; performs well within a team.

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<thead>
<tr>
<th>1 = Strongly Disagree</th>
<th>2 = Disagree</th>
<th>3 = Neutral</th>
<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
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### MEDICAL KNOWLEDGE

Has in-depth knowledge of basic sciences; has in-depth knowledge of clinical knowledge; independent reading/studying.

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<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
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### PRACTICE-BASED LEARNING IMPROVEMENT

Evaluates own performance for needed improvement; effectively uses information technology for patient care; facilitates learning of others.

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<th>4 = Agree</th>
<th>5 = Strongly Agree</th>
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### INTERPERSONAL AND COMMUNICATION SKILLS

Maintains positive working relationship with colleagues; maintains positive working relationship with staff; educates and counsels patients, families & colleagues.

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<th>5 = Strongly Agree</th>
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### PROFESSIONALISM

Is respectful, compassionate & honest; demonstrates good teaching/role model behavior; willing to acknowledge errors; sensitive to needs of patients & families; prompt to arrive at ward/clinics/conferences.

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### SYSTEM-BASED LEARNING
Practices cost effective care: Utilizes outside resources
1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

Comments on General Competencies

Remaining Characters: 5,000

Do you have clear professional goals? Please comment

Remaining Characters: 5,000

Overall Self-Evaluation Comments

Remaining Characters: 5,000

EVALUATION OF GENERAL COMPETENCIES

Close Window
Jr. Trainee Evaluation of Sr. Trainee

### Subject Name
- Status:
- Employer:
- Program:
- Rotation:
- Evaluation Dates:

### Evaluated by:
- Status:
- Employer:
- Program:

#### 1. Basic science information in this field

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#### 2. Basic clinical information in this field

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#### 3. Knowledge of current developments and literature

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#### 4. Was very involved in O.R. teaching

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#### 5. Was very involved in teaching in the ward

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6 Provides timely feedback

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7 Helped me achieve the educational goals of the rotation

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8 Ability under stress

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9 Recognition of own capabilities

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10 Professional behavior

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11 Responsibility/Reliability

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12 Please comment on any rating of 2 or below
13 Overall assessment of the trainee

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Comment

Overall Comment
Sr. Trainee Evaluation of Jr. Trainee

Subject Name:  
Evaluator Name:  

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1. Can the trainee accurately complete a history and physical exam

2. Did the trainee adequately perform procedures

3. Is the trainee able to guide you to the differential diagnosis treatment and plan

4. Is the trainee able to follow up lab results in a timely manner and manage results appropriately

MEDICAL KNOWLEDGE
5 Evaluate the quality of the didactics (morning report, lecture)

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**PRACTICE-BASED LEARNING**

6 Do you feel that the trainee can independently function without supervision?

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7 Does the trainee access other educational tools/Medline search, etc.

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**INTERPERSONAL & COMMUNICATION SKILLS/PROFESSIONALISM**

8 Is the trainee compliant with ethical issues related to patient care

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9 Does the trainee interact well with colleagues, consultants, and coworkers

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10 Is the trainee approachable

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SYSTEM-BASED LEARNING

11 Is the trainee familiar with available community resources

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12 Is the trainee able to make appropriate discharge planning

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13 Comments: (mandatory for any below expectations' checked off)

Overall Comment:
VASCULAR (FELLOWSHIP) SEMI-ANNUAL EVALUATION (SAR)

Name: ___________________________ FY: ___________ Date: ___________

VSITE PERCENTILE: ___________________ SCORE CURRICULUM: N/A >75% Y/N

PGY1: % ___________________ PATIENT SAFETY CONF. ATTENDANCE: >75% Y/N

PGY2: % ___________________ PROFESSIONALISM CONF. ATTENDANCE: >75% Y/N

PGY3: % ___________________ EVALUATION COMPLIANCE: >75% Y/N

PGY4: % ___________________ DUTY HOUR COMPLIANCE: >75% Y/N

PGY5: % ___________________ OUTPATIENT EXPERIENCE: >75% Y/N

UPDATE SCOPE OF PRACTICE: Y/N

PROCEDURE LOG: ___________________________________

CASE LOG: ___________________ (Goals: PGY2-200, PGY3-350, PGY4-500, PGY5-750)

RESEARCH:_____________________________________________________________________________

_____________________________________________________________________________________

WORK HOURS: ___________ SKILLS LAB: N/A

ROTATIONS SINCE LAST SAR:

_____________________________________________________________________________________

EDUCATIONAL GOALS:

_____________________________________________________________________________________

_____________________________________________________________________________________

CAREER GOALS:

_____________________________________________________________________________________

_____________________________________________________________________________________

EVALUATIONS:

_____________________________________________________________________________________

Patient Care _________ Medical Knowledge __________ Practice-Based Learning _________
Communication_______ Professionalism __________ Systems-Based Practice _________

MILESTONE REVIEW:

_____________________________________________________________________________________

_____________________________________________________________________________________

STRESS RELATED ISSUES:_________________________________________________________________

OTHER:_________________________________________________________________________________

_____________________________________________________________________________________

REVIEWED BY FELLOW___________________ REVIEWED BY FACULTY________________________

143
Summative Evaluation (by the Program Director)

SUMMATIVE EVALUATION LETTER

Date

Dr. Name
Address

Dear Dr. _________:

This is the final Letter of Evaluation for Dr. ________ who will complete his fellowship in Vascular Surgery on _____________.

Dr. ______ has been very successful in the NYU Environment. In summary, his performance was outstanding and as such he was asked to join the faculty and staff at ____________________.

Dr. ______ is outstanding technically and his case review demonstrates more than adequate experience in both open and endovascular procedures.

He has a superb fund of knowledge as demonstrated by excellent scores on the in-service examination as well as evaluations by the faculty.

He/She has done an excellent job in teaching and has received very positive feedback from resident and medical students regarding his teaching.

He has done an excellent job in conference preparation with published manuscripts and peer-review journals. He has been successful at presenting his research to national meetings.

It is my opinion as Director of the Vascular Fellowship that Dr. ________ is more than competent in the field of vascular and endovascular surgery and has sufficient experience and knowledge that he can work independently.

He should be successful in completing board certification in Vascular Surgery.

Thank you.

Sincerely yours,
Caron Rockman, MD
Program Director
Division of Vascular and Endovascular Surgery
NYU Langone Medical Center
Evaluation of the program by the fellow

145

Trainee Evaluation of Program

Subject Name

Evaluated by: Evaluator Name

Status

Employer

Program

Rotation

Evaluation Dates

1. Conferences in Vascular Surgery

Comment

2. Clinical training education in Vascular Surgery

<table>
<thead>
<tr>
<th>1 = Poor</th>
<th>2</th>
<th>3 = Marginal</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7 = Good</th>
<th>8</th>
<th>9 = Excellent</th>
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Comment

3. I would like to see the following changes in the department

4. My training could have been improved by

5. I found the following problems with my Vascular Surgery Training

6. I found the following helpful in my training

Overall Comment
Evaluation of the program by the faculty

Faculty Evaluation of Program

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by:
Evaluator Name
Status
Employer
Program

MEDICAL KNOWLEDGE

1
Trainees demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

<table>
<thead>
<tr>
<th>1 = Disagree Completely</th>
<th>2 = Disagree Somewhat</th>
<th>3 = Agree Somewhat</th>
<th>4 = Agree Completely</th>
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PATIENT CARE

2
Trainees are able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

<table>
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<th>1 = Disagree Completely</th>
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INTERPERSONAL AND COMMUNICATION SKILLS

3
Trainees demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, families and health professionals.

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<th>1 = Disagree Completely</th>
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### PROFESSIONALISM

4*

Trainees demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

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### SYSTEMS-BASED PRACTICE

5*

Trainees have the ability to effectively call upon system resources to provide care that is of optimal value.

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<th>1 = Disagree Completely</th>
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### PRACTICE-BASED LEARNING IMPROVEMENT

6*

Trainees have the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on self-evaluation and life-long learning.

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### STRESS AND FATIGUE

7*

Trainees experience excessive levels of work-related stress and fatigue.

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<th>1 = Disagree Completely</th>
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9. I have experienced excessive levels of work-related stress and fatigue.

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PROFESSIONAL DEVELOPMENT

9. The program has provided me with opportunities for professional development.

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<th>1 = Disagree Completely</th>
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10. I am satisfied with my role as an educator within the program.

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11. I am able to request feedback and seek mentorship when necessary.

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GENERAL

12. Please comment on your experience with the trainee program.

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<th>1 = Not Good</th>
<th>2 = Good</th>
<th>3 = Very Good</th>
<th>N/A</th>
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Comment

Overall Comment
Other Evaluations

Below please find the link to the ACGME Vascular Surgery Milestones. The Clinical Competency Committee, composed of four core Vascular Surgery faculty, will evaluate trainee performance on a semi-annual basis against the milestones. Milestones will be reported to the ACGME and will be discussed with the trainees during the Semi Annual Reviews.

http://acgme.org/acgmeweb/Portals/0/PDFs/Milestones/SurgeryMilestones.pdf
Examinations, Licensure & Certificate

Below please find the requirements for all Vascular Surgery Fellows:

a. Prior to being interviewed for fellowship, applicants are required to take and pass USMLE step I; USMLE Step 2 and USMLE 3.

b. Residents who graduated from a foreign medical school, except Canada, are required to be ECFMG certified prior to starting residency.

c. Fellows are required to have obtained their National Provider Identification number prior to beginning fellowship.

d. Fellows are required to be ACLS/BLS certified throughout their training.

e. Fellows are required to be ATLS certified.

f. All residents are required to take the VSITE (Vascular Surgery In Service Training Examination) on an annual basis. The examination is set by the ABS and typically occurs in March.
Fitness for Duty

I. Policy Purpose

All staff members (all NYUMC employees, including House Staff Officers and other employed medical staff members), are expected to report to work fit for duty. Individuals who report to work impaired can undermine the productivity of the Medical Center’s workforce and create a serious threat to themselves or the welfare of patients, staff, and visitors. The Medical Center, therefore, adopts the following policy and procedures to ensure that staff members are fit for duty.

II. Definitions (if applicable)

A. Fitness for Duty refers to the ability of a staff member to perform the essential functions of his or her job without an impairment that may pose a potential risk to patients, a direct threat to the safety of the individual staff member or to others in the workplace, and/or interfere with the performance of his or her duties, with or without a reasonable accommodation. There are primarily three categories of impairment associated with Fitness for Duty:

   a. Impairment associated with the use or the suspicion of use of alcohol or illegal drugs;

   b. Impairment associated with behavior that may pose a direct threat to the employee or to others in the workplace; and

   c. Impairment caused by a medical condition, including mental health, and/or the use of medication for that condition

III. Policy

A. Suspected Alcohol and/or Illegal Drug Use

   a. Procedures During Regular Business Hours for House Staff Officers: If any House Staff Officers are suspected of being impaired while at work, the program director should contact the NYU Office of GME, in accordance with the Corrective Action And Disciplinary Policy For House Staff Officers. The Office of GME will refer the House Staff Officer to the NYUMC Employee Health Service (EHS). The EHS clinician shall examine the individual to determine if he or she is working under the influence of alcohol and/or an illegal drug. The exam may include, but not necessarily be limited to, toxicology testing of blood or other body fluids. House Staff Officers who refuse to undergo such examination may be suspended and/or dismissed from the training program in accordance with the Corrective Action And Disciplinary Policy For House Staff Officers.

   After the EHS evaluation the House Staff member will be placed on paid medical Leave of Absence (“LOA”), in accordance with the Corrective Action And Disciplinary Policy For House Staff Officers, pending the results of the evaluation for alcohol or substance abuse. As part of this process, the House Staff Officer will
be evaluated by a physician designated by the Institution. After proper evaluation and consultation with the House Staff member and the Office of GME, the designated physician may refer the individual to the Committee for Physician Health of the New York Medical Society (CPH) or another medical provider. The House Staff Officer may be asked to complete consents for release of relevant information to applicable parties such as the designated physician, EHS, and the Office of GME. Staff unwilling to comply with the treatment recommendations of the designated physician will be reported to the Office of GME and the House Staff Officer will be subject to disciplinary action as defined in the Corrective Action And Disciplinary Policy For House Staff Officers.

b. Procedures During Non-Business Hours For House Staff Officers - If a House Staff Officer requires assessment during hours when EHS is closed, he/she should be accompanied by their respective department leadership to the Emergency Department of NYU Hospitals Center or Bellevue for an assessment. Refusal to participate in the evaluation for alcohol or substance abuse will be deemed an admission of usage and may subject the individual to suspension and/or dismissal. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The department leadership individual who accompanied the House Staff Officer to the ER should notify EHS and Office of GME of the incident to ensure proper collaboration and follow-up utilizing procedures as described above.

c. Procedures During Regular Business Hours For All Other Staff - Staff members who report to work appearing to be under the influence of alcohol and/or illegal drugs will not be allowed to work. Employee Relations should be consulted and the employee immediately referred to the EHS. The EHS clinician shall evaluate the individual to determine if he or she is working under the influence of alcohol and/or an illegal drug. Evaluation may include, but not necessarily be limited to, toxicology testing of blood or other body fluids. Refusal to participate in the toxicology screening will be deemed an admission of usage and the staff member will be immediately suspended, pending further investigation, and will be subject additional disciplinary action up to and including termination.

At the time of the EHS evaluation, the individual will be released from work (without pay) pending the results of the evaluation for alcohol or substance abuse. EHS will notify the appropriate department leadership and Employee Relations of the decision to remove the individual from the workplace. As part of this process and after proper evaluation and consultation with the staff member, the Clinical Director of Employee Health Service may refer the individual to another provider or the organization’s Faculty and Staff Assistance Program (FASAP) provider, which will provide assessment and referral for treatment and case management. The staff member may be asked to complete consents for release of relevant information to applicable parties such as EHS, and the Employee Relations Department. Staff unwilling to comply with the treatment recommendations will be reported and may be discharged from employment.

d. Procedures During Non-Business Hours For All Other Staff - If a staff member requires assessment during hours when EHS is closed, he/she should be accompanied by their respective department leadership to the NYU Hospitals Center Emergency Department for an assessment. Refusal to participate in the evaluation for alcohol or substance abuse will be deemed an admission of usage and the staff member will be subject to suspension and/or termination. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The staff member’s department leadership should notify EHS and Employee Relations of the incident to ensure proper collaboration and follow-up utilizing procedures as described above.

B. Impairment Associated with Behavior that Poses a Direct Threat to Safety in the Workplace
a. Procedures For House Staff Officers - House Staff Officers who exhibit inappropriate or unusual behavior presenting a direct threat to themselves or others in the workplace will be referred to the designated physician for evaluation. If the designated physician determines that the individual’s behavior poses a direct threat to his or her health and safety, or to the health and safety of others in the workplace, he/she may be referred to EHS for testing, to CPH, or to another medical provider for further assessment; such evaluations will become part of the individual’s confidential health record. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any House Staff Officers posing such a threat to health or safety. For House Staff Officers exhibiting behavior that is an imminent threat to health and safety in the workplace, and if inappropriate or unusual behavior occurs during hours when the designated physician is unavailable, department leadership shall escort the House Staff Officer to the NYU Hospitals Center or Bellevue Emergency Department for an assessment. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The House Staff Officer’s department leadership should also notify EHS and the Office of GME of the incident to ensure proper collaboration and follow-up utilizing procedures as described above. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any staff members posing such a threat to health or safety.

b. Procedures For All Other Staff - Staff members who exhibit inappropriate or unusual behavior presenting a direct threat to themselves or others in the workplace will be referred to EHS for evaluation. If EHS determines that the individual’s behavior poses a direct threat to his or her health and safety, or to the health and safety of others in the workplace, he/she shall be referred by EHS to the FASAP (1-800-833-8707) for further assessment. Such evaluations will become part of the individual’s confidential health record. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any staff members posing such a threat to health or safety. For staff exhibiting behavior that is an imminent threat to health and safety in the workplace, and if inappropriate or unusual behavior occurs during hours when EHS is closed, department leadership shall escort the staff member to the NYU Hospitals Center Emergency Department for an assessment. If the individual is immediately assessed as unable to work, he/she will be released from work pending the results of the evaluation. The staff member’s department leadership should notify EHS and Employee Relations of the incident to ensure proper collaboration and follow-up utilizing procedures as described above. The NYU Medical Center Security Department should be contacted as necessary for assistance in handling any staff members posing such a threat to health or safety.

C. Impairment Caused by a Medical Condition, Including Mental Health - A staff member may be asked to submit to a medical examination or some other form of disability-related inquiry when the department leadership has a reasonable belief, that the individual’s ability to perform the essential functions of his or her job is impaired by a medical condition, including mental health and/or the use of medication for that condition. The results of the medical examination and/or psychiatric evaluation will become part of the staff member’s confidential health record.

a. Procedures for House Staff Officers - Department leadership must contact the Office of GME for guidance prior to making a disability-related inquiry or requiring a physical examination or psychiatric evaluation. The Office of GME will review each request for a medical examination or to make a disability-related inquiry on a case-by-case basis. A referral to the designated physician or CPH may be appropriate for evaluation of House Staff Officers, who may be impaired due to a mental health condition and/or the use of medication for that condition.

b. Procedures for All Other Staff - Department leadership must contact Employee Relations.
Relations for guidance prior to making a disability-related inquiry or requiring a physical examination or psychiatric evaluation. Employee Relations will review each request for a medical examination or to make a disability-related inquiry on a case-by-case basis. A referral to FASAP (1-800-833-8707) may be appropriate for evaluation of staff members, who may be impaired due to a mental health condition and/or the use of medication for that condition.

D. Fitness to Return to Work

a. Procedures for House Staff Officers - CPH or an individual treating physician will advise the designated physician and the Office of GME when the House Staff Officer being monitored has been deemed able to return to work with or without a reasonable accommodation. If accommodation is requested, the Employee Relations office should be involved. The individual will be required to provide documentation of the clearance to return to work from the treating facility/physician or CPH. If the House Staff Officer was on a temporary leave due to treatment for alcohol or illegal drug abuse, that individual will be required to provide documentation to the designated physician showing either completion of treatment and/or ongoing treatment, depending on the circumstances of the leave. The designated physician will review and verify the source of all fitness for duty documentation submitted by the House Staff Officer. The designated physician will then consult with the individual’s Program Director and the Office of GME regarding the individual’s ability to return to work to perform the essential functions of his or her job with or without a reasonable accommodation. For those clearances involving the treatment for alcohol or drug abuse, the House Staff Officer may be required to submit to random alcohol and/or drug toxicology screening following their return to work, which will be performed at an appropriate facility with the recommendation of the designated physician. In addition, the individual’s compliance with their treatment program will be monitored until treatment is completed.

b. Procedures for Other Staff - FASAP or an individual treating physician will advise EHS and Employee Relations when the staff member being monitored has been deemed able to return to work with or without a reasonable accommodation. If accommodation is requested, the Employee Relations office should be involved. The individual will be required to provide documentation of the clearance to return to work from the treating facility/physician or FASAP. If the staff member was on a temporary leave due to treatment for alcohol or illegal drug abuse, that individual will be required to provide documentation to EHS showing either completion of treatment and/or ongoing treatment, depending on the circumstances of the leave. The EHS clinician will review and verify the source of all fitness for duty documentation submitted by the staff member. The EHS clinician will then consult with the individual’s department leadership and the Employee Relations representative regarding the individual’s ability to return to work to perform the essential functions of his or her job with or without a reasonable accommodation.

E. Assistance Agencies:

a. Faculty and Staff Assistance Program (FASAP), provided by Corporate Counseling Associates 1-800-833-8707 (24/7).

a. Committee for Physician Health 1-800-338-1833.
<table>
<thead>
<tr>
<th>Module Name</th>
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<tr>
<td>Sleep Awareness and Fatigue Education in Residency (SAFER)</td>
<td>iDeveloper</td>
<td><strong>ALL House Staff</strong></td>
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<tr>
<td>House Staff Orientation Module</td>
<td>iDeveloper</td>
<td><strong>ALL house staff. Level 1 Checklist item for incoming house staff.</strong></td>
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<tr>
<td>NYU Compliance: Code of Conduct</td>
<td>iDeveloper</td>
<td><strong>ALL house staff. Level 1 Checklist item for incoming house staff.</strong></td>
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<tr>
<td>NYU Compliance: HIPAA</td>
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<td><strong>ALL house staff. Must be completed annually.</strong></td>
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<td>Bellevue: HIPAA</td>
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<td>NYU Compliance: Professional Compliance</td>
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<td>NYU Compliance: Effective Compliance</td>
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<tr>
<td>Surgery Team Training (5 Module Series)</td>
<td>iDeveloper</td>
<td>For all surgical house staff</td>
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<tr>
<td>Emergency Management: Intro to Emergency Management</td>
<td>iDeveloper</td>
<td><strong>ALL house staff. Must be completed annually.</strong></td>
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<tr>
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<tr>
<td>Emergency Management: EHS5 Fire &amp; Emergency Procedures</td>
<td>iDeveloper</td>
<td><strong>ALL house staff. Must be completed annually.</strong></td>
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NYULMC Medical Library

Visit the NYU Medical Library on atNYULMC under Popular Links.
http://central.nyumc.org/shared/lib/Pages/Home.aspx
On Call Rooms

GENERAL INFORMATION

Apartments 1A and 2G (rooms 2G2 & 2G3) are used for temporary overnight lodging for House Staff and Physical Medicine and Rehab personnel. Apartment 1A is an individual studio apartment. Apartment 2G is a three-bedroom suite. Each room within the 2G apartment is identified with “1”, “2” or “3” on the door.

Room 1A – For House Staff personnel lodging ONLY.

Room 2G-1 -- For Physical Medicine and Rehab personnel lodging ONLY.

Room 2G-2 – For House Staff personnel lodging ONLY.

Room 2G-3 -- For House Staff personnel lodging ONLY.

Physical Med & Rehab administrative staff will monitor key issuance, tracking and control for their personnel using 2G1. Security does not have a role or responsibility in this.

The keys for rooms 1A, and 2G-2 and 2G-3 will be dispensed by Greenberg Hall Security staff. Keys are tracked and monitored by the Graduate Medical Educational (GME) office.

KEYS

There are three rings located at the Greenberg Security Desk (Post 22). The aluminum plate will state either “APT 1A”, “APT 2G – 2” or “APT 2G – 3”. For “APT 2G – 2” and “APT 2G – 3”, the key ring will have two keys. One key will be to enter the apartment; the other key is for the room. Gender will not play a role in how the keys are distributed.

PROCEDURE

There will be a listing of authorized house staff in a binder at the GBH security desk, which is updated monthly. The keys will be issued on a first-come, first-served basis. The intent is for one-night stays under normal circumstances. Security will not monitor length of stays.

DO NOT LEAVE ANY PATIENT INFORMATION OR PERSONAL ITEMS BEHIND WHEN YOU LEAVE THE ROOM FOR THE NIGHT/DAY.

The procedure is as follows:

• A House Staff member will request a key to the apartment from the security officer in the Greenberg Hall Lobby.

• The security officer will inspect the member’s valid ID badge and cross reference it against the House Staff list provided by the GME office. The badge must state “House Staff”. “Visiting House Staff” are not authorized to use these rooms.

• Once validated, a line entry will be completed in the On-Call House Staff
Lodging Record form; the key will then be issued.

- Weekdays at noon-time (1200 hrs) Monday-Friday, the GBH security officer will place a call to the GME office (212-263-5506) stating the status of the two sets of keys. The office is closed weekends/holidays.

- If a key has not been returned, the GME office will be responsible to contact the House Staff member(s) to retrieve/obtain outstanding keys.

- If a key is not available when a House Staff member desires a room, the security officer will advise the requestor that the room(s) are taken/not available and have them contact the GME office if there is an urgent need for use of the room.

- If there are any problems during the shift, the security officer will contact a security supervisor at 212.263.5120 (24 hours).

ADDITIONAL ON-CALL ROOMS AVAILABLE -
Committee Participation for House Staff

House Staff are encouraged to participate in various committees (listed below).

**House Staff Leadership Committee**

The House Staff Leadership Committee has been newly formed by merging the Combined House Staff Committee and the House Staff Council to serve as a forum for the house staff to consolidate and voice their concerns. Louis Miller, MD is the Faculty Advisor. The committee also serves a new role as a meeting for house staff to present program activity in each of the CLER focus areas. It is a meaningful forum for house staff to interact with one another and hospital leadership in a structured way, and within the context of NAS/CLER. The members have an important role in providing feedback from programs in terms of progress, and reporting problems and new ideas. A member will also Report to the Medical Board for BH and TH. House Staff members are peer-selected residents from each core program who are voted in and appointed by the Chair of the House Staff Leadership Committee. Additional House Staff representatives may attend committee meetings as non-voting members; provide information, advice and feedback.

The Committee meets quarterly with hospital leadership and members of the GMEEC.

New members are elected annually. Please be in touch with your Program Director, Coordinator, or Chiefs if you are interested in participating!

**House Staff Patient Safety Council**

The House Staff Patient Safety Council at the NYU School of Medicine was established in June 2012. Dr. Katherine Hochman, MD is the Council’s faculty advisor. The House Staff Patient Safety Council is comprised of house staff who are committed to quality improvement and patient safety throughout the institution. The hospital administration and GME Office are very interested in having residents directly engaged in patient safety and quality improvement activities, and are all fully supportive of our Council. Four executive leaders are elected by fellow house staff at a HSC meeting in the beginning of the year.

New members are elected annually. Please be in touch with your Program Director, Coordinator, or Chiefs if you are interested in joining the council!

**House Staff Wellness Committee**

The House Staff Wellness Committee has been newly formed. Carol Bernstein, MD (Psychiatry Residency Program Director) is the Council’s faculty advisor. The House Staff Wellness Committee is a subcommittee of the GMEC. It is comprised of House Staff officers. The mission of the House Staff Wellness Committee (HSWC) is to provide a structured, sustainable committee, which will identify and address issues related to the wellness and mental health needs of all House Staff at New York University Langone Medical Center (NYULMC), Bellevue Hospital Center (BHC), and the Veterans Affairs New York Harbor Healthcare System (VA-NY).

The Committee meets the second Thursday of every month at 6pm. Location to be determined.

New members are elected annually.
Additional Information

Identification Badges

There are at least three IDs that House Staff will need and potentially more, depending on the sites at which you will be working. The three are: NYULMC, Bellevue and the VA (Manhattan). Your program will help you determine if any additional ID badges are needed.

**NYULMC ID badges**

NYU Langone Medical Center policy requires all employees to wear an identification badge while on Medical Center property.

Identification badges are distributed by the NYULMC Security Office.

Location: 550 First Avenue, Room 182
Medical Science Building (MSB) – follow the yellow pathway

Phone: 212-263-5038

**Bellevue ID badges**

If you will be working at Bellevue Hospital, you MUST obtain a Bellevue ID badges. To do so, you may go to the Bellevue Hospital Police Office.

Location: 462 First Avenue, Room GD-17
Monday-Friday: 7:00am – 5:00pm
Closed: Noon-1:00pm

Phone: 212-562-2345

**Veterans Affairs Medical Center (Manhattan Campus) ID badge**

Obtaining of this ID badge requires the completion of appropriate security forms which vary depending upon your access requirements. These may include a Special Agency Check (electronic fingerprint scanning) and National Agreement Check & Inquiry.

**MCIT Telecommunications**
As an NYULMC Resident/Fellow, you will be assigned a personal long-range alpha/text pager capable of being activated via telephone, email or SMS text. Your personal pager will accompany you throughout your training years at NYULMC.

If you have questions about your pager please contact the Telecommunications Department.

Location: Greenberg Hall, 545 First Avenue
Level SC-1, Room 129

Hours: Monday-Friday: 9:00am – 5:00pm

Phone: 212-263-1120

**Linen Services**

Long white coats and scrubs are available to all members of the House Staff via machines located on the floors. You can retrieve your scrub code for these machines at the Linen Services Room. You must present your NYULMC ID badge when picking up or exchanging your linens.

Location: 550 First Avenue, 4th floor, Room 401 (across from the A elevator)

Hours: Monday-Friday: 6:30am – 4:00pm
Closed: 10:00am – 11:30am for inventory

Phone: 646-754-6209 (outside hospital)
Extension 73134 (inside hospital)

Machine Locations: Tisch Hospital: Floors 2, 5, 8 & 11
HCC: Floors 2 & 14
Useful Links & Resources

(Instructions: Information has been populated below. Feel free to add any additional links/resources that may be helpful to your House Staff)

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<th>Department</th>
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<tr>
<td>NYU Benefits</td>
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<td>NYU Payroll</td>
<td>212-404-4200</td>
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<td>NYU Employee Health</td>
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<tr>
<td>CIR (Union)</td>
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ACGME:  
http://www.acgme.org/acgmeweb/

ACGME Webinars:  

New York Medical License:  
http://www.op.nysed.gov/prof/med/medlic.htm