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Please note that the contents of this handbook are subject to change. Whenever the contents are modified, an updated version of this manual will be uploaded to the General Surgery website under the Education tab, under ‘forms’ http://www.stritch.luc.edu/surgery/education
Overall Resident Responsibilities

a. Patient care.
b. Education of housestaff and medical students. (Students complete evaluations of residents on their services.)
c. Personal education.
d. Attendance at mandatory conferences. Sign-in is required to document attendance.
e. Acceptable performance on ABSITE and other in-training exams, if applicable.
f. Medical records - quality and timeliness.
g. Maintenance of surgical operative log.
h. Authorship or co-authorship of one paper and/or presentation of one abstract at a scientific meeting during each year of training.
i. Timely and Accurate Logging of Duty Hours
j. Completion of Step 3 exam prior to the end of 3rd year of residency.

Medical Record Policy

Comprehensive patient care documentation is a must and record keeping must be done on a timely basis.

Residents are not to copy medical student notes or co-sign them, you must write the notes yourself.

Completion of medical records in a timely fashion will be monitored routinely and is considered as a component of the semi-annual resident performance evaluation. Failure to comply with these policies will lead to administrative probation.

The properly completed Admission Note should clearly identify:
- clinical justification for the admission
- an outline of the proposed treatment plan
- reason for patient transfer to LUMC (if applicable)
- reason for patient’s re-admission within seven days of prior discharge from any hospital (if applicable)

History and Physical, Progress Notes, Consultations, Operative Reports, etc. are to be recorded within a 24-hour period.

Procedure Notes: All invasive procedures must be documented with a dated and timed procedure note. Standardized forms or templates are available in the electronic record and can be used for this purpose.

All major clinical events such as cardiac arrest and transfers to the intensive care unit must be documented in the progress notes. These notes should be dated and timed, outlining the clinical situation, interventions and disposition. The note should also indicate that the Chief Resident and/or Attending have been notified.

The Discharge Summary must be completed at the time of discharge. The principle diagnosis (the condition, which after study, is determined to be chiefly responsible for the admission of the patient to the hospital) should be clearly identified. The principle diagnosis must be supported by the various tests, procedures and
notes contained within the complete medical record. The principle procedure (the procedure most related to the principle diagnosis) must be clearly identified.

All secondary diagnoses and procedures must be recorded.

All brief operative notes must be entered into the medical record within 24 hours of surgery, preferably immediately following the procedure.

Discharge Summaries must be completed within 24 hours after discharge. It is strongly suggested that summaries be completed at the time of discharge.

Verbal orders are to be electronically signed within 24 hours.

The medical records and recorded diagnoses and procedures will be reviewed and attested to by the Attending Physician within 72 hours of patient discharge. It is imperative that you complete your records within the aforementioned timetable.

**IMPORTANT NOTE: PATIENT CONFIDENTIALITY MUST BE MAINTAINED IN ACCORDANCE WITH HIPAA REGULATIONS.**

**Resident Opportunities**

a. Residents are able to request special assignments for consideration by program leadership - research, medical informatics, etc. These are considered on a case-by-case basis. Residents on probation will not be considered for these special assignments.

b. Opportunities to attend local surgical meetings (e.g. Chicago Surgical Society, Chicago Metropolitan Trauma Society, etc.) are provided to residents on an invitation basis. Announcements regarding these opportunities will be sent by email from the Department Education Office.

c. Residents from each class will have the opportunity to serve on the Program Evaluation Committee comprised of residents and attending physicians. Residents will share feedback about the program and make suggestions in regards to the continuing improvement of the residency program.

d. Residents will be elected by their peers to serve on the Resident Professionalism Group. It is the goal of this group to address resident professionalism concerns in an unbiased and confidential manner. The group is comprised of the following member:
   - Three PGY IV's (one serving as the Chair)
   - One Faculty Representative (elected by the Residents)
   - One PGY IV
   - One PGY III
   - One PGY II
Evaluation Process

Residents will be evaluated based on their clinical, academic and administrative performance. Parameters to be evaluated will include:

a. Performance as recorded by faculty in the 6 core competencies (Medical knowledge, Patient care, Interpersonal and Communication skills, Professionalism, Practice-based learning and Improvement and Systems – based practice)

b. Attendance and participation in Resident Core Curriculum Conferences, Tumor Board, Morbidity & Mortality, Grand Rounds, Journal Club, etc.

c. Performance on the American Board of Surgery In-Training Examination (ABSITE).

d. Performance on the Mock Oral Examination

e. Teaching effectiveness as rated by medical students

f. Completion of medical records

g. Publications and presentations

h. Self-assessment

i. Duty hours log compliance

j. Technical skills evaluation by the faculty

k. Peer to peer evaluations

l. Healthcare professional evaluations (nurses, nurse managers, NP, APNs)

m. Patient/patient family evaluations

Residents will meet with the Program Director, Associate Director or Assistant Program Director twice each year to discuss their performance and progress in the program as well as future plans. Residents will have the opportunity to review their respective portfolios at this time.

Should clinical, academic, or administrative performance be judged by the faculty to be of concern, several potential actions will be entertained.

Corrective Action

For the success of any program, planning and preparation is key. The MLLP is no different. Since the program is flexible to meet the needs of many different educational environments, it is essential to determine how each school will use that flexibility to their advantage for the utmost success and positive program impact at their institution.

Departmental Correction Action

a. **Academic Warning** - The resident is in jeopardy of being placed on academic probation based on troublesome clinical or educational performance. The resident will be counseled as to specific deficiencies and potential steps for remediation. This status will be reassessed at the subsequent semi-annual evaluation (or at the discretion of the Program Director) and will either be removed or changed to academic probation. An academic warning is not considered a disciplinary action.

b. **Administrative Warning** - The resident is in jeopardy of being placed on administrative probation based on concerns about performance of administrative duties such as medical record upkeep (resident must be up to date on charting at the end of every month), operative log maintenance
(resident must log at least every 30 days) or compliance logging duty hours (residents must log duty hours at least every 7 days). The resident will be counseled as to specific deficiencies and methods to remediate them. This status will be reassessed within 30 days of the date of warning. If the violation is not corrected within the 30 days given; the resident will be placed on full Administrative Probation for 3 months. In addition, the Service Chief of the surgical service the resident is currently rotating on will be notified to pull the resident from all operating privileges until the violation is corrected. An Administrative Warning is not considered a disciplinary action.

**Institutional Probation**

a. **Academic Probation** - Academic probation, either with or without prior academic warning, will be considered based on one or more of the following: clinical scores from performance evaluations significantly lower than peer group (average is 3.0), ranking below the 30th percentile of ABSITE participants, failure of the oral examination (either the departmental or the city-wide oral exam), substandard teaching of medical students, attendance rate of less than 75% at mandatory conferences.

Academic probation will entail a structured plan for remediation of identified deficiencies through a personalized tutorial program with a designated faculty member. A tutorial plan will be outlined by the Program Director and reviewed with the resident. Periodic progress meetings with documentation will occur. All faculty members will be notified of residents on academic probation. Probationary status will be reassessed at the subsequent semi-annual evaluation or at the discretion of the Program Director and is either continued or rescinded.

b. **Administrative Probation - Grounds for administrative probation include**: a consistent pattern of medical record delinquency, propensity of unsigned verbal orders, failure to comply with operative log submission policies, failure to log duty hours and unsanctioned moonlighting. Administrative probation may involve any or all of the following: suspension from clinical duties, delay in approval to qualify for examination by the American Board of Surgery, loss of educational leave time or immediate use of vacation days to remediate deficiencies. Academic or Administrative probation may result in prolongation of the resident training program or a decision to terminate or not renew the resident’s contract.

**Mentor Program**

Each resident in the program is REQUIRED to have a mentor. Incoming residents will be assigned to a faculty or chief resident to serve as their mentor for the first year. At the end of the first year (by June 30) each resident must chose a faculty mentor. The mentor does not necessarily need to be in their potential area of interest. All faculty members in the department of surgery are willing to serve as mentors. It is required that the resident meet with their mentor for the first time every academic year before July 31st and then at least quarterly, thereafter.

**Criteria for Retention**

Interns and residents who are enrolled in the General Surgery Training Program at Loyola University Medical Center are required to achieve a level of competence in several areas and demonstrate their ability to progress to a higher level of training. In general, all interns and residents are required to abide by all of the rules and regulations set forth in the Graduate Medical Educational Manual for the Loyola University Medical Center, and also abide by state and federal laws governing health care. Specifically, interns and residents are
evaluated at least on a semiannual basis with regards to their clinical evaluations obtained on each rotation, attendance at conferences and fulfillment of administrative duties. The academic performance evaluation is based on the raw and percentile score on the annual American Board of Surgery In-Training Examination held annually in January, as well as performance on the mock oral examinations and any other written or oral examinations conducted during the academic year. In order for a resident to progress to a higher postgraduate level, he/she must demonstrate competence in the six core competencies, as outlined earlier in this handbook, and obtain a satisfactory evaluation. While a failing grade in any specific area or rotation does not constitute grounds for dismissal, failure to improve and failure to demonstrate adequate progression can be considered grounds for retention at the same postgraduate level for another year, or grounds for dismissal from the program. Similarly, individuals on academic or administrative probation who fail to improve their performance clinically and academically and who fail to achieve the outlined goals set forth by the Program Director may be dismissed from the residency program.

Continuing Medical Education
The Department of Surgery feels strongly that continuing medical education should begin with the onset of residency. Therefore, the items listed below will be of interest to you.

American College of Surgeons – Candidacy Group
General Surgery residents are strongly encouraged to become members of the Candidate Group of the American College of Surgeons. There is no cost for membership for first-year residents. Membership information for the American College of Surgeons can be found at the following website: http://www.facs.org/memberservices/resident.html.

Trainees in other programs are also encouraged to join their respective professional groups of this type.

Support for Continuing Medical Education Materials
The Department of Surgery will reimburse PGY1 residents up to $200 per year for the purchase of the following materials. For PGY2 level and higher, the eligible amount is $400 per year.

- Basic Surgery Textbooks
- Subscriptions to Medical Journals
- Purchase of Surgical Loupes
- I-pads or Tablets (as approved by administration, one per length of residency program)

All residents (including those currently in research) must have a conference attendance rate greater than 75% to access these funds.

Chicago Surgical Society
Each month, from November through April, the Chicago Surgical Society meets at the Union League Club in Chicago. A wide variety of topics are presented which would be of interest to residents. The Chairman and/or Program Director may invite any interested residents to be guests at these meetings.

Trainees are encouraged to take advantage of the Department of Surgery’s interest in supporting continuing medical education. **Please note that the deadline for submitting original receipts for reimbursement of these funds is June 1st.** With any questions, please contact Christy Walker at Extension 7-3436.
**Laboratory Coats**

Two laboratory coats embroidered with resident’s name will be issued to each resident per training year as needed, excluding research years.

a. A clean lab coat may be obtained ON LOAN by returning the embroidered soiled one(s) to the Dept. of Surgery. Lab coats will not be dispensed without one for exchange. The laundry process takes approximately three days.

b. Coats may be obtained during the hours of 8:30AM & 4:30PM - Monday through Friday on the third floor in the EMS Building.

**Pagers**

Pagers will be assigned to residents and fellows at the beginning of their training. They are to be returned to the Office of Education (Room 3210) upon completion or termination of training.

If replacement batteries are needed, or if the resident experiences difficulties with his/her pager, they are to report this to the Office of Education at Extension 7-3436. Residents will be held responsible for lost or broken pagers and may be charged to replace the pager. Residents can bring pagers to Mae Sykes (66277) in the office of Clinical Engineering- Mulcahy Center Room 1606.

**Vacation**

**PGY 1: Intern Vacation Stipulations**

First-year General Surgery residents are currently granted leave for a one-month period, which includes three weeks of vacation and one week of self-directed educational leave. (This arrangement is subject to change at any time.) **Vacation requests for PGY1 residents must be received by the Office of Education by June 15th.** *(The incoming residents will be contacted by the Department of Education to acquire these dates)* First-year General Surgery residents may take four weeks of paid time off per year equaling 20 days (not counting Saturdays and Sundays). These days include any education leave for conferences unless presenting at a conference for the Department of Surgery- in which case the days that the resident is attending a conference for presentation will count toward duty hours.

**PGY 2-5: Resident Vacation Stipulations**

**Vacation requests for all other PGY levels MUST be received by the Chief Administrative Resident by July 15 (or the date decided by the Chief) for the upcoming academic year.** Vacations will be taken in one-week blocks, equaling 20 days (not routinely counting Saturdays and Sundays, including Educational Leave). These days include any education leave for conferences unless presenting at a conference for the Department of Surgery- in which case the days that the resident is attending a conference for presentation will count toward duty hours. Changes in vacation requests will be considered, but must be submitted no less than four weeks prior to the schedule change, unless there is an emergency or other extenuating circumstances arise.
Vacation will not routinely be granted during the first two weeks in July, and the last two weeks in June or during the Winter Holidays. Vacations will also not routinely be granted during rotations on the trauma service and burn service. All requests will be reviewed and approved by the Program Director, and the Administrative Chief Resident.

Note: The academic year begins July 1 and ends June 30. Chief residents and other outgoing trainees are expected to be available until June 30 unless a vacation or leave has been approved by the Program Director or their contract states otherwise.

Vacation leave requests are typically granted by seniority and on a first-come, first-serve basis.

Considerations in approval of vacation requests will include:

a. No other resident on that service or call schedule has requested similar leave.

b. No more than one Chief Resident is away from the general surgery services at Loyola or no more than one of three senior residents are away at Resurrection at any one time.

It is the responsibility of the Chief Resident of the service to arrange for backup of his or her junior resident staff during any periods of any leave. The backup Chief Resident is to be identified to the junior resident staff and attending staff in advance of the Chief Resident’s departure.

For trainees in other programs within the Department of Surgery (Vascular Surgery, Plastic Surgery, Surgical Critical Care, Oral & Maxillofacial Surgery, General Practice Dentistry, Surgery Research), each resident/fellow is permitted 20 days of vacation. This may be scheduled in accordance with the respective Program Director’s approval.

Educational Leave

Educational leave is offered to attend local, regional, or national scientific meetings, CME conferences or at-home study time for first year residents (included in the combination vacation/educational leave). Presentation of research work at such meetings is also considered in this category. All requests for educational leave, including presentations, should be submitted through the Office of Education and will be reviewed by the respective Program Director. Approval will be based on the resident’s clinical performance, punctual medical record keeping and current upkeep of surgical logs. If a resident is submitting an abstract, the educational leave is to be submitted with a proposed budget at the time of abstract submission. There is no guarantee that leaves will be granted but every opportunity will be made to try and allow the resident to present his/her work.

a. Educational leave for first-year residents is one week out of their one month off (in combination with their vacation leave).

b. Educational leave for all other residents will be considered if the resident is presenting a paper at a local, regional or national society meeting. Part of approving the leave will be based on whether the society accepts a written paper of the project for publication. Ultimately, it is at the discretion of the Program Director to approve this leave.

All residents may be eligible for up to $1,000 per year to attend a scientific or educational surgical program. This may include a research paper presentation. The ultimate decision for funding will be based on the...
resident’s educational benefit in attending the program (presenting original, scientific work, pursuing career interests, or assisting in preparation for ABSITE or Board exams) and will be made by the Program Director based upon availability of educational funds. **All residents (including those currently in research) must have a conference attendance rate greater than 75% to access these funds.**

c. All leave requests must be accompanied by a projection of anticipated expenses and an itinerary of the educational activity.
   - Reimbursement for standard rooms rates apply
   - Meals provided in meeting should eliminate the need for some meal reimbursements.
   - Per diem rates are paid according to the location of the educational activity.

d. Upon completion of educational trip, resident must submit **complete** documentation accompanied by **original** receipts for reimbursement to the Office of Education. The resident will be reimbursed within four weeks from the date the Employee Expense Reimbursement Form is submitted.

e. Educational Leaves may NOT be requested for:
   - the first two weeks in July, except if presenting
   - the last two weeks in June, except if presenting

f. All leaves must be approved at least **four weeks in advance of the requested time.**

g. Documentation of the scientific society or educational meeting must accompany your request.

h. A brief note explaining the relevance of the program on your surgical training is required.

i. Include a copy of the acceptance letter and a copy of the manuscript, if you are first author or presenting a paper.

j. Copies of all abstracts and manuscripts generated as a result of presentations must be submitted.

k. Educational leave will be capped at seven days per year for all residents. (An exception is made for the recipient of the Keeley Award, which is considered above and beyond routine educational and vacation leave.)

l. There is no carry-over of educational leave from year to year.

m. Research residents should use travel funds from their grant first. If funds are not available, they should then contact the Office of Education to determine if there are funds available.

n. Residents who are approved to take the USMLE Step III will be allowed two days in addition to their education and vacation time.

**Other Leave**

Trainees are eligible for up to twelve days of paid sick leave during one academic year. Individuals may request additional leave for grieving, maternity or paternity leave, or for other personal reasons. These requests must be approved by the Program Director, must comply with the general policies of the Loyola University Medical Center Graduate Medical Education Rules and Regulations, and also must comply with the requirements set forth by the American Board of Surgery. An individual may arrange for any amount of time of **unpaid** leave with specific approval from the Program Director. As a general rule, residents will not be granted any leave to perform off-site rotations or clinical or basic research. Information about types of leave permitted can be found at the Graduate Medical Education website:

[http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#65](http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#65)

Requests for leave for interviews will be capped at five days per year for all residents. Beyond this limit, any additional time taken for interviews will be deducted as vacation leave.
Sick and Maternity Leave
Please refer to the Graduate Medical Education website:
http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#65

Family Leave
A leave of absence may be granted when extenuating circumstances require an employee's absence. A staff employee with six or more months of service is eligible for a general leave of absence in up to 12-week or three-month increments to a maximum period equal to one's length of employment but for no longer than two years. Under the Family and Medical Leave Act (FMLA), an employee, after working 12 months (not necessarily consecutive) and 1,250 hours, is eligible for up to 12 weeks of unpaid leave unless circumstances allow paid-time-off banks to be used. Please see the Graduate Medical Education website for more information:
http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#65

Leave Procedure
a. Residents are to fill out a LOA form for all vacations and leaves and submit it to the Office of Education after getting approval from their Service Chief
b. The Office of Education will review the request and then forward the form to the Program Director
c. Within two weeks, the Office of Education at Loyola will notify you as to the disposition of your request. Your request is considered approved when you have received an outlook calendar request noting your time away.

Benefits
Details to be provided in LUMC Resident Handbook to be distributed at Institution Orientation or through Graduate Medical Education office. Information is available at the Graduate Medical Education website:
http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#63

Surgical Operative Log
It is very important to keep accurate records and logs of all the operations and procedures performed during the residency. In general, a resident can be categorized as the surgeon, assistant or teaching assistant on any procedure. Cases as a Chief Resident are kept in a separate category. It behooves every resident to keep track of all minor procedures performed including placement of central lines, swan ganz catheters, arterial lines, chest tubes, angiograms, rigid and flexible endoscopies. Keeping track of other procedures such as intubation, peritoneal lavage, and cut downs are also important. For Vascular Surgery, Plastic Surgery, Surgical Critical Care, and General Surgery, each trainee is able to enter his own operative cases on line. The ACGME Surgical Operative Log with detailed instructions can be found at:
New residents will receive a log-in and password once entered into the Accreditation Data System by the Residency Coordinator or assistant.

It is imperative that the Surgical Operative Logs be kept current.

Reports will be generated from the Office of Education and reviewed at Semi-Annual Resident reviews (or at the discretion of Chiefs of service). Compliance with this policy will be part of the resident's performance evaluation. Consistent delinquencies will be considered grounds for administrative corrective action and ultimately administrative probation if failure to comply.

Failure to submit surgical operative logs in a timely fashion will be grounds for revoking operating room privileges until logs are up to date.

So that there is no misunderstanding in regard to your case records, the following definitions are to be the basis of your operative log.

**Surgery During Chief Year (SC)**
Cases performed during the final 12 months of your residency (chief year)

**Surgery as Junior Resident (SJ)**
All operations performed during the four years prior to your year as chief resident (1-4). (see list of categories as defined by RRC) e.g. transplant, trauma, endoscopy, etc.

**DOES NOT INCLUDE**
Cases in which you supervised junior residents (see Teaching Assistants)

**Teaching Assistant (TA)**
Cases during your 4th and 5th year of which you were the principal supervisor of operations that were performed by junior residents.

**DOES NOT INCLUDE**
Cases in which attending surgeon was "scrubbed" and supervised the majority of the operation.

**First Assistant (FA)**
Operations in which you served as first assistant to a more senior resident or attending surgeon.

**NOTE:** This category is important to demonstrate an exposure to the surgical specialties (plastic, urology, ENT, ortho, cardiothoracic, etc.)
Moonlighting

Moonlighting, i.e., employment outside the Department of Surgery is not permitted during clinical rotations for residents in the Department of Surgery. For Surgery residents participating in research, approval must be obtained annually from the Program Director prior to starting any moonlighting arrangement. Please contact the Residency Coordinator for the appropriate forms to fill out.

Travel Policy

The following procedure will be implemented regarding reimbursement of expenses for approved travel. A Leave of Absence form with projected expenses must be pre-approved by the Program Director before travel takes place.

   a. A copy of conference material or flyer detailing meeting dates, hotel information, registration fee, meals and banquet inclusions, etc., must be included with your reimbursement submissions.
   b. Unusual circumstances require an explanation, i.e., extra overnight stay to reduce airfare.
   c. There is a pre-set per diem permitted for expenses other than lodging, airfare, and meeting registration costs. The per diem is determined by the location of the educational event. The per diem for domestic and international sites can be found at: http://www.luc.edu/finance/policies.shtml. The figure to note is the M&IE (Meals and Incidental Expenses). Deducting meals already provided in the conference/event, this will be the limit of the funds available per day. For travel days, this amount decreases incrementally.
   d. Attach original receipts and documentation. Receipts are required for all expenses and for all lodging, airfare and meeting registrations. The receipt must confirm that this amount has been paid. Receipts from on-line reservations (Conlin)/purchases are acceptable. Receipts should be organized based on the date and time of purchase.
   e. Forward material to Christy Walker, Education Coordinator, Department of Surgery, Bldg. 110, Room 3210, LUMC.
   f. If the documentation is incomplete, the material will be returned to you requesting additional information.
   g. After the Office of Education reviews and compiles your reimbursement, you will be notified to sign the reimbursement form prior to it being submitted.
   h. Reimbursement in the way of addition to your paycheck typically takes 3-4 weeks.

Airfare and Lodging

Once your leave of absence approval is obtained, airline and lodging reservations can be finalized. All residents must use the Conlin Travel site. This is mandatory for reimbursement. The travel agency site can be accessed by going to the following website: http://conlintravelhub.com/trinityhealth/

All residents that are booking travel must go to the website and create a profile. Residents can elect Christy Walker as their travel assistant. This will allow her to assist in the booking of travel arrangements. During registration you will be asked for the department code: enter 49646.

To encourage low fares, which typically require advanced bookings, make your reservations as early as possible. You will need to use personal funds when booking tickets.
Reimbursable Expenses

Airfare
Reservations should be made as early as possible in advance of travel to obtain the lowest rates available.
Documentatio: Original Passenger Receipt

Taxi
To and from airport (home).
Documentatio: Original Receipt.

Limo/Bus/Shuttle
To and from airport and meeting destination
Documentatio: Original receipts.

Hotel
SINGLE ROOM ONLY - at moderate rate.
Documentatio: Original ITEMIZED hotel bill

Meals
Included in the pre-set per diem M&IE (Meals and Incidental Expenses) rate for each location
Documentatio: Original ITEMIZED receipt for non-conference provided meals.

Registration Fee
If presenting, registration is frequently paid by the organization hosting the event. Residents and fellows should register at a discounted rate, if available.
Documentatio: Original receipt or canceled check (front and back)

Banquet Fee
Documentatio: Original receipt or canceled check (front and back)

Mileage
Current reimbursement rates can be found at http://www.luc.edu/finance/milereim.shtml and should not exceed lowest possible airfare.

Reimbursement will be in accordance with Loyola University guidelines regarding airfare, taxi, hotel, meals, etc. The guidelines are available at the following website listed as Travel & Business Expense Policy: http://www.luc.edu/finance/policies.shtml. These policies are subject to change without notice. It is the trainee’s responsibility to inform themselves regarding these policies prior to incurring travel expenditures.

NOTE: Final approval for ALL Educational Leaves of Absence and Reimbursements will be at the discretion of the Program Director and Chairman of the Department of Surgery.

Residents will not be allowed to take an educational leave without this advanced written approval.
Selection of Residents

Residents will be selected on the basis of their application. The applicant’s academic record, scores on standardized tests, letters of recommendation and personal interview are used in the selection process. In General Surgery, Vascular Surgery, and Surgical Critical Care, residents and fellows are selected through the National Resident Matching Program. In Plastic Surgery, residents are selected through the San Francisco Matching Program.

Additional information regarding Resident Eligibility and Selection can be found in Section II.C. of the Loyola University Medical Center Resident Handbook found at the following site: http://www.stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#11

Advancement of Residents

Residents are advanced from year to year based on their performance. Their performance evaluation will be derived from, but not limited to, written and oral evaluation by the faculty, written and oral evaluation by their fellow residents, written and oral evaluation by students and scholarly achievement. Although the faculty may discuss a resident’s performance at any time, the performance is reviewed semiannually with the Program Director and at least once a year by the entire surgical faculty.

Additional information regarding policies pertaining to Advancement can be found in the Loyola University Medical Center Resident Handbook Section III.G. found at the following site: http://stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#42

Supervision

Whereas responsibility for residents is graduated so that with increasing experience the resident has increasing responsibilities, resident supervision is likewise graduated. Beginning residents are supervised by the faculty as well as their more senior resident. Intermediate residents are supervised by senior residents as well as faculty. Senior residents are supervised by the faculty. There is no “resident run service” that is independent of faculty supervision. The amount of supervision will depend upon the level of training and expertise of the individual resident. There are faculty call schedules that outline continuous supervision, consultation and availability.

If any faculty member or resident notices that a resident is fatigued and cannot perform her duties, that resident will be relieved immediately of her responsibility for patient care.

Operating Room Privileges

Limited Privileges: defined as licensed residents (beyond the first year) with operative experience who are qualified to begin and close independently. They perform the key portion of the operation under the supervision of the attending.

Full Privileges: limited to senior residents (PGY 4 and 5) who can operate in emergent circumstances without supervision. In these circumstances residents with full privileges can start surgery without the presence of an
attending surgeon. For elective procedures, the attending should be present for the key portion of the operation.

Intensive Care Unit and Floor Procedures

**Limited Privileges:** defined as licensed residents with bedside procedural experience who are qualified to begin a procedure independently. They perform the key portion of the procedure under the supervision of the attending and/or credentialed resident.

**Full Privileges:** limited to residents who have been credentialed in the performance of the procedure. Credentialing will be achieved by the supervised performance of the procedure by an attending or senior level credentialed resident, who will sign off on the credentialing following the successful completion of a set number of these procedures.

Senior level residents are defined as those who have completed at least 2 post-graduate years (PGY-3 and above). A Chief resident is defined as a PGY-5 or greater.

Procedures to be done independently by house staff only with the attending physician’s permission and instruction are:

<table>
<thead>
<tr>
<th>Procedure*</th>
<th>Limited/Supervised</th>
<th>Full/Unsupervised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial line placement</td>
<td>ATLS certification</td>
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</tr>
<tr>
<td>Bronchoscopies</td>
<td>PGY-1 and PGY-2</td>
<td>Senior resident, 10</td>
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<td>Central line placement</td>
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<td>8</td>
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<tr>
<td>Chest tube</td>
<td>ATLS certification</td>
<td>8</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>PGY1,2 attending supervision</td>
<td>Chief resident, 30</td>
</tr>
<tr>
<td>Cricothyroidotomy</td>
<td>ATLS certification</td>
<td>Senior resident</td>
</tr>
<tr>
<td>Decompressive laparotomy</td>
<td>PGY1,2 attending supervision</td>
<td>Senior resident</td>
</tr>
<tr>
<td>ED Thoracotomy</td>
<td>ATLS certification</td>
<td>Senior resident</td>
</tr>
<tr>
<td>Fasciotomy</td>
<td>ATLS certification</td>
<td>Senior resident</td>
</tr>
<tr>
<td>Maxillary sinus tap</td>
<td>PGY 1,2 attending supervision</td>
<td>Senior resident, 5</td>
</tr>
<tr>
<td>Paracentesis</td>
<td>ATLS certification</td>
<td>Senior resident</td>
</tr>
<tr>
<td>Pericardiocentesis</td>
<td>ATLS certification</td>
<td>Senior resident</td>
</tr>
<tr>
<td>Pulmonary artery catheters</td>
<td>PGY-1 and PGY-2</td>
<td>5</td>
</tr>
<tr>
<td>Sigmoidoscopy</td>
<td>PGY 1,2 attending supervision</td>
<td>Senior resident, 20</td>
</tr>
<tr>
<td>Thoracentesis</td>
<td>PGY-1 and PGY-2</td>
<td>5</td>
</tr>
<tr>
<td>Tracheostomy</td>
<td>PGY 1,2 attending supervision</td>
<td>Senior resident, 10</td>
</tr>
</tbody>
</table>

*The supervising attending needs to be notified prior to performance of the procedure unless in emergent circumstances.

Additional information regarding Supervision of Residents can be found in the Loyola University Medical Center Resident Handbook Section II.L. Found at website: [http://www.stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#26](http://www.stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#26)
**Duty Hours**

Compliance with the ACGME duty hours requirements is a responsibility shared by faculty, residents, and fellows. Infractions are to be reported to the Office of Education or to the Administrative Chief Resident so that corrective action may be taken.

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

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

**Maximum Duty Period Length**
Duty periods of PGY-1 residents must not exceed **16 hours** in duration.

Duty periods of PGY-2 residents and above may be scheduled to a **maximum of 24 hours** of continuous duty in the hospital.

Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must: appropriately hand over the care of all other patients to the team responsible for their continuing care; and document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director. The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

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

**Intermediate-level residents [PGY 2 and PGY 3 for surgery] should have 10 hours free of duty**, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
Residents in the final years of education [PGY 4 and PGY 5 for surgery] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float
Residents must not be scheduled for more than six consecutive nights of night float. For surgery, night float cannot exceed 3 months per year. Residents cannot work more than 2 consecutive months of night duty. Residents must have at least 2 months in between night duty assignments.

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

At-Home Call
Time spent in the hospital by residents on at-home call must count towards the 80-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. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to 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”.

Additional information regarding Duty and On-Call Hours can be found in the Loyola University Medical Center Resident Handbook Section II.E. located at website: http://www.stritch.luc.edu/gme/sites/default/files/site_hsd_gme/finalresidenthandbook20112012_1.pdf#14
Acknowledgement of Receipt of Resident Handbook

I acknowledge that I have received the Department of Surgery Resident Handbook electronically and have also been made aware of its location on the Department of Surgery website. I understand that I am expected to read the entire handbook and I further acknowledge that it is my responsibility to stay informed of updates to the handbook and ask any questions I may have in regards to its content.

I accept the terms of the handbook. I also understand that it is my responsibility to comply with the policies contained in this handbook, and any revisions made to it. I further agree that if I remain with the Department of Surgery following any modifications to the handbook, I thereby accept and agree to such changes.

_________________________  __________________
Signature of Resident                  Date

_________________________
Resident's Name - Printed

_________________________  __________________
Office of Education Representative   Date