



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



POLICIES MANUAL
RESOURCE GUIDEBOOK



LSU HYPERBARIC MEDICINE FELLOWSHIP
MISSION STATEMENT

The mission of the Hyperbaric Medicine Fellowship Training Program is as follows:

1. To deliver appropriate patient care to patients requesting or requiring hyperbaric medicine treatment.
2. To instruct physicians in-training on the methods, applications, and utilization of hyperbaric medicine therapy.
3. To train new physicians to become competent, effective, and highly respected practitioners of hyperbaric medicine.
4. To spread knowledge about hyperbaric medicine to other medical specialties through medical education.
5. To promote research into the field of hyperbaric medicine.
6. To provide service to the community, the LSU system and the specialty of hyperbaric medicine.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
FELLOWSHIP INTRODUCTION CHECKLIST**

- Must be present for end of June for the LSUHSC Incoming House Officer Orientation and MCLNO Incoming House Officer Orientation
- Louisiana Medical License
- Louisiana Narcotics License
- Individual DEA License
- LSU HSC Credentials
- West Jefferson Medical Center Credentials
- Contact Dr. LeGros Regarding Template Preferences
- Diving Physical Examinations (also needed for NOAA)
- Registration for NOAA Course (Deadline early July). Contact Sylvia Cusimano regarding expenses.
- Contact Sylvia Cusimano if you wish to work at FPC or one of our other facilities (moonlighting in your primary field to maintain competency).



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



REQUIRED SIGNATURES
POLICIES & REQUIREMENTS



LSU HYPERBARIC MEDICINE FELLOWSHIP
ETHICS-CODE

I agree to abide by the moral standards and ethical behavior deemed suitable for a training physician in hyperbaric medicine. I will treat patients, staff, and my peers with respect. I will present all patient cases and patient examinations in a truthful manner, to the best of my knowledge and capabilities. I will not condone patient, student, or House Officer abuse or degradation.

I have reviewed the LSU Hyperbaric Medicine Fellowship Program Policy Manual with the Fellowship Director, and I understand its contents.

NAME _____

DATE _____

SIGNATURE _____

**LSU HYPERBARIC MEDICINE FELLOWSHIP
ON-LINE PROFESSIONALISM REQUIREMENTS**

1. **PURPOSE:** The purpose of including on-line professionalism in the general requirements for the LSU Undersea and Hyperbaric Medicine Fellowship is that it is of paramount importance that the Fellows, as representatives of this Fellowship and these affiliated institutions, maintain their dignity and decorum at all times.
2. **THE ISSUE:** This issue is becoming increasingly important, as the internet, as both a professional and social networking tool, has become such a central part of every professional student's life.
3. **RESOURCE MATERIALS:** Please refer to the following article from The Journal of Education, Community, and Values entitled: "Online Lives, Offline Consequences: Professionalism, Information Ethics and Professional Students." This article outlines the professional consequences for unacceptable online behavior.
4. **THE IMPORTANCE:** Instances of unprofessional conduct will not be tolerated. Both affiliated Institutions have strict guidelines related to the consequences of unprofessional conduct. Moreover, the Officer's Handbook for the Louisiana State University Health Sciences Center specifically prohibits it's Officers from any type of salacious, denigrating, unprofessional, demeaning, or unbecoming conduct.
5. **EXAMPLES:** Examples include, but are not limited to: sharing of confidential patient information or pictures, overt or salacious statements or profanity, lewd pictures, inappropriate discussions, threats, or other demeaning or unbecoming conduct.
6. **PROCEDURES:** Should this Fellowship become aware of any instances in which the Fellow has engaged in unprofessional on-line behavior, that Fellow will meet with the Program Director, Associate Program Director, the Chief of the Section. At this meeting, the nature and extent of the unprofessional conduct will be reviewed. The Fellow may then be referred to the Unprofessional Conduct Committee of Louisiana State University Health Sciences Center, for investigation and remediation of the case.

I have read the statements related to On-Line Professionalism and understand fully my responsibilities and duties as a representative of the LSU Undersea and Hyperbaric Medicine Fellowship and agree to abide by the Code of Professional Conduct (included in this manual) and by the above policy statement.

LSU Undersea and Hyperbaric Medicine Fellow: _____

Date: _____

**LSU HYPERBARIC MEDICINE FELLOWSHIP
TERMS AND CONDITONS OF EMPLOYMENT**

1. **PURPOSE:** All fellows of the LSU Undersea and Hyperbaric Medicine Fellowship must be informed in writing of the terms and conditions of employment and benefits including financial support, leaves, insurance, and the conditions under which living quarters, meals, and laundry or their equivalents are to be provided.
- 2.. **RESOURCE MATERIALS:** Please review the House Officer Applicant Information Sheet for further information regarding this information (next pages).
3. **THE IMPORTANCE:** This is an ACGME Institutional Requirement (IIC2).

**I have read the statements related to the House Officer Applicant Information Sheet
and am aware of its contents.**

LSU Undersea and Hyperbaric Medicine Fellow: _____

Date: _____

LSU HYPERBARIC MEDICINE FELLOWSHIP
HOUSE OFFICER APPLICANT INFORMATION SHEET

FELLOW ELIGIBILITY AND SELECTION: The LSU School of Medicine ensures that its training programs select from eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communications skills, and personal qualities such as motivation and integrity. Programs do not discriminate with regard to sex, race, age, religion, color, sexual orientation, national origin, disability or veteran status. Fellow selection criteria must conform to the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) General Requirements.

DUTY HOURS: LSU School of Medicine ensures that policies and procedures to assure the specific ACGME policies relating to duty hours are successfully implemented and monitored. These policies may be summarized as:

- Work no more than 80 hours per week when averaged over 4 weeks
- Have 1 day (24 hours) in 7 free of program duties when averaged over 4 weeks
- Have call no more frequently than every third night when averaged over a 4 week period
- Limit continuous in-house duty to 24 hours with up to 6 additional hours for transition as described in the ACGME requirements.
- Have 10 hours between all daily duty periods and after in-house call

COMPENSATION: Will be provided consistent with the pay scale determined by the managing entity of Louisiana's Charity Hospital System.

DISABILITY INSURANCE AND EMERGENCY FUNDS: The opportunity to participate in-group long-term disability coverage is available through the GME Office. In the event a House Officer experiences a loss of income as a result of an emergency, he/she should contact the Associate Dean for Academic Affairs for possible avenues of assistance.

HEALTH INSURANCE: Eligible to enroll in the state employees' health insurance or state managed health care options through Employee Benefits or LSUHSC resident health insurance. Coverage is effective the first day of the month following one full calendar month of employment. Health insurance enrollment eligibility for the first thirty days of employment include, COBRA from previous employer's insurance, or LSUHSC resident health insurance. For more house officer benefit information, please visit:

http://www.medschool.lsuhschool.edu/medical_education/graduate/page_applicants.asp

MALPRACTICE INSURANCE: The State of Louisiana provides professional liability coverage pursuant to LSA-R.S. 40:1299.39 et seq. to House Officers (Fellows). This insurance does not provide coverage to house officers (Fellows) for moonlighting activities.

LSU HYPERBARIC MEDICINE FELLOWSHIP
HOUSE OFFICER APPLICANT INFORMATION SHEET

SUBSTANCE ABUSE POLICY: Following a full-time employment offer (post-job offer) and prior to becoming an active employee, the successful candidate will be required to undergo post-job offer testing for the presence of drugs. The candidate must test free of drugs as a condition of hiring. Drug testing will also be required of an employee prior to promotion or transfer to a safety sensitive position or to a higher safety sensitive or security sensitive position.

In accordance with federal and state regulations, residents are subject to alcohol and drug testing within the parameters set forth by this policy. Residents (Fellows) will be subject to undergo alcohol and drug testing for: reasonable suspicion / for cause and periodic monitoring or aftercare.

LA MEDICAL LICENSE / PERMIT / INTERN CARD: All house officers (Fellows) must meet and maintain Louisiana State Board of Medical Examiners requirements for a permit / intern card for physicians in training or unrestricted medical licensure. www.lsbme.louisiana.gov

LAB COATS, MEALS, NIGHT CALL: Availability of housing, meals, lab coats, etc. will vary among the hospital to which House Officers (Fellows) are assigned. Call rooms are provided at the institutions for residents (Fellows) that take in-house call.

PAGERS: Pagers are provided and managed by the Office of Graduate Medical Education.

LEAVE: Each type of leave will be monitored and granted in accordance with this policy, the needs of the program, and the provisions of applicable law. Whether training time missed as a result of extended leave can be made up by the House Officer (Fellow) is determined by the Department Head and/or Program Director in accordance with the requirements of the particular program and the provisions of applicable law.

VACATION LEAVE: Vacation leave is non-cumulative per year. House Officers (Fellows) at post-graduate year I (PGY I) are entitled to twenty-one (21) days/year. PGY II and above are entitled to twenty-eight (28) days/year.

MILITARY LEAVE: If called to active duty, fifteen (15) days of paid military leave are permitted.

LEAVE OF ABSENCE: A leave of absence may be granted subject to Program Director approval and as may be required by applicable law for illness extending beyond available sick leave; for academic remediation; to address licensing problems; and/or for family or personal emergencies. To the extent that such leave exceeds available vacation and/or sick leave, any leave granted will be without pay.

LSU HYPERBARIC MEDICINE FELLOWSHIP
HOUSE OFFICER APPLICANT INFORMATION SHEET

MATERNITY/PATERNITY LEAVE: To receive paid maternity leave available vacation leave and sick leave must be utilized. Paid and unpaid maternity leave for up to six (6) weeks or extended unpaid maternity leave may be granted. Paid paternity leave must utilize available vacation leave. Extended leave without pay may be granted.

EDUCATIONAL LEAVE: Permitted five (5) days of educational leave to attend/present at medical meetings.

FAMILY LEAVE: Having worked for LSUHSC for twelve (12) months and 1,250 hours in the previous twelve (12) months, may be eligible for up to twelve (12) weeks of unpaid, job-protected leave in each twelve (12) month period (Family Medical Leave Act of 1993 - FMLA).

SICK LEAVE: Permitted fourteen (14) days of paid non-cumulative sick leave per year.

FVCS: We participate in the Federation Credentials Verification Service. This is described in the House Officer Manual Under Resident Eligibility and Selection.

SELECTIVE SERVICE POLICY: Act 372 of State of Louisiana Legislature requires that any male who is required to register with the Selective Service for a federal draft must do so before he is eligible to be hired in either a state classified or unclassified position.

For more detailed description of policies, please see the LSU School of Medicine House Officer Manual or www.lsuhsoc.edu/gme and Louisiana State Board of Medical Examiners <http://www.lsbme.org> rev 10/2003, approved 11/2004; approved 9/20/2007; approved 9/18/2008; reviewed 2/2009; reviewed 9/2009; approved 9/2009.

LSU HYPERBARIC MEDICINE FELLOWSHIP
FELLOWSHIP DUTY HOURS

1. **SUPERVISION OF FELLOWS:** All Fellows will be supervised by Attending Hyperbaric Medicine Faculty continuously.

2. **DUTY HOURS:** Duty hours are defined as ALL clinical and academic activities related to the Fellowship program. Duty hours must be in accordance with the institutional and ACGME policies. The Fellow agrees to participate in institutional programs monitoring duty hours. Questions about duty hours should be directed to the LSUHSC Graduate Medical Education Office or Ombudsman listed in the House Officer Manual, when they cannot be resolved at the program level.
 - a. **Hour Documentation:** The Fellow must document ALL hours spent doing clinical, research, and educational activities for the fellowship. This documentation will be made into @Residency Partner. Also included are any hour spent working in a Fellow's primary specialty (i.e. moonlighting). This time does NOT include reading and study time. Documentation of these duty hours are MANDATORY as they are required for both Accreditation Counsel for Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) reviews of the Hyperbaric Medicine Fellowship.

 - b. **Duty Hour Violations:** AT NO TIME should a Fellow's duty hours exceed 80 hours per week when averaged over 4 (four) weeks (inclusive of moonlighting, clinical shift, and overnight night call when reporting to the hospital). Should a Fellow find that the 80 hour weekly maximum limit for duty hours is nearing, the Fellow is expected, AT ONCE, to inform the Attending Hyperbaric Physician on-call or the Program Director so that proper arrangements can be made to avoid any duty hour violations.

 - c. **Duty Free Periods:** All Fellows are provided with one (1) day (24-hour period) in seven (7) that is free from all educational, clinical and administrative responsibilities, averaged over a four (4) week period, inclusive of call.

 - d. **Duty Free Intervals:** All Fellows are provided with a duty free interval of at least ten (10) hours prior to returning to duty and after in-house call (averaged over four weeks).

 - e. **In-House Call:** The Hyperbaric Medicine Fellows do not take in-house call. However, should that need ever arise, the Fellows will not have an in-house call no more frequently than every third night, averaged over a four (4) week period.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
FELLOWSHIP DUTY HOURS**

- f. **Continuous On-Site Duty:** All Fellows will NOT engage in continuous on-site duty that exceeds twenty-four (24) consecutive hours, with up to six (6) additional hours for transition of responsibilities. Additionally, no new patients may be accepted after twenty-four (24) hours on duty.

 - g. **At-Home Call:** At-Home Call is defined as call taken from outside the assigned institution. The frequency of At-Home Call is NOT subject to the every third night limitation. However, this call must not be so frequent as to preclude rest and reasonable personal time for each Fellow. Each Fellow taking At-Home Call will be provided with one (1) day in seven (7) completely free from all educational and clinical responsibilities averaged over a four (4) week period. When Fellows are called into the hospital, the hours the Fellow spends In-House are counted toward the eighty (80) hour limit.
3. **MONITORING OF DUTY HOURS:** The Fellow will download his Duty Hours periodically during the Hyperbaric Medicine Fellowship / Unit meetings held at the end of the month. The Program Director and the Faculty will monitor the demands of At-Home and other clinical and academic responsibilities and make necessary scheduling adjustments as necessary to mitigate excessive service demands and / or fatigue.
4. **FELLOW BACK-UP AND SUPPORT:** The Hyperbaric Medicine Fellowship provides Attending Hyperbaric Physician coverage twenty-four (24) hours a day. Should any Fellow come close to the eighty (80) hour limit, the Attending will excuse the Fellow from duty. The Program Director will monitor Duty Hours with a frequency sufficient to ensure an appropriate balance between education and service.

I have read the statements related to Duty Hours and understand fully my responsibilities and duties as a Fellow of the LSU Undersea and Hyperbaric Medicine Fellowship and agree to abide by the above policy statement.

LSU Undersea and Hyperbaric Medicine Fellow: _____

Date: _____

LSU HYPERBARIC MEDICINE FELLOWSHIP
MOONLIGHTING PRIVILEGES

1. **DEFINITION:** Moonlighting occurs when a Fellow engages in clinical activity that is unrelated to his primary responsibility (The Hyperbaric Medicine Fellowship). Moonlighting is a method by which a Fellow may augment his financial income while maintaining his clinical skills in his primary specialty. Moonlighting is NOT required, but is permitted by the Hyperbaric Medicine Fellowship, as long as the Fellow maintains a satisfactory academic status, meets all Fellowship-associated clinical and educational responsibilities, is performed in accordance within the established rules, and does not violate the eighty (80) hour Duty Hour Standards. Moonlighting activities MUST be included in the 80 hour duty limit.

2. **ELIGIBILITY:** Prior to engaging in ANY activity outside the scope of the clinical and educational duties of the Hyperbaric Medicine Fellowship, the Fellow must receive approval from the Program Director. The Fellow shall provide the Program Director information regarding the nature, duration and location of the outside activity or moonlighting. Foreign Medical Graduates sponsored for clinical training as a J-1 by ECFMG are not allowed to moonlight or perform activities outside the clinical training program.

3. **OVERSIGHT:** The Program Director is responsible for ensuring that the moonlighting does not interfere with the Fellow's learning objectives. It is within the sole discretion of the Program Director to determine whether outside activities interfere with the responsibilities, duties and assignments of the Fellowship. Before engaging in activity outside the scope of the Hyperbaric Medicine Fellowship, the Fellow PRESENT a listing of moonlighting endeavors, and must receive approval of the Program Director regarding the nature, duration and location of the outside activity. The Fellow will download his Duty Hours from **®Residency Partner** and they will be reviewed by the Program Director and the Fellows' Mentors during this time and placed into the Fellow's file.

4. **VIOLATIONS:** Any failure of the Fellow to maintain his educational and clinical responsibilities due to engagement in moonlighting privileges is considered a violation of the moonlighting policy. In particular, the Fellow is required to attend to all conference obligations, clinical responsibilities, on-call responsibilities, attendance to prompt completion of all medical records, lecture responsibilities, and research responsibilities. Additionally, the Fellow is never to present to work in a sleep deprived state as a result of moonlighting obligations.

LSU HYPERBARIC MEDICINE FELLOWSHIP
MOONLIGHTING PRIVILEGES

5. **REMEDICATION OF MOONLIGHTING VIOLATIONS:** If any of the Fellows violate the guidelines set forth, the following actions will be taken:
 - a. **First Violation:** The first violation will mandate a meeting with the Fellow's Academic Mentor, who will give recommendations to the Program Director as to what, if any actions are to be taken.
 - b. **Second Violation:** The second violation will mandate a meeting with the Program Director and an appropriate remediation will be given. This may be in the form of a lecture assignment, research assignment, loss of moonlighting privileges, penalty shift, or other remedy.
 - c. **Third Violation:** A third violation will result in a mandatory meeting with the Program Director, Associate Program Director, and the Chief of the Section. All moonlighting privileges will be forfeit, and additional remediation may apply.

6. **MOONLIGHTING CONTRACTS:** Fellows are admonished strongly NOT to enter into any contractual agreements to provide any type of medical service on a regularly scheduled basis, as there is great concern that this activity would ultimately interfere with the Fellow's clinical, educational, or research duties. Contracts that do not require regular and consistent moonlighting may be acceptable and should be submitted to the Program Director for approval.

7. **OTHER MOONLIGHTING RESTRICTIONS:**
 - a. **Probation:** Any Fellow who has been remediated or otherwise placed on probation for any cause is prohibited from moonlighting during this period. Permission of the Program Director is required prior to resuming moonlighting privileges.
 - b. **State Agencies:** Fellows shall not provide outside professional activities to any other state agency (e.g., Department of Health and Hospitals, Department of Public Safety and Corrections, Office of Mental Health, etc.) by means of a contract directly between the House Officer and the other state agency. Should a Fellow desire to provide outside professional services to another state agency, the contract must be between the LSU School of Medicine in New Orleans and the other state agency for the Fellow's services, and the Fellow will receive additional compensation through the LSU payroll system. Fellows should speak with the Departmental Business Administrator of the House Officer Program to arrange such a contract.

LSU HYPERBARIC MEDICINE FELLOWSHIP
MOONLIGHTING PRIVILEGES

- c. **Unrestricted Licensure:** Fellows may not moonlight at any site without a full and unrestricted license and DEA number. Occasional exceptions may be granted by the LSBME only after a specific request by a program and are largely limited to moonlighting which is in the same institution as the program, is under the supervision of program faculty and similar to activity the trainee might have in the program. In addition, Fellows on J-1 visas may not moonlight. The Louisiana State Board and the DEA will independently investigate and prosecute Fellows that violate this provision.
- d. **Pain Management and Weight Loss Clinics:** Fellows are PROHIBITED from working in these facilities. The Louisiana State Board and the DEA will independently investigate and prosecute Fellows that violate this provision.
- e. **Re-Signing Prescriptions:** This practice is illegal and the Louisiana State Board and the DEA will independently investigate and prosecute Fellows that violate this provision.
- f. **Records Signing:** Fellows must NEVER sign anything recording that a patient was seen and evaluated if that is not true. The Louisiana State Board and the DEA will independently investigate and prosecute Fellows that violate this provision.
- g. **Narcotic Prescriptions:** All narcotics prescriptions must be put in the patient's name and address plus the date. The Fellow is NEVER to "let the nurse do it."
- h. **Medicare Fraud and Abuse Guidelines:** All Fellows must be cognizant of these guidelines.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
MOONLIGHTING PRIVILEGES**

8. **MALPRACTICE COVERAGE:** All Fellows should understand that they are protected by Louisiana State Malpractice Coverage only when performing Fellowship assigned duties, and NOT when engaged in moonlighting. House Officers while engaged in professional activities outside the scope of the House Officer Program are not provided professional liability coverage under LSA-R.S. 40:1299.39 et seq., unless the professional services are performed at a public charity health care facility. A Fellow providing services outside the scope of the House Officer Program shall warrant to University that the Fellow is and will remain insured during the term of any outside professional activities, either (1) insured against claims of professional liability under one or more policies of insurance with indemnity limits of not less than \$500,000 per occurrence and \$1,000,000 in the aggregate annually; or (2) duly qualified and enrolled as a health care provider with the Louisiana Patient's Compensation Fund pursuant to the Louisiana Medical Malpractice Act, LSA-R.S. 40:1299.41 et seq. or (3) that the Fellow is provided such coverage by the person or entity who has engaged the Fellow to provide the outside professional services. The Louisiana State Board and the DEA will independently investigate and prosecute Fellows that violate this provision.

LSU HYPERBARIC MEDICINE FELLOWSHIP

MOONLIGHTING EVALUATION

HYPERBARIC MEDICINE FELLOW: _____

DATE OF FORM COMPLETION: _____

PLEASE LIST YOUR MOONLIGHTING FACILICITES (site & contact person):

PROGRAM DIRECTOR APPROVAL: _____

**BY SIGNING BELOW, I ATTEST THAT I HAVE READ AND COMPREHEND
THE MOONLIGHTING PRIVILEGES REQUIREMENTS
AND WILL ABIDE BY THEM.**

HYPERBARIC MEDICINE FELLOW

PROGRAM DIRECTOR

LSU HYPERBARIC MEDICINE FELLOWSHIP
MEDICAL RECORDS

1. **FELLOWSHIP RESPONSIBILITIES:** Fellows should make every attempt to complete their medical records while the patient is still in the hospital by signing student notes, verbal orders, H & Ps, etc. Doing this retroactively is time consuming and the most frequent cause of administrative suspension of physician hospital privileges.
2. **DELIQUENT CHARTS:** Medical Records will notify the fellow if he or she has delinquent charts. The fellow should correct this situation immediately. The hospital's JCAHO accreditation is jeopardized by a large number of delinquent medical records. Fellows who do not complete delinquent charts within the allowed period are suspended by the Medical Director and cannot work anywhere at MCLNO. To avoid this, fellows should make an appointment with Medical Records to complete these charts immediately upon notification. Fellows should not just "drop by" at MCLNO to complete charts or they will have to wait while charts are pulled.
3. **LEGIBLE MEDICAL RECORDS:** Fellows are responsible for creating legible medical records that will be useful as documentation for patient care and billing purposes. Fellows are required to use their name stamp or to print their name and 5 digit identification number under their signature on all medical records. They should date and time all medical record entries.
4. **CLIQ AND SMARDI:** Clinical InQuiry (CLIQ) and the Shared Medical Record Data Infrastructure (SMARDI) represent initial steps in moving to a comprehensive electronic health record for the Public Hospital system. CLIQ is a Web-based results reporting application with a graphical user interface that provides efficient and easy access to a longitudinal record of patient information. CLIQ organizes test result and clinical/procedural report data from disparate legacy systems in a clinically intuitive, patient-centric format, permitting access to all electronically available clinically relevant patient information in a single location. CLIQ access to patient demographic / registration data, visit history, general laboratory and microbiology results, pathology, radiology, cardiology and electromyography reports, admission history and physical notes and discharge summaries, operative notes, outpatient consultation notes from selective clinics and a record of outpatient pharmacy prescriptions. CLIQ can be accessed from web-enabled computers. SMARDI represents the technical information system foundation on which CLIQ is built.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
PRESCRIPTION WRITING WITHOUT FORMAL RECORD**

1. **POLICY:** It is inappropriate and a breach of risk-management policy to write a prescription or treat anyone without a medical record. Any personnel requesting a prescription or medical treatment must register and obtain a route sheet. Once this is completed, they can be evaluated and treated as necessary. They do not have to be charged for these services; however, it is essential that all actions are documented on the form in order to record the transaction.

2. **THE PHYSICIAN – PATIENT RELATIONSHIP:** Anytime medication opinion or treatment is requested, a physician-patient relationship is established. The medical record is the legally accepted method of recording any patient’s complaint, the findings, and physician recommendations. It serves to document that the physician's actions were appropriate and within the standard of care. Failure to document such information leaves the physician open to whatever claim a patient may want to make without any hard evidence to dispute such claim. In addition, it informs subsequent physicians who may find themselves providing continuing care for the patient. In this regard the record is invaluable.

**I have read the statements related to Medical Records and Prescription Writing
and understand fully my responsibilities and duties as a
Fellow of the LSU Undersea and Hyperbaric Medicine Fellowship
and agree to abide by the above policy statement.**

LSU Undersea and Hyperbaric Medicine Fellow: _____

Date: _____



**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM**



GENERAL INFORMATION

CONTACT INFORMATION



LSU HYPERBARIC MEDICINE FELLOWSHIP
GENERAL REQUIREMENTS

1. **PROMPTNESS:** Fellows must be on time for the start of their shift. Day shifts begin at 7 am and end at 7 pm. Night call from home begins at 7 pm and end at 7 am. In general, the Fellow(s) must be in the department fifteen minutes prior to scheduled hyperbaric treatments.

2. **PROFESSIONALISM:** Fellows must avoid coarse or disruptive discussions. At all times the Fellow is expected to maintain Health Insurance Portability and Accountability Act (HIPPA) confidentiality of patient privacy. The Fellow is expected to work with other hyperbaric medicine staff to enhance patient flow in the hyperbaric medicine unit. It is expected that the Fellow notify the attending faculty as soon as possible of any problems that may disrupt patient flow or of any other problems or concerns.

3. **DRESS CODE**
 - a. **PURPOSE:** Hyperbaric Medicine Fellows interact with a great many physicians and other hospital staff during their Fellowship. The appearance of our Fellows influences how our entire department is viewed. Respect for our specialty and program begins with self-respect and pride. Events such as conferences are also professional activities that require proper dress.
 - b. **ACCEPTABLE DRESS:** Fellows should present a neat, clean, and professional appearance at all times and must abide by the dress code of each hospital to which they are affiliated. Recommended attire for men is a dress shirt with or without a tie. Recommended attire for women should display an equivalent level of professionalism. A nametag and white coat supersede all standards of dress and the two components most desired by patients and are mandatory for professional dress.
 - c. **UNACCEPTABLE DRESS:** No attire bearing unprofessional messages or pictures are to be worn. Shorts, tee shirts, and sandals are not to be worn at any time.

LSU HYPERBARIC MEDICINE FELLOWSHIP
JOB DESCRIPTIONS FOR HOUSE OFFICERS

The following incorporates the job requirements for House Officers (Hyperbaric Medicine Fellows). As the LSU Hyperbaric Fellowship is one year in length, there are no additional House Officer Levels. At all times, it is the Medical Staff that is ultimately responsible for the Supervision of the House Officer Staff while they are performing clinical activities as part of their Graduate Medical Education (**Revised 10.17.2009**).

TASKS REQUIRING SUPERVISION

1. **Performance of Patient Physical Examinations:** The Fellows will perform diving physical examinations and / or Fitness to Dive Assessments on all requested consultations. This is to include the assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber.
2. **Performance of All New Patient Consultations:** The Fellows will perform complete consultations (and dictations) on all new patients presenting for care. The Fellow will also determine indication(s) for hyperbaric oxygen therapy.
3. **Formulate a Comprehensive Plan:** The Fellows will provide wound care treatment, inclusive of vascular assessment, possible bacterial complications, nutritional assessment, off-loading assessment, and assessment of co-morbid conditions.
4. **Order and Interpret:** The Fellows will order appropriate diagnostic laboratory and advanced imaging studies for wound care and hyperbaric medicine patients.
5. **Competently Perform Procedures:** The Fellows will perform procedures, such as: callus removal, ultrasonic wound debridement, debridement of problematic foot wounds, transcutaneous oximetry measurements and interpretation, myringotomy, pinch grafts, wound vac placement, nail debridement, tissue biopsies, NIROscopy, total contact casting, and rongeurium.
6. **Direct Observation of Hyperbaric Oxygen Therapy:** All Fellows will be present and directly observe all patients undergoing hyperbaric therapy in either the multiplace or monoplace chambers. They will be in the department and unit at all times, and will be chamber-side for each ascent and descent.
7. **Direct Operation of the Hyperbaric Chambers:** Each Fellow must directly work the control panel for the complete dive of ten (10) multiplace dives and ten (10) monoplace runs. Additionally, Fellows may elect to participate as an inside tender for ten (10) multiplace dives (optional and not required).

LSU HYPERBARIC MEDICINE FELLOWSHIP
JOB DESCRIPTIONS FOR HOUSE OFFICERS

8. **Evaluation and Treatment of Wound Care Patients:** The Fellows will directly participate in the examination, evaluation, treatment and follow-up of all wound care patients that present for care during their clinical duty hours. This is inclusive of procedures, measurements and digital photography.
9. **Grand Round Attendance:** The Hyperbaric Medicine Grand Rounds occur for five to six hours (12 p - 5 pm or longer as needed) every Wednesday. Attendance is MANDATORY. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Program Director. All Fellows must sign in the attendance log every Grand Rounds.
10. **Critical Review of Patient Care and Outcomes:** Each Fellow is to participate in the critical assessments of patient care by participating in chart review, morbidity and mortality conferences, patient grand round presentations and monthly departmental meetings.
11. **Research Project and Presentation:** Each Fellow must develop, submit, and present (at a local, regional or national conference) a publishable quality research project.
12. **Night Call Clinical Responsibilities:** The Hyperbaric Medicine Fellowship is the only one of its kinds within the Gulf South Region. It is a DAN referral center and a vital resource for the entire region. The emergency night (home) call between all Fellows will be divided as follows:

TASKS THAT MAY BE PERFORMED INDEPENDENTLY:
(without direct Staff Supervision)

1. **Performance and Interpretation of Waived Laboratory Testing:** Each Fellow is to be able to perform and interpret waved laboratory testing. LSUHSC maintains a website to aid you in this purpose. The link is shown below.
http://www.mclno.org/webresources/Waived/Waived_test_main.html
 - a. Vaginal Wet Preps
 - b. Microscopic Urinalysis
 - c. Urine Pregnancy Tests
 - d. Interpretation of Stool for Occult Blood
 - e. Rapid Strep Test

LSU HYPERBARIC MEDICINE FELLOWSHIP
JOB DESCRIPTIONS FOR HOUSE OFFICERS

2. **Maintenance of Logs:** The Fellows will maintain and update the patient and departmental “To Do Logs / Follow- Up Logs,” on a daily basis.
3. **Preparation of Grand Rounds:** The Fellows will maintain and update the power point for Grand Rounds weekly.
4. **Letters Relating to Patient Care:** Patient letters are an important part of sustaining a consult service. ALL of the following letters are to be TYPED and sent to the Primary Care Physician or the Patient (see below).
 - a. Thank You Letter for the Initial Consult (to the primary MD)
 - b. Letter of Update at One Month or Midpoint of HBOT (to the primary MD)
 - c. Letter of Significant Findings or Change (to the primary MD)
 - d. Discharge from Clinic Letter (one to the primary MD and one to the patient)
5. **Arrange Appropriate Follow - Up:** The Fellows are to provide for appropriate follow-up for discharged patients and those continuing in our care but in need of ancillary services.
6. **Completion of Personal Diving Physical Examination:** Each Fellow is required to have a diving physical examination by July 31st. Fellow(s) are NOT required to be a tender within a hyperbaric chamber, or to dive. However, all Fellow(s) must have a diving physical examination so that any contraindications to diving can be recognized by the Fellow as well as by the Attending Staff. The Fellow(s) may choose any diving physician he wishes to perform the examination. Any of the Attending Staff will also be glad to perform the examination for the Fellow. All examinations are held in strictest confidence.
7. **Electronic Record Documentation:** The Fellows will use Residency Partner® to document all required information.
8. **Supervision of Lower Level Residents and Students:** It is expected that the Fellows will supervise and teach all rotating residents, interns, and students through their patient care experiences. Additionally, the Fellows are expected to provide a written evaluation of any lower level students or residents. If any of these rotators shows a consistent pattern of problems with punctuality, attendance, attitude, knowledge, skills or interpersonal relationships, the Fellows are to notify the attending faculty immediately. No rotating resident or student should receive a below average evaluation in any area without having appropriate feedback and an opportunity to improve.

LSU HYPERBARIC MEDICINE FELLOWSHIP
JOB DESCRIPTIONS FOR HOUSE OFFICERS

9. **Didactic Lecture Development:** Each Fellow will develop and present four (4) power point lectures for presentation during Hyperbaric Medicine Grand Rounds. The date and times for these lectures will be provided at the beginning of the Fellowship, and are mandatory. References are a required component of the lecture. They may be in a handout form or within the Power Point presentations. Handouts are also required for distribution to the audience. A copy of the handout will also be placed in the Fellow's permanent file.
10. **Lecture Development for the Diving Community:** The Fellow will provide lectures to the local community divers on an interim basis at the West Jefferson Medical Center Hyperbaric Department. The lectures will concentrate on an area of interest from the Fellows' primary field.
11. **Emergency Medicine Journal Club on Hyperbaric Medicine:** At the beginning of the academic year, the Fellows will agree upon a month in which they will ask the Chief Residents of the affiliated emergency medicine residency for a Presenting Responsibility at one of the 11 available Journal Club Meetings. If such a spot is available, all Fellows must agree on a date and attend this journal club. Each Fellow will present a relevant article for critical review.
12. **Posting of Call Schedules:** The Fellow assigned as the Scheduling Fellow will post the call schedules at all participating institutions. The monthly schedule is due on the first day of the month. Therefore, the Fellow must make and post the schedule PRIOR to the beginning of their assigned month.
13. **Procedures and Patient Documentation:** Each Fellow is required to keep a hard log and an electronic log of all procedures and patient contact and consultations that are performed. These logs will be reviewed quarterly. Additionally, Fellows are expected to dictate and document all procedures performed.

NOAA/UHMS/USRF Physicians' Training in Diving Medicine

Usually in August or September

NOAA Diving Center, 7600 Sand Point Way, NE
Seattle, Washington

The UHMS is pleased to announce that it will again conduct the above referenced advanced training program in diving medicine for physicians. This course is held in conjunction with NOAA & the Undersea Research Foundation (USRF). Dr. Morgan Wells (USRF) will serve as Course Director.

The goal of this course is to fully train physicians to be capable to handle complex diving medical emergencies. After completing the course, the diving physician should be able to manage diving emergency cases and to safely operate the hyperbaric chamber and its support equipment.

The course will include practical "hands on" experience operating and working inside recompression chambers, and the use of commercial and military diving equipment. Training facilities will include 72", 60", and 42" diameter therapeutic recompression chambers and a 30-foot deep diver-training tower.

- Physiological effects of gases / Life support Parameters/systems
- Fundamentals of gas exchange
- Decompression theory and procedures (air/oxygen/mixed gases)
- Diagnosis & treatment of diving casualties
- Recompression therapy / Chamber Safety
- Hypothermia and hyperthermia in undersea and hyperbaric systems
- High pressure nervous syndrome
- Diving in polluted water / Tunnel and caisson workers
- Oxygen toxicity / Saturation Diving

If you have any questions please contact Lisa Tidd at 877-533-UHMS or 919-490-5140 or by email at lisa@uhms.org.

DIVERS ALERT NETWORK (DAN)

MEMBERSHIP SERVICES
(800) 446-2671

DIVING EMERGENCIES
(919) 684-8111
(919) 684-4DAN (collect)
(800) 446-2671 (toll-free)
(919) 684-9111 (Latin America Hotline)

TRAVEL ASSISTANCE FOR NON-DIVING EMERGENCIES
(800) DAN-EVAC (326-3822)

If outside the USA, Canada, Puerto Rico, Bahamas, British Virgin Islands or U.S. Virgin Islands,
call (215) 245-2461 (collect)

NON-EMERGENCY MEDICAL QUESTIONS
(800) 446-2671 or (919) 684-2948, Mon-Fri, 9am – 8 pm (EST)

ALL OTHER INQUIRIES
(800) 446-2671 or (919) 684-2948

SEND DAN A FAX:
(919) 490-6630
(919) 493-3040 (Medical Department)

SEND DAN A LETTER:
Divers Alert Network
The Peter B. Bennett Center
6 West Colony Place
Durham, NC 27705 USA

**LSU HYPERBARIC MEDICINE FELLOWSHIP
STAFF EMERGENCY CONTACT NUMBERS**

HYPERBARIC MEDICINE FELLOWS	
ALLEMAN, TONY talleman@omcsl.com	(337) 322-8137
HANNAN, STEVE stevehannan@mac.com	(317) 430-3975
PARKS, SARAH wmtroxler@aol.com	(504) 237-6682
STEVE PIPER yzerpipe@yahoo.com	504-982-7473
WEST JEFFERSON HYPERBARIC STAFF	
ALESSI, FRANCIS	(504) 392-7260 (504) 570-0381
CLAYTON, MARCUS mclaytons@home.com	(504) 550-0965 (b) (504) 897-0003 (h)
FERNANDEZ, GREG gferna1@cox.net	(504) 237-4696 (c)
STAAB, PAUL clinic@FPCHBO.com	566-2430 (B) 620-2619 (W)
WYATT, ALAN	(504) 304-3231 (504) 669-9084 (504) 538-0053
VAN METER kvanmeter@aol.com	566-2430 (B) 361-5666 (H)
LSU HYPERBARIC STAFF	
HARCH, PAUL	(504) 551-5874 (B) (504) 283-1308 (H) (504) 296-8836 (C)
HARDY, SEAN	(504) 283-1308
JONES, KATHLEEN	(504) 421-8500 (504) 423-2606 (504) 891-9578 (H)
LEGROS, TRACY tlegros1@cox.net	(504) 439-1233 (C) (504) 488-5692 (H)
MURPHY-LAVOIE, HEATHER hmurph@cox.net	(504) 866-4289 (H) (504) 782-3423 (C)
TUCKLER, VICTOR	(504) 832-8053 (504) 722-1489 (504) 664-7538

**LSU HYPERBARIC MEDICINE FELLOWSHIP
STAFF EMERGENCY CONTACT NUMBERS**

LSU HYPERBARIC DEPARTMENT PERSONNEL			
Name	Phone	Title	Email
Myra Varnado		RN Manager	MVARNA@LSUHSC.EDU
Frederick Agnelly		Sup 2	FAGNEL@LSUHSC.EDU
Lowell Penland		RN3	LPENLA@LSUHSC.EDU
Kristen Borne		RN3	KBORNE1@LSUHSC.EDU
Leann Egan		RN3	LEGAN@LSUHSC.EDU
John Treuil		RN3	JTREUI@LSUHSC.EDU
Susan Palmer		RN3	SPALM1@LSUHSC.EDU
John Wilson		CHT Safety Director	JWILS1@LSUHSC.EDU
Joseph Daigle		CHT	JDAIG6@LSUHSC.EDU
Rudolph Ormond		CHT	RORMON@LSUHSC.EDU
Terrence Nolan		CHT	TNOLA1@LSUHSC.EDU
Chase Patterson		CHT	CPATTE@LSUHSC.EDU
Val Sumas		Admin Coordinator	VSUMAS@LSUHSC.EDU

WEST JEFFERSON HBOT PERSONNEL

NAME	HOME	WORK	BEEPER	CELL
Rudisaile, Rochelle	362-9101			258-0866
Camp, Kathy (RN)	(985) 764-9211	349-2159	371-6091 668-0543	460-0982
Beaudion, Kathy (RN)	456-9221			251-1363
Chamberlain, Brock CHT)	392-1265	349-6841	668-0704 668-0463	858-2187
Humphrey, Julie (RN)	656-8866		668-2434	491-8379
Cognevich, Cherie (RT)	392-7449	349-2584		451-8692
Crosby II, Al (CHT)	251-7876	349-3159	668-1177	(248) 842-8056
Wilson, John (CHT)	433-4815	349-6838	553-1237	495-5508
Wilson, Tracy (CHT)	433-4815		668-0711	430-5855
Crosby, Alvin (CHT)			668-1177	251-7876
Donelon, Michael (CHT)	309-8687		668-2734	235-8857
Wilson, Aaron (CHT)			668-0108	214-5877
Digerolamo, Sr, Anthony				512-7530

**LSU HYPERBARIC MEDICINE FELLOWSHIP
INDICATIONS FOR HYPERBARIC TREATMENT**

U H M S versus MEDICARE / MEDICAID HBOT INDICATIONS	
U H M S	MEDICARE / MEDICAID
Air or Gas Embolism	Gas Embolism
CO Poisoning & CO Complicated by Cyanide	Acute CO Intoxication
Clostridial Myositis & Myonecrosis (Gas Gangrene)	Gas Gangrene
Crush Injury, Compartment Syndrome, & Other Acute Traumatic Ischemias	Crush Injury, Suturing of Severed Limbs, Acute Traumatic Peripheral Ischemia, Acute Peripheral Arterial Insufficiency (includes arterial insufficiency ulcers that persist after reconstructive surgery)
Decompression Sickness	Decompression Illness
Enhancement of Healing Selected Problem Wounds	Diabetic Foot Wounds *(new indication)*
Exceptional Blood Loss (Anemia)	
Intracranial Abscess	
Necrotizing Soft Tissue Infection	Progressive Necrotizing Infections (Necrotizing Fasciitis, Meleney Ulcer)
Osteomyelitis (Refractory)	Chronic Refractory Osteomyelitis
Delayed Radiation Injury (Soft Tissue & Bony Necrosis)	Osteoradionecrosis & Soft Tissue Radionecrosis
Skin Grafts and Flaps (Compromised)	Preparation & Preservation of Compromised Skin Grafts (includes Flaps)
Thermal Burns	
Central Retinal Artery Occlusion (new indication)	Cyanide Poisoning
	Actinomycosis
Tissue PO2 of 40 defines resolved hypoxia	

LSU HYPERBARIC MEDICINE FELLOWSHIP RECOMMENDED READING LIST

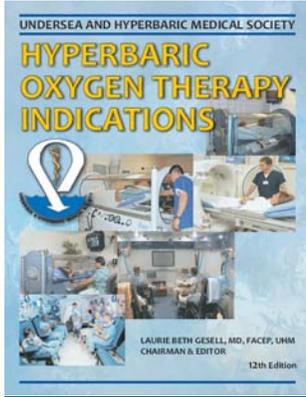
1. **HBOT COMMITTEE REPORT 2008:** The best most condensed review of the typically reimbursed indications. The single most expedient resource for gaining a broad-based knowledge of hyperbaric medicine. The chapters are excellent for distribution to referral sources.
2. **TEXTBOOK OF HYPBERBARIC MEDICINE (K.K. Jain):** The most comprehensive source of information on the entire field of hyperbaric medicine and its wide range of applications. Includes the international literature. Excellent source for HBO applications for non-UHMS / Medicare reimbursed indications.
3. **HYPERBARIC MEDICINE PRACTICE (Kindwall and Whelan):** Review of the typically reimbursed indications.
4. **DIVING AND HYPERBARIC MEDICINE REVIEW FOR PHYSICIANS (Jolie Bookspan):** The only board review text
5. **DIVING MEDICINE (Bove and Davis):** Excellent understandable review of diving medicine. The source of much board material.
6. **PHYSIOLOGY AND MEDICINE OF HYPERBARIC OXYGEN THERAPY (Neuman and Thom):** Excellent review of hyperbaric medicine. A new and probable heavy source of new board material.
7. **U.S. NAVY DIVING MANUAL:** The original text on diving medicine. Is especially strong on diving operations, equipment, and technical information.
8. **NOAA DIVING MANUAL:** Comprehensive source of diving information.
9. **PHYSIOLOGY AND MEDICINE OF DIVING (Bennett and Elliott):** Detailed, but difficult to read textbook on primarily the physiology of diving.
10. **WOUND CARE PRACTICE (Sheffield and Fife):** Very well done comprehensive text on wound care.
11. **PROBLEM WOUNDS, THE ROLE OF OXYGEN:** A classic text on oxygen and wound healing. Chapter 4 on radiation necrosis is the most comprehensive source of information to date, despite its 1988 publication date. Marx's protocol is clearly spelled out in this chapter.
12. **HYPERBARIC FACILITY SAFETY: A PRACTICAL GUIDE (Workman):** A source of board information.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
RECOMMENDED READING LIST**

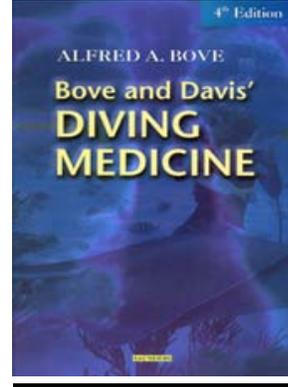
13. **CHRONIC WOUND CARE (Krasner, Rodehever, and Sibbald)**
14. **CLINICAL CARE OF THE DIABETIC FOOT (Armstrong and Lavery)**
15. **CLINICAL GUIDE: SKIN AND WOUND CARE (Hess)**
16. **THE DIABETIC FOOT (Veves)**
17. **THE HANDBOOK OF LOWER EXTREMITY INFECTIONS (Joseph)**
18. **HYPERBARIC MEDICINE PROCEDURES (Kindwall and Niezgoda)**
19. **THE MANAGEMENT OF DIABETIC FOOT PROBLEMS (Campbell, Kozak and Frykberg)**
20. **WOUND CARE ESSENTIALS PRACTICE PRINCIPLES (Baranoski and Ayello)**
21. **WOUND HEALING (Falabella and Kirsner)**

**LSU HYPERBARIC MEDICINE FELLOWSHIP
SUGGESTED READINGS**

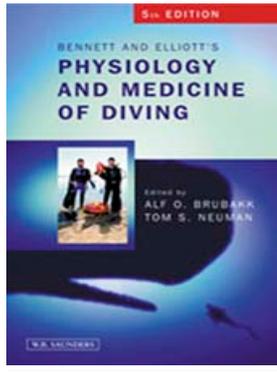
**HYPERBARIC OXYGEN
COMMITTEE REPORT (2008)**



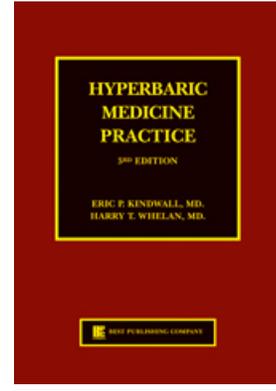
**DIVING MEDICINE. 3rd Edition, 1997,
Bove & Davis**



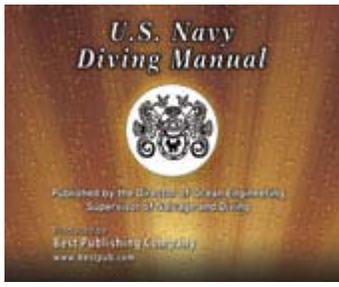
**THE PHYSIOLOGY & MEDICINE OF
DIVING. 5th Edition, 2008. Editors:
Bennett & Elliot**



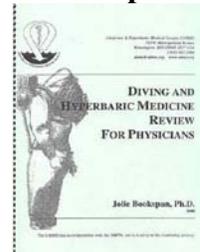
**HYPERBARIC MEDICINE PRACTICE.
3rd Edition, 2008.
Editors: Kindwall & Whelan**



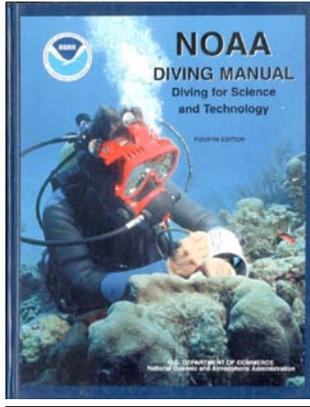
**US NAVY DIVING MANUAL, Revision
5.2001. US Government Printing Office**



**DIVING & HYPERBARIC MEDICINE
REVIEW FOR PHYSICIANS, 2000.
Bookspan**

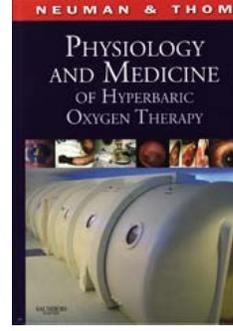


**NOAA DIVING MANUAL,
4th Edition.**

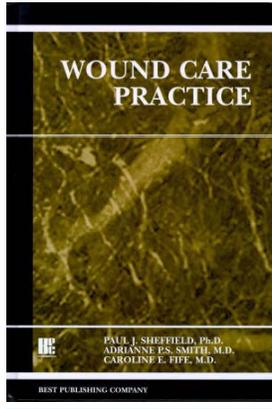


**PHYSIOLOGY & MEDICINE
OF HYPERBARIC OXYGEN
THERAPY.**

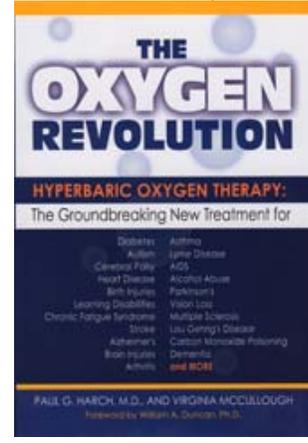
Neuman & Thom



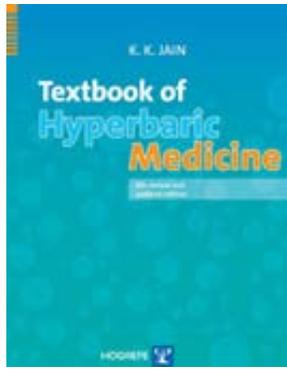
**WOUND CARE PRACTICE,
2nd EDITION (2007)
Sheffield & Fife**



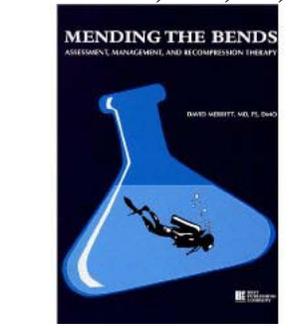
**THE OXYGEN REVOLUTION
Paul Harch, MD**



**TEXTBOOK OF HYPERBARIC
MEDICINE 5th EDITION (2009)
K.K. Jain**



**MENDING THE BENDS:
ASSESSMENT, MANAGEMENT, AND
RECOMPRESSION THERAPY
David Merritt, MD, FS, DMO**





LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



GOALS & OBJECTIVES

RESPONSIBILITIES



LSU HYPERBARIC MEDICINE FELLOWSHIP

EDUCATIONAL GOALS AND OBJECTIVES

At the end of the Hyperbaric Medicine Fellowship,
the successful Fellow should be able to:

1. Understand and be able to fully delineate, with full explanation, the **indications and contraindications to hyperbaric oxygen therapy**.
2. Understand and be able to fully delineate, with full explanation, the **side effects and complications of hyperbaric oxygen therapy**.
3. Understand and be able to fully delineate, with full explanation, the **pathophysiological disease processes** involved in the care of wound care and hyperbaric medicine patients.
4. Understand and be able to fully delineate, with full explanation, the **molecular, pharmacological, and biological effects of hyperbaric oxygen therapy**.
5. Demonstrate **patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
6. Demonstrate and have the ability to disseminate **medical knowledge** about the established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) science of hyperbaric oxygen therapy as well as apply this knowledge to patient care.
7. Demonstrate knowledge of **practice-based learning** that involves investigation and evaluation of his/her own patient care, the appraisal and assimilation of scientific evidence, and the identification of ways in which he is able to improve patient care.
8. Demonstrate effective **interpersonal and communication skills**, resulting in productive and informative exchange and teaming with patients, their families, and other health professionals.
9. Demonstrate **professionalism**, as manifested by a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
10. Demonstrate requisite knowledge of **systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

LSU HYPERBARIC MEDICINE FELLOWSHIP PROGRAM

SUPERVISORY RESPONSIBILITIES

1. **SUPERVISION OF PATIENT CARE:** All patient care in the Hyperbaric Medicine Departments located at the LSU Hyperbaric Medicine Department, the West Jefferson Medical Center Wound Care and Hyperbaric Medicine Department, and any other official rotation sites for the LSU Hyperbaric Medicine Fellowship, including National Oceanographic and Atmospheric Administration rotations, onshore and offshore commercial diving operations, and emergency response sites are provided and supervised by the Hyperbaric Medicine Fellows and Faculty.

2. **SUPERVISION OF FELLOWS:** All Fellows enrolled in the Hyperbaric Medicine Department function under the direct supervision of the Hyperbaric Medicine Faculty physicians. Each trainee functions under the privileges of their attending faculty who determine specific privileges for an individual Fellow on a given day, under a particular set of circumstances. The hyperbaric medicine attending faculty is ultimately responsible for supervision of the Fellow(s) while they are performing clinical activities as part of their graduate medical education. The faculty physician is on duty in the departments during all hours of operation and reviews the care of every patient treated before that patient is discharged. The faculty provides supervision and teaching of Fellows and any rotating residents, interns or students. Hyperbaric Medicine Fellows are assigned to the units each month and emergency medicine residents and medical students on elective rotation may also be assigned. Hyperbaric Medicine Fellows also provide care for all patients presenting to the Hyperbaric Medicine Departments.

3. **ADMINISTRATION SUPERVISION:** The Hyperbaric Medicine Faculty also maintains medical administrative positions in the hyperbaric medicine unit(s) and performs the Quality Assurance and Peer Review functions of these unit(s).

4. **DIRECTOR CONTACTS:** The Medical Director of each Hyperbaric Medicine Department assumes the responsibility for the day-to-day activities of the Hyperbaric Medicine Fellowship at that institution (with overall coordination by the Program Director).
 - a. **LSU Hyperbaric Medicine Department Medical Director:**
Paul Harch, M.D.

 - b. **West Jefferson Hyperbaric Medicine Department Medical Director:**
Halsey Wyatt, M.D., Ph.D.

 - c. **Hyperbaric Medicine Fellowship Program Director:**
Tracy Leigh LeGros, M.D., Ph.D.

LSU HYPERBARIC MEDICINE FELLOWSHIP

CLINICAL RESPONSIBILITIES

1. **PERFORMANCE OF EXAMINATIONS:** The Fellows will perform diving physical examinations and / or Fitness to Dive Assessments on all requested consultations. This is to include the assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber.
2. **PERFORMANCE OF ALL NEW PATIENT CONSULTATIONS:** The Fellows will perform complete consultations (and dictations) on all new patients presenting for care. The Fellow will also determine indication(s) for hyperbaric oxygen therapy.
3. **DAY CALL CLINICAL RESPONSIBILITIES:** Clinical responsibilities are taken at either the LSU Hyperbaric Medicine Department or the West Jefferson Medical Center Hyperbaric Medicine Department. The shifts begin at 7 am and end at 7 pm (Mondays - Fridays; Wednesday are 7 am - 11 am). The Saturday and Sunday day shifts will be covered as a call responsibility at West Jefferson Hyperbaric Medicine Department and is also a 7 am - 7 pm shift.
4. **NIGHT CALL CLINICAL RESPONSIBILITIES:** As the Regional DAN referral center, the West Jefferson Medical Center Hyperbaric Medicine Department provides 24 hour coverage seven days a week for hyperbaric and diving emergencies. Call begins at 7 pm and ends at 7 am (Monday - Sunday). Attending Physicians are also assigned and will come in for ALL consultations.
5. **DIRECT OBSERVATION OF HYPERBARIC OXYGEN THERAPY:** All Fellows will be present and directly observe all patients undergoing hyperbaric therapy in either the multiplace or monoplace chambers. They will be in the department and unit at all times, and will be chamber-side for each ascent and descent.
6. **DIRECT RUNNING OF CHAMBERS:** Each Fellow must directly work the control panel for the complete dive of ten (10) multiplace dives and ten (10) monoplace runs. Additionally, Fellows may elect to participate as an inside tender for ten (10) multiplace dives (optional and not required).
7. **EVALUATION AND TREATMENT OF WOUND CARE PATIENTS:** The Fellows will directly participate in the examination, evaluation, treatment and follow-up of all wound care patients that present for care during their clinical duty hours. This is inclusive of procedures, measurements and digital photography.
8. **MAINTENANCE OF LOGS:** The Fellows will maintain and daily update the patient and unit "To Do / Follow- Up" logs and the "Consultation" logs on a daily basis.
9. **PREPARATION OF GRAND ROUNDS (POWER POINT):** The Fellows will maintain and update the power point for Grand Rounds weekly.

LSU HYPERBARIC MEDICINE FELLOWSHIP
CLINICAL RESPONSIBILITIES

10. **LETTERS RELATING TO PATIENT CARE:** These letters are important components of sustaining a consult service. ALL of the following letters are to be TYPED and sent to the Primary Care Physician or the Patient (see below).
 - a. Thank You Letter for the Initial Consult (to the primary MD)
 - b. Letter of Update at One Month or Midpoint of HBOT (to the primary MD)
 - c. Letter of Significant Findings or Change (to the primary MD)
 - d. Discharge from Clinic Letter (one to the primary MD and one to the patient)

11. **OUT-OF-STATE SERVICE:** If rotating to an out-of –state institution, Hyperbaric Fellows agree to follow the rules, regulations, and/or by-laws of that institution. Educational objectives and the level of compensation will be established between the institution and the appropriate Department Head. Malpractice coverage must be arranged other than that provided by LSA-R.S. 40:1299.39.

12. **COMPLETION OF PERSONAL DIVING PHYSICAL:** Each Fellow is required to have a diving physical examination by July 31st. Fellow(s) are NOT required to be a tender within a hyperbaric chamber, or to dive. However, all Fellow(s) must have a diving physical examination so that any contraindications to diving can be recognized by the Fellow as well as by the Attending Staff. The Fellow(s) may choose any diving physician he wishes to perform the examination. Any of the Attending Staff will also be willing to perform the examination for the Fellow. All examinations are held in the strictest confidence.

13. **ELECTRONIC RECORD DOCUMENTATION:** The Fellow will use Residency Partner® and Survey Monkey® to document all required information.

LSU HYPERBARIC MEDICINE FELLOWSHIP

EDUCATIONAL RESPONSIBILITIES

1. **SUPERVISION OF LOWER LEVEL RESIDENTS AND STUDENTS:** It is expected that the Fellow will supervise and teach all rotating residents, interns, and students through their patient care experiences. Additionally, the Fellow is expected to provide a written evaluation of any lower level students or residents. If any of these rotators shows a consistent pattern of problems with punctuality, attendance, attitude, knowledge, skills or interpersonal relationships, the Fellow is to notify the attending faculty immediately. No rotating resident or student should receive a below average evaluation in any area without having appropriate feedback and an opportunity to improve.
2. **GRAND ROUNDS ATTENDANCE:** The Hyperbaric Medicine Grand Rounds occur for six hours (12 pm – 5 pm) every Wednesday. Attendance is MANDATORY. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Program Director. All Fellows must sign in the attendance log every Grand Rounds.
3. **DIDACTIC LECTURE DEVELOPMENT:** Each Fellow will develop and present four (4) Power Point Educational Lectures for presentation during Hyperbaric Medicine Grand Rounds. These lectures will include one Hyperbaric Medicine Lecture, one Wound Care Lecture, and a Morbidity and Mortality Conference. Additionally, the Fellows will formally present their Research Presentation in Power Point form prior to formal presentation at regional / national meeting. The date and times for these lectures will be provided at the beginning of the Fellowship, and are mandatory. References are a required component of the lecture. They may be in a handout form or within the Power Point presentations. Handouts are also required for distribution to the audience. A copy of the handout will also be placed in the Fellow's permanent file.
4. **LECTURE DEVELOPMENT FOR THE DIVING COMMUNITY:** The Fellow(s) will participate in quarterly lectures for the Diving Medical Technician Courses developed and presented by the Fellowship. These lectures will be assigned once the schedules are released. Brock Chamberlain is the Diving Safety Director that is in charge of these meetings. Any questions or concerns related to this commitment should be directed at him and the Hyperbaric Medicine Program Director.
5. **EMERGENCY MEDICINE JOURNAL CLUB ON HYPERBARIC MEDICINE:** At the beginning of the academic year, the Fellow(s) will agree upon a month in which they will ask the Chief Residents of the affiliated emergency medicine residency for a Presenting Responsibility at one of the 11 available Journal Club Meetings. All Fellows must agree on a date and attend this journal club. Each Fellow will present a relevant article for critical review.

LSU HYPERBARIC MEDICINE FELLOWSHIP
EDUCATIONAL RESPONSIBILITIES

6. **CRITICAL REVIEW OF HYPERBARIC CHARTING:** Each Fellow is to provide his mentor with the following for review prior to their quarterly Mentor Evaluations:
 - A. Two (2) History and Physical Examination
 - B. Two (2) Procedural Dictations / Transcutaneous Oximetry Interpretations
 - C. Two (2) Discharge Summaries

7. **CRITICAL REVIEW OF PATIENT CARE AND OUTCOMES:** Each Fellow is to participate in the critical assessments of patient care by participating in chart review, morbidity and mortality conferences, patient grand round presentations and monthly departmental meetings.

8. **RESEARCH PROJECT / PRESENTATION:** Each Fellow must develop, submit, and present (at a local, regional or national conference) a publishable quality research project.



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



CORE COMPETENCIES



LSU HYPERBARIC MEDICINE FELLOWSHIP

CORE COMPETENCIES

CORE COMPETENCY MEASURES: All Fellows will remain cognizant of the core competencies, as they will be graded on their maturation related to these goals. Moreover, they will also rate their rotational experience monthly as to the opportunities the rotation has given them to improve upon these outcome measures.

1. **PATIENT CARE:** The Fellow must demonstrate patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

A. **Historical Data Gathering:** The Fellow must accurately acquire relevant history from a patient in an efficient, prioritized, and hypothesis driven fashion. The Fellow must obtain appropriate and verified data from secondary sources and obtain historical subtleties that may prioritize both differential diagnoses and diagnostic plans.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Critiqued and Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 3) Fellow Presentations at Weekly Grand Rounds; 4) 360 Degree Evaluations; 5) Fellow Self-Assessment; and 6) Program Director Formal Evaluation

B. **Physical Examination Competency:** The Fellow must perform an accurate physical examination (and comprehensive neurological examination) that is appropriately targeted to the patient's complaints, medical conditions, and the differential diagnoses. The Fellow must accurately track important changes in the physical examination over time and demonstrate how to elicit important physical examination findings to junior members of the team (rotating medical students, residents and nursing staff). The Fellow must also be able to routinely identify subtle or unusual physical findings that may influence clinical decision making, using advanced maneuvers where applicable.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Critiqued and Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 3) Fellow Weekly Presentations at Grand Rounds; 4) Fellow Self-Assessment; 5) 360 Degree Evaluations, and 6) Program Director Formal Evaluation

C. **Clinical Reasoning:** The Fellow must be able to synthesize all available data, including interview, physical examination, and preliminary laboratory data, to define each patient's clinical conditions. The Fellow must also be able to prioritize differential diagnoses, and develop an evidence-based diagnostic and therapeutic plan for the patient's conditions. The Fellow must also be able to modify the differential diagnoses and care plan based upon changing clinical course and new data as appropriate. Very importantly, the Fellow must be able to

recognize disease presentations that deviate from common patterns and that require complex clinical decision making.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; and 7) Program Director Formal Evaluation

- D. **Diagnostic Testing:** The Fellow must make appropriate clinical decisions based upon the results of diagnostic testing (laboratory results), as well as decisions based upon more advanced diagnostic modalities (ECG, chest radiographs, pulmonary function tests, tissue biopsies, MRI, CT scans, bone scans, etc.).

Means of Fellow Evaluations: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) 360 Degree Evaluations; 4) Fellow Presentations at Weekly Grand Rounds; 5) Fellow Presentations at Formal Journal Clubs; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; and 7) Program Director Evaluations

- E. **Patient Management:** The Fellow must recognize urgent and / or emergent medical conditions, and be able to provide initial management and stabilization of these patients. The Fellow must display the ability to recognize when to seek additional guidance in the management of his / her patients. The Fellow must also be able to manage patients with both common and complex clinical disorders seen in the ambulatory and inpatient setting. The Fellow must be able to provide appropriate preventative care and to teach the patient self care when indicated.

Means of Fellow Evaluations: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Patient Evaluation Surveys; 4) Fellow Presentations at Weekly Grand Rounds; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; and 7) Program Director Formal Evaluation

- F. **Consultative Care:** The Fellow must be able to provide specific and responsive consultation to other services. Additionally, the Fellow must be able to provide this information, in a congenial and professional manner to all specialty consultants that he / she consults on behalf of a patient.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Weekly Presentations at Weekly Grand Rounds; 4) 360 Degree Evaluations; and 5) Program Director Formal Evaluation

2. **MEDICAL KNOWLEDGE:** The Fellow must demonstrate medical knowledge about established and evolving biomedical, clinical, and cognate (eg, epidemiological and social-behavioral) sciences and apply this knowledge to patient care.

- A. **Core Content of Knowledge:** The Fellow must understand the relevant pathophysiology and basic science for common medical conditions, as well as for those complex, rare, or multiple coexistent conditions. The Fellow must demonstrate sufficient knowledge to diagnose and treat common conditions seen in the ambulatory and inpatient setting. The Fellow must also demonstrate sufficient knowledge to diagnose and treat undifferentiated and emergent conditions. The Fellow must provide accurate and appropriate preventative care measures for his patients, and demonstrate sufficient knowledge of socio-behavioral sciences, including health care economics, medical ethics, and medical education.

Means of Fellow Evaluation: 1) Quarterly In-Service Examinations; 2) Fellow Performance Presentation on Four Different Power Point Lectures (Lecture Evaluations); 3) Formal Presentations of Journal Club Articles; 4) Fellow Presentations at Weekly Grand Rounds; 5) Mentor Evaluations; 6) Fellow Self-Assessments; 7) 360 Degree Evaluations; 8) Formal Evaluation of Research Project; 9) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 10) Fellow Presentations at Morbidity and Mortality Conferences; and 11) Program Director Formal Evaluation

- B. **Diagnostic Testing:** The Fellow must make appropriate clinical decisions based upon the results of diagnostic testing (laboratory results), as well as decisions based upon more advanced diagnostic modalities (ECG, chest radiographs, pulmonary function tests, tissue biopsies, MRI, CT scans, bone scans, etc.). The Fellow must also demonstrate understanding of prior probability and test performance characteristics as well as sufficient knowledge of common pharmacotherapy and the appropriate use of diagnostic and therapeutic procedures.

Means of Fellow Evaluation: 1) Quarterly In-Service Examinations; 2) Formal Presentations of Journal Club Articles; 3) Fellow Presentations at Weekly Grand Rounds; 4) Mentor Evaluations; 5) Fellow Self-Assessments; 6) Fellow Performance Presenting Four Different One-Hours Power Point Presentations (Lecture Evaluations); 7) 360 Degree Evaluations; 8) Formal Evaluation of Research Project; 9) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; and 10) Program Director Formal Evaluation

3. **PRACTICE-BASED LEARNING AND IMPROVEMENT:** The Fellow must demonstrate knowledge of practice-based learning and improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

- A. **Improvement in Patient Quality of Care:** The Fellow must appreciate the responsibility of assessing and improving care collectively for his patients. This includes the performance or review of patients using standardized and evidence-

based criteria (chart reviews, case presentations, morbidity & mortality conferences, and weekly grand rounds). The Fellow must also display the ability to synthesize and compare the care of his patients to local or national benchmarks, and be able to explore possible explanations for deficiencies, including doctor-related, system-related, and patient-related factors. Finally, the Fellow must be able to recognize areas in his / her own practice that can be changed to improve patient outcome and engage in quality improvement interventions.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; and 9) Program Director Formal Evaluation

- B. **Develop an Appropriate and Informational Needs Assessment:** The Fellow must display the ability to identify learning needs and clinical questions as they engage in patient care. He must ask precisely articulated clinical questions and actively engage in the development of appropriate and evidence-based answers.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) and Program Director Formal Evaluation

- C. **Best-Evidence Information Gathering:** The Fellow must access medical information resources to answer clinical questions and utilize library resources to support his / her decision making. This includes efficient searches using the variety of databases for original clinical research articles and evidence-based summaries of medical information. The Fellow must also display the ability to appraise the quality of the medical information and select the best information based on the characteristics of the clinical question.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 9) Evaluation of Fellow Research Project; and 10) Program Director Formal Evaluation

- D. **Individualizes Clinical Decision Making:** The Fellow must demonstrate the ability to determine if clinical guidelines and evidence can be generalized to an

individual patient. The Fellow must customize treatment and care for an individual patient based on the clinical context and patient preferences. The Fellow also has the responsibility to communicate the risks and benefits of such treatments (as well as alternatives) to his / her patients.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; 11) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); and 9) Program Director Formal Evaluation

- E. **Appraisal of Evidence-Based Medicine:** The Fellow must demonstrate the ability to appraise the study design and engage in statistical analysis of the clinical research papers he / she reviews. This includes recognition of study bias, selection bias, inappropriate statistical applications, flawed design constructs, and cost-benefit considerations.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Formal Journal Clubs; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 7) Evaluation of Fellow Research Project; and 8) Program Director Formal Evaluation

- F. **Improvement Via Feedback:** The Fellow must respond welcomingly and productively to feedback from ALL members of the health care team, including faculty, peers, students, nurses, allied health workers, patients and their advocates. Furthermore, the Fellow should actively seek feedback from all members of the health care team. The Fellow should also engage (in concert with his mentor and / or Program Director) in the development of plans for improvement.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; 9) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 10) Fellow Procedure Logs; 11) Fellow Patient Logs; 12) Evaluation of Fellow Research Project; and 13) Program Director Formal Evaluation

- G. **Improvement Via Self-Assessment:** The Fellow must maintain awareness of moment by moment situations and respond appropriately to changing and

dynamic environments. He must reflect (in action) new insights to future clinical scenarios and incorporate any gained insights back onto the process.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Fellow Stress Assessments; 9) Fellow Sleep and Fatigue Questionnaire; 10) Patient Evaluations Surveys; 11) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 12) Fellow Procedure Logs; 13) Fellow Patient Logs; 14) Evaluation of Fellow Research Project; and 15) Program Director Formal Evaluation

- H. **Participation in 360 Degree Education:** The Fellow must actively participate in teaching conferences and to integrate teaching, feedback, and evaluation into his supervision of rotating students, residents, and other members of the health care team.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 9) Evaluation of Fellow Research Project; and 10) Program Director Formal Evaluation

4. **INTERPERSONAL AND COMMUNICATION SKILLS:** The Fellow must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- A. **Consultative Care:** The Fellow must provide specific, responsive consultations to other services and to provide more complex consultation for those patients requiring detailed risk assessments. He must also request consultative services in an effective manner, and clearly communicate the role of the consultant to the patient.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- B. **Effective Communication:** The Fellow must provide timely and comprehensive verbal and written communication to patients and their advocates. He must use effective verbal and non-verbal skills to create rapport with patients and families and build a therapeutic relationship. The Fellow must also engage patient / advocates in shared decision-making for therapeutic scenarios. He must utilize patient-centered educational strategies and develop methods to engage patients / advocates in shared decision-making for even the most difficult, ambiguous or controversial scenarios. This includes counseling patients and their families about the risks and benefits of test and procedures and highlight cost awareness and resource allocation.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- C. **Intercultural Sensitivity:** The Fellow must effectively use an interpreter when needed to facilitate appropriate medical education. He must demonstrate sensitivity to differences in patients, including race, culture, gender, sexual orientation, socioeconomic status, literacy, and religious beliefs. The Fellow must always seek to better understand patient differences and views, and to reflect this understanding in respectful communication and shared decision-making with the patient and the health care team.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- D. **Transition of Care:** The Fellow must effectively communicate with other care-givers in order to maintain appropriate continuity of care. He must also role model and teach these skills to the next care-givers during any transition of care.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- E. **Inter-Professional Team:** The Fellow must deliver appropriate, succinct, hypothesis-driven oral presentations the effectively communicate the plan of care

to all members of the health care team. He must also advocate for healthy, collaborative communications with all members of the health care team.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- F. **Health Records:** The Fellow must provide legible, accurate, complete, and timely written communications within the medical records and ensure succinct, relevant, and specific information is effectively communicated to his / her patients.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; 8) Fellow Procedure Logs; 9) Fellow Patient Logs; and 10) Program Director Formal Evaluation

5. **PROFESSIONALISM:** The Fellow must demonstrate professionalism, as manifested by a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- A. **Adherence to Ethical Principles:** The Fellow shall always document and report clinical information truthfully and in a manner that fully adheres to formal policies and procedures. The Fellow must uphold ethical expectations with regards to research and scholarly activity. The Fellow must also accept personal errors and honestly acknowledge them.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; 9) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 10) Fellow Procedure Logs; 11) Fellow Patient Logs; 12) Evaluation of Fellow Research Project; and 13) Program Director Evaluations

- B. **Demonstration of Compassion & Respect to Patients:** The Fellow must show empathy and compassion to all patients. He must relieve pain and suffering when possible, and provide support (physical, psychological, social and spiritual) for patients and their families when required. He must provide leadership for the

health care team that embodies a commitment to preservation of the dignity and autonomy of the patient.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Patient Evaluations Surveys; and 7) Program Director Formal Evaluation

- C. **Timely and Constructive Feedback to Colleagues:** The Fellow must strive to provide constructive feedback to members of the health care team as well as recognize, respond to, and report any colleague impairments and / or lapses through established formal policies and guidelines. The Fellow should always seek advice and counsel from his Attending Physician Mentor and / or Program Director if assistance is needed.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Patient Evaluations Surveys; and 7) Program Director Formal Evaluation

- D. **Maintain Accessibility:** The Fellow must respond in a prompt manner to all clinical responsibilities, including pages, consultations, and phone calls. He must further ensure that his interactions with colleagues, patients, and their designated caregivers is carried out in a timely manner.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- E. **Recognize Conflicts of Interest:** The Fellow must strive to identify and manage conflicts, such as caring for a family member or a professional associate as a patient. His relationships with vendors and pharmaceutical representatives must also be beyond reproach. Subtler conflicts should also be assessed in a timely professional manner for complete resolution.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Fellow Stress Assessments; 7) Fellow Sleep and Fatigue Questionnaire; and 8) Program Director Formal Evaluation

- F. **Demonstration of Personal Accountability:** The Fellow shall dress and act in a professional manner at all times. His relationships with patients, families and

staff must always remain professional and dignified. The Fellow shall complete his clinical, administrative, and educational tasks promptly. He shall also recognize and address any personal, psychological, and / or physical limitations that affect his professional performance. Should the Fellow find that a task is beyond the scope of his acumen and / or skill level, he shall promptly ask for supervision and assistance. He must serve as a professional role model for other members of the health care team and junior colleagues and help these colleagues in the performance of their duties when needed.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Fellow Stress Assessments; 9) Fellow Sleep and Fatigue Questionnaire; 10) Patient Evaluations Surveys; 11) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); 12) Fellow Procedure Logs; 13) Fellow Patient Logs; 14) Evaluation of Fellow Research Project; and 15) Program Director Formal Evaluation

- G. **Practice Individualized Patient Advocacy:** The Fellow must recognize when it is necessary to individually advocate for a particular patient and do so in a timely and professional manner.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- H. **Respect for the Dignity, Culture, Beliefs, Values, and Opinions of Patients:** The Fellow shall treat all patients with dignity, civility and respect. He must recognize and manage conflict when a patient's values differ from his own. He must maintain patient confidentiality at all times as well as educate and hold others accountable for the same.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 7) Patient Evaluations Surveys; and 8) Program Director Formal Evaluation

- I. **Recognition of Health Care Disparities:** The Fellow shall remain cognizant of the disparities that exist within the health care system and strive to embrace the

physicians' role in assisting the public and policy makers in understanding and addressing causes of disparity in these instances.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentation at Morbidity and Mortality Conferences; 5) 360 Degree Evaluations; 6) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; and 7) Program Director Formal Evaluation

6. **SYSTEMS-BASED PRACTICE:** The Fellow must demonstrate knowledge of systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

- A. **Works Effectively within Multiple Health Care Delivery Systems:** The Fellow must understand the unique roles and services provided by his local and regional health care delivery systems and manage / coordinate that care and care transitions across multiple delivery systems (ambulatory, subacute, acute, and rehabilitation). He must strive to be an effective patient advocate and negotiator for patient-centered care across multiple care providers.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; 9) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); and 10) Program Director Formal Evaluation

- B. **Works Effectively within an Inter-Professional Team:** The Fellow must always consider and appreciate the contributions that all members of the health care team (consultants, therapists, nurses, home care workers, pharmacists, and social workers) provide for his patients. He must work effectively with this team to ensure safe and optimal patient care. He must consider alternative solutions brought forth by other team members and must effectively coordinate appropriate patient care with the rest of the team.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; and 9) Program Director Formal Evaluation

- C. **Recognition of System Errors and Advocating for System Improvement:** The Fellow must recognize those systems flaws that increase the risk for error and

form barriers for optimal patient care. He must learn from sentinel events, critical incidents, and near misses and seek to identify situations that are preventable medical errors. He must keep a constant dialogue open with the other members of the health care team, so that everyone can aid in identifying risks for preventable medical error. The Fellow must also partner with other team members to identify and propose improvement opportunities within the system.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Patient Evaluations Surveys; and 9) Program Director Formal Evaluation

- D. **Identification of Forces that Impact the Cost of Health Care and Advocate for Cost-Effective Care:** The Fellow must display an awareness of the socio-economic barriers that impact patient care and understand how cost-benefit analysis is applied to patient care (screening tests, clinical guidelines, etc). He must seek to understand the role of various stakeholders in health care (providers, suppliers, financiers, purchasers, and consumers) and what effect these individuals and organizations have on the cost of access to health care. Finally, the Fellow must demonstrate understanding of coding and reimbursement principles.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Fellow Performance on Four Different Power Point Presentations (Lecture Evaluations); and 9) Program Director Formal Evaluation

- E. **Practices Cost-Effective Care:** The Fellow must identify the costs for common diagnostic or therapeutic tests and strive to minimize unnecessary care and tests. He must demonstrate cost-awareness principles into standard clinical judgments and decision-making.

Means of Fellow Evaluation: 1) Mentor Evaluations; 2) Fellow Self-Assessments; 3) Fellow Presentations at Weekly Grand Rounds; 4) Fellow Presentations at Formal Journal Clubs; 5) Fellow Presentation at Morbidity and Mortality Conferences; 6) 360 Degree Evaluations; 7) Reviewed History and Physicals, TCOM Evaluations, and Dictated Consultations; 8) Evaluation of Fellow Research Project; and 9) Program Director Formal Evaluation



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



ROTATION GUIDELINES



LSU HYPERBARIC MEDICINE DEPARTMENT

ROTATION GUIDELINES

1. **ORIENTATION:** Orientation will occur on the 1st day of the month. The entries below describe the clinical and educational responsibilities of the Fellowship for this rotation.
2. **CORE COMPETENCIES:** Understanding and Adherence to the Core Competencies set forth by the ACGME is of paramount importance for all Fellows. Please refer to the Individualized Section on Core Competencies in this Manual for Core Competency Definitions, Expectations, and Evaluations.
3. **GOAL AND OBJECTIVES:** At the completion of the Hyperbaric Medicine Rotation, the Fellow will be able to:
 - a. **Perform a Complete Assessment** - of patients with a variety of wounds and / or medical conditions amenable to hyperbaric medical therapy.
 - b. **Formulate a Comprehensive Plan** - for wound care treatment, inclusive of vascular assessment, possible bacterial complications, nutritional assessment, off-loading assessment, and co-morbid conditions.
 - c. **Order and Interpret** - appropriate diagnostic laboratory and advanced imaging studies for wound care and hyperbaric medicine patients.
 - b. **Understand the Inter-Dependence** - of hyperbaric medicine with emergency medicine, orthopedics, internal medicine, podiatry, physical therapy, plastic surgery, general surgery, trauma surgery, infectious disease, and other services.
 - c. **Competently Perform Procedures** - such as, callus removal, ultrasonic wound debridement, debridement of problematic foot wounds, transcutaneous oximetry measurement and interpretation, myringotomy, pinch grafts, wound vac placement, nail debridement, tissue biopsies, NIROscopy, total contact casting, and rongeur.
 - d. **Arrange Appropriate Follow-Up** - for discharged patients and those continuing in our care but in need of ancillary services.
4. **CLINICAL DAY SHIFTS AND RESPONSIBILITIES:** Clinical day shifts begin at 7 am and end at 7 pm on Mondays thru Fridays. The Fellows will split these days evenly (covering the entire month, inclusive of Wednesday mornings) if there are two Fellows assigned to the same Department. When only one Fellow is assigned to a Department, the Fellow will choose 10 days of service (not to include Wednesdays). It is highly recommended that the Fellow work on Mondays and Thursdays, to expedite any changes that may occur in a patient's health status over the weekend and to facilitate incorporation of new care strategies advocated upon during Grand Rounds on Wednesdays.

5. **PERFORMANCE OF EXAMINATIONS:** The Fellows will perform diving physical examinations and / or Fitness to Dive Assessments on all requested consultations. This is to include the assessment of HYPERBARIC CHAMBER PERSONNEL for fitness to participate as a TENDER in a multiplace hyperbaric chamber. The Fellow is to coordinate with the Medical Directors at each facility to ensure that ALL opportunities to evaluate these types of patients is maximally utilized.
6. **PERFORMANCE OF ALL NEW PATIENT CONSULTATIONS:** The Fellow(s) will perform complete consultations (and dictations) on all new patients presenting for care. The Fellow(s) will also determine indication(s) for hyperbaric oxygen therapy.
7. **DIRECT OBSERVATION OF HYPERBARIC OXYGEN THERAPY:** All Fellow(s) will be present and directly observe all patients undergoing hyperbaric therapy in either the multiplace or monoplace chambers. A Fellow will be in the department at all times, and will be chamber-side for each ascent and descent.
8. **DIRECT RUNNING OF CHAMBERS:** Each Fellow(s) must directly work the control panel for the complete dive of ten (10) multiplace dives and ten (10) monoplace runs. Additionally, Fellow(s) may elect to participate as an inside tender for ten (10) multiplace dives (optional and not required).
9. **EVALUATION AND TREATMENT OF WOUND CARE PATIENTS:** The Fellow(s) will directly participate in the examination, evaluation, treatment and follow-up of all wound care patients that present for care during their clinical duty hours. This is inclusive of procedures, measurements and digital photography.
10. **MAINTENANCE OF LOGS:** The Fellow(s) will maintain and daily update the patient and unit "To Do / Follow- Up" logs on a daily basis.
11. **GRAND ROUNDS ATTENDANCE:** The Hyperbaric Medicine Grand Rounds occur for five hours (12 pm – 5 pm) every Wednesday. Attendance is MANDATORY. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Program Director. All Fellows must sign in the attendance log every Grand Rounds.
12. **DIDACTIC LECTURE DEVELOPMENT:** Each Fellow will develop and present four (4) power point lectures for presentation during Hyperbaric Medicine Grand Rounds, as well as all required Research Presentations and presentations for the Diver Medic Technician Courses. The date and times for these lectures will be provided at the beginning of the Fellowship, and are mandatory.
13. **SUPERVISION OF LOWER LEVEL RESIDENTS AND STUDENTS:** The Fellow(s) will supervise and teach all rotating residents, interns, and students through their patient care experiences. Additionally, the Fellow(s) is expected to provide a written evaluation of any lower level students or residents. If any of these rotators shows

a consistent pattern of problems with punctuality, attendance, attitude, knowledge, skills or interpersonal relationships, the Fellow(s) is to notify the attending faculty immediately. No rotating resident or student should receive a below average evaluation in any area without having appropriate feedback and an opportunity to improve.

14. **NIGHT CALL CLINICAL RESPONSIBILITIES:** The Hyperbaric Medicine Fellowship is the only one of its kinds within the Gulf South Region. It is a DAN referral center and a vital resource for the entire region. The emergency night call is from home. The Fellows usually cover the night shift from home following their day shift in the Department. The Fellow will be excused from his next shift should he need "off time" prior to his next work day. Should this occur, it is the Fellow's responsibility to call the Program Director and inform her of this development. At no time is the Fellow to come close to violating duty hours. If for some reason the Fellow cannot contact either the Program Director / Associate Program Director, it will be assumed that the Fellow is CORRECT in not participating in the next shift, and the Fellow needs only to contact the Attending Physician in the Department and inform him of the need for Fellow "off time."
15. **ELECTRONIC RECORD DOCUMENTATION:** The Fellow will use Residency Partner® and Survey Monkey® to document all required information, including: duty hours, patient consultations, patient logs, procedure log, and conference attendance.
16. **RESEARCH PROJECT / PRESENTATION:** Each Fellow must develop, submit, and present (at a local, regional or national conference) a publishable quality research project.
17. **PROCEDURES AND PATIENT DOCUMENTATION:** Each Fellow is required to keep a hard log and an electronic log of all procedures and patient contact and consultations that are performed. These logs will be reviewed monthly. Additional all Fellows are expected to dictate and document all procedures performed.
18. **EVALUATIONS:** All Fellows will participate in a number of evaluation processes, including: self-evaluations, clinical attending evaluations, lecture evaluations, stress-evaluations, progress evaluations, mentor evaluations, and program director evaluations.

WEST JEFFERSON MEDICAL CENTER

ROTATION GUIDELINES

1. **ORIENTATION:** Orientation will occur on the first day of the month. The entries below describe the clinical and educational responsibilities of the Fellowship for this rotation.
2. **CORE COMPETENCIES:** Understanding and Adherence to the Core Competencies set forth by the ACGME is of paramount importance for all Fellows. Please refer to the Individualized Section on Core Competencies in this Manual for Core Competency Definitions, Expectations, and Evaluations.
3. **GOAL AND OBJECTIVES:** At the completion of the Hyperbaric Medicine Rotation, the Fellow will be able to:
 - a. **Perform a Complete Assessment** - of patients with a variety of wounds and / or medical conditions amenable to hyperbaric medical therapy.
 - b. **Formulate a Comprehensive Plan** - for wound care treatment, inclusive of vascular assessment, possible bacterial complications, nutritional assessment, off-loading assessment, and co-morbid conditions.
 - c. **Order and Interpret** - appropriate diagnostic laboratory and advanced imaging studies for wound care and hyperbaric medicine patients.
 - d. **Understand the Inter-Dependence** - of hyperbaric medicine with emergency medicine, orthopedics, internal medicine, podiatry, physical therapy, plastic surgery, general surgery, trauma surgery, infectious disease, and other services.
 - e. **Competently Perform Procedures** - such as, callus removal, ultrasonic wound debridement, debridement of problematic foot wounds, transcutaneous oximetry measurement and interpretation, myringotomy, pinch grafts, wound vac placement, nail debridement, tissue biopsies, NIROscopy, total contact casting, and rongeur.
 - f. **Arrange Appropriate Follow- Up** - for discharged patients and those continuing in our care but in need of ancillary services.
4. **CLINICAL DAY SHIFTS AND RESPONSIBILITIES:** Clinical day shifts begin at 7 am and end at 7 pm on Mondays thru Fridays. The Fellows will split these days evenly (covering the entire month, inclusive of Wednesday mornings) if there are two Fellows assigned to the same Department. When only one Fellow is assigned to a Department, the Fellow will choose 10 days of service (not to include Wednesdays). It is highly

recommended that the Fellow work on Mondays and Thursdays, to expedite any changes that may occur in a patient's health status over the weekend and to facilitate incorporation of new care strategies advocated upon during Grand Rounds on Wednesdays. The Fellow is expected to arrive fifteen (15) minutes prior to the start of the shift.

5. **PERFORMANCE OF EXAMINATIONS:** The Fellows will perform diving physical examinations and / or Fitness to Dive Assessments on all requested consultations. This is to include the assessment of hyperbaric chamber personnel for fitness to participate as a tender in a multiplace hyperbaric chamber.
6. **PERFORMANCE OF ALL NEW PATIENT CONSULTATIONS:** The Fellow(s) will perform complete consultations (and dictations) on all new patients presenting for care. The Fellow(s) will also determine indication(s) for hyperbaric oxygen therapy.
7. **DIRECT OBSERVATION OF HYPERBARIC OXYGEN THERAPY:** All Fellow(s) will be present and directly observe all patients undergoing hyperbaric therapy in either the multiplace or monoplace chambers. They will be in the department at all times, and will be chamber-side for each ascent and descent.
8. **DIRECT RUNNING OF CHAMBERS:** Each Fellow(s) must directly work the control panel for the complete dive of ten (10) multiplace dives and ten (10) monoplace runs. Additionally, Fellow(s) may elect to participate as an inside tender for ten (10) multiplace dives (optional and not required).
9. **EVALUATION AND TREATMENT OF WOUND CARE PATIENTS:** The Fellow(s) will directly participate in the examination, evaluation, treatment and follow-up of all wound care patients that present for care during their clinical duty hours. This is inclusive of procedures, measurements and digital photography.
10. **EVALUATION OF PATIENTS ON THE FLOOR:** The Fellow should evaluate floor patients every time they are scheduled. Additionally a complete note should be written, both in the patient's floor chart, as well as our hyperbaric medicine department charts. Check with the hyperbaric medicine nurse or technician regarding what stickers or other documentation may be needed prior to the evaluation and what documentation or stickers may need to be retrieved following the evaluation. This is important for patient care and for appropriate billing.
11. **LETTERS RELATING TO PATIENT CARE:** are important parts of sustaining a consult service. ALL of the following letters are to be TYPED and sent to the Primary Care Physician or the Patient (see below).
 - a. Thank You Letter for the Initial Consult (to the primary MD)
 - b. Letter of Update at One Month or Midpoint of HBOT (to the primary MD)
 - c. Letter of Significant Findings or Change (to the primary MD)
 - d. Discharge from Clinic Letter (one to the primary MD and one to the patient)

12. **GRAND ROUNDS ATTENDANCE:** The Hyperbaric Medicine Grand Rounds occur for five hours (12 pm – 5 pm) every Wednesday. Attendance is MANDATORY. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Program Director. All Fellows must sign in the attendance log every Grand Rounds.
13. **MAINTENANCE OF LOGS:** The Fellow(s) will maintain and daily update the patient and unit “To Do / Follow- Up” logs on a daily basis.
14. **NIGHT CALL CLINICAL RESPONSIBILITIES:** The Hyperbaric Medicine Fellowship is the only one of its kinds within the Gulf South Region. It is a DAN referral center and a vital resource for the entire region. The emergency night call is from home. The Fellows usually cover the night shift from home following their day shift in the Department. The Fellow will be excused from his next shift should he need "off time" prior to his next work day. Should this occur, it is the Fellow's responsibility to call the Program Director and inform her of this development. At no time is the Fellow to come close to violating duty hours. If for some reason the Fellow cannot contact either the Program Director / Associate Program Director, it will be assumed that the Fellow is CORRECT in not participating in the next shift, and the Fellow needs only to contact the Attending Physician in the Department and inform him of the need for Fellow "off time."
15. **ELECTRONIC RECORD DOCUMENTATION:** The Fellow will use Residency Partner® and Survey Monkey® to document all required information, including: duty hours, patient consultations, patient logs, procedure log, and conference attendance.
16. **PROCEDURES AND PATIENT DOCUMENTATION:** Each Fellow is required to keep a hard log and an electronic log of all procedures and patient contact and consultations that are performed. These logs will be reviewed monthly. Additional all Fellows are expected to dictate and document all procedures performed.
17. **EVALUATIONS:** All Fellows will participate in a number of evaluation processes, including: self-evaluations, clinical attending evaluations, lecture evaluations, stress-evaluations, progress evaluations, mentor evaluations, and program director evaluations.

LSU HYPERBARIC MEDICINE FELLOWSHIP

MEDICAL STUDENT ROTATION GUIDELINES

You are scheduled for the **Hyperbaric Medicine Rotation** for the month of _____.

Orientation: Orientation will occur on the first day of the month at the LSU Hyperbaric Medicine Department. Please report at 7 am and ask for the Hyperbaric Medicine Attending and Fellow.

Core Competencies: Understanding and Adherence to the Core Competencies set forth by the ACGME is of paramount importance for all participants in patient care. Please refer to the Individualized Section on Core Competencies in this Manual for Core Competency Definitions, Expectations, and Evaluations.

Goals & Objectives: At the completion of the Hyperbaric Medicine Rotation (1 month), the student will be able to:

- 1) Perform a basic assessment of patients with a variety of wounds and / or medical conditions amenable to hyperbaric medical therapy.
- 2) Formulate a plan for wound care treatment, inclusive of vascular assessment, possible bacterial complications, nutritional assessment, off-loading assessment, and co-morbid conditions
- 3) Order and interpret appropriate diagnostic laboratory and imaging studies for wound care and hyperbaric medicine patients.
- 4) Understand the inter-dependence of hyperbaric medicine with emergency medicine, orthopedics, internal medicine, podiatry, physical therapy, plastic surgery, general surgery, trauma surgery, infectious disease, and other services.
- 5) Competently perform minor procedures such as suture removal, evaluation of partially treated abscesses, callus removal, ultrasonic wound debridement, debridement of problematic foot wounds, ankle-brachial indices, etc.
- 6) Acquire the ability for perform an appropriate history and physical exam of a wound care patient as well as those being considered for hyperbaric medicine therapy.
- 7) Be able to arrange appropriate follow – up for discharged patients and those continuing in our care but in need of ancillary services.

Schedule: You will work Monday thru Friday, from 7 am – 5 pm at the Lord and Taylor Hyperbaric Medicine Clinic. Wednesdays will be spent at the clinic as well (7 am – 11 am), followed by Hyperbaric Medicine Grand Rounds (12 pm – 5 pm).

Responsibilities: You aid the Hyperbaric Attending and the Hyperbaric Medicine Fellow see wound care and hyperbaric medicine patients. You will manage individual patients and assist others as the need arises.

Follow-Ups: You will attend Grand Rounds to follow the progression of all patients in our multi-specialty approach in the treatment of hyperbaric medicine patients. You will interact with Orthopedics, General Surgery, Infectious Disease, Plastic Surgery, Podiatry, Physical Therapy Services, and any other services that are required for the comprehensive care of your patients.

Conferences: You are required to attend Hyperbaric Grand Rounds on Wednesday. These rounds consists of 3 hours of formal didactic lectures, a journal article review during lunch, followed by 2 hours of patient grand rounds (power point format).

Procedures: You are required to document your procedures performed during the month.

Supervision: You will be supervised at all times, by the Hyperbaric Medicine Attending and the Hyperbaric Medicine Fellow. The hyperbaric chamber technicians, nurses, and nursing supervisor are also at your service to help you and guide you as need.

Evaluations: At the end of the month, you will meet with the Hyperbaric Staff and Fellows. They will grade your performance and seek your feedback about your experience during the month.

Meals: many restaurants are available for sustenance or you may bring your lunch.

Resources: There is an extensive, private (Dr. Keith Van Meter) hyperbaric medicine library available to all rotating students. Additionally, computer access, Up To Date, LSU library services, and multiple hyperbaric medicine texts (included in the clinic) are available.

Duty Hours: will not exceed 60 hours / week and will include at least 1 day off in 7 days.

Formal Evaluations: will be filled out by the faculty and staff and forwarded to the appropriate authorities.

Feedback Mechanisms: Constructive feedback will be given daily by the hyperbaric medicine attending and fellows. Additionally, interactive feedback is encouraged between rotating students and the hyperbaric medicine staff and fellows during weekly Grand Rounds. Formal evaluations are held on the last Wednesday of the month, following Grand Rounds.

**This rotation summary has been written and reviewed by
the Associate Program Director and the Program Director.**

LSU HYPERBARIC MEDICINE FELLOWSHIP

INTERN / RESIDENT ROTATION GUIDELINES

You are scheduled for the **Hyperbaric Medicine Rotation** for the month of _____.

Orientation: Orientation will occur on the first day of the month at the LSU Hyperbaric Medicine Department. Please report at 7 am and ask for the Hyperbaric Medicine Attending and Fellow.

Core Competencies: Understanding and Adherence to the Core Competencies set forth by the ACGME is of paramount importance for all participants in patient care. Please refer to the Individualized Section on Core Competencies in this Manual for Core Competency Definitions, Expectations, and Evaluations.

Goals & Objectives: At the completion of the Hyperbaric Medicine Rotation (1 month), the student will be able to:

- 1) Perform a basic assessment of patients with a variety of wounds and / or medical conditions amenable to hyperbaric medical therapy.
- 2) Formulate a plan for wound care treatment, inclusive of vascular assessment, possible bacterial complications, nutritional assessment, off-loading assessment, and co-morbid conditions
- 3) Order and interpret appropriate diagnostic laboratory and imaging studies for wound care and hyperbaric medicine patients.
- 4) Understand the inter-dependence of hyperbaric medicine with emergency medicine, orthopedics, internal medicine, podiatry, physical therapy, plastic surgery, general surgery, trauma surgery, infectious disease, and other services.
- 5) Competently perform minor procedures such as suture removal, evaluation of partially treated abscesses, callus removal, ultrasonic wound debridement, debridement of problematic foot wounds, ankle-brachial indices, etc.
- 6) Acquire the ability for perform an appropriate history and physical exam of a wound care patient as well as those being considered for hyperbaric medicine therapy.
- 7) Be able to arrange appropriate follow – up for discharged patients and those continuing in our care but in need of ancillary services.

Schedule: You will work Monday thru Friday, from 7 am – 5 pm at the Lord and Taylor Hyperbaric Medicine Clinic. Wednesdays will be spent at the clinic as well (7 am – 11 am), followed by Hyperbaric Medicine Grand Rounds (12 pm – 5 pm).

Responsibilities: You aid the Hyperbaric Attending and the Hyperbaric Medicine Fellow see wound care and hyperbaric medicine patients. You will manage individual patients and assist others as the need arises.

Follow-Ups: You will attend Grand Rounds to follow the progression of all patients in our multi-specialty approach in the treatment of hyperbaric medicine patients. You will interact with Orthopedics, General Surgery, Infectious Disease, Plastic Surgery, Podiatry, Physical Therapy Services, and any other services that are required for the comprehensive care of your patients.

Conferences: You are required to attend Hyperbaric Grand Rounds on Wednesday. These rounds consists of 3 hours of formal didactic lectures, a journal article review during lunch, followed by 2 hours of patient grand rounds (power point format).

Procedures: You are required to document your procedures performed during the month.

Supervision: You will be supervised at all times, by the Hyperbaric Medicine Attending and the Hyperbaric Medicine Fellow. The hyperbaric chamber technicians, nurses, and nursing supervisor are also at your service to help you and guide you as need.

Evaluations: At the end of the month, you will meet with the Hyperbaric Staff and Fellows. They will grade your performance and seek your feedback about your experience during the month.

Meals: many restaurants are available for sustenance or you may bring your lunch.

Resources: There is an extensive, private (Dr. Keith Van Meter) hyperbaric medicine library available to all rotating students. Additionally, computer access, Up To Date, LSU library services, and multiple hyperbaric medicine texts (included in the clinic) are available.

Duty Hours: will not exceed 60 hours / week and will include at least one day off in seven days.

Formal Evaluations: will be filled out by the faculty and staff and forwarded to the appropriate authorities.

Feedback Mechanisms: Constructive feedback will be given daily by the hyperbaric medicine attending and fellows. Additionally, interactive feedback is encouraged between rotating students and the hyperbaric medicine staff and fellows during weekly Grand Rounds. Formal evaluations are held on the last Wednesday of the month, following Grand Rounds.

**This rotation summary has been written and reviewed by
the Associate Program Director and the Program Director.**

LSU HYPERBARIC MEDICINE FELLOWSHIP
CRITERIA FOR VISITING INTERNS / RESIDENTS
PARTICIPATING IN PATIENT CARE ACTIVITIES

1. REQUIREMENTS:

- A. Letter from LSUHSC Department: acknowledging / informing the GME office of the status of the visiting intern / resident, which includes the following:
- 1) Full Name of Visiting Resident / Fellow
 - 2) Start Date and End Date for Participation
 - 3) Paragraph stating what the training will include
 - 4) Paragraph stating that there is no remuneration or stipend offered and that any costs incurred, including transportation, all living expenses and mandatory health insurance is the visiting intern's / resident's responsibility.
 - 5) Approval of rotation with signature line for Chairman, Program Director, Director of Graduate Medical Education, and visiting resident.
- B. Valid Louisiana Medical Permit / License: This must be obtained prior to beginning the short-term training. The visiting Intern / Resident must contact the LSBME at (504) 568-6820 to obtain information on getting a temporary permit to practice medicine in LA. This is a lengthy process (a few months), therefore it should be done as soon as the visiting resident decides he/she wants to come to LA. The Permit / License is to be attached to the letter.

2. FOREIGN MEDICAL GRADUATES: These candidates must have a valid ECFMG certificate and it should also be attached to the letter along with the LA license/permit.

3. IDENTIFICATION BADGES: These badges are to be worn while on campus and in hospitals. Candidates may obtain a visiting ID badge from LSUHSC Human Resource Management Department. Department should contact HRM department for instructions for obtaining a visiting ID badge.

4. TIMELINE: Once the Chairman, Program Director, and visiting Intern / Resident has signed the letter, it is sent to the attention of Yolanda Leehans in the GME Office, 1542 Tulane Ave, room 231 to obtain the signature of the Director of Medical Education. After all parties have signed, copies are sent to Ms. Toni Johnston, Medical Education Office at MCLANO for observation privileges at MCL/University Hospital; Mr. Ron Gardner for malpractice issues; the GME Office keeps a copy and the original is returned to the program.

LSU HYPERBARIC MEDICINE FELLOWSHIP
CRITERIA FOR VISITING INTERNS / RESIDENTS
OBSERVING IN PATIENT CARE ONLY

1. **REQUIRED LETTER:** Letter from LSUHSC Department: acknowledging / informing the GME office of the status of the visiting intern / resident, which includes the following:
 - a) Full Name of Visiting Resident / Fellow
 - b) Start Date and End Date for Participation
 - c) Paragraph stating what that this training is OBSERVATIONAL ONLY and that there is no direct or indirect patient care.
 - d) Paragraph stating that there is no remuneration or stipend offered and that any costs incurred, including transportation, all living expenses and mandatory health insurance is the visiting intern's / resident's responsibility.
 - e) Approval of rotation with signature line for Chairman, Program Director, Director of Graduate Medical Education, and visiting resident.

2. **IDENTIFICATION BADGES:** These badges are to be worn while on campus and in hospitals. Candidates may obtain a visiting ID badge from LSUHSC Human Resource Management Department. Department should contact HRM department for instructions for obtaining a visiting ID badge.

3. **TIMELINE:** Once the Chairman, Program Director, and visiting Intern / Resident has signed the letter, it is sent to the attention of Yolanda Leehans in the GME Office, 1542 Tulane Ave, room 231 to obtain the signature of the Director of Medical Education. After all parties have signed, copies are sent to Ms. Toni Johnston, Medical Education Office at MCLANO for observation privileges at MCL/University Hospital; Mr. Ron Gardner for malpractice issues; the GME Office keeps a copy and the original is returned to the program.

**DATA SHEET
VISITING HOUSE OFFICER
LSU SCHOOL OF MEDICINE – GME OFFICE**

PLEASE PRINT LEGIBLY OR TYPE (Circle one):

Department: _____ House Officer Level _____ Residency or Fellowship
(Level you will be in July)

Training Program Name _____
(State Combined name if is combined Program & Fellowship name if fellowship)

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(Street) (City) (State) (Zip)

Telephone Number (____) _____ Beeper Number (____) _____

Social Security Number ____ - ____ - ____ Citizenship: _____

Date of Birth ____/____/____ Place of Birth: _____

Sex: ___ Male ___ Female Marital Status: S M W D Spouse's Name: _____

Race: **(Please check one)**
American Native _____ Asian or Pacific Islander _____ Hispanic _____ White _____ Black _____

List Person to Contact in case of Emergency: _____

Relationship: _____ Telephone (____) _____

This section MUST be completed or form will be returned

EDUCATION:

Medical School: _____ City, State: _____

Dates Attended: _____ Degree: _____

Dental School: _____ City, State _____

Dates Attended: _____ Degree: _____

FMGEM, ECFMG or NBME Number and Date: (please provide us with a copy of your ECFMG Certificate).

Turnover and complete back of page.

Name: _____

A continuous and inclusive list of internships, residencies, fellowships, staff positions, leave of absences, etc must be provided from Medical School graduation through the current internship, residency or fellowship.

The first entry should be the program you will be training in as of July 1.

Beginning Date (Month/Day/Year): _____ Expected End Date (Month/Day/Year): _____

Program: _____

Facility: _____

City and State: _____

Beginning Date (Month/Day/Year): _____ End Date (Month/Day/Year): _____

Program: _____

Facility: _____

City and State: _____

Beginning Date (Month/Day/Year): _____

End Date (Month/Day/Year): _____

Program: _____

Facility: _____

City and State: _____

Beginning Date (Month/Day/Year): _____

End Date (Month/Day/Year): _____

Program: _____

Facility: _____

City and State: _____

Signature

If needed, print another copy of page 2 and attach to the 2-sided copy completed.

SAMPLE LETTER ACKNOWLEDING/INFORMING GME OFFICE OF VISITING RESIDENT THAT WILL PARTICIPATE IN PATIENT CARE

Date

Name of Resident

Address for resident

Dear Dr. _____

You will be participating in a short-term training program from _____ through _____ in the Department of _____'s Residency / Fellowship Program (if department has more than one residency/fellowship program indicate the name of the program). Your training will include _____ (e.g. participating in clinics, scrubbing in Surgery at _____ Hospital(s), attending various academic conferences connected with _____).

You are required to have a valid LA Medical permit or license to practice medicine in Louisiana at the time you begin the short-term training program. If you do not have a permit/license to practice medicine in Louisiana, you must contact the LSBME at (504) 568-6820 for information on obtaining a temporary permit before beginning the short-term training program. If you are a Foreign Medical Graduate, you must also have a valid ECFMG certificate.

It is understood that there will be no remuneration or stipend offered and that any costs incurred, including transportation and all living expenses, including mandatory health insurance will be your responsibility during this period.

Please sign and date below indicating your agreement, and return this letter to our Department as soon as possible.

Yours Sincerely,

Professor & Head
Department of _____

Residency/Fellowship Director

Approved by: _____
Charles W. Hilton, M.D.
Associate Dean for Academic Affairs

I understand and agree with the above stipulations.
(visiting resident/fellow signs)

_____ Date: _____
(print name of visiting resident/fellow)

Drafted January 8, 2003

**SAMPLE LETTER ACKNOWLEDGING/INFORMING GME OFFICE OF
VISITING RESIDENT THAT WILL BE OBSERVING**

To be written on Departmental letterhead.

Date

Name of Visiting Resident

Address of Visiting Resident

Dear Dr. _____

You will be participating in a short-term observation program in the Department of _____'s residency / fellowship program. We expect this training period to be completed within ___ month(s) that will begin _____ and end _____. Your training will include observation of all the activities and academic programs relevant to this training program in the Medical Center of Louisiana/Charity and University Hospital Campuses in New Orleans. There will, of course be no direct or indirect patient care responsibilities.

It is also understood that no remuneration or stipend can be offered and that any costs incurred, including transportation and all living expenses, including mandatory health insurance, will be your responsibility.

Please sign and date below, indicating your agreement to these conditions and return to our department.

Sincerely,

Professor & Head
Department of _____

Residency/Fellowship Director

Approved by: _____
Charles W. Hilton, M.D.
Associate Dean for Academic Affairs

I understand and agree with the above stipulations.
(visiting resident signs)

(Print name of visiting resident) Date: _____

Drafted January 8, 2003

LSU HYPERBARIC MEDICINE FELLOWSHIP



LOUISIANA STATE UNIVERSITY

HEALTH SCIENCES CENTER

HYPERBARIC MEDICINE FELLOWSHIP

PROGRAM



DOCUMENTATION

REQUIREMENTS



LSU HYPERBARIC MEDICINE FELLOWSHIP

ELECTRONIC RECORD DOCUMENTATION REQUIREMENTS

All Fellows are required to keep records of procedures and patient evaluations. The Electronic Record utilized by the Hyperbaric Medicine Fellowship is **Residency Partner® and Survey Monkey®**. All Fellows are encouraged to also keep a hard copy log and / or to download their records monthly (during the Hyperbaric Medicine Fellowship / Departmental Meeting). The following represents the information to be contained within Residency Partner®.

1. **DUTY HOURS:** The Fellow must document ALL hours spent doing clinical, research, and educational activities for the fellowship. Additionally, all moonlighting privileges count toward the duty hour limits. This time does NOT include reading and study time. Documentation of these duty hours is MANDATORY as they are required for both Accreditation Counsel for Graduate Medical Education (ACGME) and the Residency Review Committee (RRC) reviews of the Hyperbaric Medicine Fellowship.
2. **HYPERBARIC GRAND ROUNDS ATTENDANCE:** The Fellows are required to attend Hyperbaric Grand Rounds every Wednesday. All Fellows are relieved of clinical duties on this day. All Fellows are required to sign in the Grand Rounds Attendance Log as well as input their attendance into Residency Partner®.
3. **PROCEDURES PERFORMED:** All Fellows must document all procedures that they perform. This is MANDATORY for completion of training. It is also advised that all Fellows either maintain a hard copy of their procedural information. At the end of each month, during the Hyperbaric Medicine Fellowship / Departmental Meeting, each Fellow will also present an updated procedure list for evaluation.
4. **PATIENT CONSULTATIONS AND CONTACTS:** All Fellows must record all new patient consultations. Please utilize Grand Round reports to aid in the capture of all patient consultations and contacts. The collected information should include:
 - a. Patient Name and Medical Record Number
 - b. Diagnosis with ICD9 Code
 - c. Date, Location, Attending Physician Supervisor
 - d. Procedure Performed with CPT Code
5. **YEARLY HYPERBRIC MEDICINE LECTURE SCHEDULE:** This schedule, which delineates each component of the Hyperbaric Medicine Grand Rounds, will also be listed on Residency Partner®.
6. **RESIDENCY PARTNER CONSULTATION AND UPDATE:** At the beginning of the year, the Program Director will schedule the LSU contact person (Chris 568 – 2988) to set up a consultation meeting during grand rounds.
7. **FELLOW STRESS EVALUATION:** This form will be filled out quarterly and documented in Survey Monkey®.

LSU HYPERBARIC MEDICINE FELLOWSHIP
ELECTRONIC RECORD DOCUMENTATION REQUIREMENTS

8. **FELLOW SLEEP & FATIGUE QUESTIONNAIRE:** This form will be filled out quarterly and documented in Survey Monkey®.
9. **STAFF EVALUATIONS:** These forms will be filled out quarterly and documented in Survey Monkey®.
10. **ROTATION EVALUATIONS:** These forms will be filled out Monthly and documented in Survey Monkey®.
11. **FELLOW SELF-ASSESSMENTS:** These forms will be filled out quarterly and documented in Survey Monkey®.
12. **PATIENT SATISFACTION SURVEYS:** These forms will be filled out by patients throughout the year, and will be documented in Survey Monkey®.
13. **LECTURE EVALUATIONS:** These forms will be filled out weekly by all Attending Staff, Fellows, and others present during Grand Rounds and will be documented in Survey Monkey®.
14. **FORMAL FELLOW EVALUATIONS BY ATTENDING MENTOR:** These forms will be filled out by the Attending Mentor during the quarterly meeting with assigned Fellow and will be documented in Survey Monkey®.
15. **FORMAL FELLOW EVALUATIONS BY PROGRAM DIRECTOR:** These forms will be filled out by the Program Director during quarterly meetings with the Fellow and will be documented in Survey Monkey®.
16. **FORMAL STAFF EVALUATIONS BY PROGRAM DIRECTOR:** These forms will be filled out by the Program Director during meetings with Attending Staff and will be documented in Survey Monkey®.

LSU HYPERBARIC MEDICINE FELLOWSHIP PROCEDURAL DOCUMENTATION

1. **GOAL:** A condition of graduation from the Hyperbaric Medicine Fellowship is proper documentation of ALL procedures performed during training. This is a MANDATORY requirement for both the RRC and ACGME. Fellows without documentation of procedures endanger their matriculation from the hyperbaric medicine fellowship.
2. **PROCEDURES TO BE DOCUMENTED:** Each fellow must document ALL procedures during his fellowship. It is recommended that Fellows do this on a daily basis to maximize capture all procedures.
3. **PROCEDURE REQUIREMENTS:** example DEBRIDEMENT
 - a. The Fellow MUST ORDER the DEBRIDEMENT on the chart
 - b. The Fellow MUST document the LEVEL of tissue removed during debridements (partial thickness, full thickness, subcutaneous tissue, muscle, or bone)
 - c. The Fellow MUST document a detailed DESCRIPTION of the procedure (method, depth, instruments used, anesthetic, cleaning, dressing).
 - d. The Fellow MUST document the TYPE of debridement used (hydrostatic, sharp, abrasion)
 - e. The Fellow MUST document the CHARACTER of the tissue before and after debridement.
 - f. The Fellow MUST document the FREQUENCY of the debridement:
 - 1) Early Phase (first 1 – 2 weeks) Wound Care = once daily
 - 2) Intermediate Phase (the 2 – 4 weeks) of Wound Care = 3 times weekly
 - 3) Latter Phase (after 4 weeks) of Wound Care = weekly
 - g. The Fellow MUST document WHO performed the procedure
4. **HARD COPY LOGS:** All Fellows will maintain written records of all of the procedures performed. Fellows will also record them electronically via Residency Partner[®].
5. **ELECTRONIC RECORDS:** Residency Partner[®] is the software program chosen by the Hyperbaric Medicine Fellow to track procedures in an electronic format.
6. **PROCEDURAL REVIEW:** The procedural logs of all Fellows will be reviewed quarterly at the Hyperbaric Medicine Fellowship / Hyperbaric Medicine Department Meeting.

LSU HYPERBARIC MEDICINE FELLOWSHIP PROCEDURAL DOCUMENTATION

7. **PROCEDURES TO BE DOCUMENTED:** The following represents the procedures that Fellows have the opportunity to perform throughout their training. This list is not all inclusive. However, any procedures that the Attending Hyperbaric Physician deems acceptable for the Fellow to perform must be documented. ALL procedures performed by the Fellow must be appropriately documented with accompanying CPT code.
- a. **Transcutaneous Oxygen Measurements**
 - b. **Transcutaneous Oximetry Interpretation**
 - c. **Myringotomy**
 - d. **Wound Sonication**
 - e. **Wound Culture**
 - f. **Pinch Graft**
 - g. **Wound Vac (Vacuum) Placement**
 - h. **Wound Debridement**
 - i. **Debridement of Nails**
 - j. **Dressing / Debridements**
 - k. **Biopsy**
 - l. **NIROscopy**
 - m. **Application of Biological Dressings**
 - n. **Compression Dressing Application**
 - o. **Total Contact Casting**
 - p. **Dressing Applications:** of Antibiotic, Absorbent, Enzymatic, Hematologic, Hydrocolloid, Metallo-Ionic, Occlusive, and other Wound Dressings
 - q. **Rongeur:** of exposed, desiccated or infected bone
 - r. **Multi-place Chamber Operations (10)** – Supervised by the Safety Director or his Designee
 - t. **Mono-place Chamber Operations (10)** – Supervised by the Safety Director or his Designee
 - u. **Multi-place Inside Tending (10)** – Supervised by the Safety Director or his Designee
 - v. **Critical Care / Ventilator Patient Care**
 - w. **Hyperbaric Consultations**
 - x. **Hyperbaric Patient Wound Care**

LSU HYPERBARIC MEDICINE FELLOWSHIP PROCEDURAL DOCUMENTATION

- y. **Any Emergency Procedure or Procedure** - within the Scope of Training and Competence of the Fellow
- z. **Surgical Assistance** - to Podiatrists, Vascular Surgeons, Orthopedic Surgeons, Plastic Surgeon, General Surgeon, and other Surgeons.
- aa. **Any Other Procedures** - under the direct supervision of the faculty and staff of the hyperbaric medicine units.
- bb. **Assessment of Prospective Divers for Fitness to Dive**
- cc. **Assessment of Hyperbaric Chamber Personnel**
- dd. **Assessment of Patients with Suspected Decompression Sickness**
 - 1) Decompression Illness
 - 2) Arterial Gas Embolism
 - 3) Iatrogenic Gas Embolism
- ee. **Assessment of Patients with Specific Problem Wounds**
 - 1) Diabetic Foot Wounds
 - 2) Venous Insufficiency Ulcers
 - 3) Non-Healing Wounds
 - 4) Arterial Insufficiency Wounds
 - 5) Decubitus Wounds
 - 6) Hypoxic Wounds
 - 7) Soft Tissue Radiations Wounds
 - 8) Thermal Burns
- ff. **Management of Critically Ill Patients in the Hyperbaric Environment**
- gg. **Assessment and Management of Patients with Complications of Hyperbaric Therapy**
 - 1) Ear Barotrauma without Tympanic Membrane Perforation
 - 2) Ear Barotrauma with Tympanic Membrane Perforation
 - 3) Seizures
 - 4) Anxiety / Claustrophobia
 - 5) Pneumothorax
 - 6) Myopia / Cataracts
 - 7) Sinus Barotrauma / Barodontalgia
 - 8) Arterial Gas Embolism
 - 9) Hypoglycemia
 - 10) Oxygen Toxicity

LSU HYPERBARIC MEDICINE FELLOWSHIP

PROCEDURAL DOCUMENTATION

- hh. **Assessment of Indications for Hyperbaric Environment**
 - 2) Clostridial Myositis and Myonecrosis (Gas Gangrene)
 - 3) Crush Injury
 - 4) Compartment Syndrome
 - 5) Acute Traumatic Ischemias
 - 6) Acute Peripheral Arterial Insufficiency
 - 7) Acute Peripheral Arterial Insufficiency Ulcers that Persist Following Reconstructive Surgery
 - 8) Exceptional Blood Loss Anemia
 - 9) Intracranial Abscess
 - 10) Necrotizing Soft Tissue Infection (Progressive Necrotizing Infections, Necrotizing Fasciitis, Meleney Ulcer)
 - 11) Chronic Refractory Osteomyelitis
 - 12) Delayed Radiation Injury (Osteoradionecrosis and Soft Tissue Radionecrosis)
 - 13) Compromised Skin Grafts and Flaps
 - 14) Thermal Burns
 - 15) Central Retinal Artery Occlusion
 - 16) Actinomycosis

- ii. **Assessment of Patients with Toxic Gas Exposure**
 - 1) Carbon Monoxide Poisoning
 - 2) Carbon Monoxide Poisoning Complicated by Cyanide Poisoning
 - 3) Hydrogen Sulfide Poisoning
 - 4) Carbon Dioxide Poisoning
 - 5) Chemical Pneumonitis
 - 6) Carbon Tetrachloride Vapor / Liquid

LSU HYPERBARIC MEDICINE FELLOWSHIP PROCEDURAL DOCUMENTATION

8. UNIVERSAL PRECAUTIONS

- a. **MANDATORY COMPLIANCE:** All Fellows are expected to use universal precautions (gloves, gown, mask, and eye shield) whenever performing invasive examinations or invasive procedures. They are also required to ensure that residents, interns, and others under their supervision use universal precautions.
- b. **EXPOSURE:** Any Fellow who sustains a blood or body fluid exposure while on duty should report the exposure to the attending physician, complete a hospital incident report, and get a route sheet to obtain treatment and document the exposure. Anti-viral treatment is immediately available through Employee Health during the day and in the Emergency Department after hours.
- c. **STERILE TECHNIQUE:** Sterile technique should be employed for all invasive procedures, especially those which penetrate intact skin. Only sterile instruments (disposable or non-disposable) are acceptable.
- d. **ASEPTIC TECHNIQUE:** Dressing changes may be performed with non-sterile “clean” gloves such as the bulk gloves present in most medical departments and patient rooms. However, these procedures must be done with strict attention to aseptic technique so as to not cross-contaminate other patients and equipment.

LSU HYPERBARIC MEDICINE FELLOWSHIP

PATIENT DOCUMENTATION & EVALUATIONS

1. **MANDATORY DOCUMENTATION:** All Fellow notes must include the following
 - a. **Time Patient is Seen**
 - b. **Time Consultation is Placed; Time Consultation is Answered**
 - c. **Complete Procedure Notes** (with dictation)
 - d. **Pertinent Physical Examination and Laboratory Findings**
 - e. **Pertinent Radiological Studies or Interventions**
 - f. **Complete Notes Regarding any Patient Referred to the Emergency Department**
 - g. **Transcutaneous Oximetry Recordings** (with dictation)
 - h. **Medications Given**
 - i. **Wound Care Provided**
 - j. **Wound Care Debridements** (with dictation)
 - k. **Appropriate Assessment and Plan**
 - l. **Any Other Treatments or Interventions**
 - m. **Any Significant Events** (failure of a patient to keep an appointment, LOPA referrals, child abuse referrals, etc.)

2. **CHART LEGIBILITY:** All charts must be legible and conform to the Centers for Medicare and Medicaid Services (CMS) / American Medical Association (AMA) Guidelines in order to support hospital and physician reimbursement.

3. **WOUND CARE DOCUMENTATION:** All charts for wound care patients should include wound care drawings, measurements, and description. Wound care photographs should be taken once a week. See MEDICARE requirements on following pages.

4. **TRANSCUTANEOUS OXIMETRY:** All Fellows should order transcutaneous oximetry measurements on all patients that may benefit from hyperbaric medicine therapy. The Attending physician on duty will aid in the interpretation of these measurements. All transcutaneous oximetry measurements and their interpretation will be dictated into the patient record by the Fellow, documented in patient's chart, and appropriately billed.

5. **WOUND DEBRIDEMENT:** All Fellows will dictate and write in the medical record all wound care debridements. The Fellow is also responsible for appropriate billing.

6. **LABORATORY, RADIOLOGICAL AND ANCILLARY TESTING:** All x-ray and laboratory slips must have the Fellow's name and the Attending Faculty's name in the "ordering physician" blank. All studies require an appropriate indication and ICD-9 diagnosis. It is the responsibility of the Fellow to ensure prompt follow-up on all studies and tests ordered for all patients.

LSU HYPERBARIC MEDICINE FELLOWSHIP

PATIENT DOCUMENTATION & EVALUATIONS

7. **PATIENT CONSULTATIONS:**

- a. **Consultation Forms:** All Fellows should use the proper form for evaluation of patient consultation
 - 1) Diving Physical Examinations / Fitness to Dive Examinations
 - 2) Hyperbaric Medicine Patients / Wound Care Patients
 - 3) Carbon Monoxide Poisoned Patients

- b. **Day Consultations:** During day clinical shifts, all attempts should be made to complete the consultation that day (inclusive of TCOM measurements). If the consultation comes in very late in the day, it MAY be appropriate to schedule the patient to come in the next day (if the consultation is non-emergent). However, it is poor form to leave consultations for someone else to complete. Fellows are always to confer with their attending physicians on the best course of action.

- c. **Night (Emergency) Consultations:** The LSU Hyperbaric Medicine Fellowship is the ONLY unit in the area that has twenty-four (24) hour emergency call (and a Fellowship). It receives calls from ALL area hospitals. When contacted, the Fellow is responsible for immediately return the phone call or page. The Fellow is then to record all pertinent information and contact the Attending Hyperbaric Physician on call for further instructions.

- d. **Non-Emergent Night Consultations:** Fellows will be consulted for many types of patients. Some may be non-emergent. Regardless, all calls are to be handled with respect and professionalism. A Fellow is NEVER to reject a consultation or argue with any staff member. The Fellow is to simply record all information and then contact the Attending Hyperbaric Staff on-call. The Attending is the ADVOCATE for the Fellow and will not allow the Fellow to be abused or taken for an unfair advantage. Occasionally, the Fellow will be required to go to the outlying hospital to evaluate a potential emergency consultation. At all times, the Fellow is to confer with the Hyperbaric Attending as soon as possible.

- e. **Activating Emergency Hyperbaric Medicine Therapy:** The Fellow will be responsible for “Calling In” the support team (hyperbaric technicians and nurses), meeting the patient at the Hyperbaric Medicine Unit / Department, and informing the Attending of when the patient is to arrive. This information can be found on the Monthly call schedule.

LSU HYPERBARIC MEDICINE FELLOWSHIP

PATIENT DOCUMENTATION & EVALUATIONS

- f. **Graduated Responsibilities:** As the Fellow progresses through the training process, increasing autonomy will be given. Initially, all consultations must be presented to the Attending physician as soon as the initial assessment is made. However, as the Fellow becomes more adept in his role as a Hyperbaric Medicine Consultant, more leadership and decision-making responsibilities will be given related to the appropriate treatment and disposition of the patient.
8. **WOUND CARE PATIENT EVALUATIONS:**
- a. **MEDICARE Requirements:**
- 1) **Beginning of Therapy:** The Fellow **MUST** document a treatment plan outlining specific goals, duration, frequency, modalities, and anticipated end date (signed by the physician).
 - 2) **Decubitus Ulcers and Chronic Foot Ulcers:** The Fellow **MUST** include appropriated therapies to relieve pressure and control infection.
 - 3) **Follow Up:** The Fellow **MUST** document that there is at least **WEEKLY** follow-up during the first four weeks of therapy.
 - 4) **Progress:** The Fellow **MUST** document clearly any evidence of progress or regression in the wound's response to treatment at each visit.
 - 5) **Wound Measurements:** The Fellow **MUST** document wound size, depth, presence or absence of infection, necrotic or devitalized tissue, and state of patient's nutritional status. Wound Mnemonic = SAD DIN (Size And Depth Devitalized Infected Necrotic)
 - 6) **Medical Necessity:** The Fellow must document sufficient medical necessity to support the continuation of wound care.
- b. **Laboratory Studies / Radiographs / Consultations / Antibiotics:** The Fellows should order all necessary testing to ensure proper care.
- 1) **Osteomyelitis:** sedimentation rate, C - reactive protein, radiographs, orthopedic or surgery consultations, etc.
 - 2) **Problem Wounds:** punch biopsies, advanced radiological studies, surgical or plastics consultations, etc.
 - 3) **Diabetic Foot Wounds:** wound cultures (as needed), radiographs (as needed), off-loading, HgA1c, etc.

LSU HYPERBARIC MEDICINE FELLOWSHIP

PATIENT DOCUMENTATION & EVALUATIONS

- 4) **Venous Insufficiency Ulcers:** off-loading, wound cultures (as needed), radiographs (as needed), plastics consultation, etc.
 - 5) **Arterial Insufficiency Ulcers:** doppler studies, advanced imaging, vascular surgery consultation, etc.
 - 6) **Decubitus Ulcers:** off-loading, advanced imaging (as needed), wound cultures (as needed), social services consultation (as needed), plastic surgery consultation, etc.
- c. **Transcutaneous Oximetry:** The Fellow should obtain transcutaneous oximetry on all patients that clinically have hypoxic wounds, or wounds that need gradient mapping for surgical intervention, and all wounds that might benefit from hyperbaric oxygen therapy. The Fellow is expected to interpret these findings and dictate the report and the interpretation of the results.
 - d. **Nutritional Consultations:** The Fellow is expected to review each wound care patient periodically for the need for nutritional optimization.
 - e. **Off-Loading:** The Fellow is expected to periodically assess the need for appropriate off-loading of wound care patients. The off-loading needs of these patients change over time and reassessment is required.
 - f. **Wound Care Pictures:** All Fellows are responsible for ensuring that wound care pictures are taken at least weekly. All pictures should have a date registered in the computer and named appropriately.
 - g. **Picture Distances and Angles:** These dimensions should be approximately the same from week to week. The Fellow should refer to previous pictures on the computer or in the patient's file.
 - h. **The Hyperbaric Camera:** The Fellow is to ensure that the camera is always locked up at the end of the shift.

LSU HYPERBARIC MEDICINE FELLOWSHIP
PATIENT DOCUMENTATION & EVALUATIONS

9. **HYPERBARIC PATIENT EVALUATIONS:** The Fellow is expected to perform a complete history, physical examination, review of systems, and consultation on all hyperbaric oxygen therapy candidates.

a. **Hyperbaric Oxygen Therapy Indications**

<u>UHMS Indications</u>	<u>Medicare / Medicaid Indications</u>
1) Air or Gas Embolism	Gas Embolism
2) CO Poisoning and Complication by Cyanide	Acute CO Intoxication Cyanide Poisoning
3) Clostridial Myositis and Myonecrosis	Gas Gangrene
4) Crush Injury, Compartment Syndrome, and other Acute Traumatic Ischemias	Crush Injury, Suturing of Severed Limbs, Acute Traumatic Peripheral Ischemias, Acute Peripheral Arterial Insufficiency (includes arterial insufficiency ulcers that persist after reconstructive surgery)
5) Decompression Sickness	Decompression Illness
6) Enhancement of Healing Selected Problem Wounds	
7) Exceptional Blood Loss (Anemia)	
8) Intracranial Abscess	
9) Necrotizing Soft Tissue Infection	Progressive Necrotizing Infections (necrotizing fasciitis, Meleney ulcer)
10) Osteomyelitis (Refractory)	Chronic Refractory Osteomyelitis
11) Delayed Radiation Injury (soft tissue and bony necrosis)	Osteoradionecrosis and Soft Tissue Radionecrosis
12) Skin Grafts and Flaps (compromised)	Preparation and Preservation of compromised skin grafts (includes flaps)
13) Thermal Burns	
14) Central Retinal Artery Occlusion	
15)	Diabetic Foot Wounds
16)	Actinomycosis

LSU HYPERBARIC MEDICINE FELLOWSHIP
PATIENT DOCUMENTATIONS & EVALUATIONS

- b. **Transcutaneous Oximetry:** The Fellow should obtain transcutaneous oximetry on all patients that might benefit from hyperbaric oxygen therapy. The Fellow is expected to interpret these findings and dictate the report and the interpretation of the results.

- c. **Consultation Forms:** The Fellow should use the proper form for evaluation of patient consultation
 - 1) Diving Physical Examinations
 - 2) Fitness To Dive Examinations
 - 3) Hyperbaric Medicine Patients
 - 4) Carbon Monoxide Poisoned Patients

- c. **Picture Taking:** The Fellow is expected to take appropriate pictures on all hyperbaric patients at least weekly.

- d. **Continual Reassessment:** The Fellow should continually reassess hyperbaric patients for continuation of therapy. Many patients improve to the point where they may not require hyperbaric oxygen therapy. The Fellow is expected to follow the Undersea and Hyperbaric Oxygen Committee Report regarding Utilizations Reviews.



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HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



YEARLY SCHEDULES
MONTHLY SCHEDULES



LSU HYPERBARIC MEDICINE FELLOWSHIP

YEARLY SCHEDULES

1. **YEARLY SCHEDULE:** The yearly schedule incorporates all holidays, Major Conferences, and the Monthly Suggested Reading matched to the Didactics given each month. Additionally, the yearly schedule delineates where grand rounds is to be held each week, and reminds all personnel of important Fellowship and Departmental Meetings. This schedule will be given out on the first day of the academic year.

2. **HYPERBARIC MEDICINE ROTATION SCHEDULE:** This schedule is detailed below. It outlines the rotation schedule for each Fellow, inclusive of vacation and research time. The Program Director will email the schedule templates to the Fellows for review. The Fellows will rank their choices (1st - 4th) and the Program Director will assign the Templates. Not all preferences can be accommodated, but every consideration will be made, if possible, to ensure preferences.

3. **SCHEDULER:** This Fellow is in charge of making the Schedules for LSU and West Jeff and the Call Schedules for the Assigned months.

*No vacations may be taken in the 2nd half of these months.

LSU HYPERBARIC MEDICINE FELLOWSHIP

	PIPER WJ = 5 MONTHS LSU = 5 MONTHS	PARKS WJ = 4 MONTHS LSU = 6 MONTHS	HANNAN WJ = 4 MONTHS LSU = 6 MONTHS	ALLEMAN WJ = 5 MONTHS LSU = 5 MONTHS
JUL	WEST JEFF SCHEDULER	LSU	LSU	WEST JEFF
AUG	NOAA LSU SCHEDULER	NOAA WEST JEFF	NOAA WEST JEFF	NOAA LSU
SEP*	WEST JEFF SCHEDULER	LSU	LSU	WEST JEFF
OCT	RESEARCH LSU	RESEARCH WEST JEFF SCHEDULER	WEST JEFF RESEARCH	LSU RESEARCH
NOV	WEST JEFF VACATION	LSU SCHEDULER	LSU	WEST JEFF
DEC*	LSU	VAC WEST JEFF	WEST JEFF SCHEDULER	LSU
JAN	WEST JEFF	LSU SCHEDULER	WEST JEFF VACATION	LSU
FEB	LSU	WEST JEFF	LSU SCHEDULER	WEST JEFF VACATION
MAR*	VACATION WEST JEFF	LSU	WEST JEFF	LSU SCHEDULER
APR	LSU	VACATION WEST JEFF	LSU	WEST JEFF SCHEDULER
MAY	WEST JEFF	LSU	WEST JEFF VACATION	LSU SCHEDULER
JUN*	LSU	WEST JEFF	LSU SCHEDULER	VACATION WEST JEFF

MONTHLY CALL SCHEDULE

1. **POSTING OF CALL SCHEDULES:** The Fellow assigned to Scheduling is responsible for posting the emergency call schedule. The monthly schedule is due on the first day of the month.

2. **POSTING LOCATIONS:**
 - a. **Hyperbaric Medicine Department Schedule Posting Locations:**
 - 1) Both Hyperbaric Medicine Departments
 - 2) University Hospital Ed & Operators Station (5th Floor UH)
 - 3) West Jefferson Medical Center Emergency Department
 - 4) West Jefferson Medical Center Operator Station

 - b. **Other Personnel Requiring Notification (email) of Monthly Schedule:**
 - 1) Medical Director of LSU Hyperbaric Medicine Department
 - 2) Medical Director of West Jefferson Hyperbaric Medicine Department
 - 3) Hyperbaric Medicine Program Director
 - 4) Hyperbaric Medicine Associate Program Director

JULY						
SUN	MON	TUE	WED	THUR	FRI	SAT
			1 FELLOW Name & # ATTENDING Name & # TECH Name & #	2 FELLOW Name & # ATTENDING Name & # TECH Name & #	3 FELLOW Name & # ATTENDING Name & # TECH Name & #	4 FELLOW Name & # ATTENDING Name & # TECH Name & #
5 FELLOW Name & # ATTENDING Name & # TECH Name & #	6 FELLOW Name & # ATTENDING Name & # TECH Name & #	7 FELLOW Name & # ATTENDING Name & # TECH Name & #	8 FELLOW Name & # ATTENDING Name & # TECH Name & #	9 FELLOW Name & # ATTENDING Name & # TECH Name & #	10 FELLOW Name & # ATTENDING Name & # TECH Name & #	11 FELLOW Name & # ATTENDING Name & # TECH Name & #
12 FELLOW Name & # ATTENDING Name & # TECH Name & #	13 FELLOW Name & # ATTENDING Name & # TECH Name & #	14 FELLOW Name & # ATTENDING Name & # TECH Name & #	15 FELLOW Name & # ATTENDING Name & # TECH Name & #	16 FELLOW Name & # ATTENDING Name & # TECH Name & #	17 FELLOW Name & # ATTENDING Name & # TECH Name & #	18 FELLOW Name & # ATTENDING Name & # TECH Name & #
19 FELLOW Name & # ATTENDING Name & # TECH Name & #	20 FELLOW Name & # ATTENDING Name & # TECH Name & #	21 FELLOW Name & # ATTENDING Name & # TECH Name & #	22 FELLOW Name & # ATTENDING Name & # TECH Name & #	23 FELLOW Name & # ATTENDING Name & # TECH Name & #	24 FELLOW Name & # ATTENDING Name & # TECH Name & #	25 FELLOW Name & # ATTENDING Name & # TECH Name & #
26 FELLOW Name & # ATTENDING Name & # TECH Name & #	27 FELLOW Name & # ATTENDING Name & # TECH Name & #	28 FELLOW Name & # ATTENDING Name & # TECH Name & #	29 FELLOW Name & # ATTENDING Name & # TECH Name & #	30 FELLOW Name & # ATTENDING Name & # TECH Name & #	31 FELLOW Name & # ATTENDING Name & # TECH Name & #	



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HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



GRAND ROUNDS



LSU HYPERBARIC MEDICINE FELLOWSHIP

WEEKLY GRAND ROUNDS

1. **LOCATION:** Hyperbaric Grand Rounds will be held every Wednesday at either the KVM Administrative Offices or the West Jefferson Hyperbaric Medicine Department.
2. **TIME:** Unless otherwise listed on the Hyperbaric Yearly Lecture Schedule, hyperbaric grand rounds will begin promptly at 12 pm (noon).
3. **CONTENT:** Hyperbaric Grand Rounds consist of the following:
 - a. **Didactic Lectures:** 2 – 3 hours weekly
 - 1) ***Hyperbaric Academic Attendings:*** will give the majority of the lectures
 - 2) ***Hyperbaric Fellows:*** will give four (4) hours yearly
 - 3) ***Guest Lecturers:*** will present throughout the year
 - b. **Journal Club:** held usually twice a month (exclusive of In-Service Examination weeks).
 - c. **Hyperbaric Patient Power Point Grand Rounds:** The Fellow is responsible for presentation of all patients during this one hour portion of Grand Rounds.
 - d. **Fellow Evaluations:** will occur on a quarterly basis. These are 360 degree evaluations.
 - e. **Staff Evaluations:** will occur on annually, and semi-formally throughout the year. It will include both clinical and didactic evaluations.
 - f. **Hyperbaric Medicine Examinations:** will be taken by all Fellows on a quarterly basis. The tests will be reviewed and graded following the examinations.
 - g. **Morbidity and Mortality Conferences:** will be led by the Fellows (see schedule).
 - h. **Hyperbaric Fellowship and Hyperbaric Department Meetings:** will occur usually on the last Wednesday of every month.
4. **ATTENDANCE:** Attendance at grand rounds is mandatory. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Director. All Fellows must sign in the sign in attendance log book during every Grand Rounds.

LSU HYPERBARIC MEDICINE FELLOWSHIP
WEEKLY GRAND ROUNDS

5. **UNEXCUSED ABSENCES:** Unexcused absences are not permitted. ACGME / RRC require a minimum of five (5) hours of direct instruction weekly. Missing one Grand Rounds will mandate a meeting with the Fellow's Academic Attending Mentor, who will give recommendations to the Program Director as to what, if any, actions are to be taken. If more than one Grand Rounds is missed, a mandatory meeting with the Program Director is held, and an appropriate remediation will be given (lecture assignment, research assignment, loss of moonlighting privileges, penalty shift, etc.). If three Grand Rounds are missed, the Program Director and the Academic Attending Mentor will meet with the Fellow, remediation will be given, and all moonlighting privileges for the year will be lost.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
PATIENT GRAND ROUND PRESENTATIONS**

1. **PURPOSE:** The purpose of Hyperbaric Medicine Grand Round Presentations is to provide a cohesive, progressive discussion regarding the evaluation, plan of care, and treatment for the hyperbaric medicine and wound care patients.
2. **PREPARATION:** The Fellows will be responsible for updating the information and pictures of each patient, and presenting the cases during rounds. The format will be Power Point. The Fellows will divide up the presentations schedules evenly throughout the year.
3. **ATTENDANCE:** Attendance is mandatory. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Director. All Fellows must sign in the sign in attendance log at every grand rounds.
4. **TO DO LISTS:** The Fellows are responsible for making notations in the To Do Log and following up on all needed duties.
5. **PRESENTATION EXAMPLE:**

JONES, MARIA

PRIMARY MD: Dr. Surgeon **INS COVERAGE:** Tenet 65
PT TYPE: wound care & HBOT
DIAGNOSIS: failed comp skin graft / DMF wound **HBOT TX:** #15
PMHX & SURG HX: 82 y/o WF with IDDM, HTN & PVD
ALLERGIES: SULFA, ERYTHROMYCIN
MEDS, VITS & Td: AUMENTIN, Vitamin C & E, Td UTD
TCOM AIR: 31, 71, 76 mm Hg **TCOM 100% O2:** 171, 580, 560 mm Hg
TCOM DEPTH: 330, 990, 1003 mm Hg
TX STUDIES: MRI neg for osteo; U/S neg osteo; wound cultures pending
WOUND SIZE (9/5/03): 2 cm X 2 cm X 0.5 cm
WOUND SIZE (9/9/03): 2 wounds now (3.0 x 2.0 cm & 1.0 x 2.0 cm)
WOUND TX: zinc oxide / Bactroban / aquacell
COMPLICATIONS: additional wound
LAST VISIT: 9/9/03 **NEXT VISIT:** 9/10/03
REMAINING ISSUES: stockings & off-loading soon



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PROGRAM



DIDACTIC CURRICULUM
LECTURE SERIES



**LSU HYPERBARIC MEDICINE FELLOWSHIP
DIDACTIC CURRICULUM / LECTURE SERIES**

1. **MORBIDITY AND MORTALITY CONFERENCES** (10 hours)
 - a. M & M Monthly Discussions (6 hours)
 - b. 4 hours by Fellows

2. **FELLOW DIRECTED PRESENTATIONS** (16 hours)
 - a. Wound Care Lectures (4 hours)
 - b. Morbidity & Mortality Conferences (4 hours)
 - c. Hyperbaric Medicine Lectures (4 hours)
 - d. Formal Research Power Point Presentations (2 hours)

3. **RESEARCH MEETINGS** (8 hours) The Research Mentors are listed Below
 - a. Dr. Murphy – Dr. Piper (research elective October)
 - b. Dr. Wyatt – Dr. Hannan (research elective October)
 - c. Dr. Hardy – Dr. Alleman (research elective in October)
 - d. Dr. Harch - Dr. Parks (research elective in October)

4. **HYPERBARIC FELLOW EVALUTIONS** (12 hours)

5. **HYPERBARIC FACULTY EVALUATIONS** (6 hours)

6. **INTRODUCTION TO HYPERBARIC MEDICINE LECTURE SERIES** (22 hours)

(Italics indicate ACGME Mandates)

 - a. Introduction to LSU Hyperbaric Medicine Fellowship (1 hour)
 - b. Overview / Resources of HBO Fellowship (2 hours)
 - c. Hyperbaric Medicine and the Neurological Examination (2 hours)
 - d. *Hyperbaric Medicine Indications* (2 hours)
 - e. *History of Hyperbaric Medicine* (1 hour)
 - f. *Hyperbaric Medicine Contraindications / Side Effects* (2 hours)
 - g. Hyperbaric Medicine Reappraisal (1 hour)
 - h. Hyperbaric Medicine Charting (1 hour)
 - i. *Hyperbaric Medicine Billing* (1 hour)
 - j. *Administrative Issues* - (regulations, credentials, quality assurance, peer review) (1 hour)
 - k. *Transcutaneous Oximetry* (1 hour)
 - l. *Multiplace Chamber Operations* (2 hours)
 - m. *Monoplace Operations* (2 hours)
 - n. *Critical Care in the Hyperbaric Environment* (1 hour)
 - o. Hyperbaric Chamber Fires (1 hour)
 - p. West Jefferson Hyperbaric Medicine Introduction (1 hour)

LSU HYPERBARIC MEDICINE FELLOWSHIP
DIDACTIC CURRICULUM / LECTURE SERIES

7. **HYPERBARIC MEDICINE GENERAL THEORY LECTURE SERIES (22 hours)**

(Italics indicate ACGME Mandates)

- a. *Physics of Diving (1 hour)*
- b. *Decompression Theory (2 hours)*
- c. *Nitrogen Narcosis & Oxygen Toxicity (1 hour)*
- d. *Introduction to Diving Tables (2 hours)*
- e. *Diving Table Math / Dive Planning (2 hours)*
- f. *Spinal Cord Decompression Illness (1 hour)*
- g. *Non-Pulmonary Barotrauma (1 hour)*
- h. *Pulmonary Barotrauma (1 hour)*
- i. *Mathematical Diving Problems (2 hours)*
- j. *Hypobaric Medicine (1 hour)*
- k. *Marine Envenomations (1 hour)*
- l. *Saturation Diving (2 hours)*
- m. *Mixed Gas Diving (2 hours)*
- n. *Human Physiology Under Pressure (1 hour)*
- o. *Non-Hyperbaric O₂ Therapy (1 hour)*
- p. *Topside Deck Conversion (1 hour)*

8. **HYPERBARIC MEDICINE INDICATIONS SERIES (18 hours)**

(Italics indicate ACGME Mandates)

- a. *Decompression Illness (1 hour)*
- b. *Acute Blood Loss Anemia (1 hour)*
- c. *Diabetic Foot Wounds (1 hour)*
- d. *Radiation Tissue Necrosis / Osteoradionecrosis (1 hour)*
- e. *CN, CO, and H₂S Gas Toxicities (1 hour)*
- f. *Crush Injuries, Arterial Injuries and Compartment Syndrome (1 hour)*
- g. *Necrotizing Infections (1 hour)*
- h. *Gas Gangrene Infections (1 hour)*
- i. *Thermal Burns & Compromised Flaps (1 hour)*
- j. *Carbon Monoxide Poisoning (2 hours)*
- k. *Central Retinal Artery Occlusion (1 hour)*
- l. *AGE / Iatrogenic AGE / Cerebral AGE (1 hour)*
- m. *Intracranial Infections (1 hour)*
- n. *Osteomyelitis (1 hour)*
- o. *Diving Cases Part III (1 hour)*
- p. *Diving Cases Part I & II (2 hours)*

LSU HYPERBARIC MEDICINE FELLOWSHIP DIDACTIC CURRICULUM / LECTURE SERIES

9. **HYPERBARIC MEDICINE THEORY AND RESEARCH LECTURE SERIES**

(23 hours) (*Italics indicate ACGME Mandates*)

- a. Chronic Brain Injury (2 hours)
- b. UHMS Abstract Critical Reviews (3 hours)
- c. *Quarterly Hyperbaric Medicine Examinations* (8 hours)
- d. Hyperbaric Medicine and ACLS (1 hour)
- e. Reperfusion Injury (2 hours)
- f. Ophthalmologic Conditions and Hyperbaric Medicine (1 hour)
- g. Traumatic Brain Injury and Hyperbaric Medicine (2 hours)
- h. Neurological & Intellectual Disability (2 hours)
- i. HBO & Transplantation (1 hour)
- j. *In vivo Devices and Hyperbaric Medicine - Electrical Therapies* (1 hour)

10. **HYPERBARIC MEDICINE WOUND CARE LECTURE SERIES** (13 hours)

- a. Wound Care Overview (2 hours)
- b. Nutritional Supplementation (1 hour)
- c. Brown Recluse Spider Bites (1 hour)
- d. Lipoidica and DM Wounds (1 hour)
- e. Wound Care Dressings & Skin Substitutes (1 hour)
- f. Wound Vac Devices (1 hour)
- g. Tendon Release Surgeries (1 hour)
- h. Calciphylaxis (1 hour)
- i. Amputations (1 hour) as an M & M Conference
- j. Additional Lecture Topics (4 hours - Fellows)
 - 1) **ABIs / Vascular Assessments**
 - 2) **Pinch Grafts**
 - 3) **Onchomycosis**
 - 4) **Wound Autolysis**
 - 5) **Charcot Joints**
 - 6) **Claw & Hammer Toes**
 - 7) **Support Devices and Walkers**
 - 8) **Orthotics**
 - 9) **Proud Flesh Granulations**
 - 10) **Approach to the Wound Care Patient** (co-morbidities; Medications, PMHx; Nutritional Assessment)
 - 11) **General Wound Etiologies and Assessments** (skin exam; normal wound healing; chronic wound healings; skin disorders; factors leading to wound chronicity; abnormal skin conditions, chronic wound biology; wound measurement and photography)
 - 12) **Wound General Diagnostics** (evaluation of tissue perfusion and oxygenation; wound infection and bioburden; wound biopsy; radiological evaluation; approach to the diagnoses of lower extremity ulcers)

LSU HYPERBARIC MEDICINE FELLOWSHIP
DIDACTIC CURRICULUM / LECTURE SERIES

- 13) **General Treatment Strategies** (nutritional therapies; correction of wound chronicity [optimizing arterial perfusion, treatment of infection, treatment of inflammation]; wound bed preparation; wound dressing selection; wound cleansing; pain management; wound protection; off-loading; compression; wound debridement)
 - 14) **Surgical Wound Management** (wound debridement; tissue replacements; bone remodeling; flaps; grafts)
 - 15) **Metabolic and Endocrine Disorders** (thyroid disorders [wound conditions encountered, hyperthyroidism, hypothyroidism]; hyperparathyroidism)
 - 16) **Diabetes Mellitus and Diabetic Ulcers** (wound classification; epidemiology, pathophysiology; arterial disease [micro and macrovascular disease]; venous disease; neuropathy; healing deficiency; osteopathy)
 - 17) **Circulatory Disorders** (arterial insufficiency; arterial insufficiency ulcers; venous hypertension; venous ulcers; lymphedema; vasculitis; hematological diseases)
 - 18) **Deep Tissue Injury and Pressure Ulcers** (wound classification; epidemiology; wound locations; management)
 - 19) **Traumatic Wounds** (thermal burns; chemical burns; cold injury; blunt and sharp injury)
 - 20) **Infectious Wounds**
 - 21) **Adjunctive Wound Therapies** (hyperbaric medicine; negative pressure wound therapy; pneumatic medicine; physical modalities)
11. **HYPERBARIC MEDICINE FITNESS TO DIVE LECTURE SERIES** (6 hours)
(*Italics* indicate ACGME Mandates)
- a. CVA / Neurological Disease / Brain Injury / Practical Psychometrics (2 hours)
 - b. Head, Eyes, Ears, Nose, and Throat Disease (1 hour)
 - c. CV / PFO / Metabolic Disease (1 hour)
 - d. Pulmonary Disease (1 hour)
 - e. *Medical Examination of Divers & Tenders* (1 hour)
12. **HYPERBARIC MEDICINE MISCELLANEOUS LECTURES** (8 hours)
(For use in Journal Club Conferences and Independent Lecture Development)
- a. Sensineural Hearing Loss & Hyperbaric Medicine (1 hour)
 - b. Eye Diseases & Hyperbaric Medicine (1 hour)
 - c. Hyperbaric Medicine and Mucormycosis (1 hour)
 - d. Hyperbaric Medicine as a Clinical Discipline and Applicable Evidence-Based Methodology (1 hour)
 - e. Hyperbaric Medicine – General Physics, Chemistry, Physiology and Cellular Barosensitivity (1 hour)

LSU HYPERBARIC MEDICINE FELLOWSHIP
DIDACTIC CURRICULUM / LECTURE SERIES

- f. Hyperbaric Medicine – Focused Physiology and Biochemistry (1 hour)
 - g. Hyperbaric Medicine – Wound Healing Physiology Modification (1 hour)
 - h. Hyperbaric Medicine – Basic and Clinical Design and Model Evaluation (1 hour)
 - i. Additional Lecture Topics
 - 1) Hyperbaric Medicine and Sports
 - 2) Hyperbaric Medicine and Nitrous Oxide
 - 3) Hyperbaric Medicine and Cardiac Disease
 - 4) Hyperbaric Medicine and Signal Induction
 - 5) Hyperbaric Medicine and Drugs
 - 6) Hyperbaric Medicine and Off-Label Uses
 - 7) Hyperbaric Medicine as a Career
 - 8) Hyperbaric Medicine and Cancer
 - 9) Hyperbaric Medicine Disasters
 - 10) Hyperbaric Medicine and Pediatric Patients
 - 11) Hyperbaric Medicine and Neurological Diseases
 - 12) Hyperbaric Medicine in Acute Myocardial Infarction
 - 13) Hyperbaric Medicine in Avascular Necrosis
 - 14) Hyperbaric and Headaches
 - 15) Hyperbaric Medicine and Chronic Pain
 - 16) Hyperbaric Medicine and Stroke
 - 17) Hyperbaric Medicine and Cerebral Palsy
 - 18) Hyperbaric Medicine and Autism
 - 19) Hyperbaric Medicine and Multiple Sclerosis
 - 20) Hyperbaric Medicine and Biochemical Pathways
 - 21) Hyperbaric Medicine and Nerve Regeneration
 - 22) Hyperbaric Medicine and Coma
 - 23) Hyperbaric Medicine and Bisphosphonate-Induced Osteonecrosis
 - 24) Hyperbaric Medicine and Colitis
13. **HYPERBARIC MEDICINE VIDEO LECTURE SERIES (13 hours)**
- a. Photography of Wounds (1 hour)
 - b. Pneumothorax (1 hour)
 - c. Medications & HBOT (1 hour)
 - d. Optic Neuritis (1 hour)
 - e. Arterial Insufficiency Ulcers (1 hour)
 - f. Venous Stasis Ulcers (1 hour)
 - g. Pregnant Patients (1 hour)
 - h. Pediatric Patients (1 hour)
 - i. DM Wounds (1 hour)
 - j. Chemotherapy (1 hour)
 - k. Trauma (1 hour)
 - l. Seizure Disorders (1 hour)

LSU HYPERBARIC MEDICINE FELLOWSHIP
DIDACTIC CURRICULUM / LECTURE SERIES

- m. Myopia & Cataracts (1 hour)
- n. Additional Hyperbaric Medicine Videos
 - 1) History of Hyperbaric Medicine
 - 2) Oxygen Toxicity
 - 3) Physics and Physiology of Hyperbaric Medicine
 - 4) Risks and Side Effects of Hyperbaric Medicine
 - 5) Economics of Hyperbaric Medicine
 - 6) Myringotomies
 - 7) Contraindications of Hyperbaric Medicine
 - 8) Trauma, Compartment Syndrome, Crush Injury, and Perfusion Injuries and Hyperbaric Medicine
 - 9) Chamber Emergencies
 - 10) Transcutaneous Oximetry
 - 11) Research Areas in Hyperbaric Medicine
 - 12) Acute Blood Loss Anemia and Hyperbaric Medicine
 - 13) CO Poisoning and Hyperbaric Medicine
 - 14) Decompression Illness
 - 15) Barotrauma / Air Embolism
 - 16) Burns
 - 17) Soft Tissue Radionecrosis
 - 18) Wound Healing and Hyperbaric Medicine
 - 19) Chronic Wounds
 - 20) Nutrition
 - 21) Cerebral Edema and Spinal Cord Injury
 - 22) Hyperbaric Medicine and Wound Care Reimbursement
 - 23) Active Cancer and Hyperbaric Medicine
 - 24) Upper Respiratory Infections and Hyperbaric Medicine
 - 25) Anxiety
 - 26) Febrile States
 - 27) ENT Barotrauma
 - 28) Hyperbaric Medicine as a Radiation Sensitizer
 - 29) Middle Ear Surgery
 - 30) Pulmonary Diseases
 - 31) Sinusitis
 - 32) UHMS
 - 33) Safety Accreditation
 - 34) Newly Approved Uses
 - 35) Hyperbaric Medicine Literature Update
 - 36) Patient Compliance

LSU HYPERBARIC MEDICINE FELLOWSHIP MORBITIDY AND MORTALITY CONFERENCES

1. **PURPOSE:** Hyperbaric Medicine Morbidity and Mortality Conferences are a mandated educational series set forth by the Accreditation Council for Graduate Medical Education (ACGME) that occurs regularly (every other month). The purpose of these conferences is to learn from medical errors, complications, and unanticipated outcomes. The focus is on education, not culpability
2. **PREPARATION:** Both Fellows and Staff will participate at M & M conferences. The Fellows will present their presentations in Power Point Format.
3. **ATTENDANCE:** Attendance is mandatory. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Director.

LSU HYPERBARIC MEDICINE FELLOWSHIP JOURNAL CLUB

- 1. PURPOSE:** The purpose of Hyperbaric Medicine Journal Club is to discuss the interest, strength and scientific merit of articles relevant to Hyperbaric Medicine. The actual conclusion(s) of the articles is not as important as whether the conclusions can be supported by the data and methodology of the article. It is hoped that fellows will gain an understanding of research design, statistics, and interpretation of data that will facilitate critical reading / understanding of the featured articles, future articles, and articles pertinent to the fellow's research project.
- 2. TIME:** Journal Club will usually every other week (exclusive of examination dates). Approximately 4 articles will be discussed over a 2 hour period. Each Fellow will present one article.
- 3. ARTICLES:** All articles will be given out in PDF format on a jump drive on the first day of fellowship training.
- 4. ATTENDANCE:** Attendance is mandatory. The only excused absence is for vacation, illness, maternity leave, an approved educational leave, and / or for extraordinary circumstances approved by the Fellowship Director. All Fellows must sign in the sign in log every grand rounds.
- 5. ARTICLE ANALYSES:** The next page contains a summary of important points that each Fellow will elucidate upon during their journal club presentation.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
JOURNAL CLUB**

AUTHORS:

TITLE:

Is the Title Appropriate and Clear?

PROBLEM OR ISSUE DISCUSSED:

AUTHOR'S PURPOSE:

Is the Purpose of the Article made clear in the introduction?

HYPOTHESIS:

STUDY DESIGN:

METHODS:

Are the experimental methods described adequately?

Have the study design and the methods been presented in enough detail to enable duplication?

Are the statistical methods appropriate?

DISCUSSION:

Is all of the discussion relevant?

Has the author been objective in his discussion of the topic?

MAJOR CONCLUSIONS:

Did you find errors of fact and interpretation?

What underlying assumptions does the author have?

Have any ideas been overemphasized or underemphasized?

LSU HYPERBARIC MEDICINE FELLOWSHIP

JOURNAL CLUB

6. **CONTENT:** The following is a partial listing of the seminal (core) articles that will be discussed. This list changes annually.

a. **Air or Gas Embolism**

- 1) (AGE Cat) Catron PW, Dutka AJ, Biondi DA, et al. “*Cerebral Air Embolism Treated by Pressure and Hyperbaric Oxygen.*” *Neurology* 1991. 41: 314 - 315.
- 2) (AGE Bro) Brooks GJ, Green RD, Leitch DR. “*Pulmonary Barotrauma in Submarine Escape Trainees and the Treatment of Cerebral Arterial Air Embolism.*” *Aviation, Space, and Environmental Medicine* 1986. 57: 1201 – 1207.
- 3) (AGE Cla) Clarke D, Gerard W, Norris T. “*Pulmonary Barotrauma-Induced Cerebral Arterial Gas Embolism with Spontaneous Recovery: Commentary on the Rationale for Therapeutic Compression.*” *Aviation, Space and Environmental Medicine* 2002. 73 (2): 139 - 146.
- 4) (AGE Vik) Vik A, et al. “*Arterial Gas Bubbles After Decompression in Pigs with Patent Foramen Ovale.*” *Undersea Hyperbaric Med* 1993. 20: 121 - 131.
- 5) (AGE Bla) Blanc P, et al. “*Iatrogenic Cerebral Air Embolism: Importance of Early Hyperbaric Oxygen Therapy.*” *Intensive Care Med* 2002. 28: 559 - 563.

b. **Carbon Monoxide**

- 1) (CO Thom) Thom S. “*Functional Inhibition of Leukocyte B2 Integrins by Hyperbaric Oxygen in Carbon Monoxide-Mediated Brain Injury in Rats.*” *Toxicology and Applied Pharmacology* 1993. 123: 248 – 256.
- 2) (CO Wea) Weaver LK, Hopkins RO, Chan KJ, et al. “*Hyperbaric Oxygen for Acute Carbon Monoxide Poisoning.*” *NEJM* 2002. 347 (14): 1057 – 1067.
- 3) (CO Pia) Piantadosi CA. “*Carbon Monoxide Poisoning.*” *Undersea and Hyperbaric Medicine* 2004. 31 (1): 167 – 177.
- 4) (CO Asch) Scheinkestel, et al. “*Hyperbaric or Normobaric Oxygen for Acute CO Poisoning: A Randomized Controlled Clinical Trial.*” *Med J Australia* 1999. 170: 203 - 210.
- 5) (CO Ham) Hampton NB, Mathieu D, Piantadosi CA, et al. “*Carbon Monoxide Poisoning: Interpretation of Randomized Clinical Trials and Unresolved Treatment Issues.*” *Undersea and Hyperbaric Medicine* 2001. 28 (3): 157 – 164.

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JOURNAL CLUB

c. **Gas Gangrene / Necrotizing Infections**

- 1) (GG Hirn I) Hirn M, Niinikoski J, Lehtonen OP. “*Effect of Hyperbaric Oxygen and Surgery on Experimental Multimicrobial Gas Gangrene.*” *Eur Surg Res* 1993. 25: 265 – 269.
- 2) (GG Holl) Hollabaugh R, et al. “*Fournier's Gangrene: Therapeutic Impact Of Hyperbaric Oxygen.*” *Plastic and Reconstructive Surgery* 1998. 101: 94 - 100.
- 3) (GG Kor) Korhonen K, Klossner J, Hirn M, et al. “*Management Of Clostridial Gas Gangrene and the Role of Hyperbaric Oxygen.*” *Annales Chirurgiae et Gynaecologiae* 1999. 88: 139 – 142.
- 4) (GG Hirn II) Hirn M. “*Hyperbaric Oxygen in the Treatment of Gas Gangrene and Perineal Necrotizing Fasciitis.*” *European J of Surg Supplement* 1993. 570: 1 – 36.

d. **Crush Injury; Compartment Ischemia; Other Acute Ischemias**

- 1) (ISC Str) Strauss MB, Hargens AR, Gershunidh, et al. “*Delayed Use of Hyperbaric Oxygen for Treatment of a Model of Anterior Compartment Syndrome.*” *J of Orthopaedic Research* 1986. 4: 108 – 111.
- 2) (ISC Nyl) Nylander G, Otamiri T, Lewis DH, et al. “*Lipid Peroxidation Products in Post-Ischemic Skeletal Muscle and After Treatment with Hyperbaric Oxygen.*” *Scandinavian J of Plastic Reconstructive Surgery* 1989. 23: 97 – 103.
- 3) (ISC Bou) Bouachour G, Cronier P, Gouello JP, et al. “*Hyperbaric Oxygen Therapy in the Management of Crush Injuries: A Randomized Double-Blind Placebo-Controlled Clinical Trial.*” *J of Trauma: Injury, Infection, and Critical Care* 1996. 41 (2): 333 – 339.
- 4) (ISC Gar) Garcia-Covarrubias L, McSwain N, Van Meter K, Bell R. “*Adjuvant Hyperbaric Oxygen Therapy in the Management of Crush Injury and Traumatic Ischemia: An Evidence-Based Approach.*” *The American Surgeon* 2005. 71 (2): 144 – 151.

e. **Decompression Sickness**

- 1) (DCS Dic) Dick EJ, Broome JU, Hayward IJ. “*Acute Neurologic Decompression Illness in Pigs: Lesions of the Spinal Cord and Brain.*” *Laboratory Animal Science* 1997. 47 (1): 50 – 57.
- 2) (DCS Lei) Leitch DR, Hallenbeck JM. “*Oxygen in the Treatment Of Spinal Cord Decompression Sickness.*” *Undersea Biomedical Research* 1985. 12 (3): 269 – 289.
- 3) (DCS Gre) Green RD, Leitch DR. “*Twenty Years of Treating Decompression Sickness.*” *Aviation, Space, and Environmental Medicine* 1987. 362 – 366.

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- 4) (DCS Aha) Aharon-Peretz J, Adir Y, Gordon CR, et al. “*Spinal Cord Decompression Sickness in Sport Diving.*” Arch Neurol 1993. 50: 753 – 756.
- 5) (DCS Bar) Barratt DM, Harch PG, Van Meter K. “*Decompression Illness in Divers: A Review of the Literature.*” The Neurologist 2002. 8 (3): 186 – 202.
- 6) (DCS Bli) Blick G. “*Notes on Divers Paralysis.*” Brit Med J 1909. 2: 1796 - 1798.
- 7) (DCS Boy) Boycott AE, Damant GCC and Haldane JS. “*The Prevention of Compressed-Air Illness.*” J Hyg (Camb) 1908. 8: 342 - 443.
- 8) (DCS Cas) Castagna O, et al. “*Pre-Dive Normobaric Oxygen Reduces Bubble Formation in Scuba Divers.*” Eur J Appl Physiol 2009.

f. **Wound Healing & Biochemistry**

- 1) (WH Zha) Zhang Q, et al. “*Hyperbaric Oxygen Attenuates Apoptosis and Decreases Inflammation in an Ischemic Wound Model.*” J Investigative Dermatol 2008.
- 2) (WH Gal) Gallagher KA, Zhao-Jun L, et al. “*Diabetic Impairments in NO-Mediated Endothelial Progenitor Cell Mobilization and Homing are Reversed by Hyperoxia and SDF-1a.*” J Clin Invest 2007. 117: 1249 – 1259.
- 3) (WH Tho) Thom SR, Bhopale VM, et al. “*Stem Cell Mobilization By Hyperbaric Oxygen.*” Am J Physiol Heart Circ Physiol 2006. 290: H1378 – H1386.
- 4) (WH Lee) Lee CC, Chen SC, Tsai SC, et al. “*Hyperbaric Oxygen Induces VEGF Expression Through ERK, JNK, and C-JUN / AP-1 Activation in Human Umbilical Vein Endothelial Cells.*” J Biomed Sci, Jan 2006. 13 (1): 143 – 156.
- 5) (WH Fife) Fife C, et al. “*Factors Influencing Outcomes of Lower Extremity Diabetic Ulcers with Hyperbaric Oxygen Therapy.*” Wound Rep Reg 2007. 15: 322 - 331.
- 6) (WH Lin) Lin S, Shyu KG, Lee CC, et al. “*Hyperbaric Oxygen Selectively Induces Angiopoietin-2 in Human Umbilical Vein Endothelial Cells.*” Biochem and Biophys Res Comm 2002. 296: 710 – 715.
- 7) (WH Fag) Faglia E, Favales F, Aldehgi A, et al. “*Adjunctive Systemic Hyperbaric Oxygen Therapy in Treatment of Severe Prevalently Ischemic Diabetic Foot Ulcer.*” Diabetes Care 1996. 19 (12): 1338 – 1343.
- 8) (WH Roe) Roeckl-Wiedmann I, Bennett M, Kranke P. “*Systemic Review of Hyperbaric Oxygen in the Management of Chronic Wounds.*” Brit J of Surgery 2005. 92: 24 – 32.

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- 9) (WH Chu) Chuck AW, Hailey D, Jacobs P, et al. “*Cost-Effectiveness and Budget Impact of Adjunctive Hyperbaric Oxygen Therapy for Diabetic Foot Ulcers.*” Intl J of Technology Assessment in Health Care 2008. 24 (2): 178 – 183.
- 10) (WH Bur I) Buras, J, et al. “*Hyperbaric Oxygen Downregulates ICAM-1 Expression Induced by Hypoxia and Hypoglycemia: The Role of NOS.*” Am J Physiol 2000. 278 (2): C292 - C302.
- 11) (WH Bur II) Buras, J, et al. “*Hyperbaric Oxygen Protects from Sepsis Mortality Via an Interleukin-10-Dependent Mechanism.*” Crit Care Med 2006. 34 (10): 2693 - 2695.
- 12) (WH Bur III) Buras, JA, Reenstra WR. “*Endothelial-Neutrophil Interactions During Ischemia and Reperfusion Injury: Basic Mechanisms of Hyperbaric Oxygen.*” Neurol Res 2007. 29 (2): 127 - 131.

g. **Exceptional Blood Loss Anemia**

- 1) (EA Boe) Boerema I, et al. “*Life Without Blood. A Study Of The Influence Of High Atmosphere Pressure and Hypothermia On Dilution Of The Blood.*” J Cardiovas Surg 1960. 133 - 146.
- 2) (EA Yam) Yamashita M. “*Hyperbaric Oxygen Treatment Attenuates Cytokine Induction After Massive Hemorrhage.*” Am J Physiol Endocrinol Metab 2000. 278 (5): E811 – E816.
- 3) (EA Gre) Greensmith JE. “*Hyperbaric Oxygen Reverses Organ Dysfunction in Severe Anemia.*” Anesthesiology 2000. 93 (4): 1149 – 1152.
- 4) (EA KVM) Van Meter K. “*A Systematic Review of the Application of Hyperbaric Oxygen in the Treatment of Severe Anemia: An Evidence-Based Approach.*” Undersea and Hyperbaric Medical Society 2005. 32 (1): 61 – 83.

h. **Intracranial Abscess**

- 1) (ICA Lam) Lampl LA, Frey G, Dietze T. et al. “*Hyperbaric Oxygen in Intracranial Abscesses.*” J of Hyperbaric Medicine 1989. 4 (4): 111 – 125.
- 2) (ICA Kul) Kulay M, et al. “*Stereotactic Aspiration and Antibiotic Therapy Combined with Hyperbaric Oxygen Therapy in the Management of Bacterial Brain Abscess.*” Neurosurgery 2005. 57: 1140 - 1146.

i. **Refractory Osteomyelitis**

- 1) (OST Men) Mendel V, Simanowski J, Scholz CH. “*Synergy of HBO2 and a Local Antibiotic Carrier for Experimental Osteomyelitis Due to Staphylococcus Aureus in Rats.*” UHM 2004. 31 (4): 407 – 416.

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- 2) (OST Mor) Morrey BF et al. “*Hyperbaric Oxygen and Chronic Osteomyelitis.*” Clin Orthop Rel Res 1979. 144: 121 - 127.
- 3) (OST Che) Chen CE, Ko JY, Fu TH, et al. “*Results of Chronic Osteomyelitis of the Femur Treated with Hyperbaric Oxygen: A Preliminary Report.*” Chang Gung Med J 2004. 27 (2): 91 – 97.
- 4) (OST Cal) Calhoun JH, Cobos JA, Mader JT. “*Does Hyperbaric Oxygen Have a Place in the Treatment of Osteomyelitis?*” Orthopedic Clinics of North America 1991. 22 (3): 467 – 471.

j. **Late Radiation Injury**

- 1) (RAD Mar I) Marx RE, Ehler WJ, Tayapongsak P, et al. “*Relationship of Oxygen Dose to Angiogenesis Induction in Irradiated Tissue.*” Am J Surg 1990. 160: 519 – 524.
- 2) (RAD Mar II) Marx RE. “*Prevention of Osteoradionecrosis: A Randomized Prospective Clinical Trial of Hyperbaric Oxygen Versus Penicillin.*” J Am Dent Assoc 1985. 49 - 54.
- 3) (RAD Cla) Clarke RE, Tenorio LMC, Hussey JR, et al. “*Hyperbaric Oxygen Treatment of Chronic Refractory Radiation Proctitis: A Randomized and Controlled Double-Blind Crossover Trial with Long-Term Follow-Up.*” International J of Radiation Oncology, Biology, Physics 2008. 72: 137 – 146.
- 4) (RAD Fel) Feldmeier JJ, Hampson NB. “*A Systematic Review of the Literature Reporting the Application of Hyperbaric Oxygen Prevention and Treatment of Delayed Radiation Injuries: An Evidenced Based Approach.*” UHM 2002. 29: 4 - 30.
- 5) (RAD Pas) Pasquier D, Hoelscher T, Schmutz J, et al. “*Hyperbaric Oxygen Therapy in the Treatment of Radio-Induced Lesions in Normal Tissues: A Literature Review.*” Radiology and Oncology 2004. 72: 1 – 13.

k. **Skin Grafts and Flaps**

- 1) (SGF Ste) Stevens DM, Weiss DW, Koller WA, et al. “*Survival of Normothermic Microvascular Flaps After Prolonged Secondary Ischemia: Effects of Hyperbaric Oxygen.*” Otolaryngology-Head and Neck Surgery 1996. 115 (4): 360 – 364.
- 2) (SGF Bow) Bowersox JC, Strauss MB. “*Clinical Experience with Hyperbaric Oxygen Therapy in the Salvage of Ischemic Skin Flaps and Grafts.*” J of Hyperbaric Medicine 1986. 1 (3): 141 – 149.
- 3) (SGF Fri) Friedman HI, Fitzmaurice M, Clarke D, et al. “*An Evidence-Based Appraisal of the Use of Hyperbaric Oxygen on Flaps and Grafts.*” Plastics and Reconstructive Surgery 2006. 117 (7S): 175s – 190s.

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- 4) (SGF Zam) Zamboni, et al. “ *Morphologic Analysis of the Microcirculation During Reperfusion of Ischemic Skeletal Muscle and the Effect of HBO.*” *Plastic & Reconstructive Surgery*, 1993. 91: 1110 - 1123.

l. Thermal Burns

- 1) (TB Ger) Germonpre P, Van Renterghem I, Vanderkelen A, et al. “*Hyperbaric Oxygen Therapy in the Treatment of Burns: Evaluation of Systemic Lipid Peroxidation and Activation of Oxygen-Radical Dependent Inflammatory Reactions.*” *Proceedings: International Joint Meeting on Hyperbaric and Underwater Medicine 1996, Milan Italy*, EDS. Marroni A, Oriani G, and Wattel F.
- 2) (TB Nie) Niezgoda JA, Cianci P, Folden BW, t al. “*The Effect of Hyperbaric Oxygen Therapy on a Burn Wound Model in Human Volunteers.*” *Plastic and Reconstructive Surgery* 1997. 99 (6): 1620 – 1625.
- 3) (TB Vil) Villanueva E, Bennett MH, Wasiak J, et al. “*Hyperbaric Oxygen Therapy for Thermal Burns (Review).*” *The Cochrane Database of Systemic Reviews* 2004. Issue 2. Art No: CD004727. Pubs2. DOI: 10.1002/14651858.

m. Traumatic Brain Injury

- 1) (TBI Roc) Rockswold, et al. “*Results of a Prospective Randomized Trial for Treatment of Severely Brain-Injured Patients with HBO.*” *J Neurosurg*, 1992: 76: 929 - 934.
- 2) (TBI McD I) McDonough, et al. “*HBOT for Traumatic Brain Injury: A Systematic Review of the Evidence.*” *Arch Phys Med & Rehabil*, 2004: 85 (7): 1198 - 204.
- 3) (TBI Har I) Harch. “*Medicine That Ignores the Evidence.*” *Arch Phys Med & Rehabil*, 2006. 87 (4).
- 4) (TBI McD II) McDonough, et al. “*Response to Medicine That Ignores the Evidence.*” *Arch Phys Med & Rehabil* 2006. 87 (4).
- 5) (TBI Jia) Jiang J, et al. “*Effect of Arousal Methods for 175 Cases of Prolonged Coma After Severe Traumatic Brain Injury and Its Related Factors.*” *Chin J Traumatol* 2004. 7 (6): 341-343.
- 6) (TBI Har II) Harch, P, et al. “*Hyperbaric Oxygen Therapy Improves Spatial Learning and Memory in a Rat Model of Chronic Traumatic Brain Injury.*” *Brain Res* 2007. 1174; 120 -129.

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n. **Brain Injury / Stroke**

- 1) (BI Hod) Hodgson, et al. “*Case Control Study of Cerebral Perfusion Deficits in Divers Using 99Tcm Hexamethylpropylene Amine Oxime.*” Undersea Biomed Res, 1991. 18 (5 - 6): 421 - 431.
- 2) (BI Hou) Houston, et al. “*Use of Significance Image to Determine Patterns of Cortical Blood Flow Abnormality in Pathological and at-Risk Groups.*” J Nucl Med, 1998. 39: 425 - 430.
- 3) (BI Col) Collet, et al. “*HBO for Children with Cerebral Palsy: A Randomized Multicentre Trial.*” Lancet, 2001. 357: 582 - 586.
- 4) (BI Rus) Rusyniak, et al. “*HBOT in Acute Ischemic Stroke, Results of the HBO in Acute Ischemic Stroke Trial Pilot Study.*” Stroke 2003. 34: 571 - 574.

o. **Central Retinal Artery Occlusion**

- 1) (CRAO Bei) Beiran I, et al. “*Early Hyperbaric Oxygen Therapy for Retinal Artery Occlusion.*” Eur J Ophthalmol. 2001 Oct-Dec. 11 (4): 345 - 50.
- 2) (CRAO But) Butler FK, Hagan C, Murphy-Lavoie H. “*Hyperbaric Oxygen Therapy and the Eye.*” Undersea Hyper Med. 2008.

p. **Resuscitation**

- 1) (RES KVM) Van Meter K, et al. “*Hyperbaric Oxygen Therapy Returns The Rate of Return of Spontaneous Circulation After Prolonged Normothermic Porcine Cardiopulmonary Arrest.*” Resuscitation. 2008.

q. **New Horizons / Miscellaneous**

- 1) (NH Hut) Hutchinson J, et al. “*Controlled Trials Of Hyperbaric Oxygen and Tracheal Intubation In Asphyxia Neonatorum.*” Lancet 1966. 935 - 939.
- 2) (NH Fat) Fattori B, et al. “*Sudden Hypoacusis Treated With Hyperbaric Oxygen Therapy: A Controlled Study.*” Ear Nose and Throat Journal 2001. 80: 655 - 660.
- 3) (NH Sta) Stavitsky Y, et al. “*Hyperbaric Oxygen and Thrombolysis in Myocardial Infarction: The ‘HOT MI’ Randomized Multi-Center Study.*” Cardiology 1998. 90: 131 - 136.
- 4) (NH Sha) Sharifi M, et al. “*Usefulness of Hyperbaric Oxygen Therapy to Inhibit Restenosis After Percutaneous Coronary Intervention for Acute Myocardial Infarction or Unstable Angina Pectoris.*” Am J Cardiol 2004. 93: 1533-1535.

LSU HYPERBARIC MEDICINE FELLOWSHIP
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- 5) (NH Ale) Alex J, et al. “*Pretreatment with Hyperbaric Oxygen and its Effect on Neuropsychometric Dysfunction and Systemic Inflammatory Response after Cardiopulmonary Bypass: A Prospective Randomized Controlled Double-Blinded Trial.*” J Thoracic Cardiovasc Surg 2005. 130: 1623 - 1630.
- 6) (NH Zel) Zelinski L, et al. “*A Prolonged Nitric-Oxide Dependant, Opiate-Mediated Anti-Nociceptive Effect of Hyperbaric Oxygen in Mice.*” J Pain 2009. 10: 167 - 172.

LSU HYPERBARIC MEDICINE FELLOWSHIP QUARTERLY IN-SERVICE EXAMINATIONS

1. **PURPOSE:** The purpose of the hyperbaric medicine in-service examinations is to evaluate the understanding of the core curriculum didactics and to aid in the preparation for the Hyperbaric Medicine Board Examination. Additionally, these examinations will be utilized during the Fellow's quarterly evaluations.
2. **TIME:** These examinations are held toward the end of the months of September, December, March, and June. The examinations are one hour in length. The examinations will be graded during the following hour, when the answers and explanations are reviewed.
3. **GRADING:** There will be fifty (50) questions on each examination. Following the examination, the next hour will be allotted for reviewing the correct answers. Discussions will be held as to question specifics, and any controversial questions will be reviewed by both the Fellows and the Attending Staff. Any questions that are thrown out or any curve that is generated is at the discretion of the examiner. The grading scale will be pass / fail with a numerical value assigned to each examination.
4. **CONTENT:** The content will adhere to current available study guide recommendations and the ACGME core curriculum for hyperbaric medicine. A reading list will be handed out at the beginning of each quarter to aid the Fellow in preparation for the quarterly examinations. The entirety of the ACGME core curriculum is represented annually in the Hyperbaric Medicine Lecture Series.
5. **ACGME CORE CURRICULUM FOR HYPERBARIC MEDICINE**
 - a. **History of Undersea and Hyperbaric Medicine**
 - b. **Decompression Theory & Physiology** (including theory and application of decompression tables)
 - c. **Oxygen Physiology** (normobaric, hyperbaric and hypobaric environments)
 - d. **Oxygen Toxicity**
 - e. **Pathophysiology of Decompression Illness & Arterial Gas Embolism** (including iatrogenic gas embolism)
 - f. **Diving Operations and Human Performance in the Hypo / Hyperbaric Environments**
 - g. **Medical Examination / Standards for Divers and Personnel Working in Hypo / Hyperbaric Environments**
 - h. **Effects of Hyperbaric Oxygenation on Infectious Disease**

- i. **Principles of Treatment of Toxic Gas Exposures** (i.e. CO Poisoning)

LSU HYPERBARIC MEDICINE FELLOWSHIP

QUARTERLY IN-SERVICE EXAMINATIONS

- j. **Effects of Hyperbaric Oxygenation on Irradiated Tissues and Ischemic Wounds**
- k. **Tissue Oxygen Measurement**
- l. **Multiplace and Monoplace Hyperbaric Chamber Operations**
- m. **Safety Considerations**
- n. **Management of Critically Ill Patients in the Hyperbaric Environment**
- o. **Clinical Monitoring and Mechanical Ventilation**
- p. **Evaluation of the patient for Clinical Hyperbaric Treatment**
- q. **Contraindications to Hyperbaric Treatment**
- r. **Side Effects of Hyperbaric Treatments**
- s. **Hazards of Standard Electrical Therapies in Hyperbaric Environment** (e.g., electrical defibrillation and precautions)
- t. **Emergency Procedures for Both Monoplace and Multiplace Installations**
- u. **Saturation Diving** (air quality stands and life support requirements, physiology and practical [medical] issues associated with heliox, trimix, and hydrogen / oxygen / helium mixtures)
- v. **Systems Management** (administrative aspects of chamber operations, billing issues, quality assurance, and peer review)

LSU HYPERBARIC MEDICINE FELLOWSHIP CLINICAL AND DIDACTIC MATERIALS

The hyperbaric medicine fellowship realizes that there is a great deal of information to assimilate during fellowship training. Toward this end, the fellowship has compiled a jump drive for each fellow. They will be handed out at orientation. In summary,

ALL FELLOWS will receive the following:

1. **ORIENTATION MATERIALS**
 - a. House Officer Manual
 - b. Orientation Book (The Black Book)
 - c. Yearly Schedule
 - d. Lecture Schedule
 - e. Procedure Log
 - f. Fellowship Folder (to place all required paperwork)
 - g. 16 G Jump Drive (to place all required forms and presentations)
 - h. Core Seminal Articles (79 Articles in PDF Format)

2. **HYPERBARIC MEDICINE TEXTBOOKS**
 - a. 2008 Hyperbaric Committee Report
 - b. The Oxygen Revolution (Harch)
 - c. US Navy Diving Manual (Revision 2008)
 - d. NOAA Diving Manual
 - e. National Fire Protection Association NFPA 99 Standard for Health Care Facilities (2005)
 - f. National Fire Protection Association (Chapter 19 – Specifications for Hyperbaric Facilities - 1999)
 - g. Hyperbaric Medicine Procedures (HBO Handbook)
 - h. Safety Standard for Pressure Vessels for Human Occupancy (American Society of Mechanical Engineers 2007)
 - i. Quick Reference for Wound Care Book (Brown & Phelps Maloy, 2nd Ed 2007)

- j. The Physiology and Medicine of Diving Book (Bennett & Elliott (4th Edition)

**LSU HYPERBARIC MEDICINE FELLOWSHIP
CLINICAL AND DIDACTIC MATERIALS**

- k. DAN Annual Review: The Report on Decompression Illness, Diving Fatalities, and Project Dive Exploration (2005, 2006, 2007)
- l. Association of Diving Contractors Consensus Standards for Commercial Diving and Underwater Operations (5th Ed - 2004)
- m. Diving Autopsy Manual
- n. US Naval Flight Surgeon's Manual (3rd Edition – 1991)
- o. Key Documents of the Biomedical Aspects of Deep-Sea Diving, Selected from the World's Literature (1608 – 1982) UHMS
- p. Proceedings from 1st Underwater Physiology Symposium (1955, 1963, 1966, 1971, 1976, 1978, 1981, 1984, 1987, 2004)

3. POWER POINT PRESENTATIONS

- a. Diving Decompression Tables (with examples)
- b. US Navy Dive Tables (with examples)
- c. LSU Hyperbaric Fellowship Grand Rounds (example)
- d. Examples of Previous UHMS Power Point Presentations

4. CALCULATORS

- a. Zwart's NOBENDEM Advanced Decompression Tables
- b. Zwart's NOBENDEM – Air / Nitrox Decompression Profile Calculator
- c. Zwart's UPTD (Unit Pulmonary Toxic Dose) Calculator
- d. Zwart's Carboxy-Calculator
- e. Zwart's Chamber Dive Air Requirements Calculator
- f. Zwart's SCUBA Dive Air Requirements Calculator
- g. New Orleans No Way Out Diving Calculations

LSU HYPERBARIC MEDICINE FELLOWSHIP CLINICAL AND DIDACTIC MATERIALS

5. FORMS AND GUIDELINES

- a. Association of Diving Contractors Medical Diving Physical Exam Form (2008)
- b. Evaluation and Treatment of DCS (Form Questionnaire)
- c. Guidelines for Recreational Diving with Diabetes (Summary Form)
- d. Guidelines for Evaluation and Treatment of DCS
- e. A Providers Reference for Clinical Hyperbaric Oxygen Therapy

6. ARTICLES OF INTEREST

- a. Central Retinal Artery Occlusion – Full Text with All Tables from 2008
Hyperbaric Committee Report
- b. Behnke (1937) “Compressed Air Illness”
- c. Lawrence, Chris. “Interpretation of Gas in Diving Autopsies.” SPUMS Journal
Volume 27 (4): December 1997.
- d. “Current Concepts in Carbon Monoxide Poisoning.” Armin Ernst and Joseph
Zibrak. NEJM 339 (22): November 26, 1998.
- e. “Gas Embolism.” Muth CM and Shank ES. NEJM 342 (7): February 17, 2000.
- f. Zwart, Benton. “The Smooth Ride Profile: Development, Implementation and
Evaluation of a Hyperbaric Chamber Descent and Ascent Based on a Constant
Rate of Volume Change with Time.” 1998

LSU HYPERBARIC MEDICINE FELLOWSHIP

EDUCATIONAL RESOURCES

1. **LSU HEALTH SCIENCES CENTER:** Training programs have access to the general education resources of the Health Sciences Center. These include: lecture rooms, conference rooms, and auditorium facilities; and interdepartmental laboratories, computers, and educational devices. Library facilities of the Health Sciences Center (504-568-6100), and individual Departments are available to all Fellows.

2. **LSUHSC LIBRARY:** The Library is excited to announce that access to a whole new set of databases will be provided by software from Ovid Technologies, Inc. Access to the OVID databases is via a Web browser and is available through the library's Web page at <http://www.lsumc.edu/campus/library/no-lib.htm> or directly to <http://ovid.lsumc.edu>. The following databases will be available:
 - a. **MEDLINE:** 1966 present Produced by the U.S. National Library of Medicine, the MEDLINE database is widely recognized as the premier source for bibliographic coverage of biomedical literature. MEDLINE encompasses information from Index Medicus, Index to Dental Literature, and International Nursing, as well as other sources of coverage in the areas of communication disorders, population biology, and reproductive biology. More than 8.5 million records from more than 3,600 journals are indexed.

 - b. **PsycINFO:** 1988-present. Produced by the American Psychological Association, PsycINFO covers the professional and academic literature in psychology and related disciplines, including medicine, psychiatry, nursing, sociology, education, pharmacology, physiology, linguistics, and other areas. PsycINFO's coverage is worldwide, and includes references and abstracts to over 1,300 journals in more than 20 languages, and to book chapters and books in the English language. The database includes information from empirical studies, case studies, surveys, bibliographies, literature reviews, discussion articles, conference reports and dissertations.

 - c. **Bioethicsline:** 1973-present. Produced jointly by the Kennedy Institute of Ethics and the U.S. National Library of Medicine, the BioethicsLine database includes more than 47,000 records of English-language materials on bioethics. Documents are selected from the disciplines of medicine, nursing, biology, philosophy, religion, law, and the behavioral sciences. Selections from popular literature are also included. Covered document types include journal and newspaper articles, monographs, court decisions, bills, laws, and audiovisual materials.

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EDUCATIONAL RESOURCES

- d. **HealthSTAR:** 1975-present. HealthSTAR contains citations to the published literature on health services, technology, administration, and research. It focuses on both the clinical and non-clinical aspects of health care delivery. The following topics are included: evaluation of patient outcomes; effectiveness of procedures, programs, products, services and processes; administration and planning of health facilities, services and manpower; health insurance; health policy; health services research; health economics and financial management; laws and regulation; personnel administration; quality assurance; licensure; and accreditation. HealthSTAR is produced cooperatively by the U.S. National Library of Medicine and the American Hospital Association. The database contains citations and abstracts (when available) to journal articles, monographs, technical reports, meeting abstracts and papers, book chapters, government documents, and newspaper articles from 1975 to the present.

- e. **ERIC:** 1966-present. Produced by the U. S. Department of Education, ERIC is a national bibliographic database that indexes over 775 periodicals dealing with the subject of education. It is the premier resource for references to these materials. Targeted to teachers, administrators and other education professionals, ERIC combines information from two printed sources: Resources in Education (RIE) and the Current Index to Journals in Education (CUE).

- f. **CINAHL:** 1982-present. Produced by CINAHL Information Systems, The Nursing & Allied Health (CINAHL) database provides comprehensive coverage of the English language journal literature for nursing and allied health disciplines. Material from over 650 journals are included in CINAHL, covering fields such as cardiopulmonary technology, emergency services, health education, med/lab technology, medical assistance, medical records, occupational therapy, physical therapy, radiological technology, respiratory therapy, social sciences, surgical technology, and the physician's assistant. Also included are healthcare books, nursing dissertations, selected conference proceedings, standards of professional practice, and educational software. There is selective coverage of journals in biomedicine, the behavioral sciences, management, and education.

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EDUCATIONAL RESOURCES

- g. **CANCERLIT:** 1983-present. Produced by the U.S. National Cancer Institute, CancerLit is an important source of bibliographic information pertaining to all aspects of cancer therapy, including experimental and clinical cancer therapy; chemical, viral and other cancer causing agents; mechanisms of carcinogenesis; biochemistry, immunology, and physiology of cancer, and mutagen and growth factor studies. Some of the information in CancerLit is derived from the MEDLINE database. Approximately 200 core journals contribute a large percentage of the 750,000+ records in this database. In addition, other information is drawn from proceedings of meetings, government reports, symposia reports, theses, and selected monographs.
- h. **OVID CORE BIOMEDICAL COLLECTION:** The Ovid Core Biomedical Collection contains Ovid Full Text versions of the world's leading biomedical journals. Journals available in the Ovid Core Biomedical Collection include the following:
- * The American Journal of Medicine
 - * The American Journal of Obstetrics & Gynecology
 - * The American Journal of Surgery
 - * The Annals of Internal Medicine
 - * The Archives of General Psychiatry
 - * The British Medical Journal
 - * The Canadian Medical Association Journal
 - * Circulation
 - * JAMA: The Journal of the American Medical Association
 - * The Journal of Bone and Joint Surgery (American Volume)
 - * The Journal of Clinical Investigation
 - *The Lancet
 - *The New England Journal of Medicine

LSU HYPERBARIC MEDICINE FELLOWSHIP

EDUCATIONAL RESOURCES

3. **MedEdOnline (for UHMS members):** This is brought to you by the UHMS Practice Compliance Committee. Go to www.uhms.org, then login to the Members Only Site (if you need your login please contact the UHMS offices at 919-490-5140), then go to Membership, Practice Compliance Committee and click on the MedEdOnline link and follow the simple login instructions. MedEd Online is a resource that includes an "Ask The Experts" section from anything Hyperbaric Medicine, Safety, Insurance, Wound Care, or other topics.
4. **MD CONSULT:** Available to Fellows free of charge. It can be accessed from the LSU Desktop, click on Medical package or go to www.lsuhs.edu, click INTRANET, click MD Consult. The Fellow must use his assigned username and password to get on the LSU system. If the Fellow is accessing the system out of campus for the first time, after clicking on INTRANET on the next frame he must click "Desktop ECA client Download" and follow the instructions in the dialog box.
5. **LSU HYPERBARIC MEDICINE DEPARTMENT:** Books are available in the department. They were donated as a gift from Drs. Harch and Van Meter by Jim Joiner, editor of Best Publishing Company to help restock the academic department after Hurricane Katrina. Please do not remove them from the department.
6. **WEST JEFFERSON MEDICAL CENTER HYPERBARIC MEDICINE DEPARTMENT:** Books are available in the department. Please do not remove them from the department.
7. **VAN METER & ASSOCIATES LIBRARY:** The Van Meter and Associates practice maintains one of the largest hyperbaric medicine libraries in the United States. This consists of symposia, workshops, books, journals, and over 20,000 articles. Pat Ridge is the librarian and can obtain materials on request. A visit to the facility is highly recommended so that you can familiarize yourself with the resources.
8. **ADDITIONAL SOURCES OF INFORMATION:** In addition to the above resources, many institutions of higher learning are easily accessible and may be able to provide assistance. These Academic Centers include:
 - a. **Colleges and Universities**

Delgado University	Dillard University	Loyola University
Southern University	Tulane University	Tulane Medical Center
University of New Orleans	Xavier University	
 - b. **Educational Resource Web Sites**

Rubicon Foundation	UHMS Website	HBO Evidence Website
Best Publishing	NOAA Website	Cochrane Database



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



FELLOW EVALUATIONS



LSU HYPERBARIC MEDICINE FELLOWSHIP

FELLOW EVALUATIONS

1. **360 DEGREE EVALUATIONS OF FELLOWS:** will occur quarterly, following the Hyperbaric Medicine Fellowship / Hyperbaric Medicine Unit Meeting.
 - a. **Meeting Participants:** usually the Program Director, Associate Program Director, Research Director, Hyperbaric Facility Medical Director of Each Facility, Attending Hyperbaric Physicians, and Support Staff
 - b. **Purpose:** The purpose of these meetings is to discuss each Hyperbaric Medicine Fellow in a 360 degree fashion.

2. **FORMAL QUARTERLY EVALUATIONS:** These meetings are for the formal evaluation of each Fellow toward the end of the months of September, December, March, and June. The evaluations take several hours to completely review. The following tools are utilized:
 - a. **Formal Fellow Evaluations:** These evaluations, which include the core competencies set forth by the ACGME, are filled out for each fellow by the above mentioned participants.
 - b. **Fellow Self-Assessment Survey:** Each Fellow will fill out these forms on a quarterly basis. These forms will be reviewed as well.
 - c. **Fellow Stress Evaluation Survey:** Each Fellow will fill out these forms on a quarterly basis. These forms will be reviewed by the Program Director, Associate Program Director, and each Hyperbaric Medicine Faculty Mentor.
 - d. **Fellow Sleep and Fatigue Questionnaire:** Each Fellow will fill out this questionnaire on a quarterly basis. These forms will be reviewed by the Program Director, Associate Program Director, and each Hyperbaric Medicine Faculty Mentor.
 - e. **Mentor Evaluation:** Each Fellow will meet with their mentor on a quarterly basis. It is the responsibility of the Fellow to set this meeting up. During these meetings, a thorough review of the Fellow's progress in research, reading, lecture responsibilities, didactics, and clinical responsibilities is undertaken. Additionally, the Fellow's perception of the utility of his participation in his didactic lecturing to the Regional Diving Community is evaluated. The mentor will turn this evaluation into the Program Director to place in the Fellow's file.
 - f. **Fellow Lecture Evaluations:** These evaluations will be filled out by each audience member in attendance. The quality of the lecture and the presentation by the lecturer will be evaluated by assessing Enthusiasm, Clarity, Interactions with the Audience, as well as the organization and overall presentation.

LSU HYPERBARIC MEDICINE FELLOWSHIP

FACULTY ADVISORS

1. **PURPOSE:** The purpose of assigning each Hyperbaric Medicine Fellow an Attending Hyperbaric Medicine Physician Mentor is for advocacy for the Fellow. The mentor will follow the Fellow's progress in his research, clinical and didactic endeavors. The mentor will also serve as a source of support and guidance throughout the Fellowship.
2. **MEETINGS:** The Mentor meetings will occur quarterly. It is the responsibility of the Fellow to set this meeting up.
3. **ATTENDING MENTOR ASSIGNMENTS:**
 - a. Dr. Murphy – Dr. Piper
 - b. Dr. Wyatt – Dr. Hannan
 - c. Dr. Hardy – Dr. Alleman
 - d. Dr. Harch - Dr. Parks
4. **MENTOR EVALUATION TOOL:** During these meetings, a thorough review of the Fellow's progress in research, reading, lecture responsibilities, hyperbaric charting, didactics, and clinical responsibilities is undertaken. Additionally, the Fellow's perception of the utility of his participation in his didactic lecturing to the Regional Diving Community is evaluated. Moreover, the mentor will inquire about any concerns or grievances of the Fellow and give constructive feedback and advice. The mentor will fill out the evaluation tool and turn it in to the Program Director for review and for placement in the Fellow's file.

LSU HYPERBARIC MEDICINE FELLOW EVALUATION FORM

HYPERBARIC MEDICINE FELLOW: _____

EVALUATOR SIGNATURE (name and title): _____

QUARTER: 1st 2nd 3rd 4th

MEDICAL KNOWLEDGE (Core Competency)			
Unacceptable	Acceptable	Very Good	Excellent
Cannot recall basic science or clinical information or relate the information to patients or cases	Has basic knowledge and some ability to relate to clinical and didactic material	Above average knowledge base; Correlates knowledge consistently to clinical and didactic material	Superior knowledge; Mature application to clinical and didactic material

HISTORY & PHYSICAL EXAMINATION			
Unacceptable	Acceptable	Very Good	Excellent
Incomplete or inaccurate; Misses major problems	Usually complete and accurate; May miss important information	Complete and accurate; Includes important information	Comprehensive; thorough and precise; Identifies subtle problems

DIFFERENTIAL DIAGNOSES			
Unacceptable	Acceptable	Very Good	Excellent
Unable to make a differential diagnoses or problem list	Identifies major problems; Limited differential diagnoses	Identifies major and minor problems with basic differential diagnoses	Mature analysis and synthesis of data by priority; Extensive differential diagnoses

DIAGNOSTIC TESTS AND MANAGEMENT PLANS			
Unacceptable	Acceptable	Very Good	Excellent
Overlooks basic tests; Cannot interpret results; Unable to formulate plan of management	Orders and interprets basic test; Differentiates with further tests and therapy	Complete and efficient plan for tests and consultations; Management plan complete and accurate	Efficiently plans alternative strategies as results received; Management plan comprehensive, precise and cost effective

WRITTEN NOTES AND ORAL PRESENTATIONS			
Unacceptable	Acceptable	Very Good	Excellent
Irrelevant information or missing data; Few notes; Often late; Major problems omitted	Basic information; Usually prompt; Covers major problems with minor omissions	Well done, organized, complete and relevant; No detailed analyses	Outstanding notes that are prompt and thorough, relevant presentations

PROCEDURAL SKILLS			
Unacceptable	Acceptable	Very Good	Excellent
Does not use proper technique; Awkward; Bypasses steps; Avoids procedures; Uncoordinated or disorganized	Occasional difficulty with proper technique; Minor problems with organization, coordination, or timing	Uses proper technique; Organizes equipment; Smooth and coordinated	Precise training; Efficient performance with ease and dexterity; Puts patient at ease

LSU HYPERBARIC MEDICINE FELLOW EVALUATION FORM

JUDGEMENT - DECISION MAKING			
Unacceptable	Acceptable	Very Good	Excellent
Decisions risky and / or not cost effective	Decisions usually safe but may not pinpoint problems; Not always cost efficient	Decisions accurate and safe; Uses common sense	Mature, cost effective and safe; Decisions based on sound integration of data and reasoning

PRACTICE - BASED LEARNING & IMPROVEMENT (Core Competency)			
Unacceptable	Acceptable	Very Good	Excellent
Does not adequately investigate and evaluate patients; Unable to assimilate and appraise scientific evidence; Does not apply self-assessment and lifelong learning techniques	Adequate textbook knowledge; Sets learning and improvement goals; Able to implement changes to improve practice; Uses information technology to improve education and patient care	Actively engages in supplemental reading; Consistently identifies strengths, deficiencies, and limits in own knowledge and expertise; Systematically analyzes own practice using quality improvement methods	Extensive supplemental reading; Consistently and actively engages in self-assessment and lifelong learning techniques; Utilizes all possible information technology to improve performance and patient care

SYSTEMS-BASED PRACTICE (Core Competency)			
Unacceptable	Acceptable	Very Good	Excellent
Unresponsive to the larger context and system of healthcare; Does not work effectively in differing health care settings; Has difficulty coordinating patient care within the health care system	Able to adequately navigate patient care within the health care system; Works effectively to coordinate patient care relevant to clinical specialty; Works with inter-professional teams to enhance patient safety and improve patient care	Superior ability to develop a cohesive multi-disciplinary team plan for patient care; Incorporates cost awareness and risk-benefit analyzes into patient care	Excellence in daily tasks of multi-disciplinary team building for best outcomes in patient care; Takes leadership role in optimizing quality patient care; Actively participates in identifying system errors and implementing potential systems solutions

TEACHING			
Unacceptable	Acceptable	Very Good	Excellent
Does not participate teaching students, junior residents, or staff	Participates in most teaching opportunities	Actively teaches students and junior residents; Motivates others to learn	Develops teaching opportunities; Motivates and teaches with enthusiasm and dedication

PROFESSIONALISM (Core Competency)			
Unacceptable	Acceptable	Very Good	Excellent
Does not adhere to ethical principles; Does not demonstrate compassion, integrity or respect for others; Does not display accountability to patients, society or profession; Is not sensitive to the diversity within a patient population	Displays compassion, integrity and respect for others; Has respect for others; Has respect for patient privacy and autonomy; Demonstrates sensitivity to patient diversity	Superior judgment with regard to patient care and needs; Actively promotes and teaches compassion and respect for others; Displays a responsiveness to patient needs that supersedes self-interest	Daily excellence in promoting accountability to patients and profession; Unfailingly compassionate and kind; Utmost respect for patient diversity and special needs

LSU HYPERBARIC MEDICINE FELLOW EVALUATION FORM

WORK HABITS			
Unacceptable	Acceptable	Very Good	Excellent
Poor attendance; Shirks responsibility; Frequently late	Attends required functions; Accepts responsibility but somewhat inefficient; Usually punctual	Occasional extra functions; Independent initiative; Well organized	Consistently attends extra functions; Definite leadership role; Highly efficient

PATIENT CARE (Core Competency)			
Unacceptable	Acceptable	Very Good	Excellent
Does not display empathy and proper concern for patients; Can be disrespectful; Unaware of patient as a person	Maintains working relationship with patient; Appropriate and compassionate with patient; Aware of patient as a person	Respects patient and is respected by patients; Shows empathy to patients and family	Highly regarded by patients; Provides empathetic interventions for patients; Promotes patients concerns

INTERPERSONAL & COMMUNICATION SKILLS (Core Competency)			
Unacceptable	Acceptable	Very Good	Excellent
Cannot work well with others; Alienating and disrespectful; Selfish and unyielding in views	Maintains working relationship with team and patients; Counsels patients appropriately	Regarded by team and patients as a compassionate care giver; Utilizes resources to promote patient well being	Highly regarded by team and patients as an outstanding care giver; Empathetic, compassionate and professional at all times

INSIGHT & SELF-ASSESSMENT			
Unacceptable	Acceptable	Very Good	Excellent
Cannot accept criticism	Usually accepts constructive criticism; Responds in an appropriate way	Responds well to constructive criticism	Assesses own limitations and responds constructively

SUMMARY RATING			
Unacceptable	Acceptable	Very Good	Excellent

COMMENTS:

**LSU HYPERBARIC MEDICINE FELLOWSHIP
QUARTERLY SELF-ASSESSMENT EVALUATION**

RETURN THIS FORM TO: Dr. LeGros **PRIOR** to the Quarterly Evaluation Meeting

FELLOW: _____

QUARTER: 1st 2nd 3rd 4th

1. **List your top three strengths:**

2. **List three academic/professional goals you accomplished in the past twelve months.**

3. **How do you perceive your hyperbaric training will fit in to your future career?**

4. **Rank the Following Items (over last 3 months) from 1 (very poor) to 5 (excellent).**

Self-Assessment Measure	1 - 5 Ranking
Your clinical performance and decision making skills	
Your academic performance, including exams, reading, evidence-based medicine reviews, and research	
Your ability to manage and teach residents, students, and para-professionals	
Your work ethic	
Your comfort level with evaluation of patients for HBO Therapy	
Your ability and effort in teaching and promoting HBO Therapy	
Your ability to work with nursing staff and ancillary personnel	
Your stress level	
Your level of emotional support	
Your communication skills	
Your level of professionalism	
The effectiveness of the Fellowship in fulfilling your needs	

How could this be improved? _____

**LSU HYPERBARIC MEDICINE FELLOWSHIP
STRESS EVALUATION ASSESSMENT**

For Each Question, Mark the Answer That Best Describes Your Situation (last 3 months)

Monitoring of Fellow stress is a program requirement.

All questionnaires are kept confidential.

You may elect not to answer questions that make you feel uncomfortable.

1	2	3	4	5	6	7	8	9	10
Never	Almost Never	Sometimes	Fairly Often					Very Often	

How often have you felt that you were unable to control the important things in your life?	
How often have u dealt successfully with daily problems and annoyances?	
How often have you felt confident about your ability to handle your personal problems?	
How often have you felt things were going your way?	
Howe often have you been angered because of the things that happened that were outside of your control?	
How often have you found yourself thinking of all the things that you have to accomplish?	
How often have you been able to control the way in which you spend your time?	
How often have you felt difficulties were piling up so high that you could not overcome them?	
How often have you felt that your support system was adequate to help you through any difficulties?	
Have you had any sleep / weight disturbances?	
How often have you felt that your Attendings were responsive to the stress that you have been working under?	

HYPERBARIC FELLOW: _____

COMMENTS: _____

QUARTER: 1st 2nd 3rd 4th

**LSU HYPERBARIC MEDICINE FELLOWSHIP
SLEEP & FATIGUE QUESTIONNAIRE**

QUARTER: 1st 2nd 3rd 4th

How Likely are You to Dose Off or Fall Asleep in the Following Situations?

0 = No Chance of Dozing 2 = Moderate Chance of Dozing
1 = Slight Chance of Dozing 3 = High Chance of Dozing

Watching TV	
Sitting inactive in a public place (theater or meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after a lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
During grand rounds or noon conferences	
Preparing a presentation	

Please Rate the Following Statements on This Five Point Scale

1 2 3 4 5
Strongly Disagree Disagree Neutral Agree Strongly Agree

My thinking is unaffected by sleep loss	
My work is unaffected by sleep loss and fatigue.	
I chose medicine, in part, because I function well on little sleep	
Sleep loss and fatigue have major impact on my personal life	
I have worried about having a car accident driving after call	
Sleep loss and fatigue have a major impact on my work	
I have effective countermeasures to sleep loss and fatigue	
My family does not understand how demanding my job is	
I can tell when I am too tired to drive home	
My body has adapted to less sleep	
My family understands my demanding job and sleep needs	

Describe your personal experiences with sleep loss and fatigue during your Fellowship training.

What strategies have you used in dealing with the effects of sleep loss and fatigue?

How could circumstances be changed to reduce sleep loss and fatigue in your Fellowship?

HYPERBARIC FELLOW: _____

**LSU HYPERBARIC MEDICINE
PEER-REVIEW EVALUATION**

Hyperbaric Fellow Being Reviewed: _____

**Please CHOOSE the number that best represents your evaluation
of the Hyperbaric Fellow's Clinical & Diagnostic Acumen (all responses are confidential)**

poor		adequate			good		excellent		
1	2	3	4	5	6	7	8	9	10

The Hyperbaric Fellow is Responsive to the patient's needs and wishes. _____

The Hyperbaric Fellow shows a personal commitment to his work with regards to Grand Rounds, Lecture Assignments, and Patient Follow-Ups. _____

The Hyperbaric Fellow has medical knowledge that is acceptable for his level of training and is well integrated into his treatment plans. _____

The Hyperbaric Fellow has a high ability to diagnose, treat and coordinate care for his patients. _____

The Hyperbaric Fellow has integrity, a commitment to honesty, and trustworthiness in evaluating and demonstrating his skills and abilities. _____

The Hyperbaric Fellow has high ability to manage patients with multiple and complex medical problems. _____

The Hyperbaric Fellow accepts responsibility for his own actions and decisions. _____

The Hyperbaric Fellow respects the time and duties of others. He is prompt, courteous, and recognizes the contributions of other team members. _____

The Hyperbaric Fellow is a superior patient advocate. _____

The Hyperbaric Fellow is attentive to his reading assignments and didactic responsibilities. _____

Overall Rating of this Hyperbaric Fellow: _____

LSU HYPERBARIC MEDICINE FELLOWSHIP
MENTOR EVALUATION FORM

Hyperbaric Mentor: _____ Hyperbaric Fellow: _____

QUARTER: **1st** **2nd** **3rd** **4th**

1. What is the Fellow’s perception of his progress with his required readings?

2. What is the Fellow’s perception of his performance on his required Quarterly In-Service Examination(s)?

3. What is the Fellow’s perception of his progress with required research project?

4. What is the Fellow’s perception of his clinical experience at the LSU Hyperbaric Medicine Unit?

5. What is the Fellow’s perception of his clinical experience at the West Jefferson Medical Center Hyperbaric Medicine Department?

6. What is the Fellow’s perception of his didactic lecture education??

7. How is the Fellow progressing on his required didactic lecture responsibilities?

8. What is the Fellow’s perception of the educational experience of any of the regional or national meetings that he has recently attended?

9. What concerns or grievances does the Fellow have?

10. How well is the Fellow managing stress and fatigue?

11. Please review two (2) History and Physical Examinations, two (2) Procedural Dictations / Transcutaneous Oximetry Interpretations, and two (2) Discharge Summaries that the Fellow is mandated to have provided you for this purpose. Please grade them as to relevance, efficiency, appropriateness, and medical knowledge. Please hand these documents in with your completed evaluation of the Fellow.

LSU HYPERBARIC AND WOUND CARE Patient Satisfaction Survey

Your Age: _____

Your Gender: Male Female

Please circle how well you think We are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
The ability to get in to be seen by a doctor	5	4	3	2	1
The hours the clinic is open	5	4	3	2	1
The convenience of clinic's location	5	4	3	2	1
Waiting:					
Time spent in the waiting room	5	4	3	2	1
Time in spent in the exam room	5	4	3	2	1
Doctor: Hyperbaric Fellow Physician	Name of the Doctor: _____				
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
All Other Staff					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
The Clinic Facility					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
Keeping my personal information private	5	4	3	2	1
Would you refer your friends and family?	5	4	3	2	1



THANK YOU VERY MUCH FOR TAKING OUR SURVEY!!!!

**LSU HYPERBARIC AND WOUND CARE
LSU HYPERBARIC MEDICINE
LECTURE EVALUATION SURVEY**

Lecturer's Name: _____ Date: _____

Topic: _____ Observer: _____

Please CIRCLE the number that best represents your evaluation of the lecture.

poor		adequate			good		excellent		
1	2	3	4	5	6	7	8	9	10

The Lecturer speaks expressively / emphatically _____

The Lecturer uses extemporaneous delivery _____

The Lecturer uses concrete examples of concepts _____

The Lecturer points out practical applications _____

The Lecturer stresses important points and repeats difficult ideas _____

The Lecturer encourages questions and comments _____

The Lecturer proceeds at a good pace and stays on the theme of the lecture _____

The Lecturer is tolerant of other viewpoints _____

The Lecturer interprets and explains the data in easy to understand terms _____

The Lecturer has a great ability to field questions appropriately _____

Overall Rating for this Lecturer and presentation _____

What were the strengths of this presentation?

What were the weaknesses of this presentation?

Will this lecture change your professional practice?

**LSU HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM DIRECTOR FELLOW REVIEW**

Hyperbaric Medicine Program Director: Tracy Leigh LeGros, M.D. Ph.D.

Hyperbaric Medicine Fellow: _____

QUARTER: 1st 2nd 3rd

1. How is the Fellow progressing with his required readings?

2. Fellow performance on Quarterly In-Service Examination(s)?

3. Fellow progress with required research project?

4. Fellow perception of the LSU Hyperbaric Medicine Department?

5. Fellow perception of the West Jefferson Hyperbaric Medicine Department?

6. Fellow comments concerning his didactic lecture experience??

7. Fellow progression on his required didactic lecture responsibilities?

9. Fellow perception of his current levels of stress, fatigue and / or sleep deprivation?

11. Any other comments or concerns on the part of the Fellow?.

12. Action Plan for the Next Three Months

HYPERBARIC FELLOW

HYPERBARIC PROGRAM DIRECTOR

**LSU HYPERBARIC MEDICINE FELLOWSHIP
EXIT INTERVIEW & FINAL FELLOW REVIEW**

Hyperbaric Medicine Program Director: Tracy Leigh LeGros, M.D. Ph.D.

Hyperbaric Medicine Fellow: _____ Date of Evaluation: _____

1. Has the Fellow fulfilled his reading obligations and literature reviews?

2. Has the Fellow progressively improved on his Quarterly In-Service Exam (s)?

3. Has the Fellow finished his required research project?

4. Has the Fellow contributed to the improvement of the LSU HBO2 Department?

5. Has the Fellow contributed to the improvement of the WJ HBOT2 Department?

6. Has the Fellow fulfilled his didactic lecture requirements?

7. Has the Fellow fulfilled his patient logs, procedure log and other requirements?

8. Any comments or concerns on the part of the Fellow?

9. Has the Fellow satisfactorily completed all required obligations for graduation?

HYPERBARIC FELLOW

HYPERBARIC PROGRAM DIRECTOR



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



FACULTY EVALUATIONS



LSU HYPERBARIC MEDICINE FELLOWSHIP FACULTY EVALUATIONS

1. **PURPOSE:** The purpose of these evaluations is to provide real time analyses of the effectiveness and perceptions regarding the didactic and clinical experience of the Fellowship, as put forth by the Attending Hyperbaric Faculty.
2. **EVALUATION FORMS:** Three types of evaluations will be utilized for these efforts.
 - a. **Lecture Evaluation Surveys:** These surveys will focus on the Fellows' perception of many aspects of their didactic experience, including: Clarity, Organization, and Presentation. These surveys will be filled out by those in attendance at the Lecture (other Faculty and all Fellows), and collected for review by the Program Director. The Lecturers will receive written synopses of these surveys on a quarterly basis.
 - b. **Attending Clinical Evaluations:** These evaluations will focus on the Fellows' perception of many aspects of their clinical experience, including: Responsiveness, Respect, Medical Knowledge, Integrity, Problem Solving, Interactions with Learners, Clinical Learning Environment Management, Management of Goal Objectives, Evaluation of Learners, Learner Feedback, and Overall Clinical Skills. These surveys will be filled out by the Fellows on a quarterly basis, and collected for review by the Program Director. The Attendings will receive written synopses of these evaluations.
 - c. **Rotation Evaluation Surveys:** These surveys will be filled out by the Fellow at the end of each rotation, and turned in at the Hyperbaric Medicine Fellowship / Departmental Meeting. The questions are related to the effectiveness of the rotation in fulfilling the rotational goals and objectives. The survey will also ask the Fellow to evaluate the rotation for success in promoting education and understanding of the ACGME core competencies. Additionally, they inquire about the Fellows' perception of the rotation in abiding by their duty hour requirements.
 - d. **Faculty Review with Program Director:** The Attending Faculty will meet for a formal review of the didactic and clinical experiences of the Fellows. Discussions related to improvement in these areas will be discussed and a written dictation of the discussions will be kept by the by the Program Director. Additionally, each Attending will discuss the evaluations of their teaching abilities, commitment to the educational program, clinical knowledge and scholarly activities.

LSU HYPERBARIC MEDICINE
ATTENDING CLINICAL EVALUATIONS

Attendings Name: _____

QUARTER: 1st 2nd 3rd 4th

Observer: _____

**Please CIRCLE the number that best represents your evaluation
of the Attending Physician's Clinical Acumen (all responses are confidential)**

poor			adequate			good			excellent
1	2	3	4	5	6	7	8	9	10

The Attending is Responsive to the patient's needs and wishes _____

The Attending shows a personal commitment to honoring the choices and rights of other persons, especially regarding their medical care _____

The Attending has medical knowledge that is extensive and well integrated _____

The Attending has high ability to diagnose, treat and coordinate care in the outpatient setting _____

The Attending has integrity, a commitment to honesty, and trustworthiness in evaluating and demonstrating his own skills and abilities _____

The Attending has high ability to manage patients with multiple and complex medical problems _____

The Attending accepts responsibility for his own actions and decisions _____

The Attending listens, encourages active learner participation, and expresses respect for learners _____

The Attending avoids digressions and discourages external interruptions _____

The Attending gives correct feedback in a constructive and helpful manner _____

The Attending motivates learners to learn on their own _____

Overall Clinical Skill of the Attending _____

LSU HYPERBARIC MEDICINE FELLOWSHIP
END OF ROTATION SURVEY

Fellow: _____ Rotation: _____ Month / Year: _____

QUARTER: 1st 2nd 3rd 4th

1
2
3
4
5
No Opportunity **Some Opportunity** **Great Opportunity**

GOALS & OBJECTIVES OF THE ROTATION	
To what extent were you able to develop the skills needed to perform a complete assessment of patients with a variety of wounds and / or medical conditions amenable to hyperbaric medical therapy?	
To what extent did this rotation aid you in your ability to formulate a comprehensive plan for wound care treatment, inclusive of vascular assessment, possible bacterial complications, nutritional assessments, off-loading assessments, and co-morbid conditions?	
To what extent did this rotation aid you in your ability to order and interpret appropriate diagnostic laboratory and advanced imaging studies for wound care and hyperbaric medicine patients?	
How helpful was this rotation in aiding your understanding of the interdependence of hyperbaric medicine with emergency medicine, orthopedics, internal medicine, podiatry, physical therapy, plastic surgery, general surgery, trauma surgery, infectious disease, and other services?	
How meaningful was this rotation in advancing your ability to competently perform procedures such as: callus removal, ultrasonic debridement, debridement of problematic foot wounds, transcutaneous oximetry measurement and interpretation, pinch grafts, wound vac placement, nail debridement, tissue biopsies, total contact casting, rongeur, and other procedures?	
To what extent did this rotation aid you in your ability to properly arrange follow-up care for discharged patients and those continuing in your care but in need of ancillary services?	
EDUCATIONAL GOALS & OBJECTIVES OF THE FELLOWSHIP	
To what extent was this rotation helpful in increasing your knowledge of the indications and contraindications to hyperbaric oxygen therapy ?	
How meaningful was this rotation in enhancing your understanding of the side effects and complications of hyperbaric oxygen therapy ?	
To what extent did this rotation aid in your understanding of the patho-physiological disease processes involved in wound care and hyperbaric medicine patients?	
To what extent did this rotation aid in your understanding of the molecular, pharmacological, and biological effects of hyperbaric oxygen therapy ?	

LSU HYPERBARIC MEDICINE FELLOWSHIP
END OF ROTATION SURVEY

1
2
3
4
5
No Concern
Some Concern
Great Concern

DUTY HOUR LIMITS OF THE ROTATION	
To what extent was there a concern that this rotation might violate the 80 hour duty limit (averaged over four weeks)?	
To what extent was there a concern that this rotation might result in you obtaining less than one day (24 hours) in seven of program free duties (when averaged over four weeks – not inclusive of study and reading time)?	
To what extent was there a concern that this rotation required in-house call more frequently than every third night (when averaged over four weeks)?	
To what extent was there a concern that this rotation would require greater than 24 hours of in-house duty (with up to six additional hours required for patient hand-offs and transition)?	
To what extent, during this rotation, was there a concern that you would not have a ten (10) hour period between all daily duty periods and after in-house call ?	

1
2
3
4
5
No Opportunity
Some Opportunity
Great Opportunity

CORE COMPETENCIES OF THE ROTATION	
Did this rotation enhance your ability to perform patient care that is compassionate, appropriate, and effective for the treatment and the promotion of health?	
Did this rotation provide you with the opportunity to enhance your medical knowledge about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) science and aid you in applying this knowledge to patient care?	
Did this rotation provide you with the opportunity to acquire and demonstrate knowledge of practice-based learning that involves investigation and evaluation of your own patient care, the appraisal and assimilation of scientific evidence, and ways in which you were able to improve patient care?	
Did this rotation allow you the opportunity to demonstrate your interpersonal and communication skills , resulting in effective information exchange and with patients, their families, and other health professionals?	
Did this rotation allow you the opportunity to demonstrate your professionalism , as manifested by a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population?	
Did this rotation allow you the opportunity to demonstrate your knowledge of systems-based practice , as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value?	

LSU HYPERBARIC MEDICINE
STAFF MEETING WITH PROGRAM DIRECTOR

Evaluation Session (1st or 2nd) _____

1. What is the Staff's Opinion of the quality of the Fellows for this Academic Year?

2. How can we improve upon are selection process for Fellows?

3. What is the Staff's Opinion of the Didactic Experience of the Fellows?

4. What is the Staff's Opinion of the Clinical Experience of the Fellows?

5. What opinion for changes do you have related to the Fellow's current rotations?

6. What can be done to improve our evaluations of the Fellows, the Staff, or the Rotations?

7. How do you feel about your required teaching commitment? Any suggestions?

8. How do you feel about the Quarterly In-Service Examinations?

9. Do you feel the reviews of your Lectures, the Rotational Evaluations, and your Attending Evaluations by the Fellows accurately reflect your efforts?

10. What research projects are you currently involved with?

11. Comments or Concerns?

Hyperbaric Staff Attending

Program Director



LOUISIANA STATE UNIVERSITY
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HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



PROGRAM DIRECTOR EVALUATIONS



LSU HYPERBARIC MEDICINE FELLOWSHIP
HYPERBARIC PROGRAM DIRECTOR EVALUATION

1. **PURPOSE:** The purpose of a full assessment of the effectiveness of the Program Director in fulfilling her duties as Director of the Program.
2. **PARTICIPANTS:** The following personnel (or their designee) shall be involved
 - a. Associate Program Director
 - b. Medical Directors of Participating Institutions
 - c. Attending Hyperbaric Staff Physicians
 - d. Hyperbaric Fellows
 - e. Any Interesting Supporting Staff
3. **EVALUATION MEASUREMENTS:**
 - a. **Program Director Evaluation Tool:** The Associate Program Director will distribute these forms and collect them for review with the Program Coordinator.
 - b. **End of Rotation Surveys:** These surveys question the Fellows with regards to their perceptions related to the goals and objectives of each rotation, the educational goals and objectives of the fellowship, the six core competencies, and duty hour limitations.
 - c. **Lecture Evaluations:** The Associate Program Director, in concert with the Program Coordinator, will compile and review these evaluations and share them at the review.
 - d. **Fellow Performance:** This will include performance on quarterly in-service examinations, board passage rates for graduated alumni, grading on individual lecture assignments, presentation of research projects, and evaluations of formal charting (history and physical examinations, procedural dictations, and complete initial patient consultation).
4. **REMEDICATION OF ANY DISCOVERED DEFICIENCIES:** If any deficiencies are found through this process, the program participants will prepare an explicit plan of action, which will then be submitted for approval by the faculty and documented in the minutes of the meeting.

LSU HYPERBARIC MEDICINE FELLOWSHIP
HYPERBARIC PROGRAM DIRECTOR EVALUATION TOOL

Does the Program Director show a personal commitment to the Fellowship? Does she follow through with regard to deadlines and responsibilities?

Does the Program Director display the appropriate medical knowledge? Is this knowledge extensive and well integrated?

Does the Program Director display integrity, honesty and trustworthiness in her actions and perceived motivations when interacting with other Faculty, Residents, and Support Personnel?

Does the Program Director accept responsibility for her own actions and decisions?

Is the Program Director an Active Participant in the Education of the Fellows? Does she express respect for learners? Is she tolerant of other viewpoints with respect to the Didactic Lessons and the Education of the Fellows?

Does the Program Director give correct feedback in a constructive and helpful manner? Is her managerial style appropriate for the Educational Level of the Learner?

Is the Program Director available to all staff, faculty and Fellows on a regular basis? Is she approachable and reachable?

LSU HYPERBARIC MEDICINE FELLOWSHIP
HYPERBARIC PROGRAM DIRECTOR EVALUATION TOOL

Does the Program Director educate the fellows and staff regarding the core competencies? Does she create opportunities for evaluating the Fellows and Staff regarding these required measures?

Does the Program Director clearly elucidate the Goals and Objectives for Each Rotation, the Didactic Lessons, and Research Projects? Are these goals easily accessible for everyone?

Does the Program Director actively educate and monitor the duty hour limitations of the Fellows? Has she made these limitations clear to all? Has there ever been a concern related to a Fellow nearing the violation of duty hour requirements?

Does the Program Director elicit input from Faculty regarding the selection of Fellows? Is the selection process fair and even-handed?

Is the Program Director fair in her dealings with others? Are the concerns and requests of all members of the Program given the requisite respect and voice they deserve?

Do you have any other thoughts, concerns, or statements, regarding the performance of the Program Director?

Please Check One Box: Faculty Support Staff Fellow



LOUISIANA STATE UNIVERSITY
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HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



HYPERBARIC FELLOWSHIP EVALUATIONS
DEPARTMENTAL MEETINGS



LSU HYPERBARIC MEDICINE FELLOWSHIP HYPERBARIC PROGRAM EVALUATIONS

1. **PURPOSE:** The purpose of a full, systemic evaluation of the hyperbaric medicine fellowship, is to enhance the clinical and didactic experience for the Fellows.
2. **PARTICIPANTS:** The following personnel (or their designee) shall be involved
 - a. Program Director & Associate Program Director
 - b. Medical Directors of Participating Institutions
 - c. Attending Hyperbaric Staff Physician Representative
 - d. Hyperbaric Fellow Representative
3. **EVALUATION MEASUREMENTS:**
 - a. **Written Comments from Faculty:** The Program Coordinator will solicit salient comments and suggestions from a representative sample of Attendings from each participating Institution and forward them to the Program Director for review.
 - b. **End of Rotation Surveys:** These surveys question the Fellows with regards to their perceptions related to the goals and objectives of each rotation, the educational goals and objectives of the fellowship, the six core competencies, and duty hour limitations.
 - c. **GMEC Report:** most recent (from the sponsoring institution)
 - d. **Attending Evaluations** (from Fellows - confidential)
 - e. **Didactics Review:** A comprehensive review of the educational program will be performed. The Associate Program Director will compile this report utilizing the following sources: Fellow scores on quarterly in-service examinations, lecture evaluations (performance of both Fellows and Faculty), Fellow comments during formal evaluations, and comments solicited from faculty.
 - f. **Resident Performance:** This will include performance on quarterly in-service examinations, board passage rates for graduated alumni, grading on individual lecture assignments, presentation of research projects, and evaluations of formal charting (history and physical examinations, procedural dictations, and complete initial patient consultation).
4. **REMEDICATION OF ANY DISCOVERED PROGRAM DEFICIENCIES:** If any deficiencies are found through this process, the program participants will prepare an explicit plan of action, which will then be submitted for approval by the faculty and documented in the minutes of the meeting.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
FELLOWSHIP MEETINGS / DEPARTMENTAL MEETINGS**

1. **PURPOSE:** The purpose of these meetings is to discuss all areas of importance with regards to the care of the wound care and hyperbaric medicine patients, as well as the education of the Hyperbaric Medicine Fellows.

2. **MEETING AGENDA:**
 - a. **Old Business**
 - b. **Patient Census / Marketing**
 - c. **Collection of Patient Evaluations**
 - d. **Collection of Lecture Evaluations**
 - e. **Collection of End of Rotation Evaluations**
 - f. **Morbidity and Mortality Events**
 - g. **Fellow(s) Progress:** Research Projects, Lectures, Readings, Diving Lectures, Procedure Logs, Patient Logs, Residency Partner Review
 - h. **West Jefferson Hyperbaric Department Specifics:** staff issues, billing, consultations, etc
 - i. **LSU Hyperbaric Medicine Department Specifics:** staff issues, billing, consultations, etc

3. **ADDITIONAL TOPICS FOR DISCUSSION ON A QUARTERLY BASIS (September, December, March, and June)**
 - a. **Collection of Fellow Self-Assessments**
 - b. **Collection of Fellow Stress-Assessment**
 - c. **Collection of Fellow Questionnaire on Sleep and Fatigue**
 - d. **Collection of Mentor Evaluation Forms**
 - e. **Quarterly Meeting of Fellows with Program Director**

**LSU HYPERBARIC MEDICINE FELLOWSHIP
FELLOWSHIP MEETINGS / DEPARTMENTAL MEETINGS**

4. **ADDITIONAL TOPICS FOR DISCUSSION ON A SIX-MONTH BASIS (December and June)**
 - a. **Program Director Meeting with Faculty**
 - b. **Hyperbaric Medicine Program Review**

5. **ADDITIONAL TOPICS FOR DISCUSSION ON AN ANNUAL BASIS (May)**
 - a. **Program Director Evaluation**

6. **MINUTES OF MEETINGS:** The Program Coordinator will keep the meeting minutes and then type them up for review for the Program Director. Appropriate synopses will be constructed and given to Attending Faculty and Fellows for review prior to formal evaluations.



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



RESEARCH
REQUIREMENTS



LSU HYPERBARIC MEDICINE FELLOWSHIP
RESEARCH REQUIREMENTS
(Clinical Fellowship Track)

1. **GOAL:** The goal of the research requirement is to gain an understanding of the research process by participating in an significant clinical project from origination of a hypothesis through submission of a case report or research study suitable for publication to a peer reviewed journal.
2. **REQUIREMENT:** Every Hyperbaric Clinical Fellow is required to participate significantly in a research project in order to successfully complete the fellowship program.
3. **EXAMPLES OF ACCEPTABLE PROJECTS:**
 - a. **Wound Care Case Presentation**
 - b. **Interesting Diving Case Presentation**
 - c. **Significant Collaborative Effort** on a Publishable Project Already in Progress
 - d. **Significant Collaborative Effort** on a Publishable Project (De Novo)
 - e. **Retrospective Case Review**
 - f. **Review of the Literature**
4. **PROJECT PRESENTATION:** All projects are to be presented at either a regional or national scientific forum. Examples of acceptable forums are as follows:
 - a. **LSU Internal Medicine Research Forum:** held at the end of January or the beginning of February. All participating Fellows are expected to stay for the entirety of the program, inclusive of the awards ceremony.
 - 1) **Oral Presentation:** 15 minute Power Point presentation
 - 2) **Poster Presentation:** morning session to present abstract and poster presentation
 - b. **Undersea and Hyperbaric Medical Society National Meeting:** held at the end of June.
 - c. **Regional Undersea and Hyperbaric Medical Society Meeting**

LSU HYPERBARIC MEDICINE FELLOWSHIP
RESEARCH REQUIREMENTS
(Clinical Fellowship Track)

- d. **American Academy of Emergency Physicians Scientific Assembly:** held at the end of October.
- e. **Regional American Academy of Emergency Physicians Meeting:** held at the end of March.
- f. **Society of Academic Emergency Medicine National Assembly:** held at the end of May.
- g. **American Medical Association Sponsored Meeting:** many opportunities throughout the year.

LSU HYPERBARIC MEDICINE FELLOWSHIP
RESEARCH REQUIREMENTS
(Research Fellowship Track)

1. **GOAL:** The goal of the research requirement is to gain an understanding of the research process by participating in an entire project from origination of a hypothesis through submission of a completed article to a peer reviewed journal.
2. **REQUIREMENT:** Every Research Fellow is required to participate significantly in a research project in order to successfully complete the fellowship program.
3. **PROJECT COMPLETION:** It is possible that not every fellow will have the opportunity to perform each step involved in a particular project. However, the Program Director must agree that the fellow's participation has been adequate and significant and must certify this before the program is completed. It is the fellow's responsibility to meet at least quarterly with the Program Director to review progress on fulfillment of the research requirement.



**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM**



**CONSULTATIONS, PROCEDURAL
AND CORRESPONDANCE EXAMPLES**



**LSU HYPERBARIC MEDICINE FELLOWSHIP
PROCEDURE NOTE**

Dictating Fellow: [spell out]
Attending HBOT Physician: [spell out]
Type of Dictation: Procedure Note
Patient Name: [spell out]

Medical Record Number:

Procedure Date:

Indication For Procedure: e.g., debridement, wound biopsy

History of Present Illness: “[age] [gender] [pertinent conditions] presented [date] with a [duration] [location] [condition] history of an ulcer to the right foot; debridement of [necrotic eschar / marginal callus].”

Procedure in Detail: e.g., “The Right foot wound site was cleansed with Betadine and infiltrated with 2% plain buffered lidocaine. A sterile 3 mm punch was applied to the wound margin at approximately the 10 & 2 o’clock positions and the plug specimens were each gently elevated with toothless forceps, separated with curved iris scissors, and then removed without difficulty. Hemostasis was achieved with [pressure / silver nitrate or battery Cautery, etc.] The specimens were placed in [formalin / sterile container] and sent for [tissue culture, histological examination]. Estimated blood loss was [minimal / less than 1 cc]. There were no complications and the patient tolerated the procedure well.

End Note: Please send a copy of this Procedure Note to the Primary Physician, and the HBOT Unit.

Important: provide transcriptionist with addresses for PCPs who are not on Hospital Staff

**LSU HYPERBARIC MEDICINE FELLOWSHIP
TRANSCUTANEOUS OXIMETRY MEASUREMENT**

Dictating Fellow: [spell out]

Attending HBOT Physician: [spell out]

Type of Dictation: Transcutaneous Oximetry Measurement

Patient Name: [spell out]

Medical Record Number:

Procedure Date:

Procedure in Detail: e.g., “The patient was placed in a [seated / supine] position with his head elevated to approximately 30 degrees and electrodes were placed in the following locations: lead 1 (reference) [R/L] 2nd anterior intercostals space; lead 2 [location]; lead 3 [location]. The following readings, in mm Hg, were obtained with the patient breathing room air at 1 ATA: [lead 1, 2, & 3 readings]. A hood was placed over the patient’s head and the patient was administered 100% oxygen at 1 ATA for 15 minutes before the following readings were obtained: [lead 1, 2, & 3 readings]. Finally, measurements were repeated with the patient in the hyperbaric chamber, receiving 100% oxygen at [2.0 / 2.4] ATA: lead 1, 2, & 3 readings].

Interpretations: [note any conditions that may interfere with or confound your interpretations, e.g., edema, electrode placement, technical difficulties, poor cooperation, location of wounds, location of electrodes, etc.]. The values recorded in the reference electrode are consistent with [normal / diminished] central oxygenation at 1 ATA on room air. Lead 2 values are consistent with [normal / mildly / moderately / severely decreased] oxygenation at baseline with [excellent / good / modest / poor / no] acceleration with supplemental oxygen. [Comment for lead 3 as well]. [Comment of response to oxygen under hyperbaric conditions]. This study suggests that the patient [will / may / will likely not] benefit from a course of hyperbaric oxygen therapy.

End Note: Please send a copy of this Procedure Note (TCOM) to the Primary Physician, and the HBOT Unit.

Important: provide transcriptionist with addresses for PCPs who are not on Hospital Staff

**LSU HYPERBARIC MEDICINE FELLOWSHIP
INITIAL CONSULTATION**

Dictating Fellow: [spell out]
Attending HBOT Physician: [spell out]
Type of Dictation: Initial Consultation
Patient Name: [spell out]

Medical Record Number:

Date:

Chief Complaint: “[age] [gender] [pertinent conditions] presented [date] with a [duration] [location] [condition]. e.g., “46 y/o male with IDDM, L AKA amputee presents to our clinic with a ten year h/o an ulcer to the right foot.”

Diving History: if applicable

HPI, PMH, SH, FH, Work History, Meds / Allergies:

Physical Examination / Neurological Examination:

Laboratory & Other Diagnostic Data:

HBOT: TCOMs

Basics: [Hematology, Chemistries, Serology, Micro, Pathology, ABGs]

Radiology: [Plain Radiographs, U/S, CT, MRI, Nuc Med, Special Studies]

Electrodiagnostics: [EKG, EEG, SSEP, etc.]

Medical Decision Making / Hospital Course:

Response to Initial Treatment: if applicable

Impression:

Proposed Therapy:

End Note: Please send a copy of this Initial Consult to the PCP and the HBOT Unit.

Important: provide transcriptionist with addresses for PCPs who are not on Hospital Staff

LSU HYPERBARIC MEDICINE FELLOWSHIP

DISCHARGE SUMMARY

Dictating Fellow: [spell out]

Attending HBOT Physician: [spell out]

Type of Dictation: Hyperbaric Medicine Discharge Summary

Patient Name: [spell out]

Medical Record Number:

Dates: [of initial consultation, discharge from service, & dictation]

Chief Complaint: “[age] [gender] [pertinent conditions] presented [date] with a [duration] [location] [condition]. e.g., “46 y/o male with IDDM, L AKA amputee presented to our clinic on the 15th of Jan, 2003, with a ten year h/o an ulcer to the right foot.”

HPI, PMH, SH, FH: either brief recapitulation or statement, “For details of the initial presentation, please refer to the dictated H & P [dated].”

Laboratory & Other Diagnostic Data: upon admit & at pertinent intervals; provide dates

HBOT: TCOMs

Basics: [Hematology, Chemistries, Serology, Micro, Pathology, ABGs]

Radiology: [Plain Radiographs, U/S, CT, MRI, Nuc Med, Special Studies]

Electrodiagnostics: [EKG, EEG, SSEP, etc.]

Treatment Course: [initial impression, management, response, complications, procedures]. Can be a general statement: “The patient was started on an advanced wound care treatment regimen [list dressing types], including optimization of wound moisture, control of edema and infection. He responded quickly and by [date], the wound was closed.”

Discharge Diagnosis: list all

Condition: [stable, improved, etc.]

Prognosis:

Activities / Diet:

Medications: list all

Special Instructions / Appliances: e.g., custom footwear, assistance devices, and stockings

Disposition: list follow-up with PCP, and location [home / nursing home, etc.]

End Note: Please send a copy of this D/C Summary to the PCP and the HBOT Unit.

Important: provide transcriptionist with addresses for PCPs who are not on Hospital Staff

LSU HYPERBARIC MEDICINE FELLOWSHIP
THANK – YOU FOR THE REFERRAL LETTER (#1)

[date]

[PCP name]

[address]

Re: [patient name]

Dear: [PCP]

Thank you for sending Mr. / Mrs. / Miss [patient] to us for the treatment of his foot wounds. He presented on [date] for his initial visit and was seen again today in follow-up. The wounds appear to be due to ill-fitting footwear in the presence of neuropathy. We have arranged for him to be fitted for custom Darco shoes and have initiated wound care. I will enclose photocopies of the diagnostic studies we have obtained thus far.

Thank you very much for the kind referral of this very pleasant [gentleman / lady]; we will keep you informed of [his / her] progress.

Yours truly,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
THANK YOU FOR THE REFERRAL LETTER (#2)

[date]

[PCP name]

[address]

Re: [patient name]

Dear: [PCP]

It was our pleasure to see Mr. / Mrs. / Miss [patient] in our clinic for evaluation of his chronic left lower extremity wounds. He has been receiving excellent care through the physical therapy department at Charity Hospital for the past few weeks. We performed transcutaneous oximetry on the left leg and determined that his local tissue oxygenation should be adequate for wound healing without adjunctive hyperbaric oxygen. We would be happy to treat him at this facility, or, if he prefers, he can continue to see the physical therapists at Charity Hospital. He was given a prescription for fitting of an orthotic shoe to improve is gait and mobility.

Thank you very much for this opportunity to assist in Mr. Williams' care; we look forward to working with you in the futures. If Mr. Williams elects to continue his care with us, we will keep you informed as to his progress.

Sincerely,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
PROGRESS LETTER / UPDATE LETTER

[date]

[PCP name]

[address]

Re: [patient name]

Dear: [PCP]

Mr. / Mrs. / Miss [patient] was here yesterday for wound care; we also performed punch biopsies / cultures of his wound. I will forward the reports as I receive them.

I spoke with Pat in your office today to suggest that you consider referring [patient] to a physical therapist for pulsed Lavage to clean the deep crevices between his skin folds. These areas are difficult to reach with conventional techniques, consequently remaining moist and harboring debris that promote infection. I suspect that it is also largely responsible for the aroma of his wounds.

Thank you again for the kind referral of this very pleasant [gentleman / lady]. We very much appreciate the opportunity to assist in [his / her] care. Please feel free to contact us regarding his treatment at any time.

Yours truly,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
REFERRAL LETTER TO A SPECIALIST

[date]

[Specialist name]

[address]

Re: [patient name]

Dear: [Specialist]

I am writing to introduce and refer Mr. [patient] to you for your assistance in managing a deep abscess in the [location of wound]. In brief, Mr. [patient] came to us via the emergency department at Charity Hospital, where he had sought care for several chronic wounds over his left ankle. He experienced a shotgun injury to the [name vessel] in [date of injury] and underwent multiple orthopedic procedures subsequent to the injury. He has had venous stasis with intermittent open wounds since then. He has been responding nicely to standard wound care since he initiated treatment with us on [date], however purulent material was noted arising from an originally innocuous-appearing site on the [location]. Mr. [patient] indicates that he has had purulent discharge from this site intermittently since [date]. A culture and radiograph were obtained; reports will be enclosed. He was treated with a two-week course of [drug] starting on [date]. He underwent MRI on [date]; the study revealed [results]. The radiologist feels that is likely a small focus of infection in the bone and he has suggested a three-phase bone scan, which is scheduled for today. Mr. [patient] will hand-carry copies of his imaging studies for your review.

Mr. [patient] has been evaluated by both a general surgeon and an orthopedic surgeon on staff [primary site]. They have both expressed their trepidation in attempting to treat Mr. [patient] and their concern that he would experience considerable difficulty in healing surgical wounds. They suggested that we consult you and request your opinion.

We would very much appreciate your recommendations and participation in managing this abscess for Mr. [patient] and look forward to discussing it with you. Thank you for your kind consideration.

Yours truly,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
DISCHARGE LETTER TO PCP (#1)

[date]

[PCP name]

[address]

Re: [patient name]

Dear: [PCP]

I am writing to provide a progress report on [Mr. / Mrs. / Miss] [patient]. He has been followed in our clinic for the venous insufficiency wounds of his left leg since last September and underwent incision and drainage of a chronic abscess and associated local osteomyelitis in early December [year]. He completed the course of antibiotics prescribed by [consultant's name] on the 15th of May. His most recent sedimentation rate, obtained on [date] was 5 mm /hr and his WBC count was 5.8 thousand. An MRI was performed on May 7th; a photocopy will be enclosed.

As of this date, all of his wounds have closed and he has been discharged from our care. He appears to be doing quite well. We appreciate your skillful orthopedic management of his very daunting case and would welcome him back to our care should the need arise.

Thanks very much; yours truly,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
DISCHARGE LETTER TO PCP (#2)

[date]

[PCP name]

[address]

Re: [patient name]

Dear: [PCP]

I am writing to inform you that Mr. [patient] has achieved complete closure of all of the burn wounds of his toes. His final visit with us was on [date].

I will enclose a sampling of photographs that illustrate his progress. He was seen and followed by [name of specialist], who felt that he exhibited such rapid healing with standard wound care that grafting was unnecessary. His improvement was undoubtedly in no small part due to the excellent nursing care provided by his son. He also benefited by custom footwear designed to offload the toes and a course of Cipro for treatment of a mixed wound infection. I will enclose a copy of all of the results of the diagnostic studies performed through our clinic. The only findings of consequence appear to be anemia and an abnormal chest x-ray, both of which appear to be chronic. We have advised him to follow up with you within the next couple of weeks.

Mr. [patient] has been a very pleasant and motivated gentleman and we will miss his visits. Please contact us if we can assist in his care in any way.

Yours truly,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
DISCHARGE LETTER TO PCP (#3)

[date]

[PCP name]
[address]

Re: [patient name]

Dear: [PCP]

Mrs. [patient] is being discharged from our clinic today. She had experienced near complete resolution of her skin lesions on the [location] by the time of her final visit on [date]. We had hoped to see her for one final visit to ensure that the wound closed completely. However, she has not returned for scheduled appointments. We suspect that she has had to rely on reluctant transportation.

Her leg wounds proved somewhat difficult to heal. She seemed to experience substantial improvement with everything that we tried, e.g., Unna Boot, Oasis, etc. However, by the following week, she would have a new, larger, open area. We sent her to her dermatologist [specialist name], who prescribed [medication]. After initially appearing to worsen, she began to clear dramatically. I will enclose photocopies of all pertinent information that we have, including a series of photographs documenting her response to therapy.

Thanks again for the very kind referral; we have all enjoyed working with Mrs. [patient]. Please let us know if we can assist in any other way in her care.

Yours truly,
[your name]
Hyperbaric Medicine Fellow
[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
D/C LETTER TO THE PATIENT (#1)

[date]

[patient name]
[address]

Dear: [patient]

It was a pleasure to meet you and try to assist you in the care of your toe wound / infection. We feel that we are unable to continue to treat you, however, as you have chosen not to return or to adhere to our recommendations. We therefore consider you discharged from our clinic effective this date.

We wish you well and will be happy to provide information to your new healthcare providers, if you desire. Please feel free to contact us if we can assist you in any way.

Yours truly,

[your name]
Hyperbaric Medicine Fellow
[pager]

Staff:

Address:

LSU HYPERBARIC MEDICINE FELLOWSHIP
D/C LETTER TO THE PATIENT (#2)

[date]

[patient name]

[address]

Dear: [patient]

It has been our pleasure to work with you in treating your wounds in our clinic in the past couple of months. We understand and support your decision to seek treatment elsewhere and have discharged you from our clinic as of this date.

We all wish you the best and hope that you are successful in healing your wound. Please contact us if we can be of further assistance to you.

Yours truly,

[your name]

Hyperbaric Medicine Fellow

[pager]

Staff:

Address:



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



ADDITIONAL POLICIES
AND INFORMATION



LSU HYPERBARIC MEDICINE FELLOWSHIP OCCUPATIONAL INJURY / DISEASE PROCEDURES

1. **PURPOSE:** To outline Employee Health Services policy and procedure for handling the employee who is injured on the job. This policy is set forth to ensure maximum protection of the employee and the Medical Center of Louisiana (MCL) in the event that an accident or exposure, causing illness or injury, occurs while the employee is on duty at MCL. This document will also define work related injury or illness.

2. **POLICIES AND PROCEDURES:** The procedure for an occupational injury / disease is as follows:
 - a. The Fellow should report immediately to the training hospital's Employee Health Department for initial treatment.

 - b. The Fellow should notify his Program Director of the occupational injury / disease.

 - c. The Fellow should notify LSUHSC Human Resource Management, Labor Relations (Paulette Albera at 504-568-3916) about the occupational injury / disease at once (within 30 days of the injury/disease to be eligible for Workman's Compensation benefits).

 - d. Ms. Albera will send the Fellow a Employee's Report of Occupational Injury / Disease form to be completed. The occupational Health forms are also located in the Graduate Medical Education Office.

 - e. If there is no Employee Health Department at the training facility where the injury / disease occurred, the Fellow can go to any medical facility (emergency department) for treatment. Fellows officers can also receive initial medical treatment and follow-up care at Concentra Medical Center. The addresses and phone numbers for the Concentra Medical Center locations throughout the state.

 - f. The Fellow can also contact the on call Infectious disease fellows at MCLNO (504-903-3000) for their recommendations concerning the occupational injury/disease.

 - g. Employee Health Services provides instructions to injured employee regarding treatment, referral and appointments and return-to-work. Employee Health Services schedules appointments or facilitates the scheduling process for appointments to return to Employee Health or to see other medical care providers.

LSU HYPERBARIC MEDICINE FELLOWSHIP
OCCUPATIONAL INJURY / DISEASE PROCEDURES

- h. Employee Health maintains contact with employees on Workers' Compensation and the Workers' Compensation representative concerning duration of disability for employees.
- i. Employee Health Services gives documentation slip to employee *returning with* return to work clearance from own physician. Said work clearance paperwork is maintained in confidential Employee Health Services employee file.

LSU HYPERBARIC MEDICINE FELLOWSHIP

HIV POST-EXPOSURE INFORMATION FOR HEALTHCARE WORKERS

1. **PURPOSE:** The purpose of this written material on multi-drug chemoprophylaxis is to provide health care workers with some important information about the Centers for Disease Control and Prevention's (CDC) recommendations to health care workers who sustain "highest" and "increased" risk needle stick or other bodily fluids exposure. Individuals are encouraged to ask questions and may ask to review additional information on this subject available in Employee Health Services of the Medical Center of Louisiana.

2. **EXPOSURE RISKS:** Most occupational exposures to HIV do not result in infection transmission, however, each situation should be carefully weighed. The average risk for HIV infection from all types of reported percutaneous exposures to HIV-infected blood is 4.3%. The risks after mucous membrane and skin exposures to HIV-infected blood are, on average, approximately 0.1 %. The level of risk may be dependent on several factors including the length of time of exposure, significance of exposure and the source patient's state of disease.

3. **GUIDELINES:** The Medical Center of Louisiana's Employee Health Services follows the Centers for Disease Control and Prevention's provisional public health service recommendations for chemoprophylaxis after occupational exposure to HIV (human immunodeficiency virus) disease. Post-exposure protocols may change without notice as additional information from the CDC becomes available.

LSU HYPERBARIC MEDICINE FELLOWSHIP

MEDIA AND VENDOR POLICIES

1. **MEDIA POLICY:** The Office of Information Services is charged with the responsibility for releasing information about Health Science Center programs, emergencies, crimes, controversies, the official position on issues involving the Health Science Center, and other events to which the press has a reasonable claim. LSUHSC personnel shall not release information about programs, events and other activities to the media independent of the Office of Information Services. All questions from the media should be directed to Leslie Capo in the Office of Information Services.

2. **VENDOR / INDUSTRY RELATIONS POLICY:** Relations to vendors and all other private entities are covered by the Code of Government Ethics and the policies promulgated by the LSUHSC Conflict of Interest Committee via various Chancellors Memoranda. All state employees are bound by the ethics statutes with the most relevant being Louisiana Code of Governmental Ethics Title 43, Chapter 15 number 6 page 14 – Gifts. To paraphrase - “no public employee shall solicit or accept directly or indirectly anything of economic value as a gift or gratuity from any person if the public employee does or reasonably should know such a person conducts activities or operations regulated by the public employees agency or has substantial economic interests which may be substantially affected by the performance or nonperformance of the public employees duty.” When in the various training sites the resident is further bound by the rules and policies of that institution.

3. **AMA CODE OF MEDICAL ETHICS - “Gifts to Physicians from Industry”:**
 - a. Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.

 - b. Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

 - c. The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

LSU HYPERBARIC MEDICINE FELLOWSHIP MEDIA AND VENDOR POLICIES

- d. Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee.
- e. Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.
- f. Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional, or specialty medical associations.
- g. No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures.

LSU HYPERBARIC MEDICINE FELLOWSHIP

SAFETY RULES

All employees, volunteers and medical staff members of the Medical Center of Louisiana are expected to participate actively in the Medical Center's Safety Program. These personnel are responsible for being knowledgeable of any complying with current safety rules, regulations, and practices for their work areas and/or job function. The following is a summary of safety rules applicable to the Medical Center.

1. Smoking is prohibited in hospital buildings.
2. Horseplay and fighting on duty is prohibited.
3. Possession of unauthorized weapons, alcoholic beverages, illegal drugs or unauthorized medically prescribed medication is prohibited. Immediate supervisors will be advised whenever employees are required to take medication that may adversely affect decision making and/or physical reality.
4. Before beginning work, supervisors will be notified of any impairment that may reduce your ability to perform your duties safely.
5. Personal protective clothing and equipment (gloves, goggles, masks, and hearing protection devices, etc) will be worn to provide protection from potential hazards. Appropriate footwear will be worn to maintain a safe footing and to avoid foot injuries.
6. Operate equipment only if you are trained and authorized to do so.
7. Inspect your work area daily for hazards and ensure that equipment and vehicles are in safe operating condition before using them. Report potentially unsafe conditions to your supervisor immediately. Take corrective action on deficiencies that are within your capability to correct.
8. Don't use defective or damaged equipment. Remove such equipment from service and notify your supervisor immediately.
9. If there is any doubt about the safety of a work method to be used, consult your supervisor before beginning work.
10. Report all accidents, near misses, and property damage to your supervisor immediately.
11. Comply with all established work and equipment operating procedures, manufacturer's instructions and/or Job Safety Analyses.
12. Maintain an orderly work area. Store all tools, equipment, and supplies in designated areas. Place scrap and waste materials in refuse containers.

LSU HYPERBARIC MEDICINE FELLOWSHIP
SAFETY RULES

13. Use proper techniques when lifting patients and other items. Ask for assistance when necessary. Lifts, carts and dollies should be used when appropriate.
14. If your work creates a potential trip or slip hazard, eliminate the hazard or place warning signs around your work areas.
15. Become familiar with hazardous chemicals and materials stored or used in your work area. Comply with policies and procedures contained in the MCLNO Hazardous Materials and Waste Management Plan and applicable Material Safety Data Sheets (MSDS).
16. Dispose of hazardous and infectious waste in accordance with the Hazardous and Infection Control Plans.
17. While driving motor vehicles, comply with all traffic signs, signals, pavement markings, and officials designated to direct traffic.
18. Assist and cooperate in all safety investigations and inspections and help implement safety procedures as requested.
19. Practice safe work habits and encourage other employees to do the same.
 - a. Never throw any object or attempt to catch a falling object.
 - b. Store flammable materials properly. Keep them away from open flames and hot objects.
 - c. Be alert to floors and ground surfaces while walking. Don't run. Use caution when approaching blind corners and doorways. Use handrails when traversing stairs.
 - d. Keep file and desk drawers closed when not in use. Open only one drawer at a time.
 - e. Check the position of chairs prior to sitting. Don't attempt to "scoot" from place to place while sitting.
 - f. Use a stepladder or step stool when reaching for objects above your head. Never attempt to stand on a chair.
20. Comply with all departmental safety rules and policies.

LSU HYPERBARIC MEDICINE FELLOWSHIP
SAFETY RULES

21. Become familiar with MCLNO Emergency Preparedness Plans and know what actions you should take in emergency situations.
22. Report smoke, fire, and unusual odors immediately.
23. Don't overload electrical circuits. Cheaters, adapters, and extension cords are prohibited. Power strips for computers are authorized. Installation of additional electrical outlets should be requested when needed for essential functions.
24. Report the following deficiencies to the Plant Operations and Maintenance Department immediately:
 - a. Frayed electrical cords.
 - b. Exposed wires.
 - c. Loose/damaged plugs
 - d. Loose/damaged wall receptacles
25. Disconnect electrical cords properly by grasping the plug, not the wire.
26. Immediately discontinue use, take out of service, and report any electrical equipment that:
 - a. Causes a tingling sensation or shock when touched
 - b. Gets abnormally hot
 - c. Smokes
 - d. Blows fuses frequently
27. Use caution when using electrical equipment where water is present. Insure that the equipment is properly grounded prior to its use.
28. Disconnect all electrical equipment prior to cleaning or repairing it.

LSU HYPERBARIC MEDICINE FELLOWSHIP
FITNESS FOR DUTY AND SUBSTANCE ABUSE POLICY

1. **CAMPUS ASSISTANCE PROGRAM (CAP):** This program is available to assist house officers (including Fellows) and their immediate families with any personal problems they may experience. Personal problems such as marital and family distress, emotional difficulties, financial strains, legal issues, or alcohol/drug abuse can have a serious adverse effect on an individual's job and school performance. The school recognizes that not even physicians are immune from personal problems. National statistics actually indicate that the prevalence of some problems, such as substance abuse, is twice as high in the medical profession as compared to the national norm. The LSUHSC CAP is a free service provided by LSU Health Sciences Center to assist faculty, staff, residents and students in the resolution of personal problems. CAP offers a multidisciplinary team with medical backup. The staff is equipped to assist you with an array of problems, issues or stressors. All services are confidential, and all client records are limited to CAP staff. If a Fellow or a family member needs CAP services call 568 - 8888 or 568 – 6931. A CAP counselor will be happy to answer any questions you may have about their services or schedule an appointment.
2. **CAP REPORTING:** A Fellow of the Hyperbaric Medicine Fellowship is expected to report to work in a fit and safe condition. A Fellow who is taking prescription medication (s) and/or who has an alcohol, drug, psychiatric or medical condition (s) that could impair his/her ability to perform in a safe manner should contact the Campus Assistance Program.
3. **CAP FEES:** This program will provide free confidential assessments, with referrals to an appropriate resource as needed. Telephone consultations are available to house officers (and Fellows) who live in the Baton Rouge or Lafayette areas. The cost for group counseling or outpatient substance abuse treatment will be on a sliding scale fee of \$5.00 per visit regardless of income. Also, ten free individual counseling sessions per house officer (or Fellow) per year will be provided.
4. **GRADUATE MEDICAL EDUCATION OFFICE POSITION:** The Graduate Medical Education Office desires that all house officers (and Fellows) and their family members understand the objectives and the services of the CAP. The ultimate objective of the CAP is to assist house officers and their family members with the resolution of personal problems and to assist LSU Health Sciences Center in New Orleans in retaining valued employees.

LSU HYPERBARIC MEDICINE FELLOWSHIP PHYSICIAN IMPAIRMENT POLICY

1. **FITNESS FOR DUTY POLICY:** The Louisiana State University Health Sciences Center (LSUHSC) promotes and protects the well being of faculty, staff, residents, students, and patients. Any individual who works or is enrolled at Louisiana State University Health Sciences Center (LSUHSC) is expected to report to work / school in a fit and safe condition. An individual who has an alcohol, drug, psychiatric, or medical condition (s) that could be expected to impair their ability to perform in a safe manner must self report their medical status to their supervisor and provide a signed medical release indicating their fitness for work/school to the Campus Assistance Program (CAP).
2. **FITNESS FOR DUTY OBSERVATIONAL VIOLATIONS:** LSUHSC requires all faculties, staff, residents, students or other LSUHSC workers who observe an individual who is believed to be impaired or is displaying behavior deemed unsafe at work / school to report the observation(s) to their supervisor for appropriate action. Supervisors are then required to make an administrative referral to the Drug Testing Program and CAP. An individual who is referred to CAP and found to be impaired must provide CAP, prior to returning to work, with a signed medical release indicating they are fit to resume their work or school responsibilities at LSUHSC. LSUHSC will, as a condition of continued employment / enrollment, require an “at risk” individual to maintain a continued care plan either recommended or approved by CAP and sign a Continuation of Employment / Enrollment Contract.
3. **HYPERBARIC MEDICINE FELLOWSHIP POLICY:** Hyperbaric Medicine Fellows are also expected to report to work in a fit and safe condition. In addition to complying with the above policies, a Fellow who is taking prescription medication(s) and / or who has an alcohol, drug, psychiatric or medical condition(s) that could impair the Fellow’s ability to perform in a safe manner must contact the Louisiana State Medical Society’s Physicians’ Health Program, whose mission is to assist and advocate for physicians who are impaired or potentially impaired as approved by the Louisiana State Board of Medical Examiners. If a Fellow knows of a physician or colleague who the Fellow reasonably believes may be impaired or potentially impaired, the Fellow may report that physician to the Physicians’ Health Program.
4. **IMPAIRED FELLOWS:** A Fellow who is reasonably believed to be impaired or potentially impaired, but refuses to avail him / herself of assistance shall be reported to the Campus Assistance Program and/or the Physicians’ Health Program for evaluation.

LSU HYPERBARIC MEDICINE FELLOWSHIP PHYSICIAN IMPAIRMENT POLICY

3. **DRUG-FREE WORKPLACE POLICY:** Louisiana State University Health Sciences Center (LSUHSC) is governed by and complies with the provisions of the Drug Free Workplace Act of 1988. The applicable provisions are as follows: The unlawful manufacture, distribution, dispensing, possession and/or use of unlawful drugs at any facility of the Louisiana State University Health Sciences Center is prohibited. Penalties for violation of this policy could result in written disciplinary action, suspension, demotion, and/or immediate dismissal depending on the severity of the circumstances; or criminal prosecution.
4. **DRUG TESTING REQUIREMENT (Pre-Employment):** As per Chancellor's Memorandum (CM38-Substance Abuse Policy and Procedures LSUHSC New Orleans Campus) effective November 1, 1999 all newly hired faculty, staff, residents and student workers of LSU Health Sciences Center New Orleans will be required to undergo drug testing as a condition of employment. Drug testing may also be required during employment for reasonable suspicion or post accident for cause and for individuals who have signed Fitness For Duty and/or Drug Testing Continuation of Employment contracts. A prospective employee undergoing post-job offer drug testing and who declines to consent to testing or who receives a confirmed positive drug test result shall have the conditional offer of employment withdrawn and shall be subject to disqualification from employment consideration for a period of one year from the date of the drug test.
5. **CRIMINAL CONVICTIONS:** Further, all Fellows are required to notify the Director of Human Resource Management of any drug related criminal conviction which occurs in the workplace within five (5) days following conviction. The Director will notify the Grants Office so that they may comply with the provision for notice to the federal funding agency within ten (10) days. Notice to the federal contractor should include the sanctions imposed on the employee convicted of a drug work-related crime.
6. **COMPLIANCE:** Compliance with these policies is MANDATORY. Abiding by this policy and any other drug policy established by LSUHSC or other Fellow training facilities, regardless of when promulgated, is a condition of the Fellow's employment.

**LSU HYPERBARIC MEDICINE FELLOWSHIP
SUSPENSIONS, RESTRICTIVE COVENANTS,
AND GRIEVANCE PROCEDURES**

1. **SUMMARY SUSPENSIONS:** The Hospital, University, Program Director, or designee, Department Head, or designee, each shall have the authority to summarily suspend, without prior notice, all or any portion of Fellow's appointment and/or privileges, whenever it is in good faith determined that the continued appointment of Fellow places the safety or health of patients or University personnel in jeopardy or to prevent imminent disruption of University operations.
2. **RESTRICTIVE COVENANTS:** The ACGME does not allow restrictive covenants.
3. **GRIEVANCE PROCEDURES:** Policies and procedures for adjudication of Fellow complaints and grievances related to action which result in dismissal or could significantly threaten a Fellow's intended career development are delineated in the House Officer Manual.
4. **OMBUDSMAN:** Dr. Joseph Delcarpio, Associate Dean for Student Affairs will serve as an impartial, third party for Fellows who feel their concerns cannot be addressed directly to their program or institution. Dr. Delcarpio will work to resolve issues while protecting Fellow confidentiality. He can be reached at (504) 568 - 4874.

LSU HYPERBARIC MEDICINE FELLOWSHIP SEXUAL HARRASSMENT POLICY

1. **POLICY:** Louisiana State University Health Sciences Center is committed to providing a professional work environment that maintains equality, dignity, and respect for all members of its community. In keeping with this commitment, the Health Sciences Center prohibits discriminatory practices, including sexual harassment. Any sexual harassment, whether verbal, physical or environmental, is unacceptable and will not be tolerated.

2. **THE LAW:** Sexual harassment is illegal under federal, state and local laws. It is defined as any unwelcome advance, request for sexual favors, or other verbal or physical conduct of a sexual nature when:
 - a. Submission to the conduct is made either explicitly or implicitly a term or condition of an individual's employment.
 - b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual.
 - c. The conduct has the purpose or effect of unreasonably interfering with the individual's performance or of creating an intimidating, hostile or offensive working environment.

3. **TYPES OF BEHAVIOR:** Types of behavior that constitute sexual harassment may include, but are not limited to:
 - a. Unwelcome sexual flirtations, advances or propositions; derogatory, vulgar, or graphic written or oral statements regarding one's sexuality, gender or sexual experience; unnecessary touching, patting, pinching or attention to an individual's body
 - b. Physical assault
 - c. Unwanted sexual compliments, innuendo, suggestions or jokes
 - d. The display of sexually suggestive pictures or objects

4. **REPORTING OF SEXUAL HARRASSMENT:** Any Fellow who has a workplace sexual harassment complaint has the right and obligation to bring the problem to LSUHSC's attention. Further, any Fellow who witnesses such conduct or receives a complaint of such conduct, must report the incident to Human Resource Management (HRM 504-568-8742); the Department Head; Program Director; or other member of the faculty.

LSU HYPERBARIC MEDICINE FELLOWSHIP SEXUAL HARRASSMENT POLICY

5. **DEPARTMENT OF HUMAN RESOURCES MANAGEMENT:** The Department of Human Resources Management will be responsible for investigating complaints of sexual harassment occurring between Fellows; Fellows and staff members; Fellows and students; and complaints made by Fellows against other third parties. HRM will investigate and/or assist those responsible for investigating complaints made by Fellow against faculty members in accordance with the terms of the faculty handbook.
6. **CONFIDENTIALITY:** Actions taken to investigate and resolve sexual harassment complaints shall be conducted confidentially to the extent practicable and appropriate in order to protect the privacy of persons involved. An investigation may include interviews with the parties involved in the incident, and if necessary, with individuals who may have observed the incident or conduct or who have other relevant knowledge. The individuals involved in the complaint will be notified of the results of the investigation.
7. **GOOD-FAITH REPORTING:** There will be no discrimination or retaliation against any individual who makes a good-faith sexual harassment complaint, even if the investigation produces insufficient evidence to support the complaint. There will be no discrimination or retaliation against any other individual who participates in the investigation of a sexual harassment complaint. If the investigation substantiates the complaint, appropriate corrective and/or disciplinary action will be swiftly pursued.

If a Fellow's complaint is found to be valid, and the accused harasser is a member of the faculty, staff, or is a student, that complaint will be addressed in accordance with the procedures contained in the applicable faculty handbook; student bulletin; or staff policy.

If a complaint made against a Fellow is found to be valid, the offender may be directed to appropriate counseling, discipline, or dismissed, depending on the degree of seriousness of the offense. In the event that the Fellow involved as the accused disagrees with the conclusions recommended as a result of the investigation, and such conclusion results in dismissal, non-renewal, or any adverse action which could significantly jeopardize a Fellow's intended career development, he/she may invoke the procedures set out in the Due Process section of this House Officer Manual. If allegations of harassment or discrimination are first raised as a part of an appeal by a Fellow, that is, prior to an investigation of the complaint by Human Resource Management, the Program Director shall refer the complaint to HRM for investigation in accordance with this section. No due process hearing shall proceed until an investigation has been conducted and a report of the investigation has been submitted to the Program Director.

LSU HYPERBARIC MEDICINE FELLOWSHIP HARASSMENT / ABUSE PROGRAMS

The Section of Emergency Medicine and the LSU Hyperbaric Medicine Department do not condone harassment or abuse of any kind in its academic programs. An advocacy study group at LSU Health Sciences Center has proposed programs of education and proactive prevention, processes to handle complaints from victims, and counseling or disciplinary action for abusive persons.

Alleged victims of harassment or abuse should consult the Campus Assistance Program with their complaints. They will be heard and counseled. If the complaint seems valid and permission is given, the case will be referred to the Institutional GME Committee for investigation. Verified instances will be documented and referred to Department Heads for appropriate counseling and disciplinary measures. Victims of sexual harassment can file direct complaints with the EEOC through Human Resources Management at LSU Health Sciences Center.



LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
HYPERBARIC MEDICINE FELLOWSHIP
PROGRAM



CODE OF PROFESSIONAL CONDUCT



CODE OF PROFESSIONAL CONDUCT
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SCHOOL OF MEDICINE, NEW ORLEANS

PREAMBLE

The academic community of the LSU School of Medicine is committed to maintaining an environment of open and honest intellectual inquiry. Faculty, residents, and students have the right to enjoy an educational environment characterized by the highest standards of ethical professional conduct. The individuals who comprise the LSUHSC campus come from many different cultural backgrounds. Discriminatory comments or actions relative to gender, sexual orientation, racial origin, creed, age, physical or mental status can interfere with an individual's performance and create an intimidating, hostile, and offensive educational and work environment. Individuals who manifest such unprofessional behavior in any of these areas are disruptive and in violation of the LSU School of Medicine's *Code of Professional Conduct* and of LSU Health Sciences Center Policy. Report of such conduct will be reviewed by the Council on Professional Conduct according to the "Rules of Procedure" set forth in the *Code*.

The students, residents, and faculty share the responsibility, to themselves and to their colleagues, to protect their individual rights and those of the academic community as a whole. To this end, and to ensure the rights of due process to members of the academic community, the students, residents, and faculty of the School of Medicine have adopted this *Code of Professional Conduct*. This *Code* governs questions of professional conduct, including but not limited to, dishonest, disruptive, discriminatory, and illegal activities. Penalty for such misconduct could lead to dismissal from the LSU School of Medicine.

Questions of academic grievances are addressed through procedures established specifically for that purpose.

**RESOLVING ALLEGATIONS OF
UNETHICAL PROFESSIONAL CONDUCT
RULES OF PROCEDURE**

1. **Composition of the Council on Professional Conduct**

Initial review of an allegation of unethical professional conduct is the responsibility of the Council on Professional Conduct. This Council consists of twenty-seven active Representatives. Twelve Council Representatives represent the Student Body; each class elects three Representatives from its general membership. The Faculty is represented by five Representatives from the Basic Science Departments and five Representatives from the Clinical Science Departments, elected by the Faculty Assembly from the general full-time faculty. Resident representatives are recommended by the Chairman of each of the Departments of Medicine, OB-GYN, Psychiatry, Pediatrics and Surgery and appointed by the Dean of the School of Medicine. One student and one faculty Representative, elected by the twenty-seven Council Representatives from their own members, share chairmanship of the Council. In the event that a Co-Chairman is unable to serve, the vacancy shall be filled by an individual selected from the pool of remaining Committee Representatives by majority vote. The Council maintains its right to nominate additional members to the Council if the need arises.

Student Representatives are elected during regular class elections in October of their freshman year, with the expectation that their tenure is for duration of their enrollment in LSUHSC's School of Medicine.

Resident Representatives are appointed for the duration of their residency.

Faculty Representatives are elected for an indeterminate number of years.

2. **Filing a Complaint**

a. **Initiation of Complaint**

A student (with or without the input of the Student Advocacy Group), resident, or faculty member may initiate a complaint of unethical professional conduct against a student or resident by submitting an allegation in writing to any member of the Council on Professional Conduct, including a Co-Chairman. The written statement must include a description of the circumstances that gave rise to the charges and must be signed by the author(s).

If the written allegation is submitted to a Council member who is not a Co-Chairman, the Council member shall deliver the allegation to a Co-Chairman of

the Council, who in turn shall arrange for investigation of the facts and circumstances of the cases.

b. Deadline for Filing a Complaint

A complaint by a student (with or without the input of the Student Advocacy Group), resident, or faculty member alleging-unethical professional conduct by a student or resident must be submitted in writing to a Council member, including a Co-Chairman, within fifteen working days of the alleged unethical professional conduct.

c. Confidentiality of Person Initiating Complaint

Because of the gravity of any allegation of unethical professional conduct, the identity of the author of a complaint shall be held in confidence throughout the investigation; however, a witness's identity may become known during a final hearing.

d. Interim grade

If a complaint of cheating is filed against a student or resident, that student or resident shall be assigned a grade of "incomplete" for the work in question during the investigation of the complaint. A student or resident subsequently found innocent of the complaint will be evaluated for a final grade on the basis of his / her performance.

3. Investigation of Complaint and Determination of Sufficient Cause

A written allegation of unethical professional conduct is submitted to a Council member, or to one of the Co-Chairmen. The Co-Chairman shall arrange for a preliminary investigation. One faculty Representative to the Council is selected by the Co-Chairmen of the Council to assist in the preliminary investigation. In the case of an allegation against a student, the President of the Student Body will act as primary Fact Finder. In the case of an allegation against a resident, a Fact Finder will be appointed from among the LSU residents at large.

Investigation of an allegation of unethical professional conduct is conducted in confidence. The purpose of the investigation is to determine all possible evidence, both tangible and testimonial, that bears on the allegation of unethical professional conduct. Inquiries by the Student Body President or Resident Representative (i.e. the Fact Finder) and the faculty Representative are strictly confidential, as is the information amassed during the course of the investigation, and the identity of the person who submits the complaint.

The period of investigation is limited to five working days. During the period allotted for the investigation, the Co-Chairmen of the Council select three members of the Council to

serve as an ad hoc panel for determination of sufficient cause for convening a formal hearing of the Council. The members of the ad hoc panel are excluded from further deliberations on that particular case.

The Fact Finder presents the results of the investigation to the ad hoc panel. If the panel determines that there is sufficient cause for convening the Council, a formal hearing of the Council is scheduled. If the panel determines that there is insufficient cause for convening the Council, all charges are dismissed and all proceedings cease immediately. Although the circumstances constituting sufficient cause necessarily will vary from case to case, the statement of one person, with no other corroborating witness or corroborating tangible evidence, shall not be considered sufficient cause.

If the ad hoc panel makes a preliminary determination of sufficient cause, the panel shall formulate the formal charges against the accused in writing, and shall set forth the witnesses to be called and the tangible evidence to be presented against or for the accused. The identity of any person filing an allegation shall remain confidential, although such person shall be listed as a witness.

The Fact Finder shall present the case to the Council. Presentation of the case includes introducing tangible evidence and calling witnesses against or for the accused.

4. **Formal Hearing: Council on Professional Conduct**

a. **Notification to Council and Parties**

The Co-Chairmen of the Council shall give written notification to the Council members, the accused, and the Fact Finder: 1) the determination of a possible breach of ethical professional conduct, and 2) the designated time and place for the formal hearing of the case. This notification, together with the formal charge and a list of the witnesses and evidence in support of the charge, must be distributed to the above-named persons within two days of the determination of sufficient cause. The Fact Finder shall notify the named witnesses of the designated time and place for the formal hearing.

b. **Hearing Procedure**

The hearing by the Council shall be conducted within five working days after the accused receives written notice of the formal charge against him / her. An extension of up to five working days may be requested by the accused under special circumstances; granting this request is within the discretion of the Co-Chairmen of the Council. In any event, the hearing must be convened within ten working days of written notification to the accused.

Persons who must be present for the formal Council hearing include: eight participating members of the Council (four faculty members and four additional Council members chosen from students and / or residents, reflecting those involved in the case), the designated witnesses against the accused, and the Fact Finder. The accused may present additional witnesses or other evidence in his or her behalf. The accused has the option of being accompanied during the hearing by any one member of the Medical Center community. This person accompanying the accused may be present as an advisor but may not address the Council. Each witness will be present only during the time devoted to his or her own testimony.

The evidence and personal testimony supporting the allegations are presented to the Council by or at the request and direction of the Fact Finder. Thereafter, the accused presents his or her own defense and offers testimony of persons who support his or her defense.

During the presentation of evidence and personal testimony, members of the Council may ask questions at any time. Following the presentation of evidence and personal testimony, the Fact Finder followed by the accused may summarize their positions orally; these final presentations are not interrupted by questioning.

The Co-Chairmen shall control the proceedings and are charged with conducting a hearing that is both thorough and fair for all parties. The Co-Chairmen may limit duplicative testimony. The hearing is intended to allow informal but complete presentation of all relevant information.

The proceedings of the Council are confidential. An appointed secretary shall take and transcribe written notes of the proceedings, which are maintained in confidence by the Co-Chairmen. No tape recorders are permitted at any hearing of the Council.

c. **Recommendation of the Council**

Following the presentation of all evidence and testimony, the Council shall deliberate privately and determine, within two working days, the recommendation to be submitted to the Dean of the School of Medicine. The Co-Chairmen of the Council shall submit the written recommendation of the Council, the basis for its recommendation, and a transcript of the notes of the proceedings, to the Dean and the accused within two working days of the Council's decision as to a recommendation.

Any member of the Council who dissents from the recommendation of the Council may submit the reasons for his or her dissent in writing at the time that the recommendation of the Council is submitted to the Dean and the accused.

5. **Initial decision: Dean, School of Medicine**

The Dean must act upon the recommendation of the Council within five working days of receiving the recommendation. The Dean may accept or reject the recommendation of the Council, in whole or in part, or may remand the matter to the Council for further fact-finding, including additional testimony if appropriate. If additional fact-finding is requested by the Dean, such fact-finding, including additional testimony, shall be taken and a recommendation issued in accordance with procedures and time limits previously set forth.

The decision of the Dean must be communicated promptly to the accused and the Co-Chairmen of the Council.

6. **Appeal: Appeals Committee**

a. **Notification of Appeal**

The accused may appeal the decision of the Dean of the School of Medicine as a matter of right. If the accused wishes to appeal, he or she must notify the Dean of his or her request for appellate review within five working days of receiving the decision of the Dean of the School of Medicine. The Dean must convene the Appeals Committee within five working days of receiving the request for appellate review.

b. **Composition of Appeals Committee**

Appellate review of the Dean's initial decision is the responsibility of the Appeals Committee. This Committee consists of six members. In the case of an appeal arising from an allegation against a medical student the Student Body is represented by the presidents of the sophomore, junior, and senior classes. In the case of an appeal arising from an allegation against a resident, he or she will be represented by three residents chosen at large by the Council.

The Faculty is represented by one Representative chosen by the party asserting the appeal, one Representative chosen by the Dean of the School of Medicine, and one Representative chosen by the five members designated above. This sixth member is the Chairman of the Appeals Committee.

c. **Appeal Procedure**

The task of the Appeals Committee is to review the initial decision of the Dean on the proceedings and recommendations of the Council of Professional Conduct. The Appeals Committee reviews the transcript of the Council proceedings and may hear further arguments by the parties. However, the Appeals Committee is prohibited from soliciting or considering any new evidence. Any new evidence would be referred to the Council on Professional Conduct.

The proceedings of the Appeals Committee are confidential. Written notes of the proceedings are transcribed by an appointed secretary and are maintained in confidence by the Chairman. No tape recorders are permitted at any hearing of the Appeals Committee.

d. **Recommendation of the Appeals Committee**

After reviewing the transcript and hearing arguments, if appropriate, the Appeals Committee deliberates privately and determines, within two working days, the recommendation to be submitted to the Dean of the School of Medicine. The Chairman of the Committee shall submit the written recommendation of the Committee, the basis for its recommendation, and a transcript of the notes of the proceedings, to the Dean within two working days of the Committee's decision.

A member of the Appeals Committee who dissents from the recommendation of the Committee may submit the reasons for his or her dissent in writing at the time the recommendation of the Committee is submitted to the Dean.

7. **Final Disposition: Dean, School of Medicine**

The Dean must render a decision within five working days of receiving the recommendation of the Appeals Committee. This decision must be communicated promptly to the accused, the Chairman of the Appeals Committee, and the Co-Chairmen of the Council on Professional Conduct.

The disposition of the case by the Dean of the School of Medicine after appeal is final.

If a student is exonerated of all charges, all written records of the proceedings of the Council on Professional Conduct and the Appeals Committee, if applicable, are destroyed. If a student is not exonerated of all charges, all written records of the proceedings of the Council and the Appeals Committee will be maintained in confidence by the Associate Dean for Student Affairs and Records for five years after final disposition of the case.