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Section I: Introduction to the Program
Department of Surgery Mission Statement

The Department of Surgery is committed to outstanding education, compassionate care of our patients and to further the knowledge of medicine through our research. We intend to accomplish these goals with the highest standards of professionalism, pride, and honor. We will treat no patient with less compassion than another. We will see all residents and students as our future. We will strive to answer the hard questions. We will do all of this because it is our responsibility and lifelong passion.

A Mission Statement on Education

We want our faculty members and staff to manage educational programs that we are proud of and committed to, where all interested faculty members and staff have an opportunity to contribute and grow as teachers, mentors, learners, educators, researchers and administrators. We want our faculty members, education staff, and learners to feel respected, treated fairly, listened to, and accountable for the quality of the educational programs. We aim to provide a positive and supportive learning environment where students and residents, regardless of level, are properly challenged to achieve their maximum potential, both personally and professionally. Above all, we want our students, residents and faculty members to be satisfied with their accomplishments.

Loyola’s program is designed to foster a young physician's development into a complete surgeon. We want to train surgeons who will become leaders in surgery either in an academic or community practice – the person who is called when your relative is truly ill. This individual will be skilled in all components of general surgery as defined by the American Board of Surgery.
The Office of Education provides support for the residents and faculty of the General Surgery Residency Program.

The main telephone number is 708-327-3436 and the fax number is 708-327-3489.

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Training Sites

Loyola University Medical Center
Loyola University Medical Center is a quaternary-care system with a 61-acre (250,000 m²) main medical center campus in the western suburbs of Chicago. The medical center campus is located in Maywood, 13 miles west of the Chicago Loop and 8 miles east of Oak Brook, IL. The heart of the medical center campus, Loyola University Hospital, is a 547-licensed-bed facility. It houses a Level 1 Trauma Center, ACS Burn Center and the Ronald McDonald Children's Hospital of Loyola University Medical Center. Also on campus are the Cardinal Bernardin Cancer Center, Loyola Outpatient Center, Center for Heart & Vascular Medicine, Loyola Oral Health Center, Loyola University Chicago Stritch School of Medicine, Loyola University Chicago Marcella Niehoff School of Nursing, and the Loyola Center for Fitness. Loyola University Health System has been a member of Trinity Health since July of 2011. The Neiswanger Institute for Bioethics and Health Policy is a part of the Stritch School of Medicine.

Hines Veterans Administration Hospital
Edward Hines, Jr. VA Hospital, located 13 miles west of downtown Chicago on a 147-acre campus, offers primary, extended and specialty care and serves as a tertiary care referral center for VISN 12. Specialized clinical programs include Blind Rehabilitation, Spinal Cord Injury, Neurosurgery, Radiation Therapy and Cardiovascular Surgery. The hospital also serves as the VISN 12 southern tier hub for pathology, radiology, radiation therapy, human resource management and fiscal services. Hines VA Hospital currently operates 471 beds.

Gottlieb Memorial Hospital
Gottlieb Memorial Hospital is a 254-licensed bed acute care hospital in Melrose Park. We offer emergency, inpatient and outpatient medical services. Gottlieb, which is part of Loyola University Health System, is home to a cancer care and research center, weight loss center, rehabilitation services and Gottlieb Center for Fitness.

Presence Resurrection Medical Center
Presence Resurrection Medical Center is an award-winning, 360-bed academic teaching hospital located on the northwest side of Chicago. As a full service medical center offering comprehensive health services, we are dedicated to providing quality, compassionate care to all we serve. Recently, we opened a new five-story Patient Care Addition with 120 private rooms. Guided by the latest research, every aspect of the new addition promotes healing.
Section II: Policies and Procedures
General Surgery Residency Program Code of Professional Conduct

Preamble
The General Surgery Residency Program at Loyola University Medical Center strives to prepare resident physicians for practice in surgery and training the future leaders in American surgery. The program shall maintain focus on the development of clinical skills, professional competence, and acquisition of key knowledge through organized educational programs with guidance and supervision. Professional competence requires that they manifest in their lives exemplary ethical and professional attitudes. The physicians shall preserve the respect for the sanctity of human life and uphold the dignity of individual patients. They shall retain a level of personal humility and an awareness of medicine's inherent limitations. They will exemplify maturity and practice balance in personal and professional lives. There shall be an understanding and respect for collegial teamwork in the provision of healthcare. All of this shall be accomplished due to a commitment to the development and continued maintenance of clinical competence in our colleagues, our students, and ourselves.

The Code of Professional Conduct for residents is not intended to dictate behavior or create a framework for punitive action. The intention is to establish a set of minimum expectations that provide a disciplinary framework for those who choose not to abide by these professional standards or conduct themselves in a manner not supported by the medical profession.

The Code of Professional Conduct for Resident Physicians
All residents are expected to conduct themselves in a manner that demonstrates competence, integrity, compassion, confidentiality, and respect of the rights and dignity of all individuals.

Expectations for Professional Conduct
- The resident physician shall always be dedicated and committed to providing competent and safe medical care to the patients for whom he or she shall be entrusted.
- The resident physician shall have respect for all individuals in the community. Residents, students, faculty, and staff recognize the right of all individuals to be treated with respect without regard to position, race, age, gender, handicap, national origin, religion, or sexual orientation.
- The resident physician shall uphold the standards of professionalism as demonstrated in the practice of medicine and thus conduct themselves with collegiality during interactions with other members of the healthcare team and hospital employees.
- The resident physician shall be dedicated and proactive regarding his or her own mental and physical well-being.
- The resident physician shall respect the laws and standards of the hospital and the land. He or she shall be responsible to seek changes in those standards that are found to be contrary to the patients' best interests.
- The resident physician shall handle appropriately the information, records, or examination materials that are distributed to him or her. Any form of cheating or providing false information is a violation of the trust placed in physicians and is a serious infraction of the Code of Professional Conduct.
- The resident physician shall uphold the integrity of the department and profession in all forms of public and private communication.
The resident physician shall have respect for patients' confidentiality and safety and shall safeguard those confidences within the restraints of the law. Patients' privacy, modesty, dignity and confidentiality must always be honored.

The resident physician shall have a responsibility and be held accountable to complete all assigned regulatory administrative duties of a surgical resident including but not limited to timely completion of duty hour logs, surgical case logs, and attendance at conferences sponsored by the Loyola University Medical Department of Surgery.

The resident physician shall refrain from any conduct that may reflect poorly on the Department of Surgery or may cause the legacy of the Loyola University Medical Center Department of Surgery to be disgraced or held in ill repute.

Violations
A violation of the Code of Professional Conduct occurs when any resident physician acts contrary to the values and responsibilities expected of those engaged in the profession of medicine. Violations occur when any resident physician jeopardizes the welfare of a patient, disregards the rights or dignity of another individual, or allows or assists another in so doing. The Loyola University Medical Center Department of Surgery reserves the right to initiate action and impose sanctions for any conduct that is determined to be a violation of the Code according to the outlined procedures of the Program Evaluation Committee (PEC), the Resident Professionalism and Support Group (RPSG), the Clinical Competency Committee (CCC), and/or any ad hoc committee formed for such reasons.

Reviewed by the LUMC Department of Surgery RSPG Committee on May 24, 2018.
Clinical Experience and Education

Compliance with the ACGME duty hour requirements is a responsibility shared by faculty, residents, and fellows. Infractions are to be reported to the Office of Education or to the Administrative Chief Resident so that corrective action can be taken. The following is adapted from the ACGME Common Program Requirements.

**Maximum Hours of Clinical and Educational Work Per Week**
Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

**Mandatory Time Free of Clinical Work and Education**
Residents should have eight hours off between scheduled clinical work and education periods.

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

**Maximum Clinical Work and Education Period Length**
Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

**Clinical and Educational Work Hour Exceptions**
In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances:

- to continue to provide care to a single severely ill or unstable patient;
- humanistic attention to the needs of a patient or family; or
- to attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

**Moonlighting**
Moonlighting (i.e., employment outside the Department of Surgery) is not permitted during clinical rotations for residents in the Department of Surgery. Moonlighting while on clinical rotations is grounds for immediate dismissal. For Surgery residents participating in research, approval must be obtained annually from the Program Director prior to starting any moonlighting arrangement. Please contact the Residency Program Coordinator for the appropriate forms. Failure to do this will negate that resident’s ability to moonlight for the remainder of the year.
Moonlighting must not interfere with regular laboratory research work hours, which are generally Monday – Friday, at a minimum of 40 hours per week. Therefore, Research Residents will be allowed to moonlight one shift per week, on weekends only.

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

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

**At-Home Call**
Time spent on patient care activities by residents on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

*Additional information can be found in the ACGME Common Program Requirements.*
Supervision

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident’s development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth. Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care.

As part of the training program, residents are given graded and progressive responsibility according to the individual resident’s clinical experience, judgment, knowledge, and technical skill. This policy provides a guideline on resident supervision for general surgery residents and faculty.

ACGME Levels of Supervision

As per the Common Program Requirements, the program will use the following classification of supervision in order to provide resident supervision while providing graded authority and responsibility

- Direct Supervision – the supervising physician is physically present with the resident and patient.
- Indirect Supervision:
  - with Direct Supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  - with Direct Supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
  - Oversight – the supervising physician is available to provide review of procedures and/or encounters with feedback provided after care is delivered.

Levels of Supervision by PGY Level:

Senior residents should serve in a supervisory role of medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident; however, the attending physician is ultimately responsible for the care of the patient.

- Beginning residents (PGY-1) are directly supervised by the faculty as well as senior residents, until competency is demonstrated.
- Intermediate residents (PGY-2 and 3) are directly or indirectly supervised by senior residents as well as faculty.
- Senior residents (PGY-4 and 5) may be directly or indirectly supervised and on rare occasion due to medical necessity, be given oversight supervision. They provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. All services provided are ultimately under the supervision of an attending physician.
# Bedside Procedure Privileges

## Junior Resident (PGY-1 to PGY-2)*

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<thead>
<tr>
<th>Independent</th>
<th>Indirect Supervision</th>
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<tbody>
<tr>
<td>Arterial line insertion</td>
<td>Bronchoscopy</td>
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<tr>
<td>Bladder catheterization</td>
<td>Esophagogastroduodenoscopy and/or other endoscopy procedure</td>
</tr>
<tr>
<td>Central line placement</td>
<td>Lumbar puncture</td>
</tr>
<tr>
<td>Central line removal</td>
<td>Paracentesis</td>
</tr>
<tr>
<td>Endotracheal intubation</td>
<td>Percutaneous endoscopic gastrostomy (PEG) tube placement</td>
</tr>
<tr>
<td>Fine needle aspiration of any body site</td>
<td>Percutaneous or open tracheostomy</td>
</tr>
<tr>
<td>Peripheral line placement</td>
<td>Pulmonary artery catheter</td>
</tr>
<tr>
<td>Skin biopsy</td>
<td>Thoracentesis</td>
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<td></td>
<td>Thoracostomy (chest tube)</td>
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## Senior Resident (PGY-3 and above)*

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</table>

* Residents must perform three (3) procedures directly supervised by a credentialed provider prior to being privileged to perform the procedure independently or with indirect supervision. The supervising attending should be notified prior to performance of the procedure except in emergent circumstances.

## Operating Room Privileges

**Limited Privileges:** Defined as licensed residents with operative experience who are qualified to begin and close independently. This is indirect supervision with direct supervision immediately available – the supervising surgeon is physically within the hospital or other site of patient care and is immediately available.
available to provide direct supervision. The residents perform the key portion of the operation under the direct supervision of the attending.

**Full Privileges:** Limited to senior residents who can operate in emergent circumstances utilizing indirect supervision with direct supervision available. The supervising surgeon is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision. In these circumstances residents with emergent privileges can start surgery without the presence of an attending surgeon. The attending surgeon will have final responsibility for defining the emergent nature of the procedure in question. For elective procedures the attending must be present for the key portion(s) of the operation. The attending surgeon must be present for the time-out in all elective cases.

Additional information regarding Supervision of Residents can be found in the Loyola University Medical Center Resident Handbook Section II.L. Found at website: https://www.loyolamedicine.org/gme/current-housestaff
Fatigue and Acute Illness Coverage Policy

Purpose: To exercise non-judgmental triggering of resident/fellow fatigue management and mitigation strategies.

The backup coverage procedure should be instituted under the following circumstances:

- Resident on duty is fatigued (mentally or physically) and unable to safely perform clinical duties.
- Resident on duty is in violation or will be in violation of ACGME Clinical and Education Work Hour regulations.
- Resident is acutely ill and unable to perform clinical duties.

Residents may self-identify as being too fatigued to safely carry out clinical duties or may be identified by others. If a resident is identified by others to be fatigued, this should be initially directly discussed with the fatigued resident and he or she should be encouraged to utilize the backup coverage procedure. If the resident does not wish to enact the backup procedure, the Program Director should be notified.

Once a resident is identified as too fatigued or ill to safely continue clinical duties, the following should be done:

- The fatigued resident should determine whether he or she is necessary to maintain appropriate patient care. This should be done in conjunction with the highest level resident and/or attendings on service.
- If the fatigued resident is not integral to patient care or another team member can adequately assume his/her duties, the fatigued resident should be temporarily relieved of duty.
- If the fatigued resident is integral to patient care and does not have adequate coverage from other members of the team, the backup coverage procedure should be initiated by notifying the administrative chief resident.
- Once the appropriate backup coverage is in place, the fatigued resident should leave the clinical area and implement fatigue management strategies.

Backup Coverage Procedure

- The administrative chief resident will enact the backup coverage procedure based on the predetermined backup list.
- The administrative chief resident should notify the attendings on service and Residency Program Leadership.
- Once the appropriate backup coverage is in place, the fatigued resident should leave the clinical area and implement fatigue management strategies.

This includes napping or a safe ride home (refer to GME WAY TO GO! system). Refer to GME Fatigue Identification, Prevention, and Management guide.

The Program will actively monitor fatigue and burnout with regard to patient and resident safety.
Transitions of Care

Purpose
To minimize the number of transitions in patient care and to comply with the Institutional and specific program Residency Review Committee (RRC) accreditation requirements established by the Accreditation Council for Graduate Medical Education (ACGME).

Policy
- All patient hand offs should take place in a designated workplace, office, or conference room to ensure patient confidentiality and lack of distraction. Hand offs in public areas such as hallways, cafeterias, and elevators are prohibited.
- It is acceptable to conduct hand-offs over the phone in the morning, as long as both parties are in an appropriate room, without other distractions. However, hand-offs in the evening should always occur in person in designated work area.
- Hand-offs should only occur with direct one-to-one communication between the resident responsible for the patients being released and the resident that will be taking over their care. No third party communication is allowed.
- The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:
  - Identification of patient, including name, medical record number, and age
  - Identification of admitting / primary / supervising physician and contact information
  - Diagnosis and current status / condition (level of acuity) of patient
  - Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken
  - Outstanding tasks – what needs to be completed in the immediate future
  - Outstanding lab or imaging studies – what needs follow up during the shift
  - Changes in patient condition that may occur requiring interventions or contingency plans
  - Contact information of senior resident on-call
- On-duty residents are required to follow up on pending diagnostic studies and update on-call senior residents and / or attending regarding results once they return.
- Hand-offs during the first month of residency should be conducted in the presence of a senior resident of attending physician to ensure that residents are competent in communicating with team members in the hand-over process.
- Always allow ample time for the resident receiving sign-out to ask questions.
- Exchange contact information in the event there are any additional questions.
- Always scrutinize and question data if “something does not make sense” or if you think it is wrong.
- Use the virtual pager for the service you are covering when on duty. Sign on when you start duty and sign out the pager to the appropriate person at the end of your shift. Use the virtual pager number for all communications with caregivers and written records.
- Current call schedules for all services that inform all members of the health care team of attending physicians and residents currently responsible for each patient’s care are posted on the surgery education website: https://wwwLOYOLamedicine.org/gme/department-surgery-residency-materials
Leave Policies

First-year General Surgery residents are currently granted leave for a one-month period, which includes three weeks of vacation and one week of self-directed educational leave (This arrangement is subject to change at any time). Vacation requests for PGY-1 residents must be received by the Administrative Chief by June 1. The incoming residents will be contacted by the Administrative Chief to acquire these dates. Additional time off may be allowed if presenting at a conference for the Department of Surgery, in which case the days that the resident is attending a conference for presentation will count toward duty hours.

Vacation requests for all other PGY levels MUST be received by the Administrative Chief Resident by July 1 (or the date decided by the Chief) for the upcoming academic year. Vacations will be taken in one week blocks, equaling 20 days (not counting Saturdays and Sundays). These days include any education leave for conferences unless presenting at a conference for the Department of Surgery, in which case the days that the resident is attending a conference for presentation will count toward duty hours. Changes in vacation requests will be considered, but must be submitted no less than four weeks prior to the schedule change, unless there are emergency or other extenuating circumstances that arise.

Vacation will not be granted during the months of June and July, or during the Winter Holiday Vacation Block. Vacations requests are allowed only on specified services, as determined by the Administrative Chief Resident and approved by the Program Director. All requests will be reviewed and approved by the Program Director and the Administrative Chief Resident.

The academic year begins June 22 and ends June 21. Chief residents and other outgoing trainees are expected to be available until June 21 unless a vacation or leave has been approved by the Program Director and Administrative Chief Resident.

Vacation leave requests are typically granted based on seniority and a first-come, first-served basis. Considerations in approval of vacation requests will include:

- No other resident on that service or call schedule has requested similar leave.
- No more than one Chief Resident is away from the general surgery services at Loyola, or no more than one of two senior residents away at Resurrection, at any one time.

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

- Educational leave is offered to attend local, regional, or national scientific meetings, or CME conferences.
- All requests for educational leave, including for presentations, must be submitted through the Department of Surgery Website, under the "Time Off Request" tab on the right side of the screen: https://www.loyolamedicine.org/gme/general-surgery-residency/time-off-requestat.
  - The request will be reviewed by the Program Coordinator and Program Director.
  - Approval will be based on the resident’s clinical performance and completion of administrative tasks.
  - If a resident is submitting an abstract, the educational leave is to be submitted with a proposed budget at the time of abstract acceptance.
  - There is no guarantee that leaves will be granted, but every opportunity will be considered to try and allow the resident to present his/her work.
- Educational Leave may NOT be requested for:
  - The month of June, except if presenting
  - The month of July, except if presenting
- All leaves must be approved at least four weeks in advance of the requested time
  - Documentation of the scientific society or educational meeting must accompany requests
  - Include a copy of the acceptance letter and/or a copy of the manuscript, if you are first author or presenting a paper
  - Copies of all abstracts and manuscripts generated as a result of presentations must be submitted
- Educational leave is included in the resident’s 20 days of leave. The day of presentation is included in the resident’s duty hours (not considered a vacation day), but any additional days spent at a conference will be subtracted from their vacation time. An exception is made for the recipient of the Keeley Award, which is considered above and beyond routine educational and vacation leave.
- Educational leave for first-year residents will be deducted from their one month of vacation time.
- There is no carry-over of educational leave from year to year.

Other Leave

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

Requests for leave for interviews will be capped at five days per year for all residents. Beyond this limit, any additional time taken for interviews will be deducted as vacation leave.
Any resident who will be absent due to illness (full day or part of the day) must notify the Program Coordinator and service chief resident. If a chief resident is absent, he or she must notify a service attending. Refer to the sick leave policy for additional details.

Maternity/Paternity Leave
It is the policy of Loyola to grant residents maternity/paternity leave for the birth, adoption, or foster care placement of a child. In granting maternity/paternity leave, Loyola will follow the requirements of the Family Medical Leave Act of 1993. Please refer to the Graduate Medical Education website for further information: https://www.loyolamedicine.org/gme/current-housestaff.

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

Personal Leave
A resident may request a personal leave of absence from the program director. A leave agreement must be formalized in writing between the resident and the program director prior to the beginning of the leave.

Requests for leave of absence in the first twelve (12) months of training are limited to situations that would otherwise be covered by the Family Medical Leave Act (FMLA). Leave of absences for reasons other than this during the first twelve months of training are not allowed. To begin the process, the resident must submit a written request to the program director at least 30 days prior to the beginning of the leave (except in case of emergency). The Leave of Absence Form, obtainable from the Central Office of Graduate Medical Education, must contain the reason(s) for the leave, beginning and return dates, the resident’s signature, and the program director’s approval and signature. A leave of absence should not exceed eight weeks. Benefits coverage is continued during leave under the conditions specified by the Loyola personnel policy. A resident must first use available paid time off and sick time (where applicable). Once available paid time off and sick leave if applicable are exhausted, subsequent leave will be unpaid at which point the resident will be responsible for maintaining benefits at their own expense. If a personal leave compromises a resident’s ability to satisfy specialty board training requirements, the written leave agreement should specify how these requirements will be made up. A resident member may be required to extend the training period for any dates of absence in excess of allowable paid time off. During the extension, the resident member will receive regular salary and benefits except for paid time off allowance.

Leave Procedure
- Residents are to enter their requests for vacations and leaves under the "Time Off Request" tab on the on the General Surgery Resident page at the following link: https://www.loyolamedicine.org/gme/general-surgery-residency/time-off-requestat, including conferences and other educational activities, in a timely manner. Alternatively, the request may be e-mailed to the Program Coordinator, and Associate Program Director, and Administrative Chief.
For General or FMLA Leave, one must also contact the FMLA Office no more than 30 days prior to your scheduled leave at 708-327-3652 or email LOY-7fmla@lumc.edu.

Within two weeks, the Office of Education will notify the resident as to the disposition of his/her request.

Failure to submit the LOA request and being away from campus is grounds for immediate dismissal from the program.

**Sick Time/ PTO Time Procedure**
If a resident must leave during the day prior to the work being complete or if a resident is not coming to work on a schedule weekday or weekend unexpectedly, you must do the following:

- Inform the service chief
- Email the Program Coordinator, Associate Program Director, and Administrative Chief Resident

Do not text --- this must be documented.

If an absence has occurred without appropriate notification, the resident will be subject to disciplinary action at the discretion of Program Leadership.
Medical Record Policy

Comprehensive patient care documentation and record keeping must be completed in a timely manner. Hospital policy should be followed regarding use of medical student notes for documentation.

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

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

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

All major clinical events or changes in patient status must be documented in the progress notes. These notes should be dated and timed, outlining the clinical situation, interventions, and disposition. The note should also indicate that the Chief Resident and/or Attending have been notified.

The Discharge Summary must be completed within 24 hours of discharge. The principle diagnosis (the condition is determined to be chiefly responsible for the admission of the patient to the hospital) should be clearly identified. The principle diagnosis must be supported by the various tests, procedures, and notes contained within the complete medical record. The principle procedure (the procedure most related to the principle diagnosis) must be clearly identified. All secondary diagnoses and procedures must be recorded.

All brief operative notes must be entered into the medical record immediately following surgery.

Verbal orders are to be electronically signed within 24 hours.

PATIENT CONFIDENTIALITY MUST BE MAINTAINED IN ACCORDANCE WITH HIPAA REGULATIONS.

Education Funds

The Department of Surgery will reimburse PGY-1 residents up to $200 and PGY-2+ residents $400 per year for the purchase of the following materials

- Textbooks of Surgery
- Subscriptions to Medical Journals
- Purchase of Surgical Loupes
- Appropriate educational electronic media

Residents are allotted funds for educational conferences or courses.

- All PGY 1 residents are eligible for $1,000 per year and PGY 2 through 5 residents are eligible for $1,500 to attend a scientific or educational surgical program at which they are presenting a research project.
➢ The decision for funding will be based on the resident’s educational benefit in attending the program and will be made by the Program Director.

➢ All leave requests must be accompanied by a projection of anticipated expenses and an itinerary of the educational activity, which should be submitted to the Office of Education in a timely manner.
  o Reimbursement for standard rooms rates apply.
  o Meals provided at a meeting should eliminate the need for some meal reimbursements.
  o Per diem rates are paid according to the location of the educational activity.

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

Eligibility for Education Funds

➢ Eligibility for the education funds listed above is based on being a resident in good standing, not on academic probation, and compliant with the administrative tasks as outlined in the Academic and Administrative Tasks section.
Research Residents

Purpose:
The purpose of this document is to clearly communicate the terms and conditions of the Surgical Research Resident.

Responsibilities:
Research Residents report directly to their immediate laboratory supervisors, who will assign the Residents their responsibilities for this appointment. Any work requests from outside the assigned laboratory will require prior approval and signatures from both the immediate supervisor and PI.

Surgical Research Residents are expected to attend all the Department of Surgery Conferences (M&M, Grand Rounds, Resident Conference, and Skills Sessions) in addition to participating in Resident Recruitment.

Moonlighting:
Moonlighting must not interfere with regular laboratory research work hours, which are generally Monday – Friday, at a minimum of 40 hours per week. Therefore, Research Residents will be allowed to moonlight one shift per week, on weekends only.

Time Off:
Research Residents receive 20 days of vacation time each fiscal year (July – June). These days must be used within this time frame, and cannot be carried over. Any unused days are lost on June 22nd of each year. Research Residents also receive educational days at the discretion of the supervisor, on a case-by-case basis.

Time off is requested by completing a Leave of Absence (LOA) form in advance. This form can be obtained from the front office. A signature from the immediate supervisor/faculty member is required, to indicate their approval of the time. The form is then given to the Division Administrator for Surgical Research. A fully-executed copy will be returned to the research resident.
Departmental Corrective Action Policy

The Department of Surgery follows the Office of Graduate Medical Education standard procedures for academic probation and corrective action. Please refer to the GME Resident Handbook for details: https://www.loyolamedicine.org/sites/default/files/gme/GME-resident-handbook.pdf
Section III: Curriculum and Evaluation
Clinical Rotations

Goals & Objectives
Residents will have opportunities to participate in the pre-operative, operative, and post-operative care of patients in the principal components of general surgery: specifically, diseases of the head and neck, breast, skin and soft tissue, alimentary tract, abdomen, vascular system, endocrine system, the comprehensive management of trauma and emergency operations, and surgical critical care. In addition, clinical experience will be provided in cardiothoracic surgery, pediatric surgery, plastic surgery, burn management, transplant surgery, endoscopy, urology, gynecology, neurosurgery, orthopedics, and anesthesiology.

The care of patients is ultimately the responsibility of the attending surgeon. Responsibilities for patient care will be assigned to residents at the discretion of the attending surgeon. For residents in the junior years of the residency, such responsibilities may include observation of the preoperative treatment planning, participation in straightforward operations, monitoring of patients’ conditions following surgery, arrangement for discharge, and participating in follow-up care in the attending surgeon’s office or clinic. For residents in senior and chief years, responsibilities may include formulating a pre-operative plan of care for approval by the attending surgeon, participating in and performing operations of varying complexity, monitoring of patients’ conditions following surgery, ordering appropriate tests, making recommendations for change in post-operative treatment as indicated, and participating in follow-up care in the attending surgeon’s clinic.

The overall goals of the residency program in Surgery are to train residents to become thoughtful, caring and technically outstanding surgeons who are leaders and role models. To accomplish this, the training program emphasizes graduated authority and responsibility while faculty surgeons maintain optimal resident supervision.

The program has developed goals and objectives for each of the clinical rotations through which residents will rotate. Each resident is required to read and familiarize themselves with the goals and objectives pertaining to their rotation.

The six core competencies described by the Accreditation Council for Graduate Medical Education are utilized in creating educational goals, and surgical residents are expected to embrace these competencies as core values in surgery. They are:

Patient Care
Surgical residents will demonstrate sufficient knowledge of the general surgery discipline and will acquire sufficient technical skill to provide care that is appropriate and effective. Residents will be advocates for the promotion of good health and preventive care. In addition, residents will be trained to understand the human as well as the scientific aspects of medicine, and will exhibit compassion for their patients and their families. Residents will invest time to explain the plan of care and its risks and benefits. Finally, faculty will provide sound training in the basic skills of general surgery for all categorical and preliminary surgical residents.

Medical Knowledge
Residents will demonstrate commitment to life-long learning in their studies of evolving information in the biomedical, clinical, epidemiological and social-behavioral sciences, and will apply this knowledge to patient care.
Practice-Based Learning and Improvement
Residents will be trained to investigate and evaluate the results of their own practice of surgery, incorporating new scientific evidence to improve their patient care activities as appropriate. They will understand their own limitations and will seek assistance from colleagues when necessary to improve surgical patient care and practice outcomes.

Interpersonal and Communication Skills
Residents will be trained to render effective and respectful information exchange with patients and their families, and will be courteous in their relationships with other health care professionals.

Professionalism
Residents will be committed to performing their patient care responsibilities with the highest priority. They will be taught to be respectful of the diverse characteristics and cultures of their patients. As professionals, they will adhere to ethical principles, above all else.

Systems-Based Practice
Residents will be taught an awareness of the larger context and system of health care as they effectively use system resources to provide care that is of optimal value. They will invest themselves in continuous quality improvement of our health care system in its many evolving forms.

First & Second Year
Training during the first two years in the General Surgery residency program provides a sound background for increasing responsibility for patient care. Residents are assigned to surgical services at Loyola University Medical Center and affiliated hospitals including Hines VA Hospital and Resurrection Medical Center, where they gain invaluable experience. Residents will work directly with experienced surgical faculty in an environment where progressive, supervised operative experience is available. Rotations include SICU, Trauma, Burns, Colorectal, MIS/Bariatric, Thoracic, Vascular, Surgical Oncology, Endocrine, Pediatric Surgery, and Community General Surgery.

Third Year
At the PGY-3 level, residents are provided with the opportunities to develop independent clinical judgement, sharpen clinical skills and begin learning more sophisticated operative skills. Residents will function as chief of service on the Pediatric Surgery and Burns rotations.

Fourth Year
At the PGY-4 level, residents will build independence and leadership skills. PGY-4 Residents function as the chief of service on Thoracic Surgery, Resurrection, Vascular Surgery, Transplant, and Trauma. They are also afforded the opportunity of one elective rotation of their choice.

Fifth Year
During the final year of clinical training, the chief residents manage each of the core general surgery services. Chief residents will assume leadership of the junior residents and medical students, become familiar with complex clinical problems, and increase their independent operative skills.
Evaluation Process

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

- Performance as recorded by faculty in the 6 core competencies (Medical knowledge, Patient care, Interpersonal and Communication skills, Professionalism, Practice-based learning and improvement, and Systems-based practice)
- Conference attendance and completion of administrative duties
- Performance on the American Board of Surgery In-Training Examination (ABSITE)
- Teaching effectiveness as rated by medical students
- Completion of medical records
- Publications and presentations
- Self-assessment
- Technical skills evaluation by the faculty
- Peer-to-peer evaluations
- Healthcare professional evaluations (nurses, nurse managers, APPs)
- Patient/patient family evaluations

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

If clinical, academic, or administrative performance is judged by the faculty to be of concern, corrective action will be taken.
Advancement & Retention Criteria

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

Additional information regarding Resident Eligibility and Selection can be found in Section II.C. of the Loyola University Medical Center Resident Handbook found at the following site: https://www.loyolamedicine.org/gme/current-housestaff.

Advancement of Residents
Residents are advanced from year to year based on their performance. Their performance evaluation will be derived from, but not limited to, written and oral evaluation by the faculty, nurses, and patients; written and oral evaluation by their fellow residents; written and oral evaluation by students; and scholarly achievement.

Performance is evaluated on continuous basis, but is formally reviewed semi-annually at the Clinical Competency Committee (CCC). Semi-annual reviews are held with the resident and the Program Director or Associate Program Director.

Additional information regarding policies pertaining to Advancement can be found in the Loyola University Medical Center Resident Handbook Section III.G. found at the following site: https://www.loyolamedicine.org/gme/current-housestaff.

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

As a university-based residency program, we believe it is an important part of our mission to train residents who will ultimately discover new knowledge that will improve patient care. As such, we will provide opportunities for scholarly work in clinical, behavioral and basic science research for all surgical residents.

Residents are strongly encouraged to engage in independent research during their residency. For those interested in basic science research, two years of dedicated time is recommended. Basic science research will be performed under the mentorship of accomplished investigators with a track record of extramural funding and known mentorship abilities. Research in clinical outcomes, education, health services, and other areas is compatible with the department’s educational goals and will be approved when an appropriate plan is developed by the resident and the proposed mentor.

Educational Conferences

The goal of the educational conferences of the residency is to provide the opportunity for residents to learn in depth the fundamentals of basic science as applied to clinical surgery. These include but are not limited to the elements of wound healing, hemostasis, hematologic disorders, oncology, shock, circulatory physiology, surgical microbiology, respiratory physiology, gastrointestinal physiology, genitourinary physiology, surgical endocrinology, surgical nutrition, fluid and electrolyte balance, metabolic response to injury including burns, musculoskeletal biomechanics and physiology, immunobiology and transplantation, applied surgical anatomy, surgical pathology and image interpretation.

Core conferences of the Department include Surgical Grand Rounds, Morbidity and Mortality Conference, Resident Conference/Core Curriculum, Skills Sessions, and Multidisciplinary Tumor Board. All conferences meet weekly and attendance is mandatory. Additional required conferences include numerous service-specific and hospital-specific conferences and journal clubs.

Resident Mentorship Program

Mission Statement
The focus of the Resident Mentorship Program is to promote personal and professional resident success on an individual level.

Mentor Selection
New residents will be assigned a mentor at the onset of joining the department. Each resident may keep the assigned mentor or select a mentor of their own preference and should directly ask the faculty member to be his/her mentor. The mentee’s surgical area of interest does not necessarily need to be related to this selection.
Mentee Responsibilities
The mentee will be responsible for setting up a meeting with their mentor within the first two weeks of their first academic year at Loyola. They will also be required to meet with their mentor at least twice annually, though more frequent meetings are encouraged.

Mentor Responsibilities
The mentors will volunteer their time to meet with designated mentees and be available for professional and personal guidance as needed. Faculty mentors or their administrative assistants are responsible for ensuring the twice annual meetings are arranged. Mentors should consider inviting mentees to group meetings with their division, dinners with guest speakers, group meetings with all of their mentees, etc. Mentors should be aware of any personal or professional deficiencies that the mentee may be encountering, and be actively involved in helping the resident construct a plan for improvement.

The mentorship form (available on the department website) must be completed at each of the required mentorship meetings and then turned into the Office of Education. The purpose of this form is to provide a suggested structure for the meetings and to ensure both faculty and residents are dedicating their time to this program. The forms will not be reviewed for content and are not meant to contain confidential information that may have been discussed at the mentor meetings. This requirement must be completed by the end of July and January each year.

Program Goals
- The mentor will help address concerns in an unbiased and confidential manner by facilitating coaching sessions for residents in need.
- The program will help provide residents with the structure, resources, and accountability necessary to develop personal success.
- This relationship will allow mentees to seek advice from experienced surgeons on how to organize, study, select a career, etc.
- Mentees should feel free to discuss personal work/life balance and issues the resident is facing in their day-to-day life of being a resident. It should be an open and honest relationship.
- In order to provide educated feedback for the mentees, mentors will have access to their mentee’s profile and be able to review the mentee’s evaluations, ABSITE scores, and mock oral exam performance.
- Mentors should ask the mentees about their research involvement and encourage them to actively participate in at least one project each year.
- Mentees should discuss their career goals with their mentors and engage in conversations about how to pursue these goals. The mentee should be prepared to provide insight into how they plan to further their aspirations.

Resident Mentors
All PGY-1 residents will also be assigned a senior resident mentor who will help the resident navigate the hospital culture, get them acclimated with specific computer systems, and serve as a resource for questions regarding the institution and how things work on specific rotations. In addition to that, it provides the PGY-1 resident the ability to foster a long term relationship as they go through the program.
Clinical Competency Committee

Mission of the Committee
The CCC will review and monitor the progress of residents to achieve mastery learning in the field of General Surgery in accordance with the Milestones developed by the Accreditation Council for Graduate Medical Education (ACGME). The primary goal of the CCC is to ensure that residents have every opportunity to attain their maximum potential during training to meet or exceed expected milestones and graduate as a competent and safe surgeon.

Organization of the CCC
Members of the core faculty who are engaged and dedicated to resident education shall be appointed by the residency program director in conjunction with the CCC chair.

CCC Oversight Responsibilities
- Identify assessment tools to monitor and evaluate each resident’s mastery of General Surgery Milestones.
- Prepare and assure the General Surgery reporting of Milestones.
- Develop a Performance Improvement Plan (PIP) for residents who fail to demonstrate satisfactory progress in meeting General Surgery Milestones.
- Achieve consensus on resident performance including promotion, remediation and termination from the program.
- Provide support for residents in remediation by conducting a formal review with the involved trainee to include:
  - Assessment of performance deficiencies.
  - Delineation of resources to assist the resident in achieving satisfactory growth and development (e.g., simulation lab, faculty mentor, etc.).
  - Specification of the means through which progress will be monitored (timeline, method of evaluation, resident self-assessment and formative evaluation of progress).

CCC Review Procedures
- The CCC chair shall assign a committee member to review each resident’s file prior to the meeting and present a summary of the resident’s performance to the committee.
- The committee will meet semi-annually, or more frequently as needed, to discuss resident performance.
- Each resident’s evaluations will be summarized and an overall competency report will be generated by the committee and placed in the resident’s file.
- The committee may create a Performance Improvement Plan (PIP) for any resident not achieving the expected Milestones for their level of training. The committee will monitor the progress of the resident as he/she works through the improvement plan. If the resident does not meet the expectations outlined in the improvement plan, the committee may take further action through the GME office that could include probation and/or termination of the resident.
- Any resident needing a PIP will be notified in person and in writing of the committee’s decision by the program director(s).

Documents to be reviewed by CCC:
First Meeting of Academic Year (December):
- The previous placement of resident on Milestones for PGY 2, PGY 3, PGY 4 and PGY 5
- Review of the last semi-annual evaluation from the end of the previous academic year

Rev 6/20/2019
Rotation evaluations by faculty since last semi-annual review
Peer evaluations
Medical student evaluations
Procedure/Operative evaluations, if available
Any Concern/Praise correspondence since last review (i.e. emails, MAGIS stars, etc.)
If a PIP was put in place since last CCC and any follow-up
Mock oral board exam results
Case Logs

Second CCC Meeting of Academic year (May):
- The previous placement of resident on Milestones for PGY 2, PGY 3, PGY 4 and PGY 5
- Review of the last semi-annual evaluation from the end of the previous academic year
- Rotation evaluations by faculty since last semi-annual review
- Peer evaluations
- Self-evaluation
- Nursing evaluations
- Patient evaluations
- Medical student evaluations
- Procedure/Operative evaluations, if available
- Any Concern/Praise correspondence since last review (i.e. emails, MAGIS stars, etc.)
- If a PIP was put in place since last CCC and any follow-up
- Case Logs
- Mock oral board exam results
- ABSITE scores

Membership
- Michael Anstadt, MD (chair)
- Gerard Abood, MD
- Carlos Bechara, MD
- Joshua Eberhardt, MD
- Adam Kabaker, MD
- Purvi Patel, MD
- Arthur Sanford, MD
- Marc Singer, MD
- Hieu Ton-That, MD
- Vinod Winston
Program Evaluation Committee

Mission Statement:
The Program Evaluation Committee (PEC) is a liaison and review committee between the surgical residents and the Loyola Department of Surgery. It is composed of peer-selected surgical resident representatives and selected faculty representatives with the primary goal of improvement and innovation in the Loyola Surgery Residency program. The committee shall evaluate the current status of the surgical residency program on a monthly basis and create an open forum in which to discuss challenges, present new ideas/changes, and resolve conflicts with the overall goal of improving the surgical residency experience. The committee shall collectively work with the Department of Surgery and the Accreditation Council for Graduate Medical Education (ACGME) to enhance surgical education. The committee shall create and optimize program initiatives to plan the future of the General Surgery Residency Program.

Committee Objectives:
- Review the program annually to include evaluating the current curriculum
- Address any areas of non-compliance with ACGME standards
- Develop and implement activities pertaining to education for the program
- Review the previous year’s program evaluations, faculty evaluations, resident evaluations and all other evaluations to address any areas of non-compliance or areas in need of improvement
- Create an open forum where surgical resident and faculty representatives can bring forth any issues or ideas related to resident education, scheduling and duty hours, and surgical team structure and composition

Committee Structure:
- The Chairperson of the committee shall be the Program Director. If the Program Director is unable to be present, the Associate Program Director shall hold the chair in the interim.
- The faculty representatives are chosen from the faculty of the Loyola Department of Surgery and include faculty interested in investing themselves for the benefit of the residency program and who wish to take an active role in the future direction of the Surgical Residency Program.
- The surgical resident representatives shall be elected annually from those that express interest in surgical residency improvement and will consist of the following:
  - Administrative Chief Resident
  - Education Chief Resident
  - Surgical Skills Chief Resident
  - Two representatives from each clinical year, elected by their peers
  - Two representative from each research year, elected by their peers
- Meetings are open to all residents/faculty to attend if they desire.
- The meetings shall take place on the second Monday of each month.
**Resident Professionalism and Support Group (RPSG) Policies and Procedures**

**Mission:**

The Resident Professionalism and Support Group (RPSG) is a peer-selected group of residents joined by a faculty and staff advisor with a common goal to promote personal and professional resident success and uphold a strict dictum of professionalism for the Department of Surgery. The group will address concerns in an unbiased, objective, and confidential manner by facilitating improvement sessions for residents in need with the assistance of their faculty mentor, senior residents, and/or other faculty members. We shall provide residents with the structure, resources, and accountability necessary to develop personal and professional success.

**Committee Objectives:**

- Create a forum where resident and faculty or staff concerns may be addressed confidentially and anonymously in order to improve the residency experience and facilitate improvement and professional standards amongst the members of the residency program
- Provide aid and support residents in their journey to success during their residency experience at Loyola University Medical Center by providing support, structure, accountability and access to necessary resources
  - This will be facilitated in a confidential manner through 1:1 interactions with residents
- Build trust and rapport as a group and individual members with residents and faculty to create credibility, ensure personal accountability, and enhance the group’s success
- Brainstorm and develop processes to proactively address resident issues
  - **Example 1:** a “Transition Orientation” for residents returning to the residency program from their research experience
  - **Example 2:** Retreats or workshops for each class highlighting things to expect in the coming year and providing tutorials on items specific to each class such as completing USMLE Step 3, fellowship application process, writing a CV and Personal Statement, recognizing and avoiding burnout, etc.

**Membership:**

This group shall consist of one resident representative from the PGY-2, PGY-3, and PGY-4 resident cohorts. Two chief residents shall represent the PGY-5 cohort. The chairperson shall be a PGY-5 resident who has met the criteria for election.

All candidates for membership must meet the following criteria:

1. Successful completion of 1 year of general surgery residency training at Loyola University Medical Center
2. Currently in good standing academically and professionally within the Department of Surgery and the Loyola University Medical Center

All members shall be elected on an annual basis in April of each academic year to begin his or her elected term on the first day of June. Each PGY cohort shall elect one representative to membership of the RPSG. Any member may be re-elected by his or her peers. There shall be no term limits for any member’s re-election.
The chair of the committee shall be elected on an annual basis in April to begin his or her term on the first day of July. The chairperson shall be elected by ballot casting of active residents of the General Surgery Residency program at Loyola University Medical Center. The chair of the committee must meet the following criteria in addition to the requirements stated above:

1. Successful completion of 4 years of clinical general surgery residency training
2. At least 1 year of active membership to RPSG
3. No ongoing referrals to RPSG

Meetings and Structure

- The committee shall meet on the fourth Thursday of each month, or more frequently, if deemed necessary by the chairperson or faculty/staff advisors.
- All members shall be required to attend each meeting. If the member is unable to attend, they shall provide written or verbal announcement to the chair or faculty/staff advisors notifying him or her of such absence.
- The standard for facilitating discussions and decision-making shall abide by Parliamentary Procedure as described in Robert’s Rules of Order. Deviation from this outline shall be utilized at the discretion of the chairperson or the faculty/staff advisors.
- The order of business shall be as follows:
  - Call to order
  - Roll call and designation of proxy voters as deemed necessary
  - Review of the previous meeting discussions
  - Old Business
  - New Business
  - Adjourn
- For any voting procedure, a voting quorum must be present, defined by 50%+1 votes of the elected members. If a member is unable to be present at the time of the scheduled meeting, they shall reserve the right to vote by proxy or supply the committee with a written vote prior to the initiation of the meeting. Any member electing to vote by proxy, must provide written consent for such actions.

Procedure for Referrals

Residents or faculty shall bring concerns to the attention of the group by contacting any of the resident members or faculty/staff advisors.

This group of residents and advisors shall present issues and concerns in an anonymous and confidential manner for discussion during meetings.

Process for Resident Assistance, Intervention and Remediation:

1) All concerns brought to the attention of one of the members of the committee shall be addressed at the monthly meeting. Concerns shall be addressed only at the monthly meeting unless assistance or attention is required urgently while maintaining a focus of addressing concerns in a timely manner to facilitate confidentiality among the members and the residency program.
2) The committee shall listen to all concerns, deliberate, and provide an action plan for improvement or monitor a situation for regression or resolution. Deliberation and action plans shall be created with objectivity while maintaining focus on professional improvement and competence. The decisions shall be made on a case-by-case basis according to the needs of the
individual resident and commensurate with the level of significance, severity, and urgency of the concern or issue presented. This date shall be hereto be referred as the “decision date”.

3) The action plan or intervention shall be presented to the resident-of-focus by a senior member or faculty advisor of the RPSG and the appropriate faculty mentor for accountability. The committee member speaking to the resident-of-focus shall send an email to the faculty advisor and staff advisor to ensure accountability and for purposes of maintaining timely attention to the matters discussed.

4) The resident-of-focus shall provide an email to the faculty advisor acknowledging the discussion. An explanation of changes, improvements, or methods by which he or she will attempt to accomplish the plan may be discussed. The resident-of-focus shall complete this task before the second meeting following the “decision date”. If additional resources are necessary they shall be arranged.

5) If the concern or issue persists or worsens, if the resident does not follow through with the aforementioned schedule, or if the resident exemplifies blatant disregard for the action plan, support, and improvement attempts of the RPSG by the second meeting following the “decision date”, the following events shall occur:
   a. The resident shall be required to meet with the RPSG at the next scheduled meeting for the purposes of explanation of actions and be discussed in an open forum to determine the best course of action and for notification of the actions listed below
   b. A formal letter shall be placed into the resident’s permanent file describing the inciting event(s), action(s), interaction(s), or concern(s) as described on the “decision date” and the action plan as created. The letter shall include a description of all subsequent attempts to support the resident-of-focus and aid him or her in completing the action plan.
   c. The issue(s) and/or concern(s) shall be brought to the attention of the program director and/or chair of the department of surgery with recommended sanctions.

6) In the event that an RPSG member requires discussion regarding concerns brought to the attention of the committee, he or she will be excused from that portion of the committee meeting. All discussion topics shall remain anonymous and the process of assistance, intervention, or remediation shall be performed as outlined above.

Confidentiality
All topics presented at RPSG shall be discussed with complete confidentiality while maintaining the identities of residents anonymous, if necessary. If a committee member compromises the confidentiality of the meeting or topics, the RPSG shall discuss the infraction and the committee member may be removed from their position at the discretion of the committee. The member shall be replaced in a timely manner according to the voting procedures as discussed above.

Reviewed by the members of RPSG on May 24, 2018.


Academic and Administrative Requirements

Case Logs
- Must be completed weekly within the ACGME Case Log System.
- Residents must complete 250 cases by the beginning of PGY-3 year. This includes cases performed as either surgeon junior or first assistant. At least 200 of these cases must be defined categories, endoscopy, or e-codes.
- Graduating residents must complete a minimum of 850 major cases, with at least 200 during chief year.
- At least 40 cases in surgical critical care and 25 teaching assistant cases must be completed.

Duty Hour Logs
- Must be completed weekly within New-Innovations.

Operative and Clinical Performance Assessment
- Two operative assessment forms must be completed on each rotation. These should ideally be completed at the beginning and end of each rotation.
- Six clinical assessment forms should be completed during residency.
- These forms can be found on the Department of Surgery website. All forms should be turned in to the Office of Education upon completion.

Evaluations
- Evaluations in New-Innovations must be completed within one week of completing a rotation.
- Residents must also meet with at least one faculty member from the service at the completion of the rotation for face-to-face feedback.

Mentorship Program
- Residents must meet with their mentor at least twice per year.
- The mentorship form must be completed and turned in to the Office of Education for all required meetings (by July 31 and January 31).
- Additional meetings throughout the year, ideally quarterly, are encouraged.
- Additional details can be found in the "Resident Mentorship Program" section.

USMLE Step 3
- Must be completed by the end of PGY-2 year.
- If not completed, the resident will be placed on academic probation and not allowed to advance to PGY-3 year.
- If the resident takes the exam but does not achieve a passing score, the resident will be placed in a formal remediation program and allowed to advance to PGY-3 year at the discretion of the Program Director and GME office.

Fundamentals of Laparoscopic Surgery (FLS)
- Must be completed by the end of PGY-3 year.
- Residents will sign up for this exam by contacting the staff in the Advanced Procedure Education Center (APEC).
Flexible Endoscopy Curriculum
Details about the curriculum can be found at the American Board of Surgery website or at

- Level I will be completed in PGY-1 or PGY-2
- Level II will be completed in PGY-1 or PGY-2
- Level III will be completed in PGY-2 or PGY-3
- Level IV will be completed in PGY-3 or PGY-4
- Level V will be completed by the end of PGY-4 or early PGY-5
  - Level V includes completion of the Fundamentals of Endoscopic Surgery (FES) program.
  - FES didactic materials: http://www.fesdidactic.org/
  - FES testing: http://www.fesprogram.org/testing-information/

Quality Improvement

- Institute for Healthcare Improvement (IHI)
The 6 required IHI modules must be completed prior to completion of residency. Instructions are
available on the Department of Surgery Residency website.

- Hospital or Department Quality Improvement
Residents are highly encouraged to participate in Department of Surgery, Hospital, or other quality
improvement committees and projects. Residents are also encouraged to complete a distinct quality
improvement project during their training, which may also lead to a research publication.

Research
- Residents must complete at least one published work (manuscript, abstract, or poster) during
  residency. We encourage one published work per year in order to prepare residents for
  fellowship application and a career in academic surgery.

ACLS/BLS/ATLS/Medical Licensure
Residents are required to maintain the following certifications during the entirety of their General
Surgery residency training:
- ACLS (expires after 2 years) - http://www.luhs.org/internal/depts/ess/training.htm
- BLS (expires after 2 years) - http://www.luhs.org/internal/depts/ess/training.htm
- Physician license (temporary or permanent) - https://www.idfpr.com

Residents are required to achieve the following certification prior to or during the first year of training:
- ATLS (expires after 4 years) - www.facs.org/quality-programs/trauma/atls

Residents are expected to know the expiration dates of their certifications and should plan accordingly
for renewals. The Office of Education will be available to assist with this process but the ultimate timing
and responsibility will be on the individual resident.

Conferences
Wednesday mornings from 7 AM – 11 AM are completely protected and residents should have no
clinical responsibilities during this education time. Attendance is expected during this time period,
except for those working night shift, who may leave after Grand Rounds. This block includes:
- Grand Rounds
- Didactic sessions
Skills sessions

During times of other conferences, such as M&M and journal club, attendance is expected, unless one is in the operating room or taking care of a critically ill patient. Other conferences are service-specific and will be listed separately.

Compliance with Academic and Administrative Requirements

Weekly Tasks
- Complete duty hour logging within New-Innovations
- Maintain up-to-date case logs in the ACGME Case Log system
- Weekly tasks will cover a time period of Monday – Sunday and will be checked the following Friday at 7:00 AM, allowing for a four day grace period.
- If the resident has not completed any procedures during a given week, an email should be sent to the Residency Coordinator to ensure this does not lead to a deduction.

Quarterly Tasks
- Maintain conference attendance >90% unless excused
- Complete Operative Assessment form
- Complete nursing and patient evaluations
- Complete all New-Innovations evaluations
- Complete required mentor meeting and form
- Quarterly tasks will be monitored on the first of April, July, November, and January.

Each incident of non-compliance for each task will result in a deduction of $50 from the resident’s educational allotment (education funds). If the fund has already been used for the academic year or the deduction exceeds the allotted amount for a given year, the deduction will be applied to future academic years.
Section IV: Resources and Benefits
Resident Opportunities and Awards

Residents are able to request special assignments for consideration by program leadership – research, medical informatics, etc. These are considered on a case-by-case basis. Residents on probation will not be considered for these special assignments. Special assignments include, but are not limited to, representing the department on the Quality Committee and GMEC Committee.

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

Intern of the Year
The faculty award for Intern of the Year recognizes outstanding performance of a first-year resident. This is open to all PGY-1 level residents in the General Surgery residency program. This award is presented at the annual welcome/farewell celebration.

John L. Keeley, MD Surgical Fellowship Award
The John L. Keeley, MD Surgical Fellowship Award is an annual award of $5,000 to $8,000 provided to one or two selected General Surgery residents for educational travel during the Chief Resident year. Senior trainees in the other Department of Surgery training programs are also eligible for this award. Proposals are submitted mid-year and decisions are made in the late winter by a Committee comprised of the Vice Chairs and Director of Administration in the Department of Surgery.

Jack Pickleman Award for Teaching
The Jack Pickleman Award for Teaching is presented to the resident chosen by medical students as best exemplifying excellence in clinical teaching. These ratings are collected through the Stritch School of Medicine Student Evaluation System. This award is presented at the annual welcome/farewell celebration.

Juan Angelats Service Award
The Juan Angelats Service Award is open to faculty, staff, alumni, fellows, residents, and emeritus faculty that have demonstrated a patterned long-term behavior of service. Nominations are invited in early spring of each academic year. This award is presented at the annual welcome/farewell celebration.

Robert J. Freeark Trauma Resident Award
The Robert J. Freeark Trauma Resident Award is presented to a PGY-4 resident who demonstrates excellence in performance in trauma/surgical critical care. The selection committee for this award consists of the faculty members in the Division of Trauma, Critical Care and Burns, the trauma nurse coordinator, nurse practitioners, and the SICU pharmacist with input from nursing and other support staff dealing with the trauma service and trauma patients. This award is presented at the annual welcome/farewell celebration.

Resident Service Award
The Resident Service Award is presented at the annual welcome/farewell celebration and provides a small amount of funds for a service project designed by a resident. This award is designed to help foster the desire for service and to give back to the community.
Annual Events

- Farewell & Welcome Dinner – June
- Resident Roast – June
- Chief Resident / Faculty Event - June
- Resident Retreat – August
- Resident Holiday Breakfast – December
- Mock Oral Boards – Fall (Senior Residents), Spring (Junior Residents)

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

Coats may be obtained 24 hours a day, 7 days a week on the third floor in the EMS Building. Soiled lab coats may be dropped off to be cleaned in the same location. The laundry process takes 1 week.

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

If replacement batteries are needed, or if the resident experiences difficulties with his/her pager, they are to report this to the Office of Education. Residents will be held responsible for lost or broken pagers and may be charged to replace the pager.

American College of Surgeons
The Department of Surgery feels strongly that continuing medical education should begin with the onset of residency.

General Surgery residents are strongly encouraged to become Resident Members of the American College of Surgeons. There is no cost for membership for first-year residents. For PGY-2 level and higher, the Department of Surgery will reimburse the membership fee in full upon receipt of proof of payment. Membership information for the American College of Surgeons can be found at the following website: http://www.facs.org/memberservices/resident.html.

Chief Residents are expected to attend the American College of Surgeons Clinical Congress.

Debitek Meal Card

The Department of Surgery will provide residents with a per diem rate of $12 per scheduled overnight call. “In-house” excludes home-call or being called in from home, and moonlighting. Overnight call must be a scheduled call that is at least 12 hours and that spans two calendar days. Funds will be directly added to your Red Debitek Meal Card.
Employment Benefits

Details are provided in the LUMC Resident Handbook, available at the Graduate Medical Education website: https://www.loyolamedicine.org/gme/current-housestaff.

For a printed booklet, please contact the Residency Program Coordinator.
Attestation

By signing this document, I _____________________________, attest that I have read and understand the Department of Surgery Handbook, its policies, and the Resident Code of Conduct.

_______________________________________   _____________________
Signature        Date