Program Manual

for

Vascular Surgery Fellowship Program

2020-2021

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Overview of the Fellowship Training Program

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

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

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

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

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

Program Director, Associate Director, Coordinator & Staff

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Facilities

NYU Tisch Hospital Center

550 First Avenue, New York, NY 10016

NYU Tisch Medical Center; The Tisch Hospital of New York University Langone Medical Center is an acute-care general hospital consisting of 726 beds. The hospital is a general and tertiary care referral center located in midtown Manhattan. There are approximately184 beds dedicated to the Surgical Services and 33 Operating Rooms, including a state of the art Hybrid Endovascular Operating Suite. The patient population at NYU Hospital Center is ethnically diverse given its location in New York City. During their rotations at Tisch Hospital, vascular trainees are exposed to an incredibly wide variety of vascular surgical patients and diagnoses, consistent with a large urban academic general and tertiary care center. This includes both routine and complex diagnoses, surgeries and endovascular procedures in the following areas: aortic, cerebrovascular, mesenteric / renal, lower extremity, and venous procedures. Active faculty (including 9 full time board certified vascular surgeons), perform all of their private cases at Tisch Hospital, and vascular trainees are intimately involved in the preoperative, operative, and postoperative care of these patients. Trainees see patients with the Faculty in the clinics at least once per week, evaluate outpatients and perform preoperative assessment, planning, and evaluation, evaluate inpatient and emergency room vascular consultation requests, and participate intimately and extensively in the operative and postoperative care of the inpatient service. In-hospital support includes excellent physician extenders including experienced vascular Nurse Practitioners and Physicians' Assistants.

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

Bellevue Hospital Center

462 First Avenue, New York, NY 10016

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

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

Veterans Affair Hospital Manhattan

423 East 23rd, Street, New York, NY 10010

Manhattan VA Harbor HealthCare System The Manhattan VA Harbor HealthCare System is one of the integrated institutions of the NYU Vascular fellowship. It offers the fellows a wide and excellent spectrum of vascular surgery cases with complex pathology typical of the Veteran population. The Manhattan site is the regional referral site for many of the other surrounding VA facilities which cannot provide complex vascular and endovascular care. During their rotations at the Manhattan VA Harbor HealthCare System vascular trainees are exposed to a wide variety of diverse vascular surgical patients and diagnoses, consistent with a veteran populations with an

often significant history of tobacco use. This includes both routine and complex diagnoses, surgeries and endovascular procedures in the following areas: aortic, cerebrovascular, mesenteric / renal, lower extremity, and venous procedures. Because a certain percentage of VA Hospital patients are socioeconomially disadvantaged, trainees are also exposed to unusual end-stage or neglected disease, in patients who unfortunately have not been able to obtain access to routine medical management for vascular disease. The Manhattan VA Harbor HealthCare System has five active Board-Certified Vascular faculty, who perform the majority of the cases here, vascular trainees are intimately involved in the preoperative, operative, and postoperative care of these patients. Trainees see patients in the weekly Vascular Clinic and a weekly Wound Care Clinic, evaluate outpatients and perform preoperative assessment, planning, and evaluation, evaluate inpatient and emergency room vascular consultation requests, and participate intimately and extensively in the operative and postoperative care of the inpatient service. In the operating room, vascular trainees are afforded an experience of graduated independence, whereby senior trainees can independently perform appropriate vascular surgical and endovascular procedures under the direct supervision of Faculty Attending Staff. In-hospital support includes physician extenders including experienced vascular Nurse Practitioners and Physicians' Assistants. Didactic and educational conferences specific to Vascular and Endovascular Surgery are held at least 4 days per week at neighboring Tisch Hospital**.**

Advanced Vascular Care

425 East 58th Street, New York, NY 10022

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

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

Core Faculty

Robert Montgomery-Chairman Department of Surgery Robert.montgomery@nyulangone.org

Vascular Surgery Fellowship Program Faculty

Glenn Jacobowitz	Chief, Division of Vascular Surgery	Glenn.jacobowitz@nyulangone.org
Caron Rockman	Program Director	Caron.rockman@nyulangone.org
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Michael Barfield	Core Faculty	Michael.barfield@nyulangon.org
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Karan Garg	Core Faculty	Karan.Garg@nyulangone.org
Joanelle Lugo	Core Faculty	Joanelle.lugo@nyu;angone.org
Thomas Maldonado	Chief of Vascular – VA	Thomas.maldonado@nyulangone.org

Additional Faculty and Services

NYU Tisch/KP Services:	Spencer	Ranson	Vascular	Endo/Onc	MIS
Faculty	H. Leon Pachter	Paresh Shah	Glenn Jacobowitz	Russell Berman	Christine Ren-Fielding
	Steven Cohen	Charlene Chao	Michael Barfield	Deborah Axelrod	George Fielding
	Steven Hofstetter	Tanuja Damani	Todd Berland	Erica Friedman	Megan Jenkins
	Howard Liang	Mary Ann Hopkins	Neal Cayne	Amber Guth	Marina Kurian
		George Miller	Karan Garg	Karen Hiotis	Bradley Schwack
		Diane Simeone	Patrick Lamparello	Jennifer Ogilvie	
		Ted Welling	Thomas Maldonado	Kepal Patel	
			Caron Rockman	Magdalena Plasilova	
			Mikel Sadek	Daniel Roses	
				Freya Schnabel	
				Richard Shapiro	

ACS	Colorectal	Pediatrics	SICU	Transplant
Charlene Chao	Mitchell Bernstein	Howard Ginsburg	Greta Piper	Robert Montgomery
Shani Fruchter	Steven Brandeis	Jason Fisher	Cherisse Berry	Jonathan Berger
Christine Malino	Arman Erkan	Keither Kuenzler	Michael Klein	Nabil Dhager
	Brian Harlin	Sandra Tomita	Leandra Krowsoski	Bruce Gelb
	Marsha Harris			Bonnie Lonze
	Tarik Kirat			Zoe Stewart
	Rahul Narang			Anthony Watkins
	Feza Remzi			

Bellevue Services:	A - Surgical Oncology	B - General Surgery	Vascular	Trauma	TRACC	Breast/Endo
Faculty	Russell Berman	Manish Parikh	Joaney Lugo	Spiros Frangos	Spiros Frangos	Kathie Ann Joseph
	Joe Carter	Patricia Chui	Karan Garg	Cherisse Berry	Cherisse Berry	Erica Friedman
	Michael Grieco	Mark Hochberg	Mikel Sadek	Marko Bukur	Marko Bukur	Jennifer Ogilvie
	Ann Lee	Julia Park		Michael Klein	Michael Klein	
	George Miller	Robert Reader		Leandra Krowsoski	Leandra Krowsoski	
		JK Saunders		Manish Tandon	Manish Tandon	
		Aku Ude Welcome				

VA Services:	General Surgery	Vascular Surgery	Cardiac Surgery
Faculty	JK Saunders	Glenn Jacobowitz	Eugene Grossi
	Steven Cohen	Michael Barfield	Stephanie Chang
	Michael Grieco	Karan Garg	Amie Kent
	Ted Welling	Thomas Maldonado	Daniel Swistel
		Caron Rockman	

Key:

VA- Manhattan Veterans Hospital
BH- Bellevue Hospital
TH-Tisch Hospital
KM-Kimmel Hospital

Training Program Curriculum

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

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

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

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

Research and Conferences

The academic education of the vascular surgery fellow is enhanced by the pursuit of clinical research projects. Accordingly, fellows are provided with significant time for independent reading, research and conference preparation.

Each week, the Department of Vascular Surgery holds a conference at which the vascular fellows make a presentation about a particular case or patient. All aspects of the disease condition and treatment are discussed. Fellows must also attend the Department of Surgery's weekly Mortality and Morbidity conference, monthly Grand Rounds, daily teaching rounds at the location of their particular rotation as well as monthly Journal Club meetings.

Patient Safety and Quality Improvement Curriculum

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

This curriculum will meet the following goals:

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

Curriculum includes:

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

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

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

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

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

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

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

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

Didactics

Monday

- **NYU Kimmel**
  - **7-8a – Vascular Surgery Teaching Rounds**
    - **All Vascular teams from NYU, BH, VA**
  - **7-8a – General Surgery/Endo Onc Teaching Rounds**
    - **Ranson, Spencer, MIS, ACS, and Endo/onc services**
  - **7-8a – Colorectal Surgery Core Didactic Lecture**
- **Bellevue Hospital Center**
  - **7-8a – General Surgery Teaching Rounds**
  - **7:30-9a – Surgical Oncology Tumor Board**
  - **7:30-9a- Breast Surgery Tumor Board**
  - **7-8a – Vascular Surgery Teaching Rounds**
    - **All Vascular teams from NYU, BH, VA**
- **VA Hospital**
  - **7:30-9A – Surgical Oncology Tumor Board**
  - **7-8a – Vascular Surgery Teaching Rounds**
    - **All Vascular teams from NYU, BH, VA**

Tuesday

- **NYU Kimmel**
  - **7-8:30a – Vascular Surgery Core Didactic Conference**
    - **All Vascular teams from NYU, BH, VA**
  - **7-8a – Colorectal Core Conference (M&M, Journal Club, Case Conference)**
  - **7-8:30a – General Surgery Teaching Conference**
    - **Resident Presentation Conference, Hernia Conference, Pancreas Conference (Sept – June only)**
- **Bellevue Hospital Center**
  - **7-8:30a – Vascular Surgery Core Didactic Conference**
    - **All Vascular teams from NYU, BH, VA**
- **VA Hospital**
  - **7-8:30a – Vascular Surgery Core Didactic Conference**
    - **All Vascular teams from NYU, BH, VA**

Wednesday

- **NYU Kimmel**
  - **7-7:45a – Core General Surgery SCORE Conference**
    - **All surgery residents**
  - **7-8a – Summer Skills Lab Sessions by class (R1, R2, R3, R4, R5) (July-Aug only)**
  - **7-8a – Grand Rounds (monthly)**
    - **All surgery residents**
- **Bellevue Hospital Center**
  - **7-7:45a – Core General Surgery SCORE Conference**

        - **All surgery residents**
    - **7-8a – Summer Skills Lab Sessions by class (R1, R2, R3, R4, R5) (July-Aug only)**
    - **8-1pm – General Surgery Academic Day**
    - **7-8a – Grand Rounds (monthly)**
        - **All surgery residents**
- **VA Hospital**
    - **7-7:45a – Core General Surgery SCORE Conference**
        - **All surgery residents**
    - **7-8a – Summer Skills Lab Sessions by class (R1, R2, R3, R4, R5) (July-Aug only)**
    - **7-8a – Grand Rounds (monthly)**
        - **All surgery residents**

Thursday

- **NYU Kimmel**
    - **7-8a – M&M Conference**
- **Bellevue Hospital Center**
    - **7-8a – M&M Conference**
    - **8-1pm – Surgical Oncology Academic Day**
    - **8-1p – Trauma and SICU Academic Day**
- **VA Hospital**
    - **7-8a – M&M Conference**
    - **8-1pm – General Surgery Academic Day**

Friday

- **NYU Kimmel**
    - **7-7:30a – Vascular Surgery Teaching Rounds**
        - **All Vascular teams from NYU, BH, VA**
    - **7-8a – Summer Skills Lab Sessions by class (R1, R2, R3, R4, R5) (July-Aug only)**
    - **7-8a – R5 Chief Resident Oral Board Prep (Feb-June only)**
- **Bellevue Hospital Center**
    - **7-7:30a – Vascular Surgery Teaching Rounds**
        - **All Vascular teams from NYU, BH, VA**
    - **7-8a – R5 Chief Resident Oral Board Prep (Feb-June only)**
    - **8-9a – Trauma Lecture Series**
- **VA Hospital**
    - **7-7:30a – Vascular Surgery Teaching Rounds**
        - **All Vascular teams from NYU, BH, VA**
    - **7-8a – R5 Chief Resident Oral Board Prep (Feb-June only)**

All Conference attendance is mandatory. The ACGME requirement for resident conference attendance is 75%.

Vascular Surgery Clinical Conference (list clinical conference topics for the most recent complete academic year)				
Name of faculty member in charge:	Glenn Jacobowitz, MD			
Frequency of clinical conference :	3 Tuesdays per month			
Presenter			**Title of Presentation**	**Site #**
Name	**Faculty or Resident**	**Fellow / PGY**		
William S. Johnson	Fellow	7	Vascular Surgery – A Military History	
Caron Rockman, MD	Faculty	N/A	Evaluation of Surgical Risk	
Glenn Jacobowitz, MD	Faculty	N/A	Three-Dimensional Imaging in Vascular Surgery	
Heepeel Chang, MD	Fellow	7	COVID-19 and Vascular Disease	
Thomas Maldonado, MD	Faculty	N/A	Vertebral Artery Disease	
Neal Cayne, MD	Faculty	N/A	Understanding Patient Safety in Surgical Care	
Peter Patalano, MD	Resident	4	Case Conference-Topic TBD	
Patrick Lamparello, MD	Faculty	N/A	Evaluation and Management of Carotid Artery Dissection	
Mike Sadek, MD	Faculty	N/A	Surgical Treatment of the Infected Aortic Graft	
Todd Berland, MD	Faculty	N/A	Evaluation and Management of Carotid Artery Aneurysms	
William S. Johnson, MD	Fellow	7	Vascular Surgery – Lymphedema Surgery	
Katherine Teter, MD	Fellow	6	VEINS	

Glenn Jacobowitz MD	Faculty	N/A	Systematic Carotid Stenosis: Stroke and Transient Ischemic Attack	
Karan Garg, MD	Faculty	N/A	Ethical Issues in Surgery	
Joanelle Lugo, MD	Faculty	N/A	Carotid Body Tumor	
Heepeel Chang, MD	Fellow	7	Type B Dissection – Endovascular Treatment Options	
Todd Berland, MD	Faculty	N/A	Cardiac Risk Stratification	
Michael Barfield, MD	Faculty	N/A	EVAR	
Heepeel Chang, MD	Fellow	7	Pre-Operative Evaluation of Vascular Disease	
Glenn Jacobowitz, MD	Faculty	N/A	Vertebral Basilar Disease	
Michael Barfield, MD	Faculty	N/A	Great Vessel Disease	
Neal Cayne, MD	Faculty	N/A	Nontechnical Skills in Surgery	
Katherine Teter, MD	Fellow	6	TBD	
Peter Patalano, MD	Resident	4	Giant Cell and Takayasu Arteritis	
Glenn Jacobowitz, MD	Faculty	N/A	Penetrating Aortic Ulcer and Intramural Hematoma	
Caron Rockman, MD	Faculty	N/A	Lower Extremity Ulcer and Wound Care	
Heepeel Chang, MD	Resident	7	Aortic Dissection	
Caron Rockman, MD	Faculty	N/A	Endovascular Management of Descending Thoracic Aortic Aneurysms	
Thomas Maldonado, MD	Faculty	N/A	Endovascular Procedures for Reno vascular Disease	

Katherine Teter, MD	Fellow	6	Carotid Endarterectomy	
Peter Patalano, MD	Resident	4	Non-operative Management of Abdominal Aortic Aneurysms	
Karan Garg, MD	Faculty	N/A	Repair of Infrarenal Abdominal Aortic Aneurysms	
Neal Cayne, MD	Faculty	N/A	Challenging IVC Filter Retrieval	
Todd Berland, MD	Faculty	N/A	Percutaneous Thrombectomy of Dialysis Grafts in the Office Setting	
Joanelle Lugo, MD	Faculty	N/A	Management of Ruptured Abdominal Aortic Aneurysms	
Caron Rockman, MD	Faculty	N/A	Selective External Carotid Endarterectomy	
Patrick Lamparello, MD	Faculty	N/A	Fenestrated and Branched Endografts	

Vascular Surgery Clinical Research Conference (list clinical conference topics for the most recent complete academic year)				
Who is in charge of the conference:			Glenn Jacobowitz, MD and Caron Rockman MD	
Frequency of clinical conference :			Quarterly	
Presenter				
Name	**Faculty or Resident**	**Fellow /PGY**	**Title of Presentation**	
1st. Quarter				
Caron Rockman, MD	Faculty		Review of current institutional research projects	
2nd. Quarter				
Glenn Jacobowitz, MD	Faculty		Review of current institutional research projects	
3rd. Quarter				
Caron Rockman, MD	Faculty		Review of current institutional research projects	
4th. Quarter				
Glenn Jacobowitz, MD	Faculty		Review of current institutional research projects	

Training Program Block Schedule

Division of Vascular Surgery
Vascular Fellowship
Rotation Block
2020-21

F1				
Block	1	2	3	4
Site	Site 1	Site 3	Site 2	Site 1
Rotation Name	Vascular /Vacation	Vascular	Vascular	Vascular/Vacation
% Outpatient	20	20	20	20
% Research				

F2				
Block	1	2	3	4
Site	Site 1	Site 3	Site 2	Site 1
Rotation Name	Vascular	Vascular	Vascular/Vacation	Tisch Lab/Research
% Outpatient	20	20	20	20
% Research				20

Key
Site 1 Tisch/Kimmel
Site 2 Bellevue
Site 3 Veterans Hospital
F1 Junior Fellow
F2 Senior Fellow

Conferences

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

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

Society for Vascular Surgery, Eastern Vascular Society, Society for Clinical Vascular Surgery, etc.
www.easternvascular.org
There are numerous opportunities for the vascular residents to attend one of the many other vascular meetings. These additional opportunities will be granted on an individual basis with priority given based on seniority and to those individuals who have abstracts/papers that are accepted to the meeting.

Goals & Objectives- Overall

NYU Langone Medical Center
Division of Vascular and Endovascular Surgery
Goals and Objectives

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

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

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

At BHC, the vascular service comprises a dedicated BHC vascular attending physician, vascular fellow, PGY1, a PGY3, and a dedicated vascular physician assistant (PA).
At the VA, the vascular service comprises a rotating attending vascular faculty member, a vascular fellow, a PGY1, and a PGY2.

Goals & Objectives – By Site, Rotation AND Clinical year

Vascular Surgery Fellowship Training Program

Rotation Specific Goals & Objectives: Vascular Surgery

VASCULAR SURGERY AT TISCH HOSPITAL

NYU Tisch Hospital- Fellowship Year 1

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

Specific Objectives Fellowship Year 1

Patient Care

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

Medical Knowledge

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

Practice Based Learning

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

Professionalism

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

Interpersonal and Communication skills

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

Systems Based Practice

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

NYU Tisch Hospital- Fellowship Year 2

Specific Objectives Fellowship Year 2

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

Patient Care

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

Medical Knowledge

1. Demonstrate advanced knowledge of the procedural rationale for the most complex and advanced vascular surgical procedures.
2. Describe the impact of unusual patient-specific anatomic findings on the operative plan involving advanced and complex vascular surgical or endovascular procedures.

3. Anticipate patient-specific risk for intraoperative or perioperative complications, and develop appropriate treatment algorithms

Practice Based Learning

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

Professionalism

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

Interpersonal and communication skills

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

Systems Based Practice

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

VASCULAR SURGERY AT BELLEVUE HOSPITAL

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

NYU Bellevue Hospital – Fellowship Year 1

Specific Objectives Fellowship Year 1

Patient Care

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

Medical Knowledge

1. Describe the rationale for the selection of intermediate vascular surgical procedures.

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

Practice Based Learning

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

Professionalism

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

Interpersonal and Communication skills

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

Systems Based Practice

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

NYU Bellevue Hospital – Fellowship Year 2

Specific Objectives Fellowship Year 2

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

Patient Care

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

Medical Knowledge

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

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Practice Based Learning

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

Professionalism

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

Interpersonal and communication skills

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

Systems Based Practice

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

VASCULAR SURGERY AT VA HOSPITAL

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

NYU VA Hospital – Fellowship Year 1

Specific Objectives Fellowship Year 1

Patient Care

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

Medical Knowledge

1. Describe the rationale for the selection of intermediate vascular surgical procedures.

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

Practice Based Learning

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

Professionalism

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

Interpersonal and Communication skills

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

Systems Based Practice

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

NYU VA Hospital – Fellowship Year 2

Specific Objectives Fellowship Year 2

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

Patient Care

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

Medical Knowledge

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

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Practice Based Learning

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

Professionalism

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

Interpersonal and communication skills

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

Systems Based Practice

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

Vascular Lab Rotation – Fellowship Year 2

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

Policies

All GME Policies can be found at **www.ATNYULMC.org** under the **Ellucid** Application. Links have been provided for each policy list hereafter as applicable.

Advancement Policy

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

Advancement from Year 1 to Year 2 requires:

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

Graduation from the Program requires:

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

BLS/ACLS/PALS/NRP/ATLS training Policy

https://nyumc.ellucid.com/documents/view/2447

Case Log Policy & Procedure

Vascular Surgery Fellowship Training Program

Case Log Policy and Procedures

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

Defined Categories-

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

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

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

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

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

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

Chief Resident or Fellow Policy

https://nyumc.ellucid.com/documents/view/2474

Concerns and Complaints Policy

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

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

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

The NYU Langone Health Policy can be found here:
https://nyumc.ellucid.com/documents/view/2473

Corrective Action and Disciplinary Policy

https://nyumc.ellucid.com/documents/view/3937

Disaster Policy

In the event of a natural disaster, trainees should contact the program director, Caron Rockman, MD or associate program director Mikel Sadek MD, directly via e-mail or by phone. If they are unavailable, the trainees should contact the program coordinator or program manager via e-mail or by phone. Their contact information is listed in the Overview section of this program manual. Please also be sure to update all personal contact information in NYULMC's peoplesoft to ensure that you can receive any updates from the medical center.
https://nyumc.ellucid.com/documents/view/2478

Fellow Clinical and Education Work Hours Policy

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

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

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

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

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

RULE 1: Duty hours MUST be limited to 80 hours per week, average over a four-week period. This is inclusive of all in-house call activities.

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

RULE 2: Fellows must be provided with one 24 hour day/week free from all educational and clinical responsibilities.

- Fellows MUST turn off their pagers for 1 full day/week.
- Fellows taking home call also must comply with this rule and get 1 day off each week.

RULE 3: Fellows must have a 10 hour period between shifts

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

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

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

At-Home Call

a. Time spent in the hospital by trainees on "at-home call" must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
b. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each trainee. Trainees are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80- hour weekly maximum, will not initiate a new "off- duty period"

Process for monitoring compliance with these duty hour rules

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

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

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

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

Evaluation Policy

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

New Innovation system

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

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

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

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

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

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

ACGME Survey

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

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

Fatigue Mitigation Policy

https://nyumc.ellucid.com/documents/view/2475

Vascular Surgery Fatigue Back up Plan:

The Division of Vascular Surgery has put in place the following back up plan for when a fellow calls in sick or is unable to show up as scheduled due to fatigue. Is it the responsibility of the faculty and peers to recognize when a colleague or trainee is fatigued. Self-recognition is also very important. The Department will provide coverage by reassigning a surgery or vascular resident from the following:

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

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

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

Impairment Policy

https://nyumc.ellucid.com/documents/view/3098

Moonlighting Policy

NYU Langone Health

NYU Department of Surgery

Vascular Surgery Fellowship

Policy on Moonlighting

The Vascular Surgery fellow will not be permitted to moonlight for the duration of the training program.

On-call Policy

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

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

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

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

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

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

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

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

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

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

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

Professionalism Policy

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

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

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

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

NYU School of Medicine
Issuing Department: Graduate Medical Education
Effective Date: 04/08/2013
Reissue Date: 01/01/2016
Professionalism in Graduate Medical Education

I. Summary of Policy

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

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
IV.A.5.e).(1) compassion, integrity, and respect for others;
IV.A.5.e).(2) responsiveness to patient needs that supersedes selfinterest;
IV.A.5.e).(3) respect for patient privacy and autonomy;
IV.A.5.e).(4) accountability to patients, society and the profession; and,
IV.A.5.e).(5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

II. Policy Purpose

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

III. Applicability of the Policy

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

IV. Definitions (if applicable)

A. **House Staff Officer** - a physician who is enrolled in an accredited or non-accredited NYUSoM or NYUHC Training Program for a clinical specialty or subspecialty this includes all Residents and Clinical Fellows.
B. **Sponsoring Institutions**- NYU School of Medicine and NYU Hospitals Center

V. Policy

A. Professionalism

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

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

c. Evaluations and Feedback: Evaluations must be completed, as stipulated in the ACGME requirements and the NYU Evaluation Policy for Graduate Medical Education. In addition:

i. Both the evaluator and the individual being evaluated are expected to respect diversity of opinion.
ii. House Staff Officers must be open to accepting evaluations and feedback on their performance in all areas of training, and incorporate evaluations and feedback into their practice.

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

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

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

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

Recruitment and Selection Policy

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

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

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

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

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

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

The offer of a fellowship position is not final until all information about matters that are relevant to credentialing has been finalized.

Supervision and Scope of Practice Policy (including Escalation)

DIVISION OF VASCULAR OF SURGERY

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

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

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

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

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

1. The Faculty

- Attending surgeons who comprise the teaching faculty for the fellows are chosen by the Chairman and Program Director based on their simultaneous commitment to fellows (education, personal and professional maturation) and patients (optimize safety and level of care). Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow. Faculty will delegate portions of patient care to fellows based on the needs of the patient and the fellows' skills. Characteristics that make for appropriate fellow supervisors include:
    a. Availability
    b. Approachability

c. Open to diverse opinions
d. Dedication to truth and integrity
e. Compassion
f. Promote team approach to fellow education and patient care

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

Specific Policies for Supervision

Levels of Supervision

PGY 1 fellows should be supervised directly or indirectly with direct supervision immediately available. Fellows must communicate with supervising faculty on the service regarding the transfer of patients to the Intensive Care Unit and end of life issues. To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision;

1. Direct supervision- the supervising physician is physically present with the fellow and patient
2. Indirect Supervision:

a. With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

b. With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

3. Oversight – The supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered.

Supervision for Inpatient Care

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to fellows, faculty members, and patients. Fellows and faculty members should inform patients of their respective roles in each patients care.

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

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

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

Supervision of Outpatient Experience

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

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

Supervision in the Operating Room

1. All operative procedures are performed under the direct supervision of an attending surgeon. The attending surgeon must document his/her supervision throughout the case.

2. Standard operating procedure at Tisch, Bellevue, and the VA Hospital dictates that the responsible surgical attending be present in the specific operating room and personally perform the "time out" prior to deliverance of anesthesia.

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

Supervision of Duty Hours

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

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

Supervision to Guard Against Fatigue and Sleep Deprivation

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

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

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

e. It is also the responsibility of supervising faculty member to recognize the signs and symptoms of fatigue amongst the fellows, relieve the affected fellow immediately, and arrange for alternative coverage for that physician.

Graduated Levels of Responsibility

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

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

Emergency Situations

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

SUMMARY

Residents, subspecialty residents and fellows treat patients at all of the affiliated hospitals under the supervision of staff attending physicians who are independently licensed and duly credentialed by each institution. All inpatients and outpatients will be assigned an attending physician of record who is responsible for his/her care and for determining and implementing the appropriate level of supervision of the trainee along with the Program Director.
Patients shall be notified of the name of the attending staff physician responsible for their care and that residents and fellows participating in their care are supervised by such staff physician(s).
In providing clinical supervision to residents and fellows, supervisors should provide advice and support and should encourage trainees to freely seek their input.
Residents and fellows are expected to make liberal use of the supervisory resources available to them and are encouraged to seek advice and input from their supervisors.
The supervising physician's involvement in a patient's case shall be documented in the medical record.

POLICY FOR ESCALATION

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

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

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

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

- Death – even if expected or with DNR status receiving comfort care
- Deterioration in clinical status to include any of, but not restricted to, the following:
  - --cardiac arrhythmia, even if self-limited or not needing specific treatment
  - --high fever, even if expected or quickly suppressed
  - --oliguria, even if expected or responsive to simple therapy
  - --pain, unexpectedly persistent
  - --unexpected vomiting even without aspiration
  - --pneumothorax, even without requiring thoracentesis or tube thoracostomy
  - --wound appearance change, worrisome for bleeding, infection, or disruption
  - --medication error, even without untoward side-effect
  - --fall, even without overt injury
- Significant change in vital lab value – even before a repeat, confirmation value is available. Depending on the clinical situation, immediate action may be needed.

- Radiographic imaging results – whether crucial findings are “positive” or “negative.”

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

What if the attending does not answer or answer appropriately?

- On Vascular, Call Senior Vascular Fellow or Dr. Rockman (Vascular Surgery) Call Dr. Jacobowitz if Dr. Rockman cannot be reached

Time-off and Effect of Taking LOA Policy

DEPARTMENT OF SURGERY
DIVISION OF VASCULAR AND ENDOVASCULAR SURGERY
POLICIES AND PROCEDURES FOR RESIDENT TIME OFF AND LEAVE OF ABSENCE

The American Board of Surgery requires that each fellow must complete 48 weeks of full-time clinical activity in each training year (96 weeks total). The fellow will be required to make up excess time missed before he or she will be eligible for promotion within or completion of the program and before the specialty board will allow the fellow to take the board examination.

For documented medical conditions, including pregnancy and delivery, that directly affect the individual (i.e., not family leave), an additional 2 weeks off during the two years of training, for a total of 94 weeks required. No approval is needed for this option if taken as outlined.

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

Transitions of Care

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

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

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

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

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

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

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

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

- Patient Intro — Name
Age, Sex
Surgical Problem(s)
- Periop/Hospital Course — Intra-or Periop Events

	Unique anatomy Prolonged hospital course
• Current Devices	Central Lines Tubes (NG, Foley) Drains
• 24 hr. Events	Abnormal vitals Relevant I/O & Fluid management Diet changes Device changes Other interventions
• Safety	VTE Prophylaxis Anticoag/Cardiac Meds Fall Risk
• System-Based Plan	Current status, task by system Identify key consultants Neuro/Plan CV Pulm GI FEN Heme-ID Endo GU PPX Dispo
• Read-Back	Questions and Clarification Read-back "action items and safety"

NYU School of Medicine
Issuing Department:
Graduate Medical Education
Effective Date: 04/01/2013
Reissue Date: 10/31/2014
Transitions of Care and Handoff Policy for House Staff Officers

I. Summary of Policy

The ACGME Common Program Requirements state:

- *Programs must design clinical assignments to minimize the number of transitions of patient care.*
- *Sponsoring Institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.*

- *Programs must ensure that residents are competently in communicating with team members in the hand-over process.*
- *The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents currently responsible for each patient's care.*

II. Policy Purpose

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

III. Applicability of the Policy

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

IV. Policy

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

a. Patient identifiers: Name, medical record number, date of birth

b. Admission information: Admitting physician, date and time of admission

c. Patient Summary: exam findings, lab results, any clinical changes since admission, including changes in level of patient care and severity of issue(s)

d. Active issues: Current diagnosis, status, condition of patient, recent events.

e. Contingency plans ("If…/…then")

f. Family contacts

g. Discharge plans/instructions: Any discharge information given to patient, anticipated discharge information. This should include discharge instructions to other facilities or levels or care.

h. Anticipated action/changes: Expected tests or procedures.

i. Any changes in responsible attending physician and/or nurse

j. "Check for Understanding": All transitions of care must be fortified with a "check-back" to ensure that the receiver of information correctly understands all information that has been provided.

B. Office of GME Responsibilities

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

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

c. The Office of GME will monitor the entry of schedules into New Innovations to ensure that House Staff Officer and faculty schedules are entered.

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

C. Training Program Responsibilities

a. Each program just have its own policy for transitions of care/handoff. These policies must address any specialty-specific tasks necessary for a safe and effective transition of care. These policies should address, but are not limited to:

- **i.** The accepted standard for transitions of care within the department or program
- **ii.** Expectations for following the Transition of Care Policy
- **iii.** Course of Action in the event that a House Staff Officer violates this policy
- **iv.** Instructions on how the program intends to educate all House Staff Officers on how to perform appropriate and safe transitions of care.
- **v.** The required level of supervision for transitions of care for different levels of trainees and/or patient care.

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

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

V. Related Policies (if applicable)

A. Duty Hour Policy for House Staff Officers

B. Alertness Management/Fatigue Mitigation

Book & Conference Fund

https://nyumc.ellucid.com/documents/view/2448

Patient Safety/Quality Improvement Resources, Expectations & Curriculum

Patient Safety and Quality Improvement Curriculum

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

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

Curriculum includes:

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

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

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

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

Participation is mandatory of all Department of Surgery trainees.

Education and Scholarly Activities for Trainees

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

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

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

Education and Scholarly Activities for Faculty

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

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

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

The Department is also working on Faculty development sessions to promote presentation skills, teach the residents and medical students and learn to do direct observation for the trainees.

Clinical Competency Committee Description (CCC)

Clinical Competency Committee of the
Vascular Surgery Fellowship Program

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

1. Committee Membership
    a. The Clinical Competency Committee will be composed of 4 members of the Program Faculty (V.A.1.a.)
    b. The Clinical Competency Committee will be comprised of vascular surgery integrated core faculty who dedicate 30 or more hours per week to Trainee education.
2. The following is the written description of the responsibilities of the Clinical Competency Committee: (V.A.1.b.)
    a. The Clinical Competency Committee must: [V.A.1.b).(1)]
        i. Meet and review all trainee evaluations every six months. [V.A.1.b).(1).(a)] These evaluations might include:
            1. rotation performance evaluations
            2. procedural competence evaluations and procedure logs
            3. multisource evaluations
            4. transitions of care evaluations
            5. research evaluations
            6. simulation evaluations
            7. unsolicited submissions to the Program Director and other Faculty that pertain to trainee performance
        ii. Prepare and assure the reporting of Milestones evaluations of each trainee semi-annually to ACGME; [V.A.b).(1).(b)] and
        iii. Advise the Program Director regarding trainee progress, including promotion, remediation, probation and dismissal. [V.A.b).(1).(c)] The CCC will monitor trainee progress on all remediation plans. The final decision for implementing such remains with the Program Director.

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

Membership of the Vascular Clinical Competency Committee (CCC) for the 2019-20 Academic Year(s) is as follows: Dr. Joanelle Lugo, Dr. Mikel Sadek, Dr. Neal Cayne and Dr. Glen Jacobowitz.

Program Evaluation Committee Description (PEC)

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

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

b. The action plan (PIP) and its approval will be documented in meeting minutes.

Membership of the Vascular Program Evaluation Committee (PEC) for the 2019-20 Academic Year(s) is as follows: Dr. Glenn Jacobowitz, Dr. Michael Barfield, Dr. Thomas Maldonado and Dr. Todd Berland

Evaluation of the fellow by the faculty

Vascular Surgery

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

1 (Vascular) Patient Care: Ward Care

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident is not able to recognize common vascular surgery presentations (acute limb ischemia, compartment syndrome, venous stasis, venous thrombosis/pulmonary embolism).	This resident can perform a focused, efficient, and accurate history and physical for a patient presenting with a common vascular surgery presentation (acute limb ischemia, compartment syndrome, venous stasis, venous thrombosis/pulmonary embolism).	This resident can accurately diagnose some broad vascular surgery conditions such as acute limb ischemia, cerebrovascular disease, diabetic foot infections, peripheral vascular disease, dialysis access.	This resident can accurately diagnose most broad vascular surgery conditions (such as those mentioned in Level 2), and some focused vascular surgery conditions (such as arterial aneurysms and dissections, vascular graft infections, chronic visceral disease).	This resident can lead a team that cares for patients with complex past medical and surgical issues (e.g. a patient with multiple comorbidities requiring vascular surgical care).
This resident has problems in recognizing or managing common post-operative problems (such as low urine output, chest pain, atrial fibrillation).	This resident can manage common post-operative problems of the vascular surgery patient with direct supervision (senior residents or staff physically present).	This resident can manage common post-operative problems of the vascular surgery patient via indirect supervision (consultation by phone).	This resident can independently manage complex post-operative problems and independently stabilize and transfer the vascular surgery patient to a higher level of care within the hospital.	This resident can provide supervision in the evaluation of complex post-operative problems, including supervising their stabilization and transfer within the hospital.
				This resident can recognize atypical presentations of vascular surgery patients and exhibits good judgment in when to proceed to the OR in complex presentations.
○	○ ○	○ ○	○ ○	○ ○ ○

○ Not Observed

2 (Vascular) Patient Care: Operative

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4

This resident is not able to perform basic surgical skills such as incision and drainage and knot tying.	This resident has basic surgical skills such as instrument handling, knot-tying, and simple suturing. This resident can perform basic (but not all) steps with direct supervision in some common operations such as varicose vein surgery, percutaneous vascular access, and lower extremity amputation.	This resident can show respect for tissue and can move independently through some portions of common operations such as varicose vein surgery, percutaneous vascular access, arteriovenous fistula, lower extremity amputation, arterial embolectomy. Still requires coaching to complete those common operations.	This resident can demonstrate proficiency in the handling of all instruments from common vascular surgery operations. This resident can move through the steps of most common vascular surgery operations (arteriovenous fistula, arterial embolectomy, and arterial thrombectomy) without much coaching. This resident can make straight forward operative decisions.	This resident demonstrates proficiency in use of instruments and equipment required for essential operations such as arteriovenous fistula, carotid endarterectomy, peripheral bypass surgery, aortic aneurysmal repair. This resident can perform all essential operations (such as arteriovenous fistula, arterial embolectomy, arterial thrombectomy, and carotid endarterectomy) and has significant experience in complex operations such as peripheral bypass surgery and aortic aneurysm repair.
○	○	○	○	○	○	○	○	○

○ Not Observed

3 (Vascular) Medical Knowledge

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident does not have medical student clerkship basic knowledge about common vascular surgery conditions (acute limb ischemia, compartment syndrome, venous stasis, venous thrombosis/pulmonary embolism). Or about common essential operations such as varicose vein surgery, percutaneous vascular	This resident has medical student clerkship basic understanding of the symptoms, signs and treatments of: - the broad diseases of vascular surgery (acute limb ischemia, compartment syndrome, venous stasis, venous thrombosis/pulmonary embolism). - essential-common surgical operations of	This resident has basic knowledge about - many of the "broad" diseases of vascular surgery (with the addition of cerebrovascular disease, diabetic foot infections, peripheral vascular disease, and dialysis access). - "essential-common" operations of vascular surgery (with the addition	This resident meets level 2 and also has also basic knowledge of the focused diseases in vascular surgery (arterial aneurysms and dissections, vascular graft infections, chronic visceral disease), and can complete an initial consultation, recommending appropriate initial care for the patient with these presentations.	This resident has comprehensive knowledge about varying patterns of presentation and alternative and adjuvant treatments and can make the diagnosis and provide the initial treatment for complex patients in vascular surgery.

access, and lower extremity amputation.	vascular surgery (such as varicose vein surgery, percutaneous vascular access, and lower extremity amputation).	of carotid endarterectomy, arterial embolectomy and thrombectomy). - and can complete an initial consultation, recommending appropriate initial care.		

○ ○ ○ ○ ○ ○ ○ ○ ○

○ Not Observed

4 (Vascular) Systems-Based Practice

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident does not have a basic understanding of resources available for coordinating patient care and how hospital and healthcare systems impact the patient who presents to the vascular surgery service.	This resident has a basic understanding of the team members coordinating care for the vascular surgery patient. They are aware that variations in care occur.	This resident knows the resources available to coordinate care and how to access them to help aid transitions in care for the vascular care surgery patient. This resident follows protocols for the vascular surgery service when they are presented.	This resident can arrange disposition planning and prepare necessary materials for discharge of the vascular surgery patient. This resident sometimes makes suggestions for changes that might improve the process.	This resident coordinates the activities of all health care team members (including nursing, PT/OT, social work, etc.) to provide optimal care for the vascular surgery patient for discharge or transfer. This resident participates in hospital work groups designed to reduce errors. This resident participates in creating protocols for the vascular surgery service.

○ ○ ○ ○ ○ ○ ○ ○ ○

○ Not Observed

5 (Vascular) Practice-Based Learning and Improvement

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4

This resident does not communicate effectively.	This resident participates in the vascular surgery conference with comments and questions.	This resident can teach learners at an appropriate level.	This resident can demonstrate effective teaching in the vascular surgery conference.	This resident recognizes teachable moments and engages the learner.
This resident does not demonstrate interest or ability in learning from the results of his or her practice.	This resident changes behaviors in response to feedback from supervisors.	This resident presents patient cases at the vascular surgery conference accurately and succinctly.	This resident can look for trends and patterns in the care of vascular surgery patients and use sources to understand these patterns.	This resident initiates learning assignments for others on the team.
		This resident uses external sources to answer questions about patient care.	This resident independently practices his or her skills and actively looks for opportunities to reduce errors.	This resident can facilitate the vascular surgery conference and discuss the patients in respect to current literature.
		This resident can develop learning plans based on feedback and can modify his or her own practice to avoid errors.		
○	○	○	○	○	○	○	○	○

○ Not Observed

6 (Vascular) Professionalism

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident has exhibited undesirable behaviors on this service such as being impolite, disrespectful, not respecting confidentiality, flagrantly violating duty hour requirements, or failing to timely perform duties.	This resident is polite and respectful, takes personal responsibility for patient care outcomes.	This resident maintains composure even in stressful situations.	This resident ensures that patient care responsibilities are performed.	This resident serves as a role model for others in terms of ethical behavior especially towards the consulting services and encourages prompt and polite responses to all consultations.
	This resident responds to pages and consultations on the vascular surgery service.	This resident asks for help when needed.	This resident accepts responsibility for errors in patient care.	This resident places the patient?s needs above him or herself when appropriate.
		This resident is prompt in attendance at vascular surgery conference and other conferences.	This resident assures that team members under his or her supervision respond appropriately to responsibilities.	This resident leads a team that promotes wellness of others by modifying schedules or intervening when necessary without compromising patient wellbeing.

								This resident sets an example for attendance at the vascular surgery conference.
○	○	○	○	○	○	○	○	○

○ Not Observed

7 (Vascular) Interpersonal and Communication Skills

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident cannot effectively communicate with patients and their families, hospital staff members, and/or the senior surgeon on the vascular surgery team.	This resident uses a variety of communication techniques with patients when necessary.	This resident takes the initiative to provide timely updates to patients and their families on the vascular surgery service.	This resident is capable of delivering difficult news to family members on the vascular surgery service.	This resident is capable of leading end-of-life discussions.
	This resident responds politely to requests for consultation services of the vascular surgery service.	This resident exhibits respect, approachability and active listening when speaking with consulting services and team members.	This resident keeps members of the health care team up to date on patient statuses and care plan changes.	This resident is capable of negotiating and managing conflict among patients and their families, as well as among health care providers.
	This resident performs face-to-face handoffs.	This resident can perform a clear consent for common vascular surgery operations such as varicose vein surgery, percutaneous vascular access, arteriovenous fistula, lower extremity amputation, arterial embolectomy, carotid endarterectomy, peripheral bypass surgery, aortic aneurysmal repair.	This resident effectively communicates back to consulting services that use the services of the vascular surgery service in a timely manner.	This resident is able to effectively communicate unexpected events to patients and family members.
	This resident can perform basic consent for common vascular surgery operations such as varicose vein surgery, percutaneous vascular access, arteriovenous fistula, lower extremity amputation, arterial embolectomy.		This resident can effectively consent a patient for a complex operation.	
○	○	○	○	○	○	○	○	○

○ Not Observed

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

9*

Please elaborate on at least one area where this resident should strive to improve (using the categories above a guides)

Faculty Evaluation of Trainee

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

1 Evaluates with history and physical data

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

2 Develops appropriate surgical plan for diagnosis and treatment

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

3 Judgment and problem solving in OR

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

4 Dexterity and technical skills

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

5 Understand operations for level of training

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

6 Comes to OR prepared

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

7 Integrates medical facts and clinical data

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

8 Possesses up-to-date knowledge/knows literature

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

9 Study habits and self education

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

10 Understands own limits

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

11 Improves own practice based on data and feedback

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

12 Counsels and educates patients and families

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

13 Demonstrates compassion for patients and families

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

14 Communicates with hospital staff and peers

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

15 Documents activity in medical records appropriately

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

16 Educates students and health care team

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

17 Educates junior trainees

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

18 Integrity/Ethics

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

19 Dedication

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

20 Respect for patients, families, health care team

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

21 Feedback Response

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

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

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

23 Refers patients to appropriate practices and services

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	

24 Understands use of risk-benefit analysis

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	
○	○	○	○	○	○

25 OVERALL ASSESSMENT

Poor	Below Average	Average	Very Good	Superior	Cannot Assess
1	2	3	4	5	
○	○	○	○	○	○

26 Completed objectives of rotation

- ○ Yes
- ○ No

27 Corrective action recommended

- ○ Yes
- ○ No

28 Comments

Overall Comment

Evaluation of the faculty by the fellow

Trainee Evaluation of Attending

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

1 Was readily available

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	
○	○	○	○	○

2 Was very involved in teaching in the O.R.

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	
○	○	○	○	○

3 Has state-of-the-art knowledge on rounds

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	
○	○	○	○	○

4 Communicates very well

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	
○	○	○	○	○

5 Provides timely feedback

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	
○	○	○	○	○

6 Please comment on any rating of 2 or below

7 Overall assessment of the faculty attending

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	
○	○	○	○	○

Comment

Overall Comment

Multiple Evaluators (peers, self, etc)

Trainee Self-Evaluation

[Subject Name]
[Subject Status]
[Evaluation Dates]
[Subject Rotation]

Evaluator
[Evaluator Name]
[Evaluator Status]

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

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

PATIENT CARE

Displays caring/respectful behavior; Performs accurate, comprehensive interviews; Capable of formulating diagnosis and making informed decisions; Counsels and educates patients and families; Able to perform/interpret physical/neuro exam; Performs well within a team

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

MEDICAL KNOWLEDGE

Has in-depth knowledge of basic sciences; Has in-depth knowledge of clinical neurology; Independent reading/studying

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

PRACTICE-BASED LEARNING IMPROVEMENT

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

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

INTERPERSONAL AND COMMUNICATION SKILLS

Maintains positive working relationship with colleagues; Maintains positive working relationship with staff; Educates and counsels patients, families & colleagues

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

PROFESSIONALISM

Is respectful, compassionate & honest; Demonstrates good teaching/ role model behavior; Willing to acknowledge errors; Sensitive to needs of patients & families; Prompt to arrive to wards/clinics/conferences

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

SYSTEM-BASED LEARNING

Practices cost effective care; Utilizes outside resources

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

Comments on General Competencies

Remaining Characters: 5,000

Do you have clear professional goals? Please comment

Remaining Characters: 5,000

Overall Self-Evaluation Comments

Remaining Characters: 5,000

EVALUATION OF GENERAL COMPETENCIES

Close Window

Jr. Trainee Evaluation of Sr. Trainee

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

1 Basic science information in this field

2 Basic clinical information in this field

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

3 Knowledge of current developments and literature

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

4 Was very involved in O.R. teaching

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

5 Was very involved in teaching in the ward

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

6 Provides timely feedback

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

7 Helped me achieve the educational goals of the rotation

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

8 Ability under stress

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

9 Recognition of own capabilities

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

10 Professional behavior

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

11 Responsibility/Reliability

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	

12 Please comment on any rating of 2 or below

13 Overall assessment of the trainee

1 = Unsatisfactory	2 = Below Average	3 = Average	4 = Above Average	5 = Excellent	N/A
1	2	3	4	5	
○	○	○	○	○	○

Comment

Overall Comment

Sr. Trainee Evaluation of Jr. Trainee

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

PATIENT CARE

1 Can the trainee accurately complete a history and physical exam

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	
○	○	○	○

2 Did the trainee adequately perform procedures

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	
○	○	○	○

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	
○	○	○	○

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	
○	○	○	○

MEDICAL KNOWLEDGE

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

PRACTICE-BASED LEARNING

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

INTERPERSONAL & COMMUNICATION SKILLS/PROFESSIONALISM

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

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

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

10 Is the trainee approachable

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

SYSTEM-BASED LEARNING

11 Is the trainee familiar with available community resources

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

12 Is the trainee able to make appropriate discharge planning

1 = Below Expectations	2 = Meets Expectations	3 = Exceeds Expectations	N/A
1	2	3	

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

Overall Comment

Semi-Annual Evaluation (by the Program Director)

Semi-Annual Review

Review Period: 8/1/2009 - 12/31/2009 Residency Period: N/A - 12/31/2009 Meeting Date: 1/1/2010 7:00A-8:00A

Sample Review Form

Sample, Person
PRG 2
Internal Medicine

Report Data was last captured on: 12/22/2009

Resident Training Records

Start Date	End Date	Program Year	Status	PGY
Internal Medicine - Green - General Hospital				
7/1/2012	6/30/2013	1st Year in Residency	PRG 1	1
7/1/2013	6/30/2014	2nd Year in Residency	PRG 2	2
7/1/2014	6/30/2015	3rd Year in Residency	PRG 3	3

Compliance per Rotation

Rotation	Start Date	End Date	Evaluation of Rotation	Evaluation of Faculty	Reviewed Curriculum
ACE	7/1/2009	7/31/2009	1 of 1	2 of 2	N/A
Ward B	8/1/2009	8/31/2009	1 of 1	1 of 2	1 of 1
CCU	9/1/2009	9/30/2009	1 of 1	1 of 2	1 of 1
Renal	10/1/2009	10/31/2009	1 of 1	2 of 2	1 of 1
Ward A	11/1/2009	11/30/2009	0 of 1	2 of 2	1 of 1
ICU	12/1/2009	12/31/2009	1 of 1	2 of 2	1 of 1

Evaluation Comments by Competency

Comment
Patient Care
Accurate, comprehensive medical interviews; physical examinations; review of other data; procedural skills; makes diagnostic and therapeutic decisions based on available evidence, sound judgement and patient preferences
Has a solid base of knowledge, prompts insightful questions and possesses good management skills in the care and supervision of patients.
Interpersonal and Communication Skills
Establishes an effective therapeutic relationship with patients and families; demonstrates relationship building through listening, narrative and nonverbal skills; provides education and counseling to patients, their families and colleagues; always "interpersonally" engaged; provides timely information to faculty and other residents about patients.
Excellent overall performance. Great example of team leadership with superior preparation and flexible but firm guidance to others.

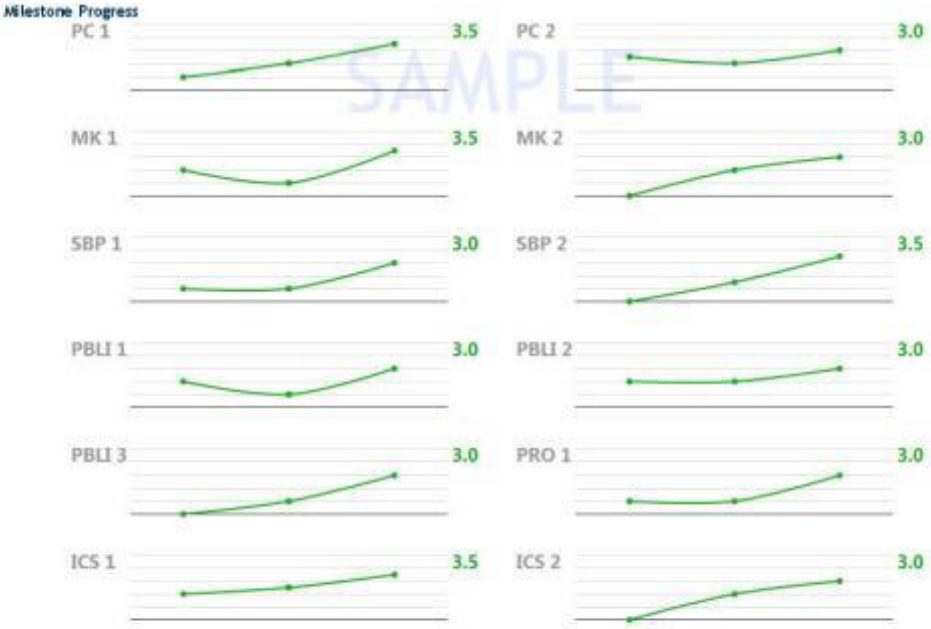
Evaluation Comments - All

Comment
Patient Care
Demonstrates respect, compassion, integrity, honesty and always considers needs of patients, families, colleagues?
Has a solid base of knowledge, prompts insightful questions and possesses good management skills in the care and supervision of patients.
Interpersonal Skills and Communication
Always shows exceptional communication, collaboration and respect for nursing staff
Excellent overall performance. Great example of team leadership with superior preparation and flexible but firm guidance to others.
Medical Knowledge
Overall Comment
Above average resident with potential to be a superior primary care doctor. Thorough, organized with a good sense of judgment a great instinct for adjusting priorities as the situation dictates.

Procedures Logged

Procedure Name	Independent Target	Review Total Passed	Review Total Not Passed	Residency Total Passed	Residency Total Not Passed	Independent
Carotid Endarterectomy	6	1	0	4	1	
Central Line Placements	5	1	0	3	0	✓
Hernia Surgery	5	0	0	0	0	
Laparoscopic Cholecystectomy	7	0	0	0	0	
Partial Colectomies	5	0	0	0	0	✓

Milestone Progress



Progress Summary

Overall Progress: ✓ Meets Expectations | Requires Attention

Competency Progress

Patient Care	Meets Expectations	Requires Attention
Medical Knowledge	✓ Meets Expectations	Requires Attention
Practice-Based Learning and Improvement	✓ Meets Expectations	Requires Attention
Interpersonal and Communication Skills	Meets Expectations	! Requires Attention
Professionalism	✓ Meets Expectations	Requires Attention
Systems-Based Practice	Meets Expectations	Requires Attention

Only users with full access to this review may record progress.

Comments

Sample Faculty Member on 12/22/2009 1:13 PM wrote:
This is a Sample comment.

Signatures

Summative Evaluation (by the Program Director)

SUMMATIVE EVALUATION LETTER

Date

Dr. Name
Address
Dear Dr. _____:
This is the final Letter of Evaluation for Dr. _____who will complete his fellowship in Vascular Surgery on _____.

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

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

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

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

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

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

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

Thank you.
Sincerely yours,
Caron Rockman MD
Florence and Joseph Ritorto Professor of Surgical Research
Program Director in Vascular Surgery
NYU Langone Medical Center
530 1st Avenue, Suite 6F
New York, NY 10016
Caron.rockman@nyumc.org
212-263-7311

Evaluation of the program by the fellow

Trainee Evaluation of Program

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

1 Conferences in Vascular Surgery

Comment

2 Clinical training education in Vascular Surgery

1 = Poor	2	3 = Marginal	4	5	6	7 = Good	8	9 = Excellent
1	2	3	4	5	6	7	8	9
○	○	○	○	○	○	○	○	○

Comment

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

4 My training could have been improved by

5 I found the following problems with my Vascular Surgery Training

6 I found the following helpful in my training

Overall Comment

Evaluation of the program by the faculty

Faculty Evaluation of Program

Subject Name
Status
Employer
Program
Rotation
Evaluation Dates

Evaluated by: **Evaluator Name**
Status
Employer
Program

MEDICAL KNOWLEDGE

1*

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

PATIENT CARE

2*

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

INTERPERSONAL AND COMMUNICATION SKILLS

3*

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

PROFESSIONALISM

4*

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

SYSTEMS-BASED PRACTICE

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

PRACTICE-BASED LEARNING IMPROVEMENT

6*

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

STRESS AND FATIGUE

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

8* I have experienced excessive levels of work-related stress and fatigue.

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

PROFESSIONAL DEVELOPMENT

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

10* I am satisfied with my role as an educator within the program.

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

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

1 = Disagree Completely	2 = Disagree Somewhat	3 = Agree Somewhat	4 = Agree Completely	N/A
1	2	3	4	

GENERAL

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

1 = Not Good	2 = Good	3 = Very Good	N/A
1	2	3	

Comment

Overall Comment

Other Evaluations

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

http://acgme.org/acgmeweb/Portals/0/PDFs/Milestones/SurgeryMilestones.pdf

Examinations, Licensure & Certificate

Below please find the requirements for all Vascular Surgery Fellows:

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

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

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

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

e. Fellows are required to be ATLS certified.

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

Policy for Resident/Fellow and Faculty Member Well-Being

Division of Vascular Surgery

The NYU Department of Surgery's Division of Vascular is committed to the wellbeing of our Surgery Housestaff and Surgery Faculty Members. NYU Langone Health provides free medical/dental benefits to all employees earning less that 80K a year and significantly reduced the cost for those earning more. In addition, the Department of Surgery sponsors social events for both residents and faculty. The program director and faculty mentors address and encourage conversation with their resident mentees regarding wellness and it is a topic of discussion during semi-annual reviews with the program director.

NYU Langone Health is pleased to provide the faculty and residents with the following physical and mental health resources:

Mental Health Resources for NYU House Staff:

- **David Stiffler, MD** (covering for Dr. Ackerman while on maternity leave): email: J.David.Stiffler@nyulangone.org; phone 646-754-4742
- 1 Park Ave House Staff Mental Health Program
    - Appts Mon-Thurs 6-9pm, Sat 10am-4pm (biweekly); email/call Dr. Stiffler for appt
- **24 hour helpline:** 1-800-833-8707 (Master's or PhD level counselors answer the phones and provide immediate telephone assessment and crisis support)

Bellevue Payroll:

- CIR will reimburse $160 per session with a psychiatrist, up to $5000 per calendar year, and can be combined with your benefit plan
- GHI-CBP: excellent out of network benefits for mental health
    - $108 per session with a psychiatrist
    - $60 per session with PhD psychologist

NYU Payroll:

- NYU United PPO (top tier): largest network for mental health, $10-20 copay
- UHC HMO: no out of network mental health coverage
- Empire HMO: no out of network mental health coverage
- Recommend you review costs and coverage of each plan and keep above in mind re: mental health coverage

Mental Health Resources for NYU Faculty:

- NYU United PPO (top tier): largest network for mental health, $10-20 copay
- UHC HMO: no out of network mental health coverage
- Empire HMO: no out of network mental health coverage
- Recommend you review costs and coverage of each plan and keep above in mind re: mental health coverage

2 **24 hour helpline:** 1-800-833-8707 (Master's or PhD level counselors answer the phones and provide immediate telephone assessment and crisis support)

The program has also initiated a new Wellness Curriculum lecture series on the following topics beginning in 2019-2020.

- Wellness Curriculum Lecture Series to take place during core didactics on Thursday Mornings parallel with basic science curriculum
    - Lectures on:
        - Cultural diversity, stress of surgical practice, managing your career (Dr. Hochberg)
        - Resilience – Bouncing back from a professional or personal crisis (Dr. Hochberg)
        - Sleep management presentation (Pulmonary Sleep Specialists)
        - Ergonomics in the OR presentation (OT and PT specialists)
        - Intro to personal finances- student loans, health insurance, life insurance, retirement planning (Presenter TBD)
        - Mindful and Healthy Eating Lecture (Presenter TBD)
        - Quick Exercises for the Busy Resident Presentation (Presenter TBD)
        - NYU Housestaff Mental Health Services and CCA Presentations (Dr. Ackerman/Dr. Stiffler, CCA Representative)

<u>Professionalism (SPICE) Curriculum</u>

- The Department of Surgery has a robust curriculum on professionalism and interpersonal communications.
- The NYU Department of Surgery inagurated this curriculum in 2007 and have improved and refined these interactive seminars each year.
- To test these competencies, we instituted annual OSCE (Objective Structured Clinical Examinations) with specially trained actors for our surgical resident learners.

The interactive group sessions are centered on the following topics:

- Medical Malpractice and the Surgeon
- Advanced Communication Skills for Surgical Practice
- Residents as Teachers Lecture
- Admitting Mistakes: Ethical and Communication Issues
- Delivering Bad News: Your Chance to Become a Master Surgeon
- Working With Professionals Around You: Team Communication
- Working Across Language and Cultures: The Case for Informed Consent
- Self-Care and the Stress of Surgical Practice
- Resilience – Bouncing back from a professional or personal crisis

There are six standardized OSCE scenarios given prior to the start of training at the R1 year and prior to commencing the R3 year. The cases are:

1. Identifying an impaired surgical resident colleague during a patient care “sign-out” discussion.
2. Communicating to a postop patient that a wrong sided incision was initially made for the hernia repair.
3. Working through a Chinese interpreter to explain to a Chinese woman that she has breast cancer.
4. Explaining to an absentee daughter that her mother, who is an ICU patient, has signed a health proxy indicating a “do not resuscitate protocol” which is against the daughter’s religious beliefs.
5. Participate in transfer of patient care responsibility effectively, professionally, and accurately of a patience of a non-surgical patient to a surgical service.

6. Delivering the bad news of an unexpected operative death to a patient's spouse in the surgical waiting room

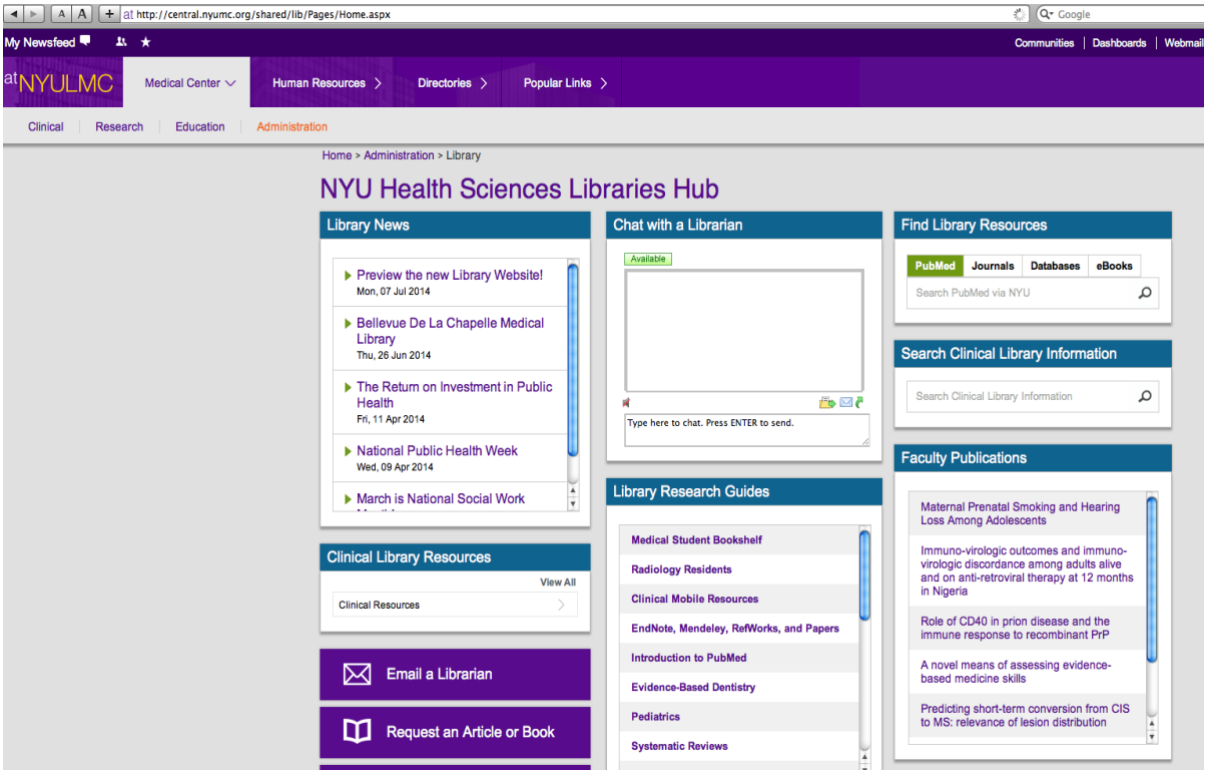
Module Name	Location	Audience
Sleep Alertness and Fatigue Education in Residency (SAFER)	iDevelop	**ALL House Staff**
Blood Transfusion Guidelines	Compass	**House Staff in the following programs:** Anesthesia, Cardiothoracic Anesthesia, Anesthesia Critical Care, Anesthesia Pain, Thoracic Surgery, Emergency Medicine, Internal Medicine, Internal Medicine, Primary Care, Interventional Cardiology, Pulmonary Critical Care, Neurosurgery, Maternal Fetal Medicine, Ob-Gyn, Urogynecology and Pelvic Surgery, Orthopedics, Orthopedics-Spine, Orthopedics-Hand, Pediatric Orthopedics, Orthopedics – Shoulder and Elbow, Orthopedics – Adult Reconstructive Surgery, Neurotology, Otolaryngology, Facial Plastics and Reconstructive Surgery, Neonatology-Perinatal, Pediatrics, Oral and maxillofacial Surgery, Plastic Surgery – Hand, Plastic Surgery, Surgery, Vascular Surgery, Transplant, Plastic Surgery – Craniofacial, Orthodontic, Plastic Surgery –Craniofacial, Plastic Surgery – Microsurgery, Breast Surgery, Surgery – Wound Healing and Tissue Repair, Urology, Urology – Female Pelvic Medicine and Reconstructive Surgery
House Staff Orientation Module	iDevelop	**ALL house staff.** Level 1 Checklist item for incoming house staff.
NYU Compliance: Code of Conduct	iDevelop	**ALL house staff.** Level 1 Checklist item for incoming house staff.
NYU Compliance HIPAA	iDevelop	**ALL house staff.** Must be completed annually.
Bellevue: HIPAA	BH Peoplesoft	**ALL house staff.** Must be completed annually.
NYU Compliance: Professional Compliance	iDevelop	**ALL house staff.** Level 1 Checklist item for incoming house staff.
NYU Compliance: Effective Compliance	iDevelop	**ALL house staff.** Must be completed annually.
Surgery Team Training (5 Module Series)	iDevelop	For all surgical house staff
Emergency Management: Intro to Emergency Management	iDevelop	**ALL house staff.** Must be completed annually.
Emergency Management: Med Sled	iDevelop	**ALL house staff.** Must be completed annually.
Emergency Management: EH&S Fire & Emergency Procedures	iDevelop	**ALL house staff.** Must be completed annually.

Mandated Online modules for House Staff

Module Name	Location	Audience
Sleep Alertness and Fatigue Education in Residency (SAFER)	iDevelop	**ALL House Staff**
Blood Transfusion Guidelines	Compass	**House Staff in the following programs:** Anesthesia, Cardiothoracic Anesthesia, Anesthesia Critical Care, Anesthesia Pain, Thoracic Surgery, Emergency Medicine, Internal Medicine, Internal Medicine, Primary Care, Interventional Cardiology, Pulmonary Critical Care, Neurosurgery, Maternal Fetal Medicine, Ob-Gyn, Urogynecology and Pelvic Surgery, Orthopedics, Orthopedics-Spine, Orthopedics-Hand, Pediatric Orthopedics, Orthopedics – Shoulder and Elbow, Orthopedics – Adult Reconstructive Surgery, Neurotology, Otolaryngology, Facial Plastics and Reconstructive Surgery, Neonatology-Perinatal, Pediatrics, Oral and maxillofacial Surgery, Plastic Surgery – Hand, Plastic Surgery, Surgery, Vascular Surgery, Transplant, Plastic Surgery – Craniofacial, Orthodontic, Plastic Surgery –Craniofacial, Plastic Surgery – Microsurgery, Breast Surgery, Surgery – Wound Healing and Tissue Repair, Urology, Urology – Female Pelvic Medicine and Reconstructive Surgery
House Staff Orientation Module	iDevelop	**ALL house staff.** Level 1 Checklist item for incoming house staff.
NYU Compliance: Code of Conduct	iDevelop	**ALL house staff.** Level 1 Checklist item for incoming house staff.
NYU Compliance HIPAA	iDevelop	**ALL house staff.** Must be completed annually.
Bellevue: HIPAA	BH Peoplesoft	**ALL house staff.** Must be completed annually.
NYU Compliance: Professional Compliance	iDevelop	**ALL house staff.** Level 1 Checklist item for incoming house staff.
NYU Compliance: Effective Compliance	iDevelop	**ALL house staff.** Must be completed annually.
Surgery Team Training (5 Module Series)	iDevelop	For all surgical house staff
Emergency Management: Intro to Emergency Management	iDevelop	**ALL house staff.** Must be completed annually.
Emergency Management: Med Sled	iDevelop	**ALL house staff.** Must be completed annually.
Emergency Management: EH&S Fire & Emergency Procedures	iDevelop	**ALL house staff.** Must be completed annually.

NYULMC Medical Library

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



On Call Rooms

GENERAL INFORMATION

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

Room 1A – For House Staff personnel lodging ONLY.

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

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

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

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

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

KEYS

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

PROCEDURE

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

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

The procedure is as follows:

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

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

- Once validated, a line entry will be completed in the On-Call House Staff

Lodging Record form; the key will then be issued.

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

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

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

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

ADDITIONAL ON-CALL ROOMS AVAILABLE -

Committee Participation for House Staff

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

House Staff Leadership Committee

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

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

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

House Staff Patient Safety Council

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

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

House Staff Wellness Committee

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

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

New members are elected annually.

Additional Information

Identification Badges

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

NYULMC ID badges

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

Identification badges are distributed by the NYULMC Security Office.

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

Phone: 212-263-5038

Bellevue ID badges

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

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

Phone: 212-562-2345

Veterans Affairs Medical Center (Manhattan Campus) ID badge

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

MCIT Telecommunications

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

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

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

Hours: Monday-Friday: 9:00am – 5:00pm

Phone: 212-263-1120

Linen Services

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

Location: Kimmel Pavilion, 1st Floor, Room 808

Hours: Monday-Friday: 6:30am – 4:00pm
Closed: 10:00am – 11:30am for inventory
Saturday: 9:00am – 5:00pm

Phone: Extension 73134 or 33012 (inside hospital) or 212-263-3014 (outside hospital)

Machine Locations: Tisch Hospital: Floors 2, 5, 8 & 11
HCC: Floors 2 & 14
Kimmel: 3rd floor

Useful Links & Resources

Department	Main Number
NYU Benefits	212-404-3787
NYU Payroll	212-404-4200
NYU Employee Health	212-263-5020
NYU Security	212-263-5038
NYU MCIT	212-263-1120
NYU Linens	646-754-6209
NYU Telecommunications	212-263-1120
NYU Malpractice	646-501-3047
Bellevue HR	212-562-6283
Bellevue Payroll	212-562-4406
Bellevue Benefits	212-562-8218
Bellevue Clinical Systems	212-562-4797
Bellevue Security	212-562-2345
CIR (Union)	212-356-8100

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New York Medical License:
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