



The Southeast Louisiana Veterans Health Care System (SLVHCS) medical trainee application package has been redefined for Academic Year 2011-2012!

This package consists of:

A "welcome" letter from Dr. Kartik M. Thaker, Deputy Chief of Staff, Southeast Louisiana Veterans Health Care System;

A "welcome" letter from Ms. Yolanda Sanders-Jackson, Chief, Human Resources Management – **please sign and return this page;**

Instructions for required VA online training **prior** to the start of Academic Year 2011-2012, from Ms. Janice Williams, Administrative Officer, Graduate Medical Education;

The Medico-Legal Responsibilities of House Staff letters – please **sign and return this page;**

The **trainee's** copy of Numbered Memorandum 00-4, "Protection of Patients From Abuse"; **please do not return this document;**

Acknowledgement of receipt of Numbered Memorandum 00-4 – **please sign and return this page;**

Appointment Affidavit – **please complete and return this page;**

*Fingerprint Record Prep Sheet - **please call 504-558-1408 to schedule your fingerprinting appointment and bring this sheet with you to the appointment;**

Standard Form 144, "Statement of Prior Federal Service" – **please complete and return this page, if appropriate;** and

VA Trainee Registration Information for VISTA – **please complete and return this page with your application.**

"Thank you for 'Caring for our Nation's Heroes'!"

*Out-of-town residents may go to a VA hospital in their area and request "courtesy" fingerprinting. Please call Ms. Williams at 504-565-4865 to get the SOI and SON codes.



DEPARTMENT OF VETERANS AFFAIRS
Southeast Louisiana Veterans Health Care
System
P.O. Box 61011
New Orleans LA 70161-1011

Academic Year 2011-2012

In Reply Refer To: 629/11E

WELCOME TO THE DEPARTMENT OF VETERANS AFFAIRS

During the coming months we will be privileged by having the opportunity to work with you to provide quality, compassionate and safe health care to our Nation's veterans.

Prior to beginning your training experience with this agency, you will be required to fill out some of the enclosed forms. Although some forms may be duplicates of those required at other medical facilities at which you will be trained, they are also required for employment with the federal government. Please complete and sign **ALL** forms.

Before you can become covered under the federal tort provisions in the event of MALPRACTICE CLAIMS AND PERSONAL LIABILITY, the attached paper work **MUST** be received and processed by the Southeast Louisiana Veterans Health Care System **PRIOR** to your first day in training and/or duty status.

Please complete and return all documents to your Resident Coordinator at your school of medicine. The Resident Coordinator ensures that the VA receives them prior to the start of your appointment.

If you have any questions concerning this application, please contact Ms. Janice Williams, via e-mail, at janice.williams3@va.gov, or telephone number (504) 565-4865.

Thank you for your cooperation and we will see you soon.

(signed)
Kartik M. Thaker, M.D.
Deputy Chief of Staff

Enclosures:



DEPARTMENT OF VETERANS AFFAIRS
Southeast Louisiana Veterans Health Care
System
P.O. Box 61011
New Orleans LA 70161-1011

In Reply Refer To: 629/05

Academic Year 2011-2012

To: Incoming Resident/Fellow:

Welcome to the Department of Veterans Affairs, Southeast Louisiana Veterans Health Care System, New Orleans, LA. You are appointed on an intermittent basis at our facility as a resident/fellow from July 1, 2011, to June 30, 2012, under the authority of Title 38, United States Code 7406. During your period of appointment with our facility, you will be paid indirectly by the VA using the disbursement agreement that has been established between this facility and your medical school and you will be authorized to perform services as directed by your assigned Service Chief.

Unless you have prior service as a Federal employee, acceptance of this letter, as signified by your signature below, and completion of the attached Appointment Affidavit (SF-61), prior to the start of your training, will serve as our appointment authorization for this period. If you have prior Federal service, you are requested to report to our Human Resources Management Office prior to July 1, 2011 for additional appointment information and/or processing. Please bring this letter with you, as well as any documents you may have relating to that prior service.

Sincerely,

(signed)
Yolanda Sanders-Jackson
Chief, Human Resources Management

Enclosure: SF-61

I agree to serve in the above capacity under the conditions indicated.

Print Name _____

Signature _____ Date _____

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Southeast Louisiana Veterans Health Care
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P. O. Box 61011
New Orleans LA 70161-1011



Academic Year 2011-2012

In Reply Refer To: 629/11E

VETERANS HEALTH ADMINISTRATION PRIVACY POLICY

1. Due to regulations to the Health Insurance Portability and Accountability ACT (HIPAA), fellows and residents who will be utilizing the Southeast Louisiana Veterans Health Care System must ***complete the Mandatory Training for Trainees prior to the start of their clinical rotations.***

2. Incoming fellows and residents may access the Mandatory Training for Trainees module by accessing this web site: <https://www.ees-learning.net/librix/loginhtml.asp?v=librix>. First-time users will need to register to use this site.

3. There are two mandatory training courses.

a. A full training course including all 14 prior modules and one short additional module (compliance and business integrity).

b. A refresher course that includes only that content that must be re-taken each year (to be used ONLY after the long version has been passed once).

4. When you have completed the training, print a copy of the certificate of completion and bring the copy to your VA Service Program Analyst.

(signed)
Janice J. Williams
Administrative Officer

DEPARTMENT OF VETERANS AFFAIRS
Southeast Louisiana Veterans Health Care System
P.O. Box 61011
New Orleans LA 70161-1011



In Reply Refer To: 629/11E

Academic Year 2011-2012

MEDICO-LEGAL RESPONSIBILITIES OF HOUSE STAFF

Medico-Legal Responsibilities of House Staff under the Federal Tort Claims Act, the Government is liable for the malpractice of its employees acting within the scope of their employment. For purposes of this act, residents are considered to be employees and 38 U.S.C. 7316 applies; however, because of the variety of conditions and situations which exist, Regional Counsel will be consulted in any situation respecting the adequacy or applicability of malpractice coverage for residents. The following administrative precautions will be exercised (see also 38 U.S.C. 7316, 28 USC 2679, and 38 CFR 14.605):

Residency members must be informed that they are not protected by the Federal Government in the event of malpractice, negligence, or any other claims against them in consequence of their activities during a period of assignment to non-VA institutions. This notification will be made a matter of record and placed on the left side of each residency member's official personnel folder.

Print Name

Signature

Date

Numbered Memorandum

00-4
December 29, 2009

PROTECTION OF PATIENTS FROM ABUSE

1. **PURPOSE:** The purpose of this Numbered Memorandum (NM) is to describe policy and procedures for the protection of patients from real or perceived abuse, neglect, or exploitation by employees, students, volunteers, other patients, visitors or family members. The policy contained in this Numbered Memorandum applies to any patient in any capacity of Southeast Louisiana Veterans Health Care System (SLVHCS).

2. **POLICY:**

a. Patient abuse, whether physical, verbal, or psychological, is unacceptable. Employees will treat all patients with kindness and respect.

b. Penalty: If patient abuse is proven, the administrative action is usually removal; however, progressive disciplinary action will be considered based on the circumstances of the incident, severity of the incident, and the employee's record.

c. Disciplinary Action: Disciplinary action will also be taken in accordance with appropriate regulations if:

(1) an employee fails to report patient abuse to the proper authorities;

(2) a management official fails to immediately conduct a thorough investigation into any reported patient abuse; or

(3) an employee intentionally makes false or unfounded charges of patient abuse against another employee.

d. Definitions: Patient abuse, whether or not provoked, is defined as acts against patients which involve:

(1) Physical/Sexual Abuse_(some examples include, but are not limited to): Striking/attacking; sexual assault/harassment/coercion; unreasonable physical constraint; deprivation of food, medication, or water; inappropriate use of physical or chemical restraint; neglect; failure to assist with personal hygiene; failure to protect from health and safety hazards; and intentional omission of care.

(2) Psychological/Mental Abuse (some examples include, but are not limited to): Subjecting a person to fear, isolation or emotional distress; withholding emotional support; willful violation of a patient’s privacy, harassment, ridicule and intimidation (such as following an individual or getting too close to their physical being – violating an acceptable space zone) to bring about a certain effect.

(3) Verbal Abuse is cursing; yelling; expressing indifference; ridiculing; or threatening a patient. Some examples include but are not limited to:

EXAMPLES OF PATIENT ABUSE	EXAMPLES OF INAPPROPRIATE CONDUCT
Profanity directed at the patient.	Profanity not directed at the patient.
Yelling—Hostile with emotional component; e.g., “Shut up and Sit Down!”	Loud interaction—but with instructional intent (lacks emotional component).
Indifference-Overt statement; e.g., “I don’t care what happens to you.”	Apathetic (flat, uncaring) affect.
Ridicule-Words or actions that make fun of a patient.	Inappropriate joking, which offends a patient, but, is not focused at a patient.
Implied or Overt threat to a patient.	Failure to attempt to defuse or de-escalate a patient’s aggressive behavior toward staff.

Inappropriate employee conduct will be referred to the appropriate supervisor for administrative action.

(4) Exploitation: Taking unjust advantage of another for one’s own advantage or benefit. Examples may include but are not limited to:

EXAMPLES OF EXPLOITATION
Direct or indirect request for money for performing basic services (i.e., “The patient across the hall gave me \$10 when I bathed him.”).
Using patient’s credit card for personal use(i.e., telling patient child needs clothes, school books, etc. that you can’t afford)
Borrowing money
Photographing patient without his/her consent, then using photographs for reasons not related to his/her VA medical care.

3. **RESPONSIBILITIES:**

a. Associate Director, Patient/Nursing Services:

(1) During New Employee Orientation, the Associate Director, Patient/Nursing Services will:

(a) provide every new employee with a copy of this Numbered Memorandum;

(b) discuss “Protection of Patients From Abuse”;

(c) obtain the employee’s signature on Attachment A to this Numbered Memorandum certifying his/her receipt, understanding, and agreement to comply with this policy; and

(d) forward signed receipts to Human Resources Management for filing in the employee’s Official Personnel Folder.

(2) The Associate Director, Patient/Nursing Services will provide annual mandatory training for all employees regarding the content of this policy via MYPEAK.

b. Service Chiefs will notify the Director within 24 hours of an alleged report of patient abuse. As appropriate, the Associate Director, Chief of Staff, and/or Associate Director, Patient/Nursing Services will also be contacted.

c. Mid-level Managers/Supervisors will assure the timely examination of any potential physical injury to the patient and the submission of VA Form 10-2633 in compliance with Numbered Memorandum 11-24, Patient Safety Improvement Program.

d. Employees will:

(1) complete Part 1 of VA Form 10-2633, Report of Special Incident Involving a Beneficiary, when they are advised of, perceive, or witness any abuse of a patient within 24 hours; and

(2) immediately give VA Form 10-2633 to their immediate supervisor who will report to the appropriate Service Chief and the Patient Safety Manager.

4. **PROCEDURES:** The Director/designee will determine if an incident meets the definition of patient abuse.

a. When allegations of patient abuse are raised, the Director/designee may order a preliminary investigation (Fact Finding) to determine if an Administrative Investigation Board (AIB) is necessary.

b. If definition of patient abuse is met, the AIB will recommend that “appropriate administrative action” be taken against the employee(s). The Director will be the final approving official of all recommendations.

c. If the definition of patient abuse is not met, the matter will be closed or referred to the appropriate Service Chief for appropriate action, if there has been a finding of inappropriate employee conduct.

d. Occasionally, a patient may use allegations of patient abuse or threaten such allegations to manipulate staff. In some instances, a patient may not be oriented to reality. These situations require a VA Form 10-2633 and an initial review, but are exceptions to the requirement for an AIB. The reasons for not initiating an AIB must be clearly documented and approved by the Director. This information will be maintained by the Risk Manager.

5. **RESCISSION**: Numbered Memorandum 00-4, Protection of Patients From Abuse, dated September 6, 2006.

6. **REFERENCES**: VHA Handbook 1050.1, VHA National Patient Safety Improvement Handbook, May 23, 2008; VA Handbook 5021, Part 1, Appendix A, “for Title 5 & hybrid – Table of Examples of Offenses and Penalties”; Comprehensive Accreditation Manual for Ambulatory Service, The Joint Commission, current edition, located on the Intranet; and Numbered Memorandum 11-24, Patient Safety Improvement Program, dated May 21, 2009, located on the intranet.

7. **FOLLOW-UP RESPONSIBILITY**: Patient Safety Manager, Office of the Associate Chief of Staff/Quality and Performance (11Q).

8. **EXPIRATION DATE**: August 2012.

(signed)
Julie A. Catellier
Director

Attachment: 1

SUMMATION OF POLICY & PROCEDURE CHANGES:

This policy has been updated to reflect (1) that the Director/designee is informed of an allegation of patient abuse within 24 hours of the incident; (2) Director/designee will determine if an incident meets the definition of patient abuse; (3) Director/designee may order a preliminary investigation (Fact Finding) to determine if an Administrative Investigation Board (AIB) is necessary; (4) Director will be the final approving official of AIB recommendations; and (5) Administrative Investigation Board (AIB) in lieu of Administrative Board of Investigation (ABI).

Attachment
Numbered Memorandum 00-4

From:

To: Southeast Louisiana Veterans Health Care System Director (00)

Subj: Patient Abuse or Mistreatment

1. I have received, understand, and will abide by the provisions of Numbered Memorandum 00-4, "Protection of Patients from Abuse". I will not abuse any patient and will not tolerate it happening in my presence.
2. If patient abuse is witnessed, perceived, or suspected, I will immediately report it to my supervisor and/or appropriate management official (i.e. Charge Nurse, Clinic Managers, Service Chiefs, etc.).
3. I will immediately complete Part I of VA Form 10-2633, Report of Special Incident Involving a Beneficiary, giving a detailed account of the circumstances.
4. I will cooperate fully with any investigation into patient abuse.

Print Name

Signature

Date

APPOINTMENT AFFIDAVITS

INTERN/RESIDENT/FELLOW

(Position to which appointed)

JULY 1, 2011

(Date of appointment)

VETERANS AFFAIRS

(Department or agency)

SOUTHEAST LA VETERANS HEALTH CARE SYSTEM

(Bureau or Division)

NEW ORLEANS

(Place of employment)

I, _____, do solemnly swear (or affirm) that-

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties of the office on which I am about to enter. So help me God.

B. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not participating in any strike against the Government of the United States or any agency thereof, and I will not so participate while an employee of the Government of the United States or any agency thereof.

C. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not, nor has anyone acting in my behalf, given, transferred, promised or paid any consideration for or in expectation or hope of receiving assistance in securing this appointment.

(Signature of appointee)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____,

at _____, _____
(City) (State)

[SEAL]

(Signature of officer)

Commission expires _____

(If by a Notary Public, the date of expiration of his/her Commission should be shown)

(Title)

NOTE. - *The oath of office must be administered by a person specified in 5 U.S.C. 2903. The words "So help me God," in the oath and the word "swear" wherever it appears above should be stricken out when the appointee elects to affirm rather than swear to the affidavits only these words may be stricken and only when the appointee elects to affirm the affidavits.*

FINGERPRINT RECORD
(PREP SHEET)

Assignment over 120 days
YES _____ NO _____

Providing Patient Services
YES _____ NO _____

PLEASE PRINT

PLEASE PRINT

NAME (last, first, middle) _____

SSN: _____

DOB (year, month day) _____

Alias (any other names used) _____

Sex (circle one) MALE FEMALE

RACE _____ EYE COLOR _____ HAIR COLOR _____

HEIGHT _____

WEIGHT _____

Place of Birth (city, state) _____

Citizenship of what county _____

Employed by what Hospital Service: _____

Employment Type
(Circle One Letter)

- C - Contract
- E - Employee if so Position _____
- F - Fee Basis
- R - Resident
- V - Volunteers
- W - Without Compensation
- O - Others

ADDRESS:

STREET _____

CITY _____ STATE _____ ZIP CODE _____

Phone number _____

E-Mail (if available) _____ Fingerprinted by _____

Date _____

STATEMENT OF PRIOR FEDERAL SERVICE
To be completed by Employee

1. Name (Last, First, Middle Initial)	2. Social Security Number	3. Date of Birth (Month, Day, Year)
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4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for the civilian service?
 Yes - If "yes", check this block and skip to item 8. No - If "No", check this block and complete items 5 - 9.

5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.

NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE (Full-Time, Part-Time, or Intermittent)
	Year	Month	Day	Year	Month	Day	

6. During periods of employment shown in Item 5, did you have a total of more than 6 months' absence without pay during any one calendar year?
 Yes - If "Yes", list the following information. No - If "No", go to Item 7.

TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	Years	Months	Days

7. List all uniformed service below. List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or the National Oceanic and Atmospheric Administration.

BRANCH OF SERVICE	FROM			TO			DISCHARGE (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

8. Do you claim any type of veterans' preference which has not been verified?
 No Yes - Check one of the statements, if it applies to you. I claim preference as the:
 Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/ widower of a veteran

9. **CERTIFICATION:** The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature	Date
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Response is mandatory. This information will be kept confidential. It will be used for reporting purposes, conducting surveys, and improving the quality of VHA's clinical training programs. This information will be entered in the "New Person" file in Veterans Health Information Systems and Technology Architecture (Vista). This form may also be printed from the OAA website: <http://vawww.va.gov/oaa/policies.asp>

Disclosure of your Social Security Number (SSN) is mandatory to identify individuals with identical names. Failure to provide this information may delay or make impossible the proper application of Civil Service rules and regulations and VA personnel policies and thus may prevent you from obtaining clinical training at VA. Solicitation of the SSN is authorized under the provisions of Executive Order 9397, dated November 22, 1943. The information gathered through the use of this number will be used as necessary for statistical studies and personnel administration in accordance with established regulations and published notices of systems of record.

First Name	MI	Last Name	
<u>Social Security Number</u>		<u>Primary Email Address</u>	
<u>Permanent Street Address 1</u>			
<u>Birthdate:</u>			
City	State	Zip	
VA Training Facility			
Start Date of VA Training (mm/yyyy)		What is the LAST MONTH and YEAR that you anticipate being in at this VA facility? (mm/yyyy)	

Target Degree Level of your current training program: (mark only one)

- Certificate/Diploma
- Associate
- Baccalaureate
- Master's
- Post-master's fellowship
- Doctoral
- Postdoctoral (other than residents)**
- Residency/Fellowship

Program of Study: (mark only one)

(Discipline that best describes the current program of study)

- Audiology
- Chaplaincy
- Dentistry
- Dietetics
- Health Information
- Health Services Research & Development
- Imaging (Radiologic/Ultrasound Tech, etc.)
- Laboratory
- Medical Student
- Medical Resident/Fellow
- Medical Post-residency Physician in a VA Special Fellowship (Ambulatory Care, National Quality Scholars, Women's Health, etc.)
- Medical/Surgical Support (Respiratory Tech, Biomedical Tech, etc.)
- Nurse Anesthetist
- Nursing
- Optometry
- Other Clinical Program
- Pharmacy
- Physician Assistant
- Podiatry
- Psychology
- Rehabilitation (OT, PT, KT, etc.)
- Social Work
- Speech-Language Pathology



DID YOU COMPLETE AND SIGN ***ALL*** DOCUMENTS?

DID YOU REMEMBER TO ***REMOVE*** AND ***KEEP*** THE NUMBERED MEMORANDUM ENTITLED “00-4, PROTECTION OF PATIENTS FROM ABUSE” FROM THIS PACKAGE?

HAVE YOU SCHEDULED YOUR FINGERPRINTING APPOINTMENT? IF SO, PLEASE REMEMBER TO TAKE THE “FINGER PRINT ‘PREP SHEET’” WITH YOU TO YOUR APPOINTMENT

THANK YOU FOR YOUR COOPERATION

Please call Ms. Janice Williams at the Southeast Louisiana Veterans Health Care System, Office of Graduate Medical Education, at 504/565-4865, Monday through Friday, between the hours of 8 a.m.-4:30 p.m., with any questions you may have and/or for additional assistance regarding this application.