



PODIATRY RESIDENCY PROGRAM MANUAL

Last Revised: January 2021

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Download link for CPME 320:

Standards and Requirements for Approval of Podiatric Medicine and Surgery Residencies

<https://www.acfas.org/Residency-Director-Center/Residency-Director-Resources/CPME-320-Standards-andRequirements/>

Download link for CPME 330: Procedures for Approval of Podiatric Medicine and Surgery Residencies

<https://www.cpme.org/files/CPME/CPME%20330%20Draft%20I.pdf>

GENERAL RULES

1. The Podiatry Residents are employees of the hospital under the supervision of the Podiatry Residency Program Director (PRPD) and the Chief Executive Officer (CEO).

The Podiatry Resident is neither a supervisor or subservient to other employees at LA Downtown Medical Center. Like all employees and the Medical Staff, the Podiatry Resident must obey the rules which have been established whether he/she agrees with them or not.

2. The Podiatry Resident is, within broad limits, responsible for patients on his/her service. Legally, the attending physician is responsible for the care rendered the patient, including any orders a Podiatry Resident writes. Therefore, a Podiatry Resident must not change any doctor's orders without first consulting the physician. In an emergency, the Podiatry Resident may act immediately to do anything which is indicated to save a life and then consult with the attending physician. As the Podiatry Resident becomes more proficient, various doctors will grant greater liberties, but in all events, the orders MUST BE COUNTERSIGNED by the attending physician.

3. Order and decorum must be maintained at all times. The dignity of the profession shall be above reproach.

4. When covering for another Podiatry Resident, it is the responsibility of the Podiatry Resident covering to ensure that his usual work is done. This includes completion of all pertinent histories and physicals and progress notes on podiatric cases.

5. Podiatry Residents are expected to visit other Services to view interesting cases as they occur.

6. Podiatry Residents are not to leave prior to schedule times or until the work of the day is completed without the permission of the PRPD. Podiatry Residents are expected to assist each other as workloads vary from day to day. If a Podiatry Resident is out of the hospital during regular business hours, he/she is required to notify the PRPD and the hospital operator at the time of leaving the hospital and who is responsible for the service during the time he/she is gone.

7. Scrub suits are permitted only while in surgery or during night call. At all other times, or in between surgeries, a clean white lab coat MUST be worn over the surgery scrubs.

8. DRESS CODE: Professional decorum shall be maintained at all times; men in dress shirts with tie and slacks; women may wear skirts and blouses, dress and/or slacks. Recreation or leisure wear is not permitted, i.e., blue jeans, sandals, shorts, athletic shoes, etc. Lab coats are issued from the linen room and will be exchanged on a one-for-one basis. Surgery scrub suits are issued from the Operating Room only if scrubbing for surgery. The Resident must change out of surgery scrubs and

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leave them in the appropriate laundry cart before leaving the Department of Surgery. No hospital property shall be removed from the premises including surgery scrub suits. Inventories of scrub suits are maintained.

9. Unscheduled time off is not allowed without consent of the PRPD. Requests for outside study must be submitted in writing and require prior approval by the PRPD.

10. OUTSIDE WORK (Moonlighting): Podiatry Residents are engaged in a full time program of medical education. When they are not directly working the care of patients with the hospital or rotation included in the program, Residents are expected to take advantage of free time for the purpose of furthering their education by rigorous study. Other employment deprives the Resident of opportunities to fully pursue the program of education provided by the hospital since the Resident would be spending time not in pursuit of education and not obtaining sufficient rest or relaxation to maintain good health. Podiatry Residents are discouraged from engaging in outside employment. However, if a Resident wishes to engage in other medical employment, the Resident must obtain written permission in advance from the PRPD. LA Downtown Medical Center's professional liability insurance will not cover activities outside the Medical Center.

11. COVERAGE: Minimum coverage can be arranged for major holidays which include Christmas, Easter and New Year's Day. No service is left uncovered on holidays.

12. Work hours on week days are from 6:30 a.m. to 7:00 p.m. following closing rounds, unless otherwise stated for specific rotations.

13. Electives must be requested at least one month in advance of the rotation. The rotation must have prior approval by the PRPD. An elective rotation form is available in the Medical Staff Office. Educational objectives must be developed by the requesting Resident for each elective rotation.

14. The Doctors Dining Room may be used, although students and interns are requested to use the Cafeteria during heavy usage times. Trays and food taken to meeting rooms must be returned to the Cafeteria. Please bus your own dishes.

15. PARKING is provided by LA Downtown Medical Center at no charge.

16. Patient and Procedure logs are required by the Council on Podiatric Medicine and Education. Logs must be maintained in a timely manner and reviewed regularly by the PRPD. This along with all other record keeping responsibilities is mandatory during the Resident Training Program and will ensure continued accreditation in the program.

17. DELINQUENT MEDICAL RECORDS: It is a professional responsibility to produce good patient medical records and to keep current with medical records at all times. The consequences of delinquent medical records are:

- a. Withholding of pay check until delinquent records are completed.
- b. The Certificate of Residency will not be issued until all medical records responsibilities have been fulfilled. Release for medical records responsibilities must be received by the PRPD before a certificate will be issued.

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- c. A letter stating the required disciplinary action for delinquent medical records will become a permanent part of the Resident's file.
 18. Medical Records must always be accessible for patient care. Medical records are never removed from the hospital under any circumstances. Medical records utilized and checked out of the Health Information Department must be returned at the end of each workday. Medical records are NEVER to be left in lockers or anywhere outside of the Health Information Department.
- RESPONSIBILITIES TO PATIENTS**
- All Residents and students must keep in mind that the welfare of the patient and the reputation of LA Downtown Medical Center and the attending physician are very important parts of their responsibilities at all times. The following patient responsibilities will be observed at all times.
1. The Podiatry Resident must be present at the hospital during regular scheduled hours and be available to communicate with the patient's attending physician.
 2. The Podiatry Resident must maintain a current list of patients on his/her service.
 3. The Podiatry Resident is responsible for a complete, accurate, scientific history and physical examination for each patient he is assigned. The history and physical must be dictated immediately (immediately is defined in the Rules and Regulation of the Medical Staff as within 24 hours). This requirement pertains to ALL admissions.
 4. The podiatry Resident must inform the attending physician of his/her evaluation of the patient and any adverse changes in the patient's condition as they occur. Major changes in diagnostic or therapeutic approach REQUIRE IMMEDIATE notification and communication with the attending physician. This includes any procedure on a patient requiring consent, transfer of any patient from or to the critical care units, need for blood transfusions, or death.
 5. Readmission to the hospital within thirty days after a previous hospital discharge requires an interval history and a complete physical examination with a brief summary of the history and physical findings of the previous admission. This statement applies only if the patient is readmitted for the same illness or a complication from the previous hospitalization. If a patient is readmitted to the hospital because of any unrelated illness or condition, a complete history and physical is required.
 6. All progress notes are to follow S.O.A.P. charting criteria, must be complete and informative and must reflect the clinical course and condition of the patient including response to therapy, current problems and planned therapeutic modalities of treatment. All progress notes must be signed and dated, and the time the note was written must be documented. PROGRESS NOTES ARE REQUIRED DAILY ON ALL PATIENTS. Patients in the critical care units may require progress notes more often if the condition of the patient is critical. All progress notes must be countersigned by the attending Podiatry physician.
 7. Every patient must be seen and assessed daily. There are no exceptions to this basic responsibility.
 8. It is the duty of the Resident to fulfill the orders written on the doctor's order sheet whether or not the Resident personally performs the duties. If questions/concerns arise, they must be directed to the patient's attending physician.

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9. Contact must be made with the attending physician upon completion of the patient history and physical to compare findings and arrive at a concurrence on the orders to be written.
10. All orders written at the hospital must document both the time and date they were written. All orders must be countersigned by the attending physician.
11. Emergency orders may be written using extreme care and good judgment. In the event emergency orders are written, the attending physician must be notified immediately or at the first opportunity.
12. In the event an accident occurs to a patient in the hospital, complete details of the accident must be accurately described and recorded in the progress notes. The attending physician must be notified immediately. If there is the possibility of any type of fracture, the patient will have appropriate x-ray evaluation. If the patient refuses this examination, the attending physician will be notified immediately and the patient's refusal is to be completely recorded in the patient's progress notes.
13. A podiatric lower extremity examination shall be included as part of every history and physical of patients admitted by Podiatry physicians.
14. If a patient refuses further treatment and leaves the hospital against medical advice, and AMA form must be completed. The facts and medical risks explained to the patient must be completely documented in the progress notes. The attending physician must also be notified immediately of the patient' refusal of medical treatment and unauthorized discharge from the hospital.
15. A copy of patients' rights must be read and fully understood by all student and Podiatry Residents.

REMEDIATION METHODS FOR FAILURE OF A ROTATION

A Chief of Rotation may deem that the Podiatric Resident's performance in their rotation was unsatisfactory. If the Chief of a rotation submits an evaluation that indicated that the resident has failed their rotation, the Director of Podiatric Medical Education will call a remediation meeting within two weeks. The meeting will include the resident, the Chief of the rotation and the Director of Podiatric Medical Education. At this meeting the Resident's alleged deficiencies in the rotation will be discussed and if applicable, a plan will be instituted to correct these deficiencies.

The methods to correct the rotation deficiencies may include:

- Written assignment on paper which will demonstrate attainment of deficient areas of knowledge stated in the goals and objectives.
- Reading assignments followed by reassessment of Resident's competency.
- Additional hours in the rotation
- Repeat the entire rotation.

The plan will be put into writing (see attached Remediation Form) and the Resident will be required to complete the assignment(s) in a specified amount of time. If the Resident does not complete the required assignment in the specified amount of time, further action may be taken including possible dismissal of the Resident.

In the event that the resident fails a rotation and the rotation cannot be completed in the 12-month period of the Residency training year, the Resident may be required to spend an additional period beyond the 12-month Residency training year to complete the full rotation. The Resident may not be paid to complete the failed rotation.

NOTICE OF FAILURE OF ROTATION BY PODIATRIC RESIDENT

Rotation Failed: _____

Goals and Objectives which Resident did not satisfactorily complete:
(Chief of Rotation please list and give reasons)

Proposed method for remediation and passage of rotation:

(List Assignments or Additional Requirements Resident must complete in order to pass rotation and correct deficiencies outlined.)

To be completed by (date): _____

Chief of Rotation

Name: _____

Signature: _____

Date: _____

Podiatric Resident

Name: _____

Signature: _____

Date: _____

Podiatry Residency Program Director

Name: _____

Signature: _____

Date: _____

MECHANISM OF APPEAL AND DUE PROCESS

Podiatry Residents at LA Downtown Medical Center are contracted employees. Should any conflict develop between a Resident and any member of the Medical Staff, Hospital Administration or Hospital personnel, the issue(s) at hand will first be discussed between the Resident involved and the Podiatry Residency Program Director.

If it is determined that satisfactory resolution of the problem is not obtained, the matter will be referred to the Department of Surgery who will appoint an ad-hoc committee for review and consideration of the matter. The ad-hoc committee does not include the Podiatry Residency Program Director for purposes of dispute resolution.

If satisfactory resolution of the matter is not obtained at the ad-hoc committee level, the issue(s) at hand will be presented to the Medical Executive Committee for further evaluation and action.

If the matter remains unresolved, or the outcome is unsatisfactory to the Resident or the Department of Surgery, the issue may be appealed to the Chief Executive Officer of the Medical Center for final dispute resolution.

PODIATRY RESIDENCY EDUCATION PROGRAM MISSION

Mission Statement: To provide high quality healthcare for our patients that exceeds their expectations and is enriched by outstanding research and education.

GOALS

1. To become a high quality and competitive residency program that is resource-based, competency driven, assessment-validated that meets or exceeds the standard of postgraduate education.
2. To provide the breadth and scope of residency training that will enable the resident to successfully pursue the pathway of choice that leads to board certification by either the ABPS or ABPOPPM.
3. To provide clinical experience and training that will expand the resident's competencies in the care of diseases, disorders, and injuries of the foot and ankle by medical, surgical and biomechanical means.
4. To provide clinical experience and training by direct participation of the resident in the preoperative and postoperative care of the patient, thereby enhancing the resident's competency in the medical and surgical management of injuries and disease of the foot and ankle.
5. To provide clinical experiences and training that will expand the resident's competency in the evaluation and management of non-podiatric medical and surgical pathology and disease.
6. To engage in ongoing didactic experiences that provides the opportunity for the resident to expand and supplement the clinical education in the surgical and medical management of disease and pathology
7. To provide a learning environment that promotes and attitude of teamwork as part of an integrated healthcare system that promotes the practice of medicine in a professional, compassionate, and concern in an ethical and moral fashion.
8. To provide a learning environment that encourages "free thinking" in the promotion of research and ongoing education.
9. To engage the residents in the active participation in the promotion of podiatry in the realm of public health and socioeconomic impact various disease processes have on the foot and ankle and the role of the podiatrist in the management and prevention of disease.
10. To provide and complement of qualified faculty and support staff that actively participates in the clinical and didactic activities of the resident program.

GENERAL COMPETENCIES

Statement: To provide the residents with the necessary educational resources and curriculum wherein the residents can achieve the established criteria for competency based postgraduate education to be validated through ongoing assessment of the resident's performance and knowledge.

1. The resident will demonstrate competency in the management, diagnosis, and prevention of injuries of the pediatric and adult lower extremity
2. The resident will demonstrate competency in the assessment and management of the patient's general medical status.
3. The resident will practice with professionalism, compassion, and concern, in a legal, ethical and moral fashion.
4. The resident will develop the necessary skills and competency to communicate effectively and function in a multi-disciplinary setting.
5. The resident will develop skills and competency in the understanding of podiatric practice management in a multitude of healthcare delivery settings.
6. The resident will demonstrate an attitude of life-long learning and be inquisitive in the attainment of skills and knowledge by participating in scholarly activities, utilizing research and evidence-based principles and promoting foot health through education.
7. The resident will maintain surgical and patient contact logs in the approved JRRC format. The logs will be submitted on quarterly basis and verified by the Director of Residency Education.
8. The resident will participate in, but not limited, the following clinical activities and/or rotations and meet or exceed the minimum established competencies in management of medical and surgical patients.
 - a. Podiatric Medicine and Surgery
 - i. Inpatient
 - ii. Outpatient
 - iii. As directed by faculty
 - b. Diagnostic Modalities
 - i. Medical Imaging
 - ii. Laboratory Studies
 - iii. Anatomic and cellular pathology
 - iv. Non-invasive vascular studies
 - c. Medicine and Medical Subspecialties
 - i. Internal Medicine
 - ii. Infectious Disease
 - iii. Endocrinology

- iv. Rheumatology
- v. Dermatology
- d. General Surgery and Surgical Subspecialties
 - i. General Surgery
 - ii. Vascular Surgery
 - iii. Orthopedic Surgery
 - iv. Wound Care
- e. Anesthesiology
- f. Emergency Medicine
- g. Pathology
- h. Behavioral Medicine

CURRICULUM

Goal: To provide clinical experiences that will enable the resident to complete and satisfy the requirements for Minimum Activity Volumes (MAV) (see graph below) and become competent in the medical and surgical management of the patient's disease and pathology

VOLUME AND DIVERSITY REQUIREMENTS

A. Patient Care Activity Requirements (Abbreviations defined in Section B.)

CASE ACTIVITIES	#
Podiatric clinic/ office encounters	1000
Podiatric surgical	300
Trauma	50
Podopediatric	25
Biomechanical	75
Comprehensive History & Physical Examinations	50

CASE ACTIVITIES (First & second Assistant Procedures)	#
Digital	80
First Ray	60
Other Soft Tissue Foot Surgery	45
Other Osseous Foot Surgery	40
Reconstructive Rearfoot/ Ankle (added credential only)	50
TOTAL	400

B. Definitions

1. Levels of Resident Activity for Each Logged Procedure

First assistant: The resident participates actively in the procedure **under direct supervision of the attending**

Second assistant: The resident participates in the procedure. Participation may include retracting and assisting, or performing limited portions of the procedure **under direct supervision of the attending**.

2. Minimum Activity Volume (MAV)

MAVs are patient care activity requirements that assure that the resident has been exposed to adequate diversity and volume of patient care. MAVs are not minimum repetitions to achieve competence. It is incumbent upon the program director and the faculty to assure that the resident has achieved a competency, regardless of the number of repetitions.

CLINICAL ROTATIONS AND EXPERIENCES

The following clinical rotations and experiences have been established to meet the stated goals and will be validated through assessment of the resident's competency as they progress through their training.

PODIATRIC MEDICINE: This training resource shall include direct participation of the resident in the evaluation and management of patients in the various podiatry clinics or as directed by the attending staff.

- a. Perform problem focused histories and physical examinations
- b. Perform biomechanical evaluations and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics and footwear.
- c. Interpretation of diagnostic studies including imaging, laboratory tests, pathology, or other diagnostic studies
- d. Formulating appropriate differential diagnosis
- e. Formulating and implementing appropriate plans of management
- f. Assessing treatment plans and revising as necessary
- g. Participate in community or outreach healthcare settings
- h. Addresses the psycho-social needs of the patients management of the disease

PODIATRIC SURGERY: This training recourse shall provide direct participation of the resident in the treatment of lower extremity pathology by providing surgical training that will enable the resident to achieve the competencies identified by the Council.

Provide training experiences that emphasize evaluation, diagnosis, selection of appropriate treatment, and avoidance of complications in the surgical management of disease and pathology.

Provide the resident with training and resources that will enable them to achieve acceptable volumes, diversity of cases, procedures, and techniques. Demonstrates in the progressive development of knowledge, attitudes and skills leading to competency in peri-operative assessment and management of surgical patients. Including but not limited to the following types of surgical cases.

- a. Digital surgery
- b. First ray surgery
- c. Other soft tissue foot surgery
- d. Other osseous foot surgery
- e. Reconstructive rearfoot and ankle surgery
- f. Other procedures

*See previous table for volume of cases needed to meet MAV.

DIAGNOSTIC MODALITIES: This training resource shall include direct participation of the resident in ordering, performing and interpreting a variety of pertinent medical/surgical diagnostic modalities

Competencies for Radiology:

1. Medical imaging studies shall include, but not be limited to, plain film radiography, fluoroscopy, nuclear medicine, MRI, CT, ultrasonography, vascular imaging
2. The resident will demonstrate the ability to identify and interpret pathology on foot and ankle radiographs
3. The resident is able to recognize basic chest x-ray pathology
4. The resident will know when to order appropriate studies such as nuclear scans, CT scans, MRI
5. The resident will be able to correlate clinical history with various diagnostic imaging results (plain film and other studies)
6. The resident will be able to recognize bone tumors.
7. The resident will be able to interpret and compare pre-operative and postoperative foot and ankle radiographs

Competencies for Pathology:

1. Laboratory studies will include, but not be limited to: hematology, serology/ immunology, toxicology, microbiology, blood chemistry, drug screens, coagulation studies, blood gases, synovial fluid analysis, urinalysis
2. The resident shall be exposed to anatomic and cellular pathology
3. The resident shall be exposed to non-invasive vascular studies

MEDICINE & MEDICAL SUBSPECIALTIES: This rotation provides experience that allows the resident to become more familiar with an array of complex medical problems in a variety of patients. Direct use of medical consultation and comprehensive diagnostic tools are available to assist in managing the complex medical patient. The ability to recognize the medical abnormal from the normal and communicate with consultants as an active member of the health care team is broadened and enhanced. Medical data collection, assessment techniques, recording skills and recognition of pathology are the main objectives of the resident during this rotation. The resident is responsible for all assigned cases under the guidance of the attending physician. The continuing progress of the resident will be monitored and evaluated by the attending physician. Medical lectures are an integral part of this rotation where interesting and puzzling case presentations are discussed, and the internal medicine core curriculum is presented.

Competencies for Internal Medicine:

1. Develop a working knowledge of disease processes involving the cardiovascular, gastrointestinal, urinary, pulmonary, lymphatic, neurological and musculoskeletal systems
2. Understand basic management guidelines for common disease entities such as hypertension, thyroid disease, arthritides, diabetes and cancer
3. Perform a thorough history and physical examination

4. Obtain laboratory tests, EKGs, x-rays and special test procedures as indicated, and understand how to interpret the findings
5. Develop a complete problem list from all the findings
6. Learn guidelines to seek consultation from the appropriate specialty as warranted
7. Demonstrate clinical decision-making skills after assessing the patient's condition
8. Interact and communicate with other members of the medical team as well as ancillary health personnel
9. Develop an understanding of fluid and electrolyte balance
10. Be exposed to clinical and radiological diagnosis of common rheumatologic disorders
11. Develop familiarity with common coagulation disorders and the indications for anticoagulant therapy
12. Be exposed to the local and systemic care of infected wounds
13. Develop an understanding of the indications for tests such as EMG nerve conditions.

Competencies for Infectious Diseases

1. Recognize gram-positive and gram-negative infections
2. Demonstrate knowledge in the management of infections of the lower extremity
3. Perform a thorough history and physical examination
4. Demonstrate proper management of local and systemically infected wounds
5. Demonstrates an appropriate and timely use of an Infectious Disease specialist

Competencies for Endocrinology:

1. Perform a problem-focused Endocrinology history and physical
2. Understand diabetic-related comorbidities
3. Understand various diabetic medications and uses
4. Understand of the various lab studies, medications and diet needed to maintain appropriate diabetic control
5. Understand how to assess and treat diabetic neuropathy

Competencies for Rheumatology:

1. Perform a thorough history and physical
2. Understand how to differentiate between inflammatory and non-inflammatory articular complaints
3. Demonstrate how to order appropriate laboratory tests, as well as how to interpret results, for the patient with rheumatologic complaints
4. Demonstrate capacity to differentiate characteristic rheumatologic findings on x-ray studies
5. Develop appropriate differential diagnosis and treatment plan for patients with rheumatic problems
6. Demonstrate appropriate pharmacologic management of patients with rheumatic problems

Competencies for Dermatology:

1. The resident will become competent in the understanding, indications of, and performance of various biopsy techniques (ie: shave, punch, incisional, excisional)

2. The resident will become competent in the assessment, identification, and differentiation of various forms of skin/soft tissue lesions/cancers.
3. The resident will become familiar with the various dermatologic pharmacology agents used to treat typical dermatologic conditions.
4. The resident will become competent in the use of appropriate nomenclature when describing/presenting various dermatologic pathologies.

GENERAL SURGERY & SURGICAL SPECIALTIES:

General Surgery: This training includes direct participation of the resident in the surgical evaluation and management of non-podiatric patients.

1. The resident will demonstrate an understanding in the pre-operative and post-operative evaluation and management of the surgical patient
2. The resident will demonstrate an understanding of surgical complications and the appropriate management of surgical complications
3. The resident will demonstrate a satisfactory skill level in the following activities:
 - a. Suturing and other skin closure techniques and principles
 - b. Tissue handling such as retracting and other surgical assistance skills
 - c. Performance of surgical procedures under appropriate supervision
4. The resident will demonstrate an understanding of surgical principles and practices in the management of the following:
 - a. Blood loss and blood products
 - b. Fluid and electrolyte balance
 - c. Blood gas analysis

Vascular Surgery: This training is included as part of the general surgery rotation but is also an ongoing process. There is a team approach (between vascular surgery, orthopedics and podiatry) in the surgical management of the vascular compromised patient.

1. The resident will be able to perform a comprehensive vascular exam and present a differential diagnosis
2. The resident will be able to differentiate between arterial and venous disease
3. The resident will demonstrate competency in the appropriate ordering of, and interpretation of, non-invasive vascular labs.
4. The resident demonstrates an understanding of the pharma-kinetics and appropriate use of the various chemotherapeutic agents used in the treatment of arterial disease
5. The resident demonstrates good verbal skills in patient education on the risk factors for heart disease and amputation prevention

Orthopedic Surgery: The resident directly participates as a part of the orthopedic team in the medical and surgical management of orthopedic pathology

1. The resident will participate in the evaluation and management of the orthopedic patient and "present" the patient to an attending in a competent and organized manner
2. The resident will be introduced to the various forms of immobilization techniques and participate in the application of such devices

3. The resident will demonstrate an understanding of the appropriate indications of and the use of "special studies" in the evaluation and management of orthopedic pathology
4. The resident will be introduced to the principles of fracture management utilizing both internal and external fixation techniques
5. The resident will conduct him/herself in a professional, competent and ethical manner as part of the orthopedic team.

**Note: the orthopedic rotation by design is a one-month rotation but the participation of the resident with the orthopedic team will be concurrent (as needed) throughout the resident's training*

Wound Care: Upon completion of this rotation the resident will be competent in the following:

1. The resident is able to perform a wound care assessment, including a comprehensive H&P
2. The resident knows basic wound care classifications
3. The resident is able to diagnose, treat, and differentiate the different wounds (arterial, venous, decubitus, neuropathic)
4. The resident is able to demonstrate basic wound debridement skills
5. The resident is able to order and interpret appropriate vascular studies
6. The resident is able to order appropriate labs, take wound cultures and select appropriate antibiotics
7. The resident is familiar with the appropriate use of a STSG and a bioengineered graft in wound care
8. The resident has been exposed to and understand the use of other modalities (Hyperbaric Oxygen, Maggot Therapy)
9. The resident is able to perform dressing changes, apply Wound Vacs, and Total Contact Casts
10. The resident has an understanding of the patient as a whole, including the role of comorbidities and psychological status

ANESTHESIOLOGY: This training shall include direct participation of the resident in pre-anesthetic and post-anesthetic evaluation and management of surgical and pain clinic patients. The resident shall have the opportunity to observe and/or assist in the administration of the various forms of anesthetic agents under direct supervision of the anesthesia department.

1. The resident will become competent in the administration of local anesthesia and the management of complications associated with such agents
2. The resident will recognize the signs and symptoms associated with local anesthesia toxicity and the treatment of such events.
3. The resident will participate in the administration of conscious sedation and the management of complications associated with conscious sedation
4. The resident participated and/or observed, in a competent manner, in the administration of spinal anesthesia. The resident understands the indications for and the complications of spinal anesthesia.
5. The resident participated and/or observed in the administration of general anesthesia.
6. The resident understands the various forms of airway management and the complications associated with general anesthesia.

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7. The resident demonstrates understanding of the risk factors, signs and symptoms and treatment for malignant hyperthermia.
8. The resident demonstrates an understanding of and application of the ASA classification system.

EMERGENCY MEDICINE: This training resource shall include the direct participation of the resident in urgent and/or non-emergent evaluation and management of podiatric and non-podiatric patients.

1. The resident will be CPR certified
2. The resident demonstrates an understanding and competency in the evaluation and management of urgent or emergent podiatric pathology and/or disease. Shall include but not be limited to the following activities:
 - a. Signs of infection and/or sepsis
 - b. Gas gangrene
 - c. Fracture management
3. Open vs closed
4. Appropriate antibiotic use
5. Immobilization techniques
 - a. Soft tissue injury
6. The resident demonstrates an understanding of the pathophysiology of shock and participates and/or observes in the management of such patients.
7. The resident demonstrates an understanding in the evaluation and management of non-podiatric urgent and/or emergent patients.

**The emergency medicine curriculum is a dynamic activity that may include formal rotations in an ED/trauma unit or as part of the various clinical activities the resident participates in throughout his/her training.*

BEHAVIORAL MEDICINE: This training resource will be provided through the department of Psychiatry at LA Downtown Medical Center. The resident will rotate through both inpatient and outpatient clinics at the Downtown and Ingleside campuses under the direct supervision of the attending psychiatrist.

1. The resident should develop skills necessary to obtain an appropriate history and physical on patient with psychiatric conditions.
2. The resident will gain an understanding of the impact of behavioral health on overall health.
3. The resident should learn how to tailor podiatric care for patients with behavioral health problems.
4. The resident should gain a better understanding of the community resources that are available to assist physicians in their care of patients with psychiatric conditions.

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Podiatric Resident Schedule Summary			
	PGY 1	PGY 2	PGY 3
July	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
	Anesthesiology		
August	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
	Anesthesiology		
September	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
	Anesthesiology		
October	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
	Anesthesiology		
November	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
December	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
	Behavioral Medicine		
January	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	Orthopedics		
	Office Rotation		
February	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery	Podiatric Medicine & Surgery
	General Surgery		
March	Podiatric Medicine & Surgery	Infectious Disease	Podiatric Medicine & Surgery
	Vascular Surgery		
April	Podiatric Medicine & Surgery	Internal Medicine	Podiatric Medicine & Surgery
	Wound Care		
	Emergency Department		
May	Podiatric Medicine & Surgery	Dermatology, Endocrinology, Rheumatology & Radiology <i>(rotating days)</i>	Podiatric Medicine & Surgery
June	Podiatric Medicine & Surgery	Dematopathology	Podiatric Medicine & Surgery
		Podiatric Medicine & Surgery	

LADMC LA DOWNTOWN
MEDICAL CENTER LLC
PODIATRY RESIDENCY PROGRAM

1 st Year Podiatric Resident Schedule			
	PGY 1	Assigned	Ongoing Rotations
July	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M2, TH1, TH2, F1, F1	
	Anesthesiology	M1, W1	
August	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M2, TH1, TH2, F1, F1	
	Anesthesiology	M1, W1	
September	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M2, TH1, TH2, F1, F1	
	Anesthesiology	M1, W1	
October	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M2, TH1, TH2, F1, F1	
	Anesthesiology	M1, W1	
November	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M2, TH1, TH2, F1, F1	
December	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M1	
	Behavioral Medicine	W1	
January	Podiatric Medicine & Surgery		Monday-Friday
	Orthopedics	T1, T2	
	Office Rotation	M1, W1	
February	Podiatric Medicine & Surgery		Monday-Friday
	General Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
March	Podiatric Medicine & Surgery		Monday-Friday
	Vascular Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
April	Podiatric Medicine & Surgery		Monday-Friday
	Wound Care	M1, M2, W1 W2	
	Emergency Department	T1, T2, TH1, TH2, F1, F2	
May	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
June	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	

LADMC LA DOWNTOWN
MEDICAL CENTER LLC
PODIATRY RESIDENCY PROGRAM

1st Year Podiatric Resident Schedule-Continued

Assigned Rotation Sites:

Anesthesiology	L.A. Downtown Medical Center-Downtown
Behavioral Medicine	L.A. Downtown Medical Center-Ingleside
Orthopedics	L.A. Downtown Medical Center-Downtown West Covina Medical Center
General & Vascular Surgery	Keck USC School of Medicine
Wound Care	Sherman Oaks Hospital
Podiatric Medicine & Surgery	L.A. Downtown Medical Center-Downtown Kaiser South Bay

	Monday	Tuesday	Wednesday	Thursday	Friday
8-12 am	M1	T1	W1	TH1	F1
1-6 pm	M2	T2	W2	TH2	F2

PODIATRY RESIDENCY PROGRAM

2nd Year Podiatric Resident Schedule

	PGY 2	Assigned	Ongoing Rotations*
July	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
August	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
September	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
October	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
November	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
December	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
January	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
February	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
March	Infectious Disease	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
April	Internal Medicine	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
May	Radiology	M1, M2	
	Dermatology	T1, T2	
	Rheumatology	W1, W2	
	Endocrinology	TH1, TH2, F1, F2	
June	Histopathology	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	

Last Revised: 01/2021

2nd Year Podiatric Resident Schedule-Continued

Assigned Rotation Sites:

Podiatric Medicine & Surgery	Kaiser-Fontana Kaiser-Ontario
Infectious Disease	VA Loma Linda
Internal Medicine	VA Loma Linda
Dermatology, Endocrinology, Rheumatology & Radiology	VA Loma Linda

	Monday	Tuesday	Wednesday	Thursday	Friday
8-12 am	M1	T1	W1	TH1	F1
1-6 pm	M2	T2	W2	TH2	F2

PODIATRY RESIDENCY PROGRAM

3rd Year Podiatric Resident Schedule

	PGY 3	Assigned	Ongoing Rotations*
July	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
August	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
September	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
October	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
November	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
December	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
January	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
February	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
March	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
April	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
May	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	
June	Podiatric Medicine & Surgery	M1, M2, T1, T2, W1, W2 TH1, TH2, F1, F2	

Last Revised: 01/2021

LADMC LA DOWNTOWN
MEDICAL CENTER LLC
PODIATRY RESIDENCY PROGRAM

3rd Year Podiatric Resident Schedule-Continued

Assigned Rotation Sites:

Podiatric Medicine & Surgery	Kaiser-Fontana
	Kaiser-Ontario

	Monday	Tuesday	Wednesday	Thursday	Friday
8-12 am	M1	T1	W1	TH1	F1
1-6 pm	M2	T2	W2	TH2	F2

DIDACTICS SCHEDULE:

YEAR 1

- Present Podiatry Lectures (Weekly)
- SALSA meetings at USC Keck School of Medicine with Dr. Armstrong (Bi-Weekly)
- Journal Club with Western University (Weekly)

YEAR 2 – depending on rotation schedule [i.e. Kaiser South Bay Medical Center vs. USC Keck Medical Center]

- Present Podiatry Lectures (Weekly)
- Radiology Review (Weekly)
- Resident Academic Presentation (Monthly)
- Journal Club/ Literature Review (Monthly)
- Case Presentation (Monthly)
- Combined Podiatry & Vascular Surgery Clinic (Monthly)
- Cadaver Lab (Quarterly)

YEAR 3 – Kaiser Fontana/ Ontario

- Present Podiatry Lectures (Weekly)
- McGlamry Chapter Review (Monthly, sometimes Bi-Monthly)
- Attending Lectures (Monthly)
- Radiology Conference (Monthly)
- Journal Club (Monthly)
- Board Review with Computer Patient Simulation

Note: Subject to change, exact dates to be determined based on program needs and availability

ASSESSMENT VALIDATION FORMS

Assessment Validation: Podiatric Medicine & Surgery (Page 1 of 3)

Resident Name: _____

Evaluation Period: _____ Program Year: _____

The resident will demonstrate an aptitude and skill, for the level of training, in the assessment and management of the podiatric surgical patient. The resident will be given the opportunity to directly participate in the performance of surgical cases that will allow achievement of MAV numbers, and diversity of surgical procedures, with sequential advancement in the complexity of cases performed and derived competency obtained in surgical skill and knowledge.

	Satisfactory	Unsatisfactory	N/A
1. Perform a thorough problem focused history and exam including the following:			
Problem Focused History			
Neurological Exam			
Vascular Exam			
Dermatological Exam			
Musculoskeletal Exam			
2. Perform and/or order and interpret appropriate Diagnostic Studies			
Medical Imaging			
Laboratory Tests			
Pathology			
Other			
3. Formulate an appropriate diagnosis and/or differential diagnosis			
4. Formulate and implement an appropriate plan of management including (when applicable)			
Palliation of kertotic lesions and toenails with use of padding if needed			
Management of closed foot/ankle fractures and dislocations			
Management of open foot/ankle fractures and dislocations			
Tape/strapping immobilization			

Assessment Validation: Podiatric Medicine & Surgery (Page 2 of 3)

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
Orthotic, brace, prosthetic, and custom shoe management			
Footwear and padding			
Injections and aspirations			
Physical Therapy			
Pharmacological Management			
Appropriate surgical management			
Appropriate anesthesia management			
Appropriate consultations/referrals			
Appropriate health education and promotion			
5. Assess current treatment plan and revise as necessary			
6. Reviewed with patient and/or family member the psycho-social issue affecting the patient well-being and disease process.			
7. The resident is competent in the pre & post operative evaluation and management of the surgical patient			
Focused History & Physical			
Formulated an appropriate differential diagnosis and plan of care			
Identify a post-op infection and formulate an appropriate treatment plan			
Identify complications and formulate an appropriate treatment plan			
Appropriately order and interpret x-rays and other imaging modalities			
8. The resident will demonstrate understanding and competency in the principles of surgical sterile technique and infection control			
Hand washing technique			
Gowning and gloving			
Draping			
Maintaining sterile field			

Assessment Validation: Podiatric Medicine & Surgery (Page 3 of 3)

Resident Name: _____

Evaluation Period: _____ Program Year: _____

9. The resident demonstrates an understanding of the various surgical instruments and their uses			
10. The resident demonstrates an understanding of tissue handling and is competent in use of various skin closure techniques			
11. The resident demonstrates an understanding of fixation principles and is competent in their application			
12. The resident demonstrates an understanding of the psycho-social needs of the patient in the post op management/recovery and addresses these needs in an appropriate and timely manner.			
13. The resident demonstrates an appropriate level of surgical skill in the performance of the following surgical activities:			
Digital procedures			
First ray			
Other soft tissue foot surgery			
Other osseous foot surgery			
Other			

Additional Comments: _____

Resident Comments: _____

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Assessment Validation: Wound Care (Page 1 of 2)

Resident Name: _____

Evaluation Period: _____ Program Year: _____

This training resource shall include direct participation of the resident in the evaluation and management of patients in the various podiatry clinics or as directed by the attending staff.

WOUND CARE COMPETENCY	Satisfactory	Unsatisfactory	N/A
1. Demonstrates the ability to perform problem-focused histories and physical examinations			
2. Demonstrates the ability to order and interpret diagnostic studies including imaging, laboratory tests, pathology reports, or non-invasive vascular studies			
3. Demonstrates the ability to formulate appropriate differential diagnoses			
4. Demonstrates the ability to formulate and implement appropriate plans of management			
5. Demonstrates the ability to assess treatment plans and revise them as necessary			
6. Demonstrates the ability to recognize common and complex infections of the lower extremity pertaining to wounds such as cellulitis, lymphangitis, abscess formation, and osteomyelitis			
7. Demonstrates the ability to perform techniques and procedures including injections, wound debridement, obtaining wound and bone cultures, aspirations, application of various dressings and immobilization (padding, splinting, strapping)			
8. Practices with professionalism, compassion, and concern in a legal, ethical, and moral fashion			

Assessment Validation: Wound Care (Page 2 of 2)

Resident Name: _____

Evaluation Period: _____ Program Year: _____

OFFICE/ CLINIC COMPETENCY	Satisfactory	Unsatisfactory	N/A
1. Demonstrates the ability to perform problem-focused histories and physical examinations			
2. Demonstrates the ability to perform a biomechanical evaluation and manage patients with lower extremity disorders utilizing a variety of prosthetics, orthotics, and footwear			
3. Demonstrates the ability to order and interpret diagnostic studies including imaging, laboratory tests, and pathology reports			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Assessment Validation: Internal Medicine (Page 1 of 2)

Resident Name: _____

Evaluation Period: _____ **Program Year:** _____

The Internal Medicine rotation provides experience that allows the Resident to become more familiar with an array of complex and emergent medical problems in a variety of patients. Direct use of medical consultations and comprehensive diagnostic tools are available to assist in managing the complex medical patient. The ability to recognize the medical abnormal from normal and communicate with consultants as an active member of the health care team is broadened and enhanced during this rotation. Medical data collection, assessment techniques, recording skills, and recognition of pathology are the main objectives of the Resident during this rotation. The Resident is responsible for all assigned cases under the guidance of the attending physician. The continuing progress of the Resident will be monitored and evaluated by the attending physician. Medical lectures are an integral part of this rotation where interesting and puzzling case presentations are discussed and the Internal medicine Core Curriculum is presented.

	Satisfactory	Unsatisfactory	N/A
1. The Resident was able to develop a working knowledge of disease processes involving cardiovascular, gastrointestinal, urinary, pulmonary, lymphatic, neurological, and musculoskeletal systems.			
2. The Resident demonstrates an understanding of basic management guidelines for common disease entities such as hypertension, thyroid disease, arthritis and cancer.			
3. The Resident is competent performing a thorough history and physical examination.			
4. The Resident demonstrates a competency in the appropriate ordering and interpretation of tests, EKG's X-rays and other procedures as indicated.			
5. The Resident was able to develop a complete "problem list" from all the findings			
6. The Resident was able to learn appropriate guidelines to seek consultation from other specialties.			

Assessment Validation: Internal Medicine (Page 2 of 2)

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
7. The Resident demonstrates good clinical decision making skills after assessing the patient's condition.			
8. The Resident was able to effectively communicate with other members of the medical team and other personnel.			
9. The Resident understands fluid and electrolyte balance			
10. The Resident is able to evaluate and diagnose the clinical and radiographic findings in rheumatologic disorder			
11. The Resident was demonstrates familiarity with common coagulation disorders and the indication for anticoagulant therapy			
12. The Resident was competent in the evaluation and treatment of local and systemic infections			
13. The Resident developed an understanding of an indications for tests such as EMG and nerve conduction studies			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

LADMC LA DOWNTOWN
MEDICAL CENTER LLC
PODIATRY RESIDENCY PROGRAM
Assessment Validation: Radiology

Resident Name: _____

Evaluation Period: _____ **Program Year:** _____

The Resident demonstrates an appropriate level of understanding and competency in ordering, performing, and interpreting the following radiological categories (check the box that best matches):

	Satisfactory	Unsatisfactory	N/A
The resident is able to identify and interpret pathology on foot and ankle radiographs			
The Resident is able to recognize basic chest x-ray pathology			
The Resident knows when to order appropriate studies (i.e. nuclear scans, CT, MRI)			
The Resident is able to correlate clinical history with various diagnostic imaging studies			
The Resident is able to interpret and compare pre-operative foot and ankle radiographs			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Assessment Validation: Infectious Disease

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
1. The resident is able to recognize gram-positive and gram-negative infections			
2. The resident demonstrates knowledge in the management of infections of the lower extremity			
Appropriate antibiotic use/coverage			
Proper dosing			
3. The resident is competent performing a thorough history and physical examination			
Blood cultures			
Wound cultures			
Gram stains			
Microbiology			
Antibiosis monitoring			
X-rays, bones cans, CT scans, and MRI			
4. The resident demonstrates proper management of local and systemically infected wounds			
5. The resident demonstrates an appropriate and timely use of an Infectious Disease specialist consultation			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

PODIATRY RESIDENCY PROGRAM
Assessment Validation: Endocrinology**Resident Name:** _____**Evaluation Period:** _____ **Program Year:** _____

To be a mechanism where the Resident's performance can be assessed and validated in a fair, timely and dynamic manner. To provide feedback to the Resident as he/she progresses in a sequential manner to achieve the established competencies and their personal goals.

	Satisfactory	Unsatisfactory	N/A
1. The resident is able to perform a problem-focused endocrinology history and physical			
2. The resident has a thorough understanding of diabetic-related morbidities			
3. The resident has a firm understanding of the various diabetic medications and uses			
4. The resident has a firm understanding of the various lab studies, medications and diet needed to maintain appropriate diabetic control			
5. The resident has a firm understanding in assessing and treating diabetic neuropathy.			

Additional Comments:

_____**Resident Comments:**

_____**Resident Signature/Date:** _____**Evaluator Signature/Date:** _____**Residency Director Signature/Date:** _____

Assessment Validation: Behavioral Medicine**Resident Name:** _____**Evaluation Period:** _____ **Program Year:** _____

This training resource will be provided through the Department of Psychiatry at LA Downtown Medical Center. The resident will rotate through both in-patient and out-patient clinics at the Downtown and Ingleside Campuses under the direct supervision of the attending psychiatrist.

	Satisfactory	Unsatisfactory	N/A
1. The resident has developed skills necessary to obtain an appropriate history and physical on patients with psychiatric conditions			
2. The resident shows an understanding of the impact of behavioral health on overall health			
3. The resident has demonstrates an ability to tailor podiatric care for patients with behavioral health problems			
4. The resident has demonstrates an understanding of the community resources available to assist physicians in their care of patients with psychiatric conditions			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____**Evaluator Signature/Date:** _____**Residency Director Signature/Date:** _____

PODIATRY RESIDENCY PROGRAM
Assessment Validation: Dermatology

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
1. The resident is competent in the understanding, indications of, and performance of various biopsy techniques including:			
<ul style="list-style-type: none"> • Shave • Punch • Incisional • Excisional • Other 			
2. The resident is competent in the clinical assessment, identification, and treatment options for the following skin/soft tissue lesions/cancers:			
<ul style="list-style-type: none"> • Basal cell • Squamous cell • Malignant melanoma • Other 			
3. The resident is able to appropriately use and understand the various types of pharmacologic agents used to treat various typical dermatologic skin conditions (i.e. steroidal agents)			
4. The resident is able to communicate using appropriate nomenclature in the presentation of patients with dermatologic pathologies			
OVERALL RATING			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Assessment Validation: Emergency Medicine

Resident Name: _____

Evaluation Period: _____ **Program Year:** _____

This training resource shall include the direct participation of the resident in urgent and/or non-emergent evaluation and management of podiatric and non-podiatric patients.

	Satisfactory	Unsatisfactory	N/A
1. The Resident is/was/will be CPR certified			
2. The Resident demonstrates an understanding and competency in the evaluation and management of urgent or emergent podiatric pathology and/or disease including, but not limited to the following			
Signs of infection and/or sepsis			
Gas gangrene			
Fracture management			
Open vs. Closed			
Appropriate antibiotic usage			
Immobilization techniques			
Soft tissue injury			
3. The Resident demonstrates an understanding of the pathophysiology of shock and participates and/or observes the management of such patients			
4. The Resident demonstrates an understanding in the evaluation and management of non-podiatric urgent and/or emergent patients			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Resident Name: _____

Evaluation Period: _____ Program Year: _____

This training includes direct participation of the resident in the surgical evaluation and management of the non-podiatric patients.

	Satisfactory	Unsatisfactory	N/A
1. The resident demonstrates an understanding in the preoperative and post-operative evaluation and management of surgical patients			
2. The resident demonstrates an understanding of surgical complications and their appropriate management			
3. The resident demonstrates a satisfactory skill level in			
Suturing and other skin closure techniques and principles			
Tissue handling such as retracting and other surgical assistance skills			
Performance of surgical procedures under appropriate supervision			
4. The resident demonstrates an understanding of surgical principles and practices in the management of the following:			
Blood loss & blood products			
Fluid and electrolyte balance			
Blood gas analysis			

Additional Comments:

_____Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Assessment Validation: Vascular Surgery**Resident Name:** _____**Evaluation Period:** _____ **Program Year:** _____

This training is included as part of the general surgery rotation but is also an ongoing process. There is a team approach (among vascular, orthopedics and podiatry) in the surgical management of the vascular compromised patient.

	Satisfactory	Unsatisfactory	N/A
1. The resident is able to perform a comprehensive vascular exam and present a differential diagnosis			
2. The resident is able to differentiate between arterial and vascular disease			
3. The resident demonstrates a competency in the interpretation of non-invasive vascular labs			
4. The resident demonstrates an understanding of the pharmacokinetics and appropriate use of the various chemotherapeutic agents in the treatment of arterial occlusive disease			
5. The resident demonstrates good verbal skills in patient education on the risk factors for heart disease and amputation prevention			

Additional Comments:

_____**Resident Comments:**

_____**Resident Signature/Date:** _____**Evaluator Signature/Date:** _____**Residency Director Signature/Date:** _____

Assessment Validation: Orthopedic Surgery

Resident Name: _____

Evaluation Period: _____ Program Year: _____

The resident directly participates as a part of the orthopedic team in the medical and surgical management of orthopedic pathology

	Satisfactory	Unsatisfactory	N/A
1. The resident participates the in evaluation and management of the orthopedic patient and "presents" the patient to an attending in a competent and organized manner			
2. The resident demonstrates an understanding of the various forms of immobilization techniques and participates in the application of such devices			
3. The resident demonstrates an understanding of the appropriate indications and use of "special studies" in the evaluation and management of orthopedic pathology			
4. The resident demonstrates an understanding of the principles of fracture management, utilizing both internal and external fixation techniques			
5. The resident conducts themselves in a professional, competent, and ethical manner as part of the orthopedic team			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

PODIATRY RESIDENCY PROGRAM
Assessment Validation: Anesthesiology

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
1. The resident is competent in the administration of local anesthesia and the management of complications associated with such agents			
2. The resident recognizes the signs and symptoms associated with local anesthesia toxicity and the treatment for such events			
3. The Resident participated in the administration of conscious sedation and the management of complications associated with conscious sedation			
4. The Resident participated and/or observed, in a competent manner, in the administration of spinal anesthesia. Understands the indications for and the complications of spinal anesthesia.			
5. The Resident participated and/or observed in the administration of general anesthesia. Understands the various forms of airway management and the complications associated with general anesthesia			
6. The Resident demonstrates an understanding of the risk factors, signs and symptoms as well as the treatment of malignant hyperthermia			
7. The resident demonstrates an understanding of the principles and use of the ASA classification system			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
1. General Chemistry including: a. Pre-analytical i. Specimen collection ii. Patient identification iii. Collection tubes iv. Specimen requirements b. Analytical i. Instrumentation & methodologies ii. Quality control c. Post Analytical i. Result verification ii. Result/Date analysis iii. Reporting, filing to patient charts d. Instrumentation i. Dimension RxL Max ii. Centaur			
2. Serology a. Tests performed onsite b. Methodologies c. Reporting			
3. Blood Bank a. Blood and Rh typing principles/practice b. Ab screening principles/practice c. Crossmatching principles/practice d. Antibody identification principle e. Transfusion i. Red blood cells ii. Fresh frozen plasma iii. Platelets iv. Transfusion reactions v. Blood unit requisitions 1. Red cross orders 2. Turn-around time for blood units 3. Consents			

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
4. Coagulation <ul style="list-style-type: none"> a. Intrinsic and extrinsic pathway b. Prothrombin time principle c. Partial prothromboplastin time principle d. Fibrinogen e. INR f. Instrumentation <ul style="list-style-type: none"> i. Sysmex 500 			
5. Hematology <ul style="list-style-type: none"> a. Specimen b. Instrumentation <ul style="list-style-type: none"> i. Principle ii. Hands-on c. Quality control <ul style="list-style-type: none"> i. QC assessment d. Complete blood count report <ul style="list-style-type: none"> i. Parameters and significance <ul style="list-style-type: none"> 1. MCV, RDW, etc ii. Cell morphology <ul style="list-style-type: none"> 1. RBC, NRBC, target cells, etc 2. WBC, platelets, blasts, etc 			
6. Urinalysis <ul style="list-style-type: none"> a. Multistic dipstick b. Instrumentation <ul style="list-style-type: none"> i. Clinitek 50 c. Microscopy <ul style="list-style-type: none"> i. Crystals, WBC, RBC 			
7. Drug screen <ul style="list-style-type: none"> a. Collection procedure b. Chain of custody form c. Methodology 			

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
8. Microbiology a. Gram stain principles and practice b. KOH preparation c. Cultures i. Media ii. Plating iii. Identification iv. Sensitivities			
9. Synovial Fluid Analysis a. Hemocytometer counting b. Review of crystals			
10. Blood Gas a. Arterial puncture direct observation b. Instrumentation and methodology			
11. Anatomic Pathology a. Frozen section preparation b. Cytology preparation c. Tissue fixation d. Decalcification e. Special studies i. Flow cytometry ii. EM iii. Cytogenetics iv. FISH			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

Assessment Validation: General Assessment

Attitude and Other Non-Cognitive Competencies (Page 1 of 3)

Applicable to all rotations/clinical activities

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
Practices with professionalism, compassion, and concern in a legal, ethical, and moral fashion			
Abides by state and federal laws, including HIPAA, governing the practice of podiatric medicine and surgery			
Practices and abides by the principles of informed consent			
Understands and respects ethical boundaries for interactions with patients, colleagues and staff			
Demonstrates professional humanistic qualities			
Demonstrates ability to formulate a methodical and comprehensive treatment plan appreciated of fiduciary responsibility			
Communicates and functions effectively in a multidisciplinary setting			
Communicates effectively in an oral and written form with patients, colleagues, and the public			
Maintains appropriate medical records			
Demonstrates ability to manage individuals and populations in a variety of socioeconomic and healthcare settings			
Demonstrates an understanding of psychosocial and healthcare needs for patients in all life stages: pediatric through geriatric			

Assessment Validation: General Assessment

Attitude and Other Non-Cognitive Competencies (Page 2 of 3)

Applicable to all rotations/clinical activities

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
Demonstrates sensitivity and responsiveness to cultural values, behaviors, and preferences of patients when providing care to persons whose race, ethnicity, nation of origin, religion, gender, and/or sexual orientation is/are different than our own.			
Demonstrates and understanding of public health concepts, health promotion, and disease prevention			
Understands medical practice management in a multitude of healthcare settings			
Demonstrates familiarity with utilization management and quality improvement			
Understands healthcare reimbursement			
Understands insurance issues, including professional and general liability, disability and worker's compensation			
Understand medico-legal considerations involving healthcare delivery			
Demonstrates understanding of common business practices			
Demonstrates a life-long commitment to enhance professional knowledge/clinical practice via continued learning, teaching, research utilization, scholarly activity, and utilization of information technologies			
Demonstrates ability to read, interpret, and clinically examine the present medical and scientific literature			

Assessment Validation: General Assessment**Attitude and Other Non-Cognitive Competencies (Page 3 of 3)****Applicable to all rotations/clinical activities**

Resident Name: _____

Evaluation Period: _____ Program Year: _____

	Satisfactory	Unsatisfactory	N/A
Demonstrates ability to collect and interpret data and present the findings in a formal study related to podiatric medicine and/or surgery			
Demonstrates skills of utilizing information technology in learning, teaching, and clinical practice			
Participates in continuing education activities			
Completes activity and surgical logs in a timely and accurate manner			

Additional Comments:

Resident Comments:

Resident Signature/Date: _____

Evaluator Signature/Date: _____

Residency Director Signature/Date: _____

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Assessment Validation: Rheumatology**Resident Name:** _____**Evaluation Period:** _____ **Program Year:** _____

	Satisfactory	Unsatisfactory	N/A
1. The resident is able to perform a thorough history & physical			
2. The resident is able to differentiate between inflammatory and non-inflammatory articular complaints			
3. The resident demonstrates a competency in ordering appropriate laboratory tests, as well as how to interpret results, for the patient with rheumatologic complaints			
4. The resident demonstrates capacity to differentiate characteristic rheumatologic findings on x-ray studies			
5. The resident demonstrates ability to develop appropriate differential diagnosis and treatment plan for patients with rheumatic problems			
6. The resident demonstrates understanding of appropriate pharmacologic management of patients with rheumatic problems			

Additional Comments:

_____**Resident Comments:**

_____**Resident Signature/Date:** _____**Evaluator Signature/Date:** _____**Residency Director Signature/Date:** _____

CODE OF CONDUCT

Code of Conduct

Our Mission

LA Downtown Medical Center mission is to provide professional and compassionate healthcare for patients in need. The employees, medical staff and others who comprise or have a relationship with LA Downtown Medical Center fulfill this mission by adhering to our Code of Conduct when working with patients, physicians, colleagues and members of our local communities. We will provide quality care to our patients while observing high standards of legal and ethical conduct and will comply with all applicable laws, rules and regulations.

Organizational Values

Key values guide the delivery of care and fulfillment of all aspects of LA Downtown Medical Center mission and vision for its future.

Our patient-centered philosophy values the following:

- Dedication to our mission is demonstrated by how well we treat patients, families, staff and physicians.
- Recognizing that family and friends are essential team members in supporting and encouraging the patient during treatment and recovery.
- Providing appropriate and efficient care in a timely and effective manner.
- Meeting the needs of our patients and families for a comfortable and safe hospital environment.
- Celebrating our staff as the strength of LA Downtown Medical Center, empowering them to make on-the-spot decisions for the well-being of patients and their families.
- Becoming part of the fabric of each community we serve, committed to medical excellence as well as a civic sense of duty.

Compliance Program Overview

- The goal of LA Downtown Medical Center is to promote ethical, compliant and legal behavior within the organization that encourages prevention, detection and resolution of conduct that does not conform to our standards, Federal and State law or Federal and private health care program requirements. Thus, LA Downtown Medical Center has developed a Compliance Program based on guidance provided by the Department of Health and Human Services' Office of the Inspector General. The following seven elements form the core of the Program:
 - Designation of a Compliance Officer & Compliance Committee
 - Implement Policies, Procedures and written Standards of Conduct
 - Conduct Effective Training & Education
 - Conduct Internal Monitoring & Auditing
 - Enforcement of Disciplinary Standards
 - Effective Lines of Communication
 - Respond promptly to Detected Offenses & Develop Corrective Action

The Compliance Program's purpose is to codify the organization's commitment to compliance and general conduct expectations and or requirements of all employees and those acting on its behalf. The adoption and implementation of a Compliance Plan will significantly advance the prevention of fraud, waste and abuse in these health care plans while at the same time furthering the fundamental mission of LA Downtown Medical Center to provide quality care to our patients. The Code of Conduct provides guidance to all LA Downtown Medical Center employees and colleagues and assists us in carrying out

PODIATRY RESIDENCY PROGRAM

our daily activities consistent with appropriate ethical and legal standards. The Code of Conduct is intended to be comprehensive and easily understood.

In some instances, the Code of Conduct completely deals with the subject covered. However, in other instances, the subject discussed has so much complexity that additional guidance is necessary for those directly involved with the particular area and will require sufficient direction. To provide additional guidance, we have developed a comprehensive set of compliance related policies and procedures.

Together, the Compliance Plan, the Code of Conduct and compliance policies and procedures comprise of LA Downtown Medical Center Compliance Program.

Compliance Program Participation

All LA Downtown Medical Center Board of Directors, Officers, Employees, Contractors, Vendors, Physicians, Business Associates and Volunteers must review and attest to adherence to the Code of Conduct to ensure that all actions are consistent with LA Downtown Medical Center values and principles. The Code of Conduct should be considered a tool which should be used in all of our daily activities.

However, the tools cannot be effective unless we actively participate and attend training and education programs. The Compliance Program may evolve over time to adapt to changes in our business and or regulatory requirements.

Adherence to LA Downtown Medical Center Compliance Program is a condition of employment and doing business with LA Downtown Medical Center. Disciplinary action for violations of the Plan, acts of noncompliance with State and Federal laws and regulations, healthcare program requirements or LA Downtown Medical Center policies and procedures supporting this Code of Conduct will be enforced according to LA Downtown Medical Center policies and procedures. Disciplinary actions will be determined on a case-by-case basis and may include dismissal from employment, and will be enforced equally regardless of the offender's position within the company. If it is determined that a violation has included illegal activities, LA Downtown Medical Center will cooperate with the appropriate civil or criminal authorities as the offender may be subject to civil or criminal investigation and prosecution in connection with the violation.

Question: Who is expected to adhere to LA Downtown Medical Center Code of Conduct?

Answer: All LA Downtown Medical Center Board of Directors, Officers, Employees, Contractors, Vendors, Physicians, Business Associates and Volunteers are expected to adhere to LA Downtown Medical Center Code of Conduct.

Compliance Program Guidance

There are many Federal and State laws and regulations, and health plan requirements that govern the provision of healthcare. Although one of the objectives of LA Downtown Medical Center Compliance Program is to educate all LA Downtown Medical Center colleagues about the basic requirements of these Laws and regulations, LA Downtown Medical Center does not generally expect its colleagues to become experts. For precisely this reason, if an employee or other colleague is not sure whether a particular activity or practice violates a law, regulation, health plan requirement, the Plan, this Code of Conduct, or its supporting policies and procedures, the employee or colleague should not, under any circumstances, "guess" as to the correct answer. Instead, the employee or other colleague should seek

guidance from either your Supervisor, Administration, Human Resources, the Facility Compliance Officer

When in doubt about the meaning or requirements of the law, regulations or Federal or private health plans (or the Plan, Code or their supporting policies and procedures), ASK. LA Downtown Medical Center employees and other colleagues will not be penalized for asking compliance related questions. To the contrary, LA Downtown Medical Center intent is to create a culture in which every employee and other colleague is comfortable asking the questions necessary to ensure that he or she understands his or her tasks and obligations in its entirety.

Question: Some of the topics in the Code of Conduct don't apply to me. Why should I be concerned with this booklet?

Answer: As a company-wide document, some sections and topics may be more relevant to certain junctions or departments than to others. However, because of our industry, it is helpful to be aware of how business is conducted in different areas within the Company.

Duty to Report

LA Downtown Medical Center provides mechanisms for internal reporting on the open door policy and the Compliance & Ethics Hotline. We are each responsible for reporting, in good faith, possible instances of wrongdoing and or non-compliance with regulations or policies. "Good faith" means to tell the truth when reporting facts or violations. Do not create false reports, bend the truth, or file accusations against anyone just to get them in trouble. If an employee is found to have purposely misled another through the use of false statements or filing a false report against an employee or individual, that employee may face disciplinary actions.

Failure to report actual or suspected compliance violations may place the organization at risk for irreversible damage; and, may prevent the immediate implementation of measures to resolve a violation or to prevent the escalation of a small issue into a major problem for the organization.

All inquiries or reports of a violation will be handled in a confidential manner. Concerns may be raised anonymously to the Corporate Compliance Department or to the Compliance and Ethics Hotline. Anonymous reports that provide adequate information to permit an investigation will be pursued. The caller should provide important details such as the department and facility where the violation occurred, names of individuals involved, events of the compliance violation, etc.

To the extent possible, LA Downtown Medical Center will strive to maintain the confidentiality of any reporting employee or other colleague. It must be understood, however, that there may be circumstances wherein reporting a colleague's identity may be disclosed (e.g., if government authorities become involved in the investigation or the reporting of a crime).

Finally, whether or not the identity of a reporting colleague becomes known or is revealed, under no circumstances will LA Downtown Medical Center take or allow adverse action to be taken against an employee or other colleague who reports actual or suspected misconduct in good faith in accordance with the Plan, the Code and the policies and procedures that support it, and who was not involved in the misconduct in question.

Question: I know someone who has violated our Code of Conduct, should I report this? And, what will happen to the employee?

Answer: Yes, you should report any violation of the Code. Employees are responsible and are held accountable for reporting suspected or known violations of our Code of Conduct, policies and procedures, laws and regulations. Any employee found to be in violation of our Code of Conduct, policies and procedures, or laws and regulations, may be subject to disciplinary or corrective action, up to and including termination of their employment with LA Downtown Medical Center.

Duty to Investigate

If a LA Downtown Medical Center employee or colleague reports a violation of a State or Federal law Federal or private healthcare program requirement, the Compliance Plan, this Code of Conduct or supporting policies and procedures; LA Downtown Medical Center will conduct a prompt and thorough investigation of the suspected misconduct. This investigation will allow LA Downtown Medical Center to determine whether a violation has actually occurred and, if so, what remedial measures or disciplinary action should be taken, if any.

Question: I have reason to believe that my department manager falsifies documentation by providing inaccurate data on our department's audit sheets. I know where these documents are stored in his office, is it okay if I retrieve the documents and submit to our Facility Compliance Officer for review?

Answer: No. You should not retrieve these documents from your manager's office. You should however notify either your Supervisor, Administration, Human Resources.

The purpose of reporting such violations is to allow the appropriate personnel to investigate allegations to determine if the allegation is true.

In addition to the Corporate Compliance Department, LA Downtown Medical Center Compliance Program includes the following functions:

- Compliance Committee: Responsible for the oversight of the Compliance Program and is comprised of leaders throughout the corporation. The Chief Compliance Officer reports on matters of compliance directly to the Compliance Committee and the Board of Directors.
- Facility Compliance Officers have been designated at each facility within the organization to further operationalize compliance and to ensure the oversight of regulatory compliance for all services at the facility level. The Facility Compliance Officers must assist Corporate Compliance in the implementation of the Compliance Program elements and conduct investigations of compliance related issues as appropriate.

Internal Monitoring & Auditing

The Corporate Compliance Office is responsible for overseeing various monitoring and audit activities. Facility administrators will be asked to provide certain documents or information in order to monitor their respective areas of responsibilities, including those areas that the Office of Inspector General or the Corporate Compliance

Code of Conduct

The obligations set forth in this Code of Conduct govern our relationships with patients, visitors, physicians, third party payors, contractors, vendors, agents and business partners and apply equally to everyone. It is our duty at all times to adhere to the Code which is based on the following standards throughout this publication.

Standard 1: Respect for Patient Rights

We believe that all patients have specific rights which must be respected at all times. These rights include the right to receive quality healthcare in a safe, respectful and compassionate manner; the right to choose their healthcare practitioner; the right to be involved in the decisions made regarding their medical treatment; the right to receive information necessary to enable them to give informed consent prior to any non-emergency procedure or treatment; and the right to make decisions regarding advanced directives. Each patient is an individual entitled to dignity, consideration and respect. Additionally, patient abuse or neglect is not tolerated at LA Downtown Medical Center.

Question: A doctor has ordered medication for a patient and the patient refuses to take the medication. What should I do?

Answer: Adult patients who have the ability to make their own medical care decisions have the right to refuse medication, tests and or procedure concerning their care. If this situation should occur, you must consult with the attending physician who will in turn speak with the patient to ensure the patient clearly understands what the consequences are should they decide not to cooperate with the physician's recommendations regarding their care.

Standard 2: Provision of Emergency Services

We will furnish emergency services in accordance with LA Downtown Medical Center mission, legal obligations and capabilities. Following the Emergency Medical Treatment and Labor Act (EMTALA), we will provide a medical screening examination and stabilization to the best of our abilities to anyone who comes to the facility in an emergency situation. If the patient's needs exceed our capabilities, an appropriate transfer will be arranged.

Question: A woman who is 6 months pregnant arrives at the facility and has complaints of pain in her stomach. However, we do not have a Labor and Delivery Unit, what should I do?

Answer: In accordance with EMTALA, the patient should be stabilized as best as possible and transferred to the appropriate facility for care.

Standard 3: Compliance with Laws, Regulations and Program Requirements

LA Downtown Medical Center operates in a heavily regulated industry, subjecting LA Downtown Medical Center and its employees to a large number of Federal and State, civil and criminal laws and regulations, and health plan requirements. The penalties for violation of these laws, regulations and requirements are severe and can apply both to LA Downtown Medical Center and any involved employees and other colleagues. The penalties include substantial fines or other financial penalties, potential exclusion from participation in federally funded programs, loss of licensure and in some cases, imprisonment. Any violation of laws, regulations and healthcare program requirements can also seriously damage LA Downtown Medical Center reputation. Violations are contrary to our ethical standards and impair our ability to achieve our mission. Thus, LA Downtown Medical Center Compliance Program is designed to prevent such violations. All LA Downtown Medical Center

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employees and other colleagues must be aware of and comply with the regulatory requirements applicable to their respective positions and duties. LA Downtown Medical Center has and on an ongoing basis, will implement policies and procedures, training programs and auditing and monitoring programs in an effort to educate employees and colleagues on applicable laws, regulations and requirements, and to monitor and promote compliance with these laws, regulations and requirements. It is the responsibility of each LA Downtown Medical Center employee and other colleagues to comply with the Compliance Plan, the Code of Conduct and LA Downtown Medical Center policies and procedures which supports the Compliance Program.

Question: My immediate supervisor has directed me to do something that I believe is against the law. I am afraid that if I don't do as I am told, my job would be in jeopardy. What should I do?

Answer: You should clarify with your supervisor the specific request so that you may rule out any misunderstanding of what is being asked of you. If that conversation does not resolve the matter to your satisfaction, you should take your concern to either your Supervisor, Administration, Human Resources, the Facility Compliance Officer, the Corporate Compliance Department. Do not jeopardize your job, your co-workers' jobs or the company's future by taking part in what you believe may be illegal or unethical activity. There are no circumstances where breaking the law would be acceptable to LA Downtown Medical Center.

Standard 4: Integrity

LA Downtown Medical Center employees and other colleagues must ensure that all statements, submissions and other communications within our organization, to our patients, prospective patients, the government, accrediting bodies, regulatory agencies, private healthcare plans, suppliers and other entities are truthful, accurate and complete. Such communications include, but are not limited to a patient's medical record, all documents and communications with accrediting bodies and regulatory agencies, claims for reimbursement, bills, certifications, cost reports, expense reports and timesheets, etc. It is also critical that all documents prepared and all data entered into LA Downtown Medical Center systems by employees, whether for internal or external use or processing, be truthful, accurate and complete. All documentation regarding diagnoses, procedures and Coding related documentation must be accurate and not exaggerated. Upcoding is not permitted and it is unacceptable for anyone to attempt to coerce any employee to do such. Any changes to documents or information may only be made in accordance with LA Downtown Medical Center policies and procedures.

Question: I work in the medical records department and I have reason to believe that a provider has given inaccurate information related to the level of service provided to a patient. What should I do?

Answer: First, you should discuss the issue with the physician and ask for additional information. If you are not satisfied with the answer or believe that inaccurate information is still being provided, then the situation should be immediately discussed with either your Supervisor, Administration, Human Resources. You should never accuse the provider of wrongdoing. A review will be undertaken and if wrong doing is proven, it will be handled through the appropriate process.

Standard 5: Accurate and Honest Billing

The Federal FCA, 31 U.S.C. Sections 3729-3733 and similar state laws assist the federal and state governments in combating fraud and abuse and recovering losses resulting from fraud in government programs, purchases and or contracts. These laws prohibit the knowing and or intentional use of false

or fraudulent claims, records, or statements for the purpose of obtaining payment from the government. These laws apply to Medicare and Medicaid program reimbursement and prohibit, among other things, billing for services not rendered; billing for undocumented services; falsifying cost reports; billing for medically unnecessary services; assigning improper codes to secure reimbursement or higher reimbursement; participating in kickbacks; and retaining an overpayment for services or items. A violation of these laws may result in civil, criminal and or administrative penalties, including monetary penalties, imprisonment, and exclusion from participation in Medicare and Medicaid and a loss of licensure status.

It is critical to LA Downtown Medical Center that the company bill Federal and private healthcare plans accurately, honestly, with integrity and in compliance with the plan requirements. The policies and procedures that support the Compliance Program, including those that apply to the functions within LA Downtown Medical Center that relate to health plan billing provide direction and instructions on the proper performance of these functions. All LA Downtown Medical Center employees and other colleagues are required to comply with the requirements of these policies and procedures.

These laws and LA Downtown Medical Center policy prohibit retaliating or discriminating against employees, agents or contractors because of their initiation of, or participation in a lawful false claims investigation, report, claim or proceeding. Suspected false claims violations should be made to either your Supervisor, Administration, Human Resources.

Question: Government agencies are diligently monitoring for Medicare and Medicaid fraud, waste and abuse. What are some examples of occurrences of fraud, waste and abuse that government agencies are investigating?

Answer: The government is pursuing the recovery of Medicare and Medicaid funds that were obtained by healthcare providers by fraudulent means. The Centers for Medicare & Medicaid Services (CMS) administers the Medicare and Medicaid programs. The U.S. Department of Health and Human Services (DHHS), Office of Inspector General (OIG) oversees the investigations of fraud, waste, and abuse in healthcare. The OIG also monitors the Medicare and Medicaid Programs through audits and evaluations. The OIG has the authority to impose administrative sanctions. Other government enforcement agencies collaborate in these investigations, including the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).

Examples of occurrences of fraud, waste and abuse in the healthcare industry that government agencies are investigating include the following:

- Billing for items and services that are not medically necessary
- Billing for items or services not actually rendered
- Duplicate billing Upcoding for higher reimbursement than what actually are entitled to receive
- Falsifying information or documentation to maximize reimbursement
- Knowingly failing to report and return overpayments made by Federal Healthcare Programs. Employing persons excluded from participation in Federal Healthcare Programs.

Question: Someone from Administration instructed me to upcode so that the hospital would receive a higher reimbursement than what should actually be received. What should I do?

Answer: Upcoding services for higher reimbursement other than what LA Downtown Medical Center is entitled to receive is a compliance violation of LA Downtown Medical Center policies, the law and this Code of Conduct. Employees are held accountable for reporting compliance violations such as this immediately. This violation should be reported to either someone else in your facility's Administration. Failure to report this violation may expose the organization to fines and penalties and possible exclusion from Federal Healthcare Programs.

Standard 6: Compliance with Anti-Kickback and Inducement Laws and Laws That Regulate Physician Self-Referrals

A. Avoidance of Anti-Kickback Issues

LA Downtown Medical Center believes that success in the marketplace results from providing quality services at competitive prices. LA Downtown Medical Center funds may not be used for improper or illegal activities such as payments to "induce" referrals. We prohibit all colleagues from offering a kickback to anyone to induce that patient or physician or potential patient or physician to purchase services from or to refer a patient to LA Downtown Medical Center. Moreover, colleagues are prohibited from accepting a kickback. Prohibited inducements include gifts of more than nominal value, excessive entertainment, or other considerations given to physicians or any other party in a position to influence patient referrals. To avoid even the appearance of impropriety, employees must not provide any potential referral source or patient with gifts or promotional items of more than a nominal value (i.e. pens or calendars). Similarly, LA Downtown Medical Center will not accept any gifts of more than a nominal value or promotional items from anyone.

It is important that those employees who interact with physicians and others in a position to make or influence patient referrals, particularly regarding making payments to physicians for services rendered, providing space or services to physicians, recruiting physicians to the community, and arranging for physicians to serve in leadership positions, are aware of the requirements of the laws, regulations, and policies that address relationships between LA Downtown Medical Center and physicians or others in a position to make or influence patient referrals. If relationships with physicians are properly structured, but not diligently administered, failure to administer the arrangements as agreed may result in violations of the law. Any arrangement with a physician must be structured to ensure compliance with legal requirements, our policies and procedures, and with any operational guidance that has been issued. All arrangements with physicians, physician family members, physician-owned entities, and physician family member owned entities must be in writing and approved by the General Counsel and Chief Compliance Officer or their respective designee. Failure to meet all requirements of these laws and regulations can result in serious consequences for LA Downtown Medical Center and the individual or entity involved.

B. Avoidance of Self-Referral Issues

LA Downtown Medical Center physicians, technicians and employees will also abide by Federal and State prohibitions on referrals to entities with which they have financial relationships. While there are certain exceptions to these Federal and State self-referral prohibitions, we must ensure compliance with such laws. Before any compensation, joint venture or other ownership relationships are established between other physicians and LA Downtown Medical Center or its

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colleagues, the relationship will be reviewed by corporate Legal counsel to ensure compliance with the relevant State and Federal laws. LA Downtown Medical Center employees shall not make payments of any kind or provide services, gifts or anything else of any value in exchange for the referral of patients to LA Downtown Medical Center. When in doubt, consult with LA Downtown Medical Center Legal Counsel.

C. Government and Government Contractor Employees

LA Downtown Medical Center employees and colleagues are prohibited from giving or offering anything of value to any official or employee of a governmental agency (or holder of elective office), or of any contractor of a governmental agency (including without limitation Medicare Administrative Contractors and other parties contracted in the administration of any Federal healthcare program), other than minor refreshments in the course of business discussions at LA Downtown Medical Center facilities.

Question: I am an administrative assistant for my facility and I have been asked to obtain a sublease renewal for a physician sub lessee. While doing so, I notice that the prior sublease expired 6 months ago. The physician has suggested that I backdate the sublease. What should I do?

Answer: You should immediately advise your CEO of the situation and the Legal department should be contacted immediately thereafter. Backdating is not permitted as this is considered a Stark law violation. The Legal department will determine the appropriate action.

Standard 7: Fundraising and Philanthropy

LA Downtown Medical Center will, from time to time, identify opportunities to utilize our reputation and relationships within the local and national healthcare and business sectors as a means of giving back to the communities we serve through charitable contributions, event sponsorships, volunteerism and facilitation of participation, donations, and contributions by vendors, suppliers, service providers, groups, organizations, individuals, philanthropists and the community at large. It is the intention of LA Downtown Medical Center that all fundraising and philanthropy efforts shall be driven by its charitable philosophies and, as such, LA Downtown Medical Center does not intend to realize any gain or benefit beyond the satisfaction of promoting improvement of the overall health, wellness and quality of life of the persons that work and reside in the communities in which we operate.

Question: My family's annual tradition is to help fundraise for Sickle Cell Anemia on behalf of a local non-profit organization. Can my colleagues donate monies to help aid in this initiative?

Answer: Any solicitations for raising money on behalf of local charities should be approved with your facility's administration.

Standard 8: Compliance with Antitrust Laws

Our competitors are other hospitals and facilities providing similar products and services in the same geographic markets in which we operate. It is our policy to fully comply with antitrust laws which could be violated by discussing LA Downtown Medical Center business with a competitor, such as how our rates are set, disclosing the terms of supplier relationships, allocating markets amongst competitors, or agreeing with a competitor to refuse to deal with a supplier or payor. Prohibited topics of discussion include any aspect of pricing, our services in the market, key costs such as labor costs, marketing plans, business plans or strategic plans.

Question: A close friend of mine is employed by one LA Downtown Medical Center local competitors. During a weekend outing, my friend begins to discuss supplier pricing with a vendor that also services LA Downtown Medical Center and has documentation which has sensitive information regarding their employer. What should I do?

Answer: You should not review the documentation and immediately stop the conversation. In addition, you should report this occurrence either to

Standard 9: Accurate and Ethical Marketing Practices

LA Downtown Medical Center will market and advertise accurately fairly, truthfully and ethically and in compliance with laws and regulations. Marketing and advertising must be used for legitimate purposes such as educating the public, reporting to the communities served, increasing awareness of available services and recruiting staff. Marketing and advertising materials must be approved by the Corporate Legal office and must accurately reflect the services available and the level of our licensure and accreditation status.

Question: I have been asked by my supervisor to create a marketing brochure that includes a service that is not provided by either of our hospitals. What should I do?

Answer: First, you should discuss the issue with your supervisor to ensure that the request was not a mistake. If you confirm that the request is being made to include improper information, you should report this concern to either Administration, Human Resources.

Standard 10: Provision of a Safe and Secure Environment

LA Downtown Medical Center is committed to observing all environmental policies, procedures, laws and regulations and maintaining a safe environment for all patients, employees, physicians and visitors. Medical waste, potentially environmentally damaging substances and hazardous materials are to be disposed of properly. Any significant spill or accidents involving hazardous materials are to be promptly reported and steps must be taken to prevent harm to others. LA Downtown Medical Center assures environmental safety through organized action plans for effective response to natural, man-made, or technical disasters. LA Downtown Medical Center commitment to a safe workplace prohibits employees, medical staff and others who have a relationship with LA Downtown Medical Center from possessing weapons of any kind on LA Downtown Medical Center property to the extent permissible by state law.

Each LA Downtown Medical Center supervisor is charged with the responsibility of ensuring that employees receive proper training in healthy and safe work environments as well as develop programs to eliminate or minimize, to the extent reasonably possible, any hazards to the health and safety of employees, visitors, physicians, and patients, in accordance with applicable Federal, State and local laws and regulations.

Employees must immediately report any accident/injury sustained on the job or any environmental or safety concerns to appropriate management. Employees must comply with all applicable laws and internal policies that relate to medical waste and hazardous materials, and must apply due diligence and care with respect to generation, storage, discharge, or disposal of such materials.

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All spills or accidents involving medical waste or hazardous materials must be immediately reported and appropriate actions must be taken to prevent harm to people, property and the environment. Employees of LA Downtown Medical Center must report any practice or condition to their supervisor that violates any rule, regulation or safety standard.

Employees are expected to consider the needs of patients first, and to act promptly to facilitate the protection of patient health and safety. Good judgment should be exercised by each employee with respect to environmental safety

Question: I noticed that a fellow co-worker in my department doesn't always use a sharps container when disposing needles. What should I do?

Answer: Failure to dispose sharps properly could result in a serious injury to the employee or someone else in the workplace. If an employee is not disposing of sharps correctly, you should discuss your concern with either your Supervisor, Administration, Human Resources.

Standard 11: Respect for Intellectual Property

LA Downtown Medical Center employees will comply with the laws regarding intellectual property, including patents, trademarks, and copyrights. Employees may not reproduce any copyrighted material without the express permission of the copyright holder, except in accordance with LA Downtown Medical Center policies on such matters. This material may include, but is not limited to, printed articles from publications, magazines, or books, videotapes/DVDs, training materials, manuals, software programs and databases.

Question: My sister was just hired as an administrator for a start-up hospital similar to LA Downtown Medical Center and she has asked me to assist her with the creation of her facility's patient booklets. Is there anything wrong with me copying LA Downtown Medical Center booklet to help her create hers?

Answer: Yes. LA Downtown Medical Center booklets are not to be reproduced and shared with any other entity for purposes of reproduction.

Standard 12: Confidentiality

LA Downtown Medical Center must respect and preserve the privacy of our patient's medical and other protected health information such as names, addresses and social security numbers, etc.

Except as permitted by the patient and by law (and LA Downtown Medical Center information, privacy and security policies), LA Downtown Medical Center, its employees and colleagues must not disclose information that is received from or is about a patient to any third party. Also, LA Downtown Medical Center will preserve the confidentiality and security of patient information that it retains as required by law and the Company's policies.

LA Downtown Medical Center employees and other colleagues are each responsible for maintaining the confidentiality of all patient and employee protected health information (PHI). PHI is defined as individually identifiable health information that is transmitted or maintained in any form, including electronic health information. Any unauthorized exposure of PHI, which reasonably compromises the security or privacy of the PHI is a potential breach that must be immediately reported to either the HIPAA Privacy Officer, your Supervisor, Administration, Human Resources.

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Confidential information is not limited to patient information but also includes information such as personnel files, financial data, payroll, strategic plans and statistical data, as well as any other information that has been designated confidential. Such proprietary information is to be obtained, used, or disclosed only as minimally necessary to perform job responsibilities and then only to the extent necessary. It is not to be shared with external or internal sources, such as vendors or competitors, and may not be used for any direct or indirect personal gain or other improper use. We're all responsible for protecting LA Downtown Medical Center proprietary information, even if we are no longer employed at LA Downtown Medical Center.

Question: I just learned that my aunt has been admitted into our hospital. I am generally concerned of her well-being and am not sure she is being honest with me about her condition. I have access to electronic patient health information, is it okay to take a look at my aunt's confidential information?

Answer: No. All employees, physicians and others who have been granted access to patient health information (PHI), may only access this confidential information for authorized purposes and what is minimally necessary to do your job. If accessing this information is not part of your job responsibility, the information should not be reviewed.

An individual, who views confidential patient information or Protected Health Information (PHI) out of curiosity such as for a co-worker, family member, patient or friend, is violating the HIPAA Privacy Regulations and LA Downtown Medical Center policies. Employees who are found doing such, will be subject to disciplinary action, up to and including termination. In addition, individuals violating HIPAA Privacy Regulations may face hefty government fines and imprisonment for improperly disclosing or obtaining PHI.

Question: What is Protected Health Information (PHI)?

Answer: PHI is any health information that can be used to identify a patient and that relates to the patient, healthcare services provided to the patient or the payment for these services. PHI includes all medical records and other information that identifies the patient, including demographic, medical, and financial information in any form (electronic, paper or verbal).

Standard 13: Protection of LA Downtown Medical Center Assets and Resources

Confidential information about LA Downtown Medical Center business is a valuable asset and is intended for use only within LA Downtown Medical Center. All information concerning LA Downtown Medical Center finances, operations, products, policies, customers, development plans, computer programs and related information should be treated as proprietary and confidential.

We have access to LA Downtown Medical Center assets and resources so that we can do our jobs and advance LA Downtown Medical Center interest. We must always protect LA Downtown Medical Center assets from loss, damage, carelessness, misuse, theft and waste, including wasted supplies, equipment, space and capital. We should be as careful with LA Downtown Medical Center resources as we would be with our own. We do not use proprietary information, physical assets, such as supplies or equipment, for personal purposes or remove them from the premises; even just to "borrow" them. Physical assets include vehicles and machinery, office supplies, medical, cleaning and food supplies, tools, furnishings, televisions, computers and computer software, printers, telephones, and all other types of equipment, including medical devices.

Question: Occasionally I take my work home. Am I allowed to install the department's purchased software on my home computer so that I can get more work done?

Answer: No. LA Downtown Medical Center has license agreements with software vendors, which allows employees to use software on their computers at work. Our license agreements permit software to use only on computers owned by LA Downtown Medical Center. Therefore, it is not permissible to take software home and install it on your personal computer.

Standard 14: Avoidance of Conflicts of Interest

We have a duty to place the interest of LA Downtown Medical Center ahead of our personal interests by avoiding both financial and clinical conflicts of interest. Financial conflicts of interest may occur with a business decision that an employee is involved in making. Clinical conflicts of interest may occur when a clinician puts his or her own financial interest over what is in the best interest of LA Downtown Medical Center or a LA Downtown Medical Center patient when making a clinical decision.

We have the obligation to report conflicts of interest and even situations that may appear to be a conflict of interest. Completion of the Conflict of Interest Disclosure Form is a mandatory tool used to fulfill for this purpose. Board of Directors, Officers, Employees, Contractors, Vendors, Physicians, Business Associates and Volunteers must file this form annually, even if they are not faced with a conflict of interest. In avoiding conflicts of interest, we keep in mind that we work to advance the interests of LA Downtown Medical Center. We do not compete with LA Downtown Medical Center, we do not use LA Downtown Medical Center property, information or position for personal gain, we do not take for ourselves, opportunities discovered through the job, we make sure that any outside jobs or positions do not conflict with our work at LA Downtown Medical Center and we disclose to our manager any conflicts that might, and we avoid buying from, employing or making any business decision that involves friends or family. Anyone who fails to disclose actual or potential conflicts of interest will be subject to disciplinary action up to and including termination.

Question: Our facility is currently in search of a vendor to provide housekeeping services in our hospital. Consequently, my aunt owns a housekeeping business that outsources this service to other hospitals in the area. When notifying my aunt of this potential business opportunity, she indicated she would pay me \$10 for every \$100 that she makes from the company. Is it okay for me to accept this payment because of my relationship with the company?

Answer: No, acceptance of this financial gain as a result of your employment with the company can be perceived as a conflict of interest.

Standard 15: Intolerance of Disruptive and Other Unacceptable Behavior (Discrimination or Harassment)

Intimidating and disruptive behaviors will not be tolerated by LA Downtown Medical Center. Such behavior can contribute to hostile work environments, medical errors, poor patient satisfaction, and adverse outcomes, increase the cost of care, and cause good employees to seek new positions elsewhere.

Safety and quality of patient care is dependent on teamwork, communication and a collaborative work environment. Acceptable behavior is that which supports teamwork, a positive attitude, and good communication and which follows the principles in our Code of Conduct.

Unacceptable behavior is any behavior that has a negative impact on the quality of care we deliver or which can affect the safety of our patients, employees, physicians and visitors, and may be either overt or passive. Overt disruptive behavior includes intimidating behavior such as sexual harassment, verbal outbursts and physical threats. Passive disruptive behavior includes refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes, such as reluctance or refusal to answer questions, return phone calls or pages, condescending language or voice intonation, and impatience with questions. Overt and passive disruptive behaviors undermine team effectiveness and can compromise the safety of patients. All disruptive behaviors are unprofessional and will not be tolerated.

Unacceptable behavior also includes discrimination. LA Downtown Medical Center is an equal opportunity employer and does not discriminate against employees or potential employees on the basis of race, color, religion, gender, ethnicity, sex, sexual orientation, age, marital status, genetic predisposition, veteran status, or disability. We are committed to policies that promote fair employment and equal treatment in hiring, placement, promotion, training, compensation, transfers, leave of absence, termination, layoff, and disciplinary action.

Management has established a process to manage disruptive or unacceptable behavior. Reports of disruptive or unacceptable behavior may be made to either your Supervisor, Administration, Human Resources, the Facility Compliance Officer, the Corporate Compliance Department or

QUESTION: My co-worker has been acting erratically lately and I overheard him make a remark that he was going to hurt someone but sounded as if he was joking. What should I do?

Answer: It may not be clear whether someone truly intends to commit a violent act, but if someone threatens to act violently toward another person, you should immediately notify either your Supervisor, Administration, Human Resources.

Standard 16: Maintaining an Alcohol- and Drug Free Workplace

Impaired employees cannot provide quality care or a safe environment for our patients. Therefore, LA Downtown Medical Center maintains an alcohol- and drug-free workplace. Employees and other colleagues are expected to abide by policies prohibiting illegal possession, distribution and use of drugs, alcohol or other substances. If you become aware of colleagues who might be violating these policies on alcohol or substance abuse, you must report such information either to your Supervisor, Administration, and Human Resources.

Employees and other colleagues suspected of being under the influence of drugs, alcohol, or other substances must submit to appropriate testing, as permitted by law, and may be subject to disciplinary action, up to and including termination.

QUESTION: While conversing with my co-worker, I smelled alcohol whenever my co-worker spoke. Also, in some instances while working, it appears my co-worker's judgment is clouded and seems very nervous when conducting general day-to-day activities. I don't have any evidence whether or not she is drinking alcohol or doing drugs. What should I do?

Answer: It may not be clear whether someone has an alcohol or substance abuse issue. However, if you suspect that abuse is taking place, you should immediately report the issue to either your Supervisor, Administration, Human Resources. Impaired judgment does not provide quality of care to

anyone. If someone is working while under the influence of alcohol or drugs, we place our patients at great risk and as an employee, you have an obligation to report such behavior.

Standard 17: Substandard Care

The Office of Inspector General (OIG) issued supplemental guidelines to hospitals regarding substandard care to patients. Substandard care is defined by the OIG as an individual or entity (i.e. hospital) providing unnecessary or substandard items or services to any patient:

- Unnecessary- "Items or services in excess of the needs of a patient"
- Substandard- "Items or services of a quality which fails to meet professionally recognized standards of health care"

Individuals can be excluded from participation in Federal Healthcare Programs for either of these compliance violations. The exclusion can be applied even if the patient is not a Medicare or Medicaid beneficiary. According to the *OIG Supplemental Compliance Program Guidance for Hospitals* Medicare participating hospitals must meet all of the Medicare Hospitals Conditions of Participation (COP's), including quality assessments and performance improvement programs and medical staff services. State survey agencies or national accreditation organizations (i.e., The Joint Commission) determine if a hospital is compliant with COP's. To prevent substandard care, the OIG recommends that hospitals:

- Review the quality of care provided to patients
- Monitor the quality of medical services rendered.
- Oversee the credentialing and peer review of medical staff.

Question: I witnessed a nurse exchanging a patient's pain medication for an aspirin and later saw my co-worker taking the pain medication. What should I do?

Answer: You should immediately report this occurrence to either your Supervisor, Administration, Human Resources. Employees must not exchange a patient's medication without authorization of a physician. Neither should an employee take a patient's medicine.

Standard 18: Qualified Healthcare Providers

Another means of ensuring quality care and patient safety is to ensure all employees and providers of professional services are appropriately credentialed (licensed, certified, registered, or trained) and we have verified the status of those credentials before anyone is permitted to work.

Question: I learned that my co-worker is performing patient care with a suspended nursing license, what should I do?

Answer: You should immediately report this occurrence either to your Supervisor, Administration, and Human Resources.

Employees must have a valid and current license and any applicable certification that is required for their job role at LA Downtown Medical Center. Employee's physicians and other caregivers are responsible for maintaining a current and valid professional license and appropriate certification if required by LA Downtown Medical Center and or federal and state law.

Standard 19: Acceptance of Gifts

Employees, directors, officers, members of the medical staff, or their immediate family may not solicit or accept any cash, gifts above nominal value or services from vendors, contractors, physicians, visitors, or patients. A facility may accept perishable or consumable gifts. Examples of nominal gifts that are acceptable are items such as a pen, mouse pad or mug.

Question: One of our vendors offered me 4 tickets to the local team's baseball game. The face value of each ticket is \$75. Can I accept the tickets?

Answer: No. The acceptance of the tickets are not an acceptable gift as they each exceed the nominal value of any permissible gift from a vendor. In addition, you must avoid the appearance that your decision to accept the tickets might be improperly influenced for future business with the vendor.

Standard 20: Media Inquiries

LA Downtown Medical Center retains a marketing/public relations firm for contact with media. Unless you are specifically authorized to represent LA Downtown Medical Center to the media, you must not respond to inquiries or requests for information. Any questions or concerns can be directed to the Corporate Marketing and Communications department or to the Chief Compliance Officer.

Question: Upon my arrival to work, a local news reporter approached me in the parking lot to inquire an incident that recently occurred at our facility. Consequently, I was involved in the incident and was very knowledgeable of what took place. Is it okay for me to speak to the reporter considering I could answer most, if not all, of their questions?

Answer: No. Whether you are involved or are knowledgeable about what took place, you should refer the reporter to speak with the Corporate Marketing department or General Counsel. In addition, you should inform your facility administrator if you are ever contacted by the media regarding LA Downtown Medical Center.

Together We Accomplish More

We, the employees, medical staff and others who have a working relationship with LA Downtown Medical Center will act with integrity when working with patients, physicians, colleagues and members of our local communities. The obligations set forth in this Code of Conduct apply to our relationships with patients, visitors, affiliated physicians, third party payors, subcontractors, independent contractors, vendors, consultants, and one another.

We will provide quality care to our patients while observing the highest standards of legal and ethical conduct. We will comply with all applicable laws, rules and regulations. This Code of Conduct, based on principles outlined in our mission and values statement, serves as the foundation of our Corporate Compliance Program

The guidelines set forth in this Code of Conduct applies equally to everyone and are mandatory.

ACKNOWLEDGEMENT

I certify that I have received the LA Downtown Medical Center Code of Conduct, and that I understand it represents mandatory policies of the organization and I agree to abide by it.

SIGNATURE: _____

Printed Name: _____

Position: _____

Department: _____

Last Four Digits of Your Social Security Number: _____

Date: _____

**Please return the completed and signed
Code of Conduct Acknowledgement form to your facility
Human Resources Department.**