

# Lallie Kemp

## Instructions

Send all of the following documentation

- Current TB skin test results (must be within one year)
- Completed application (attached)
- Current LA Medical License
- Current Driver's license
- Social Security Card

to:

Daphne Agillard  
Medical Staff/Credentialing Coordinator  
Lallie Kemp Medical Center  
52579 Highway 51 South  
Independence, LA 70443  
(985) 878-1311 office  
985-878-1630 fax  
[dagill@lsuhsc.edu](mailto:dagill@lsuhsc.edu)

*Please direct any question to coordinator above.*

**Lallie Kemp Hospital  
RESIDENT APPLICATION**

<b>PERSONAL DATA</b>	<p>Full Name: _____</p> <p>Mailing Address: _____</p> <p>_____</p> <p>Telephone: _____ Social Security #: _____</p> <p>Date of Birth: _____ Place of Birth: _____</p> <p>Citizenship: _____ Marital Status: _____</p> <p>Name, Address, Phone Number &amp; Relationship of Next of Kin: _____</p> <p>_____</p>																				
<b>PROGRAM &amp; LEVEL</b>	<p>Program: <u>LSU/Ochsner Ophthalmology Residency Program</u></p> <p>PGY Level:    1            2            3            4            5            6    (Please Circle)</p> <p>Begin Rotation: _____ End Rotation: _____</p>																				
<b>EDUCATIONAL HISTORY</b> <small>A continuous and inclusive list of internships, residencies, fellowships, staff positions, leave of absences, research, employment, etc must be provided from medical school graduation through current training (use separate sheet if necessary)</small>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 20%; text-align: center;"><u>Name</u></th> <th style="width: 20%; text-align: center;"><u>Location</u></th> <th style="width: 15%; text-align: center;"><u>Dates</u></th> <th style="width: 15%; text-align: center;"><u>Degree</u></th> </tr> </thead> <tbody> <tr> <td>College:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Medical School:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Post-Grad. Training:</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		<u>Name</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>	College:	_____	_____	_____	_____	Medical School:	_____	_____	_____	_____	Post-Grad. Training:	_____	_____	_____	_____
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Medical School:	_____	_____	_____	_____																	
Post-Grad. Training:	_____	_____	_____	_____																	
<b>BEEPER &amp; LICENSE NUMBERS</b>	<p>Beeper Number: <u>504-</u> _____ ID # _____</p> <p>La. Medical/Dental License Number: _____ (Provide Copy)</p> <p>DEA and/or Facility DEA License Number: _____</p> <p>Medicaid Provider Number: _____</p>																				
<b>HEALTH STATUS</b>	<p>Yes ___ No ___ Are you aware of any health impairments which would affect your ability In terms of skill, attitude or judgment to perform resident duties/ Privileges? If yes, please provide written explanation on a separate sheet.</p>																				
<b>SIGNATURES &amp; DATES</b>	<p>_____</p> <p style="text-align: center;">Signature of Applicant <span style="float: right;">Date</span></p> <hr/> <p style="text-align: center;">Signature of Program Director,</p> <p>This is to acknowledge that Lallie Kemp Policies and Procedures were received:</p> <hr/> <p style="text-align: center;">Signature of Applicant <span style="float: right;">Date</span></p>																				
	<p><small>Rev 1/06</small></p>																				

# LSU Lallie Kemp Medical Center

## Computer Account Application

This application should only be completed if the individual does not have an existing LSUHSC computer account.  
**All applicants *must* complete the following:** (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Prefix: \_\_\_\_\_

Place of Birth: (City, State if U.S. City, Country if not U.S.): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Street: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Home City, State, Zip: \_\_\_\_\_

LSUHSC: Faculty / Staff / Student       Visiting Student: Non U.S. Citizen: ( Visa Status: \_\_\_\_\_ )  
 B-1 Business Visitor: ( Attach Approved B-1 Application )       External Affiliation: \_\_\_\_\_  
 Visiting Student, U.S. Citizen

School / Department / Hospital / Agency: Lallie Kemp Medical Center Job Title: House Officer

Section: Ophthalmology LSUHSC Phone Number: Beeper: 504-

LSUHSC Address: 52579 Hwy 51 South City, Zip: Independence, LA

Have you been previously employed at Lallie Kemp during the past six (6) months?:  Yes  No

Have you been previously or are you currently employed at another LSU hospital?:  Yes  No

By signing this application, I agree to the following:

- I acknowledge that I am accountable for all activity attributable to my logon ID. Accordingly, I will not share my logon ID and I will guard my password.
- I will use my logon ID to perform authorized activities only (i.e., to carry out employment, contract, or school-related responsibilities).
- If I abuse or gain unauthorized access to computer resources, I understand that LSUHSC may immediately revoke my computer privileges and report my conduct to law enforcement authorities.
- I understand that, upon significant change in relationship with LSUHSC (e.g., change of department/agency, job function, etc.), my access to computer resources will be subject to review and appropriate modification.
- I understand that, upon termination of employment, non-renewal of contract, or loss of active LSUHSC student status, LSUHSC may delete my logon ID and my data.
- I understand the importance of privacy and confidentiality of information and in particular patient information, student records, and employee personal data. I pledge to access and handle all sensitive data with the appropriate care and precautions.
- I will abide by CM-42, the University policy regarding appropriate use of its network infrastructure. The policy can be found at: <http://www.lsuhs.edu/ho/administration/cm/cm-42.aspx>.
- I understand that LSUHSC does not guarantee the privacy of e-mail.

Signature of Applicant: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**Applicant's supervisor and computer supporter must complete the following:**

**Network** (To be completed by Computer Supporter)

Login Script: \_\_\_\_\_, Home Directory: \\LAK-HOME\%USERNAME%\$

Global Groups: TSRegUser; APPServUsers; Desktop; SFT-IE; Domain Users

**Applications** (Supervisor check all that are required, and provide Role if applicable.)

<input type="checkbox"/> Email	<input type="checkbox"/> CLIQ	<input type="checkbox"/> PS Accounting	<input type="checkbox"/> PS Grants
<input type="checkbox"/> Citrix	Role: _____	<input type="checkbox"/> PS Asset Mgmt	<input type="checkbox"/> PS Student
<input type="checkbox"/> Document Imaging	<input type="checkbox"/> Intellidot	<input type="checkbox"/> PS Purchasing	<input type="checkbox"/> PS HR
Role: _____	<input type="checkbox"/> Lab Tracker	<input type="checkbox"/> PS Accts Payable	<input type="checkbox"/> Kronos
<input type="checkbox"/> Med-Solution Pharmacy	<input type="checkbox"/> Visual Cactus		
Role: _____	<input type="checkbox"/> DSS		

SMS: Sign-On TCL: \_\_\_\_\_, Group Access: \_\_\_\_\_

SMSNET: Sign-On TCL: \_\_\_\_\_, Group Access: \_\_\_\_\_

Other: Attach Additional Documentation if necessary: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Print Name/Date: \_\_\_\_\_/\_\_\_\_

Authorizing Signature: \_\_\_\_\_ Print Name/Date: \_\_\_\_\_/\_\_\_\_

Computer Supporter's Signature: \_\_\_\_\_ Support Group: LAK Computer Support

**Office Use Only**

Date Application received by IT: \_\_\_\_\_

User ID: \_\_\_\_\_ Date Application scanned by IT (External Affiliates Only): \_\_\_\_\_

PIN: \_\_\_\_\_ Date basic account created by Security: \_\_\_\_\_

Date basic account authorized by IT: \_\_\_\_\_

Date additional access granted by Security: \_\_\_\_\_

Date UserID & PIN sent to Supervisor: \_\_\_\_\_

**LSU MEDICAL CENTER HEALTH CARE SERVICES DIVISION**

**Lallie Kemp Hospital  
52579 Highway 51 South  
Independence, La. 70446**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release to Lallie Kemp Hospital, its Medical Staff and its representatives, any and all information and documentation, including, but not limited to quality assurance actions, malpractice actions, disciplinary actions or concerns, and substance abuse records that might be material to an evaluation of my professional competence, judgment, ethics, and other qualifications for residency appointment and clinical privileges requested.

I hereby release from liability Lallie Kemp Hospital its Medical Staff and its representatives for acts performed in good faith in connection with the solicitation and evaluation of the above records and documents bearing on my application and my credentials and other qualifications for residency appointment and clinical privileges requested.

I hereby, also, release from liability any and all individuals and organizations that provide to Lallie Kemp Hospital, or its medical staff in good faith information and material concerning my professional competence, judgment, ethics, and other qualifications for residency appointment and clinical privileges requested.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Resident**

\_\_\_\_\_  
**Printed Name**



## **Resident Job Description Ophthalmology**

The House Staff of the Department of Ophthalmology, LSUMC consists of Residents in an approved three year program at the PGY-2 thru PGY-4 levels of training, as well as Fellows who have graduated from approved three or four year residency programs and is, therefore, eligible for credentialing on the Medical Staff. Thus, our job descriptions will apply to residents.

Please note that the American Board of Ophthalmology requires that all candidates complete an approved one year PGY-1 residency training (□Internship□) program, so that a general level of medical training, experience and responsibility has been achieved before beginning specialty training in Ophthalmology.

General Job Description (applicable to PGY-2 thru PGY-4 Residents in our Program)

All ophthalmology residents are expected to pursue a course of study and training under the direction of the faculty which is directed to prepare them to be independent general ophthalmologists who are eligible and can be recommended to sit and stand for examinations leading to Board Certification by the American Board of Ophthalmology and also to be considered trained and competent so they can be recommended by this Department for Medical Staff Privileges as general ophthalmologists.

In the course of this pursuit, they are expected to attend Service Rounds, Grand Rounds, lectures, conferences and to pursue independent study pertinent to patient experiences, specialty services and the Home Study Course of the American Academy of Ophthalmology. They must take and perform adequately on the annual Ophthalmology Knowledge Assessment Program in training examinations.

Patient care duties consist of working up patients for presentation to senior residents, fellows and faculty; attending to consultations and night/weekend call as scheduled; performing minor procedures; assisting and performing in preoperative care, in surgery, and in postoperative care; maintaining proper medical records of care and interacting professionally with patients, peers, support staff and faculty. The resident trainee functions at all times under the privileges of his attending faculty who determines specific privileges for an individual resident on a given day under a particular set of circumstances.

The residents' course of study and supervised patient care and technical experience under the supervision of the faculty should lead to generalized medical and surgical competence in the field of general ophthalmology, including an awareness of social, political, legal, ethical, personal and behavioral issues relating to patient care within the specialty of Ophthalmology. The resident should reach a level of competence under the direct and later indirect supervision of the responsible faculty to perform the general scope of procedures in ophthalmology including:

- Chalazion
- Pterygium

Enucleation  
Evisceration  
Cataract extraction-intracapsular  
Cataract extraction-extracapsular  
Intraocular lens implantation/placement  
Strabismus surgery  
Surgery-lacrimal apparatus (dacryocystorhinostomy)  
Retinal detachment  
Glaucoma procedures (iridectomy, filtering procedure)  
Plastic lid procedures  
Photocoagulation  
Orbital exploration  
Orbital decompression  
Trauma to orbit (blowout procedures, etc.)  
Trauma to globe, open globe, corneal- scleral lacerations, etc.  
Blepharoplasty and brow lift  
Intraocular foreign body removal  
Blepharospasm procedures  
Vitreotomy-anterior  
Vitreotomy-posterior (limited)  
Keratoplasty-lamellar  
Cyclo/cryotherapy-retina  
Cyclo/cryotherapy ciliary body  
Argon, krypton and YAG laser  
Refractive surgery

All residents are expected to help to train ophthalmic technicians, medical students, and junior residents within the general expectations and supervision of the faculty and to present as assigned at rounds and conferences. One clinical or laboratory research projects worthy of presentation at Residents Day are expected during the three years of residency. Research to be brought to publication is encouraged.

All residents are expected to report to and work under the supervision of the attending physician in charge of the patient and service to which they are assigned. However, residents are free to seek administrative or personal counsel from the Chief Resident or the Residency Program Director.

#### Additional Specific Job Description by Level of Training

PGY-2 Attending introductory Basic Clinical Science Course given by the faculty during the month of June to become proficient in the use of specialized equipment, performing refractions and initiating ophthalmic workups as well as being familiar with common ophthalmic emergencies, disease processes, treatments and learning when to call for assistance/advice. The PGY-2 resident will generally be on first call with heavy supervision initially and is never expected to assume responsibility for anything he or she has not already been trained to handle without calling for supervision. After adequate experience assisting in low risk procedures, such as chalazion removal, the resident may

proceed to perform these under indirect supervision at the discretion of the attending physician. This level of trainee may eventually perform more complex procedures but only under direct supervision.

PGY-3 This level of resident will often be on second call and will be assigned to either general or subspecialty ophthalmology rotations. They are expected to continue independent studies, to assist in surgeries, to gradually perform more complex surgeries under direct supervision and after having proved themselves capable, to perform selected procedures under indirect supervision at the discretion of their attending physician. They are expected to seek out supervision when faced with any situation they are not both experienced with and comfortable in handling.

PGY-4 This level of resident rotates through essentially the same schedules serving as the senior resident on the general ophthalmology services. They are to call for direct supervision whenever faced with a situation they are not already trained and equipped to handle with aplomb. They perform the more complex ophthalmic procedures under direct or indirect supervision of the responsible attending faculty at the discretion of the faculty person. These two levels of residents are expected to take initiative and responsibility in running the service, helping junior residents and calling for increased supervision as needed.

One or two of the PGY-4 residents are selected each year to serve as Chief Resident to assist the Director of Residency Program administratively.

**INTERN/RESIDENT  
ACKNOWLEDGEMENT OF NOTICE**

I, the undersigned, acknowledge that I have received and read the following notice to Physicians by this Hospital.

**NOTICE TO PHYSICIANS:**

Medicare payment to hospitals is based in part on each patient's principal and secondary diagnosis and the major procedures performed on the patient, as attested to by the patient's attending physician by virtue of his or her signature in the medical record. Anyone who misrepresents, falsifies, or conceals essential information required for payment of Federal funds, may be subject to fine, imprisonment, or civil penalty under applicable Federal laws.

\_\_\_\_\_ \_\_\_\_\_

**Date** **Signature of Physician**

**Physician's Name:** \_\_\_\_\_  
(Please Print)

**Department:** \_\_\_\_\_

**Louisiana Medical/Dental License No.:** \_\_\_\_\_

**Effective Date License Initially Issued:** \_\_\_\_\_



## **LALLIE KEMP GENERAL OPHTHALMOLOGY**

Location: Lallie Kemp Medical Center, Independence, LA  
Clinic Days: W, F  
Surgery Days: M, Th  
Research Days: None  
Call: None  
Subspecialty Clinic: Retina, T; Cornea, M  
Residents: PGY-3, PGY-4  
Address: 52579 Highway 51 South  
Independence, LA 70443  
(985) 878-9421; (985) 873-1301 Eye Clinic

The LSU-Ochsner resident ophthalmology rotation was opened at Lallie Kemp Medical Center in October, 2005. This provides a general ophthalmology clinical experience for both the PGY-3 and PGY-4 level resident. Additionally, subspecialty experience in retina and cornea is available. The well-equipped and efficient operating room will allow the residents time to improve their phacoemulsification surgical skills under the supervision of a corneal specialist. At the completion of this rotation, the resident's surgical skills should be much improved.

## **GENERAL OPHTHALMOLOGY**

General ophthalmology clinics in which the resident rotates will expose him/her to a cross section of ophthalmic disease. As such, the resident is expected to understand the basic science and physiological concepts of each disease encountered. The resident should be able to evaluate and provide a differential diagnosis for all signs and symptoms complexes. All residents should learn which ancillary diagnostic studies are indicated for the appropriate situation. Indications for referral to the proper subspecialty clinics will be elucidated.

Of prime importance is the understanding and care of the cataract patient. Knowledge of the predisposing factors in cataract formation and the functional impact on daily activities will be learned. Biometry related to intraocular lenses and the various formulas for calculation lens powers, and various advantages and disadvantages will be ascertained. Intraocular lens designs and the advantages and disadvantages for particular patients are also covered. Residents should be cognizant of cataract surgery complications and the potential treatment thereof.

Another large component of the general ophthalmology experience will be the management of the patient with ocular trauma. The resident should be fully knowledgeable of all aspects of basic and clinical science in this important area.

### **General Ophthalmic History and Physical Exam**

General appearance  
Basic neurologic status  
Degree of alertness and orientation  
Visual acuity  
Lensometry

Refraction and spectacle prescription  
Extra ocular movements  
Pupillary responses  
External lid examination  
Slit lamp examination  
Applanation and tonopen tonometry  
Funduscopy examination

**Clinical Skills -**

IOL calculation/biometry  
Use of cycloplegic agents  
Keratometry  
B-scan ultrasonography

**Surgical Skills -**

ECCE  
Phacoemulsification  
Continuous tear capsulotomy  
Clear corneal cataract incision  
Scleral tunnel cataract incision  
YAG capsulotomy  
Peribulbar anesthesia  
Retrolbulbar anesthesia  
Chalazion excision  
Biopsy lid lesions  
Repair lid laceration  
Repair ruptured globes