**RUN THE END-OF-THE MONTH REPORT (EOM)**

To run the Resident Scheduler End-of-the Month Report:

The same instructions to run the BOM report are used to run the EOM report. If a Report has been set up and the BOM Report ran. A new Run Control ID/Report name is not needed, the same Run Control ID/Report name used for the BOM report can be used to run the EOM report. The only difference is Step 3.

Once in PS Production, Main Menu -> select LSUHSC Processes -> Resident Scheduler -> Report -> Resident Schedule Signature. **NOTE:** Program Coordinators will not have all the options shown in Report.
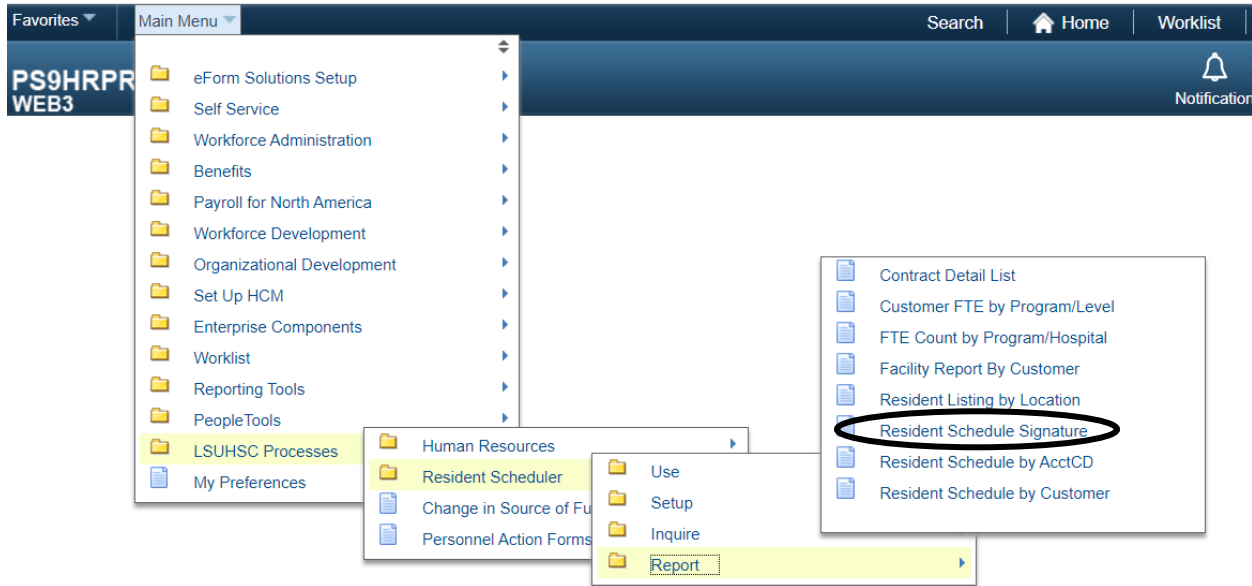
If you have not run a BOM Report yet, then the first time you run the EOM Report, a new report will have to be setup.

Step 1: Add a new Run control ID Record by clicking the "Add a New Value" hyperlink

Run End-of-the Month Report

Step 2: Enter a name for the report in the box "Run Control ID" – do not use spaces in the name, only underscore _

- Click on the "Add" button

PS9HRPRD
WEB3

Resident Schedule Signature

Find an Existing Value	Add a New Value

Run Control ID Run_BOM_&_EOM_Reports

Add

Find an Existing Value | Add a New Value

NOTE: the Run Control ID/Report name will be saved, the next time you run the report. The next time you run the report, leave the Run Control ID/Report Name field Blank and Click "Search" to select the Run Control/Report Name in the list.

Run End-of-the Month Report

If you have run the BOM Report, then you can Search for that Report name to run the End-of-the Month Report

Step 1a: Type the Report name or part of the Report Name in the "Run Control ID Box; or Click the "Search" Button

Step 2a: Click on the "Search" Button.

- The Report name appears
- Click on the Report Name

If you did not enter the report name or part of the name as noted in 1a above, but clicked on the "search" button

- Find the Report form the list, if more than one report name is listed,
- Click on the Report Name

Favorites ▼   Main Menu ▼   > LSUHSC Processes ▼ > Resident Scheduler ▼

PS9HRPRD
WEB3
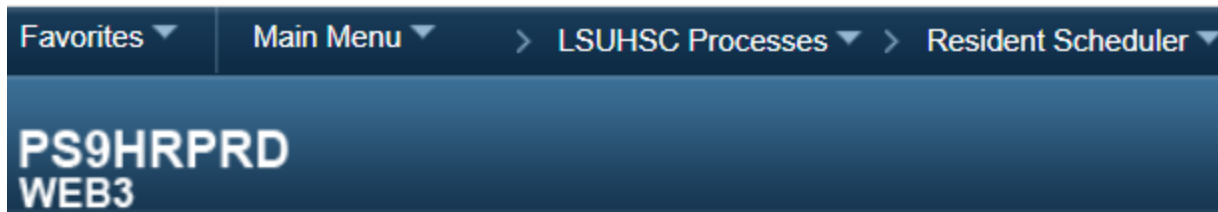
Resident Schedule Signature

Enter any information you have and click Search. Leave fields blank for a list of all values.

| Find an Existing Value | Add a New Value |

▼ **Search Criteria**

Search by: Run Control ID begins with Run
☐ Case Sensitive

Search   Advanced Search

Search Results

| View All | First ◀ 1-2 of 2 ▶ Last |

Run Control ID	Language Code
Run_BOM_&_EOM_Reports	English
rur	English

Run End-of-the-Month Report

Step 3: Complete the fields needed to run the report:

- Location – the Location Code will be in the Box (each Residency and fellowship have a location code identifying the program name). If you oversee more than one training program, the additional location codes will be included too.
- If this is the first time running the EOM Report, enter the Location Code for the program, if you oversee more than one program click on the "+" button and add the Location Code for the next program. Repeat as needed.

Do Not Select "All Locations". It will print schedules for all Residents and fellows, not just those in your Program(s).

- Select the boxes: "Include Signature line?" and "Include Department Signature Form?"
- Enter "year Date" in Select year (YYYY) in the "Select Year" box
- Select the Month in the "Select Month" drop down box for the Schedule to Report
- Do Not enter a From Date, or a To Date
- Click the "Run" button

PS9HRPRD
WEB3

New

Resident Schedule Form

Run Control ID   Run_BOM_&_EOM_Reports   Report Manager   Process Monitor   Run

Select Locations

☐ All Locations?

Location	Description		
449630020	FAMILY MEDICINE/KENNER REGIONA	+	−

Report Parameters

☑ Include Signature line?

☑ Include Department Signature Form?

From Date: [   ]   Select Year (YYYY): 2022

To Date: [   ]   Select Month: 09 - Septemb ∨

💾 Save   ✉ Notify

Run End-of-the Month Report

Step 4: The Server will be listed in the Server Name Box "PSNT"; if it is not, Select the Server in the drop down box

PS9HRPRD
WEB3

Process Scheduler Request

User ID YLEEHA	Run Control ID Run_BOM_&_EOM_Reports

Server Name PSNT

Recurrence

Time Zone

Run Date 09/30/2022

Run Time 4:19:18PM   Reset to Current Date/Time

Process List

Select	Description	Process Name	Process Type	*Type	*Format	Distribution
☑	Resident Signature Form	ZZRT011	SQR Report	Web	PDF	Distribution

OK   Cancel

Step 5: Click on the "OK" button

Step 6: Click on the "Process Monitor" hyperlink to view the Report's Run Status

PS9HRPRD
WEB3

Resident Schedule Form

Run Control ID Run_BOM_&_EOM_Reports   Report Manager   Process Monitor   Run

Process Instance:2686700

Select Locations

☐ All Locations?

Location	Description		
449630020	FAMILY MEDICINE/KENNER REGIONA	+	−

Report Parameters

☑ Include Signature line?

☑ Include Department Signature Form?

From Date: ____   Select Year (YYYY): 2022

To Date: ____   Select Month: 09 - Septemb ▾

💾 Save   🖹 Notify

Run the End-of-the Month Report

Step 7: Click the "Refresh" Button until the Run Status states "Success" and the Distribution Status states "Posted".

Note: They must show Success and Posted.

Step 8: Once successful, (Success & Posted are shown), click the "Details" hyperlink to view the report.

Step 9: Click the "View Log/Trace" hyperlink to view the Report.

Run End-of-the Month Report

Step 10: Click on the ZZRT011 1 PDF hyperlink to view the Report

- Click on the ZZRT011 2 PDF hyperlink to view the Department Signature Form

(2 separate PDF hyperlinks)

The End-of-the Month (EOM) Report will have 2 PDF files. The larger file will be the Report that lists all the House Officers scheduled for the month with a signature line next to their name for wet signatures if able to obtain wet signatures, or for Adobe Sign Signatures. The smaller file will be the cover Signature page. The Program Director, Program Coordinator and Department Business Manager signs this page confirming the information on the report, including corrections noted, is correct. This page is attached to the report and sent to Yolanda Lundsgaard in the GME Office along with the House Officer signatures and/or email or other approved responses.

Print the Report pages in Landscape format and if submitting the report by Email to Yolanda Lundsgaard in the GME Office, scan it in that format. The report attachment should print in Landscape format when opened in the Email.

Print the Cover Signature page in Portrait format and it should scan in that format to print in portrait format.

Run End-of-The Month Report

Step 11: Once the PDFs are opened, you can print the report by using the Printer button on the tool bar. You can also save the report to your desktop or a file using the "File Save As" button on the tool bar.

REPORT: The End-of-the Month Report will have a signature line next to each House Officer's name to sign with a wet signature or an Adobe signature

- Coordinator will have all House Officers review their schedule shown on the Report and the House Officers must sign on the line next to their name; or Sign using Adobe Sign on the line next to their name; or respond by Email; or respond using Outlook Voting Method; or respond using another approved method for the House Officers to certify their time.
- If the information is NOT correct, the House Officer Must let the Coordinator Know what is not correct: is it the hospital assigned, the leave type and dates entered are not correct, or leave is not entered and the House Officer provides the correct leave type and dates.
- The coordinator writes the correction or uses adobe to type the correction on the report, next to the House Officer's schedule information, if not enough room, show an arrow to where the correction is noted. Corrections MUST be identified so that anyone reviewing the Report will be able to see where the corrections are noted buy putting an asterisk or type the correction or write the correction in a different color ink.

PROGRAM ID: ZZRT011 LSU HEALTH SCIENCES CENTER - RESIDENT TRACKING SYSTEM Page: 1
RUNDATE: 09/30/2022 FROM: 09/01/2022 TO: 09/30/2022
LOCATION: 449630020 FAMILY MEDICINE/KENNER REGIONA

ADAMS,KATHERINE L   EMPLID: 5000960
09/01/2022 09/30/2022 HO LEVEL: 3 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

DELGADO MIRANDA,CHARDIEL JANICE   EMPLID: 0156220
09/01/2022 09/13/2022 HO LEVEL: 1 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/14/2022 09/15/2022 HO LEVEL: 1 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/16/2022 09/21/2022 HO LEVEL: 1 Sick   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/22/2022 09/30/2022 HO LEVEL: 1 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

DELIS,ZACHARY SOSSOS   EMPLID: 5006824
09/01/2022 09/08/2022 HO LEVEL: 3 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/09/2022 09/09/2022 HO LEVEL: 3 Vacation   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/10/2022 09/13/2022 HO LEVEL: 3 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/14/2022 09/14/2022 HO LEVEL: 3 Vacation   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/15/2022 09/15/2022 HO LEVEL: 3 Active   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

09/16/2022 09/16/2022 HO LEVEL: 3 Sick   100% ACCT: 14976005CA-505000 (PAYING)   KENNER-RES-FAM MED
                                    WK LOC: 29-63   OCHSNER - KENNER MEDICAL CENTER - FAMILY MEDICINE

By signing this form, I hereby certify that together with my hours worked and leave noted equals the required number of hours commensurate with the conditions of my training program.

Run End-of-the Month Report

Department Signature Form – type the names of the Program Director, Business Manager and Coordinator, and all must sign the Signature Form and enter the date of signing. If not able to get Program Director or Business Manager signature, they can respond by Adobe Sign or by email and attach their email response.

Step 12: Coordinator attaches the Signed Signature Form to the Report with all House Officer signatures (wet or Adobe sign), and/or House Officer email responses or their response from another approved method and Coordinator sends the Report to Yolanda Lundsgaard by the Due Date noted in the GME Calendar and on the Calendar sent to all coordinators from Yolanda Lundsgaard. EOM Reports can be brought to the GME Office, or Emailed to Yolanda Lundsgaard - yleeha@lsuhsc.edu

- If there are any corrections noted on the report or by the House Officer that changes the Combo Code/Account Number for the Hospital listed, a CSOF PER 3 MUST also be submitted by the Due Date.

LSU School of Medicine in New Orleans
Resident/Fellow Month End Education Rotation and Funding Certification

I, _____ resident/fellow program director for the department of Medicine Fellows Geriatrics certify that:

All Residents and Fellows rotating at the facilities listed on the Res Track report for the month of 07 - July, 2022 are accurate and correct. The master schedule provided by Res Track represents the days Residents and Fellows rotated at the named facility for the named month and include all time taken. This information has been provided within 3 working days from the last payroll run/processed for the named month above to the resident coordinator or to other appropriate individuals within the department to ensure that all information is correct and accurate and that each listed facility confirms the rotations.

_____   _____
(Program Director)   (Date)

I, _____ resident/fellow program coordinator for the department of Medicine Fellows Geriatrics certify that:

All Residents and Fellows rotating at the facilities listed on the Res Track report for the month of 07 - July, 2022 are accurate and correct. The master schedule provided by Res Track represents the days Residents and Fellows rotated at the named facility for the named month and include all time taken. This information provided by the resident program director has been review and is accurately displayed in Res Track within 5 working days from the payroll run/processed for the named month above and that each listed facility confirms the rotations.

_____   _____
(Program coordinator)   (Date)

I, _____ business manager/assist bus manager for the department of Medicine Fellows Geriatrics certify that:

All Residents and Fellows rotating at the facilities listed on the Res Track report for the month of 07 - July, 2022 are accurate and correct. The master schedule provided by Res Track represents the days Residents and Fellows rotated at the named facility for the named month and include all time taken. This information provided by the resident program director and coordinator has been reviewed and is accurately displayed in Res Track with the appropriate PS account numbers within 7 working days from the last payroll run/processed for the named month above. This data is being certified to utilize for invoicing, that each facility confirms the rotations, and all charges will be appropriately captured in PeopleSoft.

_____   _____
(Business Manager/Assist Bus Manager)   (Date)