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INTRODUCTION

The principal purpose of the LSU School of Medicine - New Orleans (School of Medicine) is to provide a rich learning environment for the education and training of medical students, residents, and fellows in concert with the General and Special Requirements of the Accreditation Council for Graduate Medical Education (ACGME). Because the majority of our House Officers remain in the state, Graduate Medical Education is a mission of paramount importance to the School of Medicine and to the citizens of Louisiana. This mission is fulfilled through accomplishing the following goals:

1. Diverse specialty and subspecialty training programs offered by the departments.

2. Cultivation of the concept that medical education is a life-long continuum. Trainees should develop a personal program of self study under guidance of the faculty.

3. Refinement of cognitive and technical skills through direct involvement in safe, effective, compassionate patient care under the direction of the faculty, senior House Officers, and fellows. Privileges and duties shall be the responsibilities of the Departments and commensurate with the level of advancement, capability and responsibility of the trainee.

4. A review of pertinent basic science information and expansion of intellectual and technical skills through a multitude of clinical experiences. Trainees should participate in the educational and scholarly activities of their departments, training hospitals, and the School, including institutional committees and quality assurance activities.

5. Enhancement of the ability to deliver quality patient care in a variety of clinical settings.

6. Refinement of interpersonal skills in dealing with patients and patients’ families.

7. Development of an understanding and appreciation for office and information management, data management, health care financing, cost containment, and socioeconomic, medico-legal, and ethical issues.

8. Cultivation of skills relating to teaching of patients and students.

9. Participation in the evaluation of medical students, faculty and of the quality of their individual training programs.

10. Appreciation of the need for and involvement in clinical and basic science research.

11. Assurance that, in the event of elimination or downsizing of a training program, every effort will be made to allow trainees in that program to complete that program, if possible. If not possible, the school will make every effort to assist the trainee in finding another training program.
STATEMENT ON PROFESSIONALISM:

Of the 6 competencies discussed later, a commitment to Professionalism actually leads to improvement in all of the other competencies and is critical to our continued existence as a profession and your successful development and performance as a physician. Without a daily recognition and commitment to the requirements to be a professional, you can never truly realize your potential or achieve and maintain the expectations society has for you. You will see both professional and unprofessional behavior during your training and, through learning, mentoring, evaluation, self-reflection, and continued professional development, develop the set of characteristics that define you over time. Many if not most of the problems you will encounter in the future can be minimized if not avoided by strict adherence to the following principles.

The Elements of Professionalism are:
1. Altruism
2. Accountability
3. Excellence
4. Duty
5. Honor and Integrity
6. Respect for others

They are partly defined as:

1. Altruism - the “essence” of professionalism. Putting the best interests of patients, not self-interest, first.
2. Accountability -
   - to patients - for fulfilling the implied contract governing the physician patient relationship.
   - to society - for addressing the health needs of the public.
   - to our profession - for adhering to medicine’s time-honored ethical precepts.
3. Excellence - entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning.
4. Duty - a commitment to service which entails:
   - being available and responsive when “on call”.
   - accepting inconvenience to meet the needs of one’s patients.
   - enduring unavoidable risks to oneself when a patient’s welfare is at stake.
   - advocating the best possible care regardless of ability to pay.
   - seeking active roles in professional organizations (AMA, LSMS, OPMS).
   - volunteering one’s skills and expertise for the welfare of the community.
5. Honor and Integrity including -
   - being fair, being truthful, keeping one’s word.
   - meeting commitments, being straightforward.
   - recognizing conflicts of interest and avoidance of relationships that allow personal gain to supersede the best interest of the patient.
6. Respect for others including -
   - patients, families, other physicians.
   - professional colleagues such as nurses, medical students, residents, fellows.
You will be evaluated for adherence to the above principles in many ways including monthly evaluations, semi-annual evaluations, OSCEs, 360 and peer evaluations and others. In addition to the above, behaviors that reflect a commitment to professionalism include completion of all tasks which are assigned to you including accurately logging and adhering to duty hour standards, medical records, case logs, attendance at conferences, alertness management, assurance of fitness for duty, recognition of impairment, adherence to policies governing transitions of care, working Core Modules and other online assignments, maintenance of licensure and certifications, awareness of and compliance with institutional policies, adherence to policies and procedures in GME including those in the House Officer Manual, and other program and institutional requirements. (GMEC approved 7/19/2012)

**DEFINITIONS**

For purposes of this Manual, the following terms shall have the meaning ascribed thereto unless otherwise clearly required by the context in which such term is used.

**House Officer** - The term “House Officer” shall mean and include interns, residents and fellows.

**Program** – The term “Program” shall mean a Resident and Fellow Training Program of Louisiana State University School of Medicine in New Orleans.

**Dean** - The term “Dean” shall mean the Dean of the Louisiana State University School of Medicine in New Orleans or his “designee”.

**Academic Dean** – The term “Academic Dean” shall mean the Dean of Academic Affairs of the Louisiana State University School of Medicine in New Orleans or his “designee”.

**Working Days** – The term “working days” shall mean Monday through Friday.

**HOUSE OFFICER ELIGIBILITY AND SELECTION**

(revised 1/2010)

House Officer selection criteria must conform to the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) General Requirements. House Officers are selected by program directors from an applicant pool in the National Residency Matching Program (NRMP) or from NRMP Specialty Matching Services programs.

United States Citizens, Permanent Residents of the US, and J1 Visa holders sponsored by the ECFMG are the only applicants eligible for selection. As noted in Chancellor Memorandum 39 (CM-39) ECFMG sponsorship as a J-1 exchange visitor is the appropriate and only mechanism whereby foreign physicians may enter graduate medical education/training programs at the LSU Health Sciences Center.

First year House Officers must participate through the NRMP programs. Only in the absence of an NRMP matching program in a particular discipline or at an advanced level of appointment, may candidates compete and be appointed individually. Such candidates must meet all the ACGME General Requirements for selection of House Officers.

House Officers must be (1) graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME); (2) graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA); (3) graduates of medical schools outside the United States who have received a currently valid certificate from the
Eligible House Officer Candidates will be selected on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. The number and apportionment of House Officers will depend on educational opportunities, the patient population, levels of illnesses, types of procedures, number of staff available for supervision, financial resources of in-patient and out-patient care facilities, and recommendations of the Residency Review Committees (RRC). The Graduate Medical Education Committee and the Academic Dean supervise the overall number of positions offered and the apportionment of House Officers among services and departments.

**All House Officer trainees must have a valid active license or permit to practice medicine in the State of Louisiana.** Requirements for medical licensure change from time to time. The Louisiana State Board of Medical Examiners (LSBME) requires passage of USMLE Step 3 before the end of the PGY 2 year to issue a permit or license to begin PGY 3 training. (revised 11/25/13). As part of the licensure process the LSBME uses a service of the Federation of State Medical Boards (FSMB) called the Federation Credentials Verification Service (FCVS). Once house officers have applied for permit / licensure LSU training programs will be completing an updated FCVS form on house officers each year so that at graduation FCVS has a completed record on the trainee that will greatly facilitate credentialing in his/her later professional career. When a house officer starts a residency the program office will have each trainee sign a release for all years of training. (revised 1/19/09).

All applicants and trainees must contact the Louisiana State Board of Medical Examiners (LSBME) regarding required examinations and documentation necessary for any form of training permits and licensure.

The Louisiana State Board of Medical Examiners issues temporary training permits to qualified postgraduate year 1 level trainees. Temporary permits (Visiting Resident Permits) also may be issued for certain foreign medical graduates entering the U.S. on J-1 visas. Foreign citizen trainees must have standard Educational Commission for Foreign Medical Graduates (ECFMG) certification. Rules and regulations regarding trainees with visas frequently change. When questions regarding visas arise the GME Office will refer all questions to the LSUHSC Office of Governmental Relations for final determination to ensure compliance with all institutional, state and Federal rules and regulations.

House Officers are appointed for one year. Contract renewal is subject to mutual written consent of the Department Head and the House Officer. This renewal must be made in a timely manner in accordance
with ACGME requirements as outlined in our Policy and Procedure Manual and with dates set by the GME Office.

**COMPENSATION INCLUDING GRATIS AND SELF-FUNDED POSITIONS**

Compensation will be provided consistent with the pay scale recommended by the Medical Education Committee. Work hours will vary within each House Officer training program. Gratis appointments, including self-funded are not permitted in ACGME approved training programs. Trainees on J-1 visas are not permitted to be in gratis or self-funded positions. In extenuating circumstances, the Dean may make exceptions to this policy. (revised 7/1/2005)

House Officer level and compensation is based on a resident successfully completing all requirements for academic promotion to the next PGY level. Residents not academically promoted or who must repeat all or part of a year prior to academic promotion will be paid at the current PGY level until academically promoted by the program. (approved by GMEC 1/2011).

**HOUSE OFFICER SUPPORT**

The mission of the Graduate Medical Education Office is to support the House Officers and the training programs of the School of Medicine. The Office of Graduate Medical Education (GME) offers House Officers the opportunity to participate in group long term disability coverage. In the event a House Officer experiences a loss of income as a result of an emergency, the House Officer should contact the Associate Dean for Academic Affairs for possible avenues of assistance.

In order to enhance the House Officer’s training experience, the Office of Graduate Medical Education has developed a series of Core Curriculum On-line Modules. This series of modules includes topics such as: Competencies Overview, Recognizing Signs of Fatigue, Impaired Physicians, Professionalism-Parts I and II, Medical Errors-Parts I and II, Breaking Bad News, Patient Safety, Interpretation of Diagnostic Screening Tests, How to Read a Clinical Trial, Into to Evidence Based Medicine, Study Design I and II, Risk Management and Quality Assurance, Introduction to Biostatistics, and EMTALA. The Office of Graduate Medical Education administers the House Officer Payroll; processes education loan deferment certifications, applications for Internship Registration and Verification of Internship forms for the Louisiana State Board of Medical Examiners; and coordinates House Officer Orientation LSBME License Application Day and Residency Fair Day.

**INSTITUTIONAL HOUSE OFFICER POLICIES**

The LSU School of Medicine – New Orleans (School of Medicine) is responsible for supervising House Officer training programs. This responsibility is delegated to individual departments and is fulfilled by the medical faculty. The level of supervision must be commensurate with the House Officer's level of training and the House Officer’s individual level of clinical skills. On-call schedules for faculty are designed so that supervision and/or consultation is readily available at all times to House Officers on duty. Each Department has established policies for House Officers that will be consistent with the ACGME General Requirements and Special Requirements of each program.

At the beginning of each academic year, each House Officer Program will provide the House Officer an outline of specific rotations and regularly scheduled lectures, conferences and seminars. House Officers
will be informed about departmental duties and disciplinary policies during orientation and/or by written
guidelines. These policies will describe training goals and expectations, program evaluation methods,
possible basis for adverse actions such as probation or dismissal, and due process procedures.

The educational effectiveness of each House Officer Program will be periodically reviewed by
departmental faculty. Reviews will include resident evaluations of faculty and the House Officer
Program and faculty evaluations of program effectiveness.

EVALUATION AND PROMOTION OF HOUSE OFFICERS

Records of House Officer evaluations are to be maintained by the Departmental Program Directors.
These files will generally be available to the individual trainees, training faculty, Program Director, and
other University personnel as may be required by the LSU House Officer Program, School Of Medicine,
or University (Health Sciences Center). House Officers will be formally evaluated no less than twice a
year; however, more frequent feedback is encouraged. Both strengths and weaknesses should be
documented and discussed in the evaluation process, as well as plans to remediate any deficiencies.

Evaluation of House Officers will follow the ACGME requirements for evaluations. Additionally, each
House Officer is expected to participate in departmental self-assessment when applicable. Except where
specifically described herein, house officers in regular training programs who successfully complete
training during a year would normally be promoted to the next training level. (revised 7/1/2005)

RESIDENT TRANSFERS

Before accepting a resident who is transferring from another program, the program director must obtain
written or electronic verification of previous educational experiences and a summative competency-
based performance evaluation of the transferring resident from the previous program director/program.

The LSU program director must provide timely verification of residency education and summative
performance evaluations for residents who leave the LSU program prior to completion. A written release
must be signed by the house officer before the performance information can be disseminated.

MEDICAL SPECIALTY BOARD INFORMATION

Residents are directed to the appropriate Board via the American Board of Medical Specialties web site
(www.abms.org or http://www.abms.org/Who_We_Help/Member_Boards/contactinfo.aspx) regarding
qualifications and requirements to sit for their specialty boards. (revised 2007)

PRELIMINARY INTERVENTION

Substandard disciplinary and/or academic performance is determined by each Department. Corrective
action for minor academic deficiencies or disciplinary offenses which do not warrant remediation as
defined below, shall be determined and administered by each Department. Corrective action may include
oral or written counseling or any other action deemed appropriate by the Department under the circumstances. Corrective action for such minor deficiencies and/or offenses are not subject to appeal.

**PROBATION**

House Officers may be placed on probation for, among other things, issuance of a warning or reprimand; or imposition of a remedial program. Remediation refers to an attempt to correct deficiencies which, if left uncorrected, may lead to a non-reappointment or disciplinary action. In the event a House Officer’s performance, at any time, is determined by the House Officer Program Director to require remediation, the House Officer Program Director shall notify the House Officer in writing of the need for remediation. A remediation plan will be developed that outlines the terms of remediation and the length of the remediation process. Failure of the House Officer to comply with the remediation plan may result in termination or non-renewal of the House Officer’s appointment.

A House Officer who is dissatisfied with a departmental decision to issue a warning or reprimand, impose a remedial program, or impose probation may appeal that decision to the Department Head informally by meeting with the Department Head and discussing the basis of the House Officer’s dissatisfaction within ten (10) working days of receiving notice of the departmental action. The decision of the Department Head shall be final.

**CONDITIONS FOR REAPPOINTMENT**

Programs will provide notice in writing of the intent to non-renew or non-promote residents 4 months prior to the end of the current contract, except in the case when the cause for non-promotion/non-reappointment occurred within the final 4 months. In such cases house officers will be notified in writing with as much notice as possible (revised 6/21/2007).

**TERMINATION, NON-REAPPOINTMENT, AND OTHER ADVERSE ACTION**

A House Officer may be dismissed or other adverse action may be taken for cause, including but not limited to: i) unsatisfactory academic or clinical performance; ii) failure to comply with the policies, rules, and regulations of the House Officer Program or University or other facilities where the House Officer is trained; iii) revocation, expiration or suspension of license; iv) violation of federal and/or state laws, regulations, or ordinances; v) acts of moral turpitude; vi) insubordination; vii) conduct that is detrimental to patient care; and viii) unprofessional conduct.

The House Officer Program may take any of the following adverse actions: i) issue a warning or reprimand; ii) impose terms of remediation or a requirement for additional training, consultation or treatment; iii) institute, continue, or modify an existing summary suspension of a House Officer’s appointment; iv) terminate, limit or suspend a House Officer’s appointment or privileges; v) non-renewal of a House Officer’s appointment; vi) dismiss a House Officer from the House Officer Program; vii) or any other action that the House Officer Program deems is appropriate under the circumstances.
All communication regarding due process will occur by either official campus email, certified letter, or hand delivery (revised 12/15/2009). Dismissals, non-reappointments, non-promotion (revised 6/21/2007) or other adverse actions excluding probation (revised 3/2010) which could significantly jeopardize a House Officer’s intended career development are subject to appeal and the process shall proceed as follows:

Recommendation for dismissal, non-reappointment, or other adverse action which could significantly threaten a House Officer’s intended career development shall be made by the Program Director in the form of a Request for Adverse Action. The Request for Adverse Action shall be in writing and shall include proposed disciplinary action, a written statement of deficiencies and/or charges registered against the House Officer, a list of all known documentary evidence, a list of all known witnesses and a brief statement of the nature of testimony expected to be given by each witness. The Request for Adverse Action shall be delivered in person to the Department Head. If the Department Head finds that the charges registered against the House Officer appear to be supportable on their face, the Department Head shall give Notice to the House Officer in writing of the intent to initiate proceedings which might result in dismissal, non-reappointment, summary suspension, or other adverse action. The Notice shall include the Request for Adverse Action and shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the House Officer (revised 12/15/2009).

Upon receipt of Notice, the House Officer shall have five (5) working days to meet with the Department Head and present evidence in support of the House Officer’s challenge to the Request for Adverse Action. Following the meeting, the Department Head shall determine whether the proposed adverse action is warranted. The Department Head shall render a decision within five (5) working days of the conclusion of the meeting. The decision shall be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or hand delivered to the House Officer and copied to the Program Director and Academic Dean (revised 12/15/2009).

If the House Officer is dissatisfied with the decision reached by the Department Head, the House Officer shall have an opportunity to prepare and present a defense to the deficiencies and/or charges set forth in the Request for Adverse Action at a hearing before an impartial Ad Hoc Committee, which shall be advisory to the Academic Dean. The House Officer shall have five (5) working days after receipt of the Department Head’s decision to notify the Academic Dean in writing or by email (revised 12/15/2009) whether the House Officer would challenge the Request for Adverse Action and desires an Ad Hoc Committee be formed. If the House Officer contends that the proposed adverse action is based, in whole or in part on race, sex (including sexual harassment), religion, national origin, age, Veteran status, and/or disability discrimination, the House Officer shall inform the Academic Dean of that contention. The Academic Dean shall then invoke the proceedings set out in the Section entitled “Sexual Harassment Policy” of this Manual. The hearing for adverse action shall not proceed until an investigation has been conducted pursuant to the Section entitled “Sexual Harassment Policy.”

The Ad Hoc Committee shall consist of three (3) full-time (75% or greater effort) clinical faculty members who shall be selected in the following manner:

The House Officer shall notify the Academic Dean of the House Officer’s recommended appointee to the Ad Hoc Committee within five (5) working days after the receipt of the decision reached by the Department Head. The Academic Dean shall then notify the Department Head of the House Officer’s choice of Committee member. The Department Head shall then have five (5) working days after
notification by the Academic Dean to notify the Academic Dean of his recommended appointee to the Committee. The two (2) Committee members selected by the House Officer and the Department Head shall be notified by the Academic Dean to select the third Committee member within five (5) working days of receipt of such notice; thereby the Committee is formed. Normally, members of the committee should not be from the same program or department. In the case of potential conflicts of interest or in the case of a challenge by either party, the Academic Dean shall make the final decision regarding appropriateness of membership to the ad hoc committee. (revised 7-1-2005) Once the Committee is formed, the Academic Dean shall forward to the Committee the Notice and shall notify the Committee members that they must select a Committee Chairman and set a hearing date to be held within ten (10) working days of formation of the Committee. A member of the Ad Hoc Committee shall not discuss the pending adverse action with the House Officer or Department Head prior to the hearing. The Academic Dean shall advise each Committee member that he/she does not represent any party to the hearing and that each Committee member shall perform the duties of a Committee member without partiality or favoritism.

The Chairman of the Committee shall establish a hearing date. The House Officer and Department Head shall be given at least five (5) working days notice of the date, time, and place of the hearing. The Notice may be sent by campus email, certified mail to the address appearing in the records of the Human Resource Management, or may be hand delivered to the House Officer, Department Head, and Academic Dean. Each party shall provide the Academic Dean five copies of the witness list, a brief summary of the testimony expected to be given by each witness, and a copy of all documents to be introduced at the hearing at least three (3) working days prior to the hearing. The Academic Dean will assure that all parties will receive the other parties documents.

The hearing shall be conducted as follows:

The Chairman of the Committee shall conduct the hearing. The hearing shall include the following persons: the resident appealing the action, the members of the AdHoc Committee, the Program Director with or without the Department Head, counsel if present and any other persons deemed by the Chairman of the Ad Hoc Committee to carry out the hearing. Each party shall have the right to appear, to present a reasonable number of witnesses, to present documentary evidence, and to cross-examine witnesses. The parties may be excluded when the Committee meets in executive session. The House Officer may be accompanied by an attorney as a nonparticipating advisor. Should the House Officer elect to have an attorney present, the program may also be accompanied by an attorney. The attorneys for the parties may confer and advise their clients upon adjournment of the proceedings at reasonable intervals to be determined by the Chairman, but may not question witnesses, introduce evidence, make objections, or present argument during the hearing. However, the right to have an attorney present can be denied, discontinued, altered, or modified if the Committee finds that such is necessary to insure its ability to properly conduct the hearing. Rules of evidence and procedure are not applied strictly, but the Chairman shall exclude irrelevant or unduly repetitious testimony. The Chairman shall rule on all matters related to the conduct of the hearing and may be assisted by University counsel.

There shall be a single verbatim record, such as a tape recording, of the hearing (not including deliberations). Deliberations shall not be recorded. The record shall be the property of the University (revised 3/2010).

Following the hearing, the Committee shall meet in executive session. During its executive session, the Committee shall determine whether or not the House Officer shall be terminated, or otherwise have
adverse actions imposed, along with reasons for its findings; summary of the testimony presented; and any dissenting opinions. The Academic Dean shall review the Committee’s report and may accept, reject, or modify the Committee’s finding. The Academic Dean shall render a decision within five (5) working days from receipt of the Committee’s report. The decision shall be in writing and sent by campus email or certified mail to the House Officer, and a copy shall be sent to the Department Head and Dean (revised 12/15/2009).

If the Academic Dean’s final decision is to terminate or impose adverse measures and the House Officer is dissatisfied with the decision reached by the Academic Dean, the House Officer may appeal to the Dean, with such appeal limited to alleged violations of procedural due process only. The House Officer shall deliver Notice of Appeal to the Dean within five (5) working days after receipt of the Academic Dean’s decision. The Notice of Appeal shall specify the alleged procedural defects on which the appeal is based. The Dean’s review shall be limited to whether the House Officer received procedural due process. The Dean shall then accept, reject, or modify the Academic Dean’s decision. The decision of the Dean shall be final.

A House Officer who at any stage of the process fails to file a request for action by the deadline indicates acceptance of the determination at the previous stage.

Any time limit set forth in this procedure may be extended by mutual written agreement of the parties and, when applicable the consent of the Chairperson of the Ad Hoc Committee.

**SUMMARY SUSPENSIONS**

The House Officer Program Director, or designee, or the Department Head or designee shall have the authority to summarily suspend, without prior notice, all or any portion of the House Officer’s appointment and/or privileges granted by University or any other House Officer training facility, whenever it is in good faith determined that the continued appointment of the House Officer places the safety of University or other training facility patients or personnel in jeopardy or to prevent imminent or further disruption of University or other House Officer training facility operations.

Except in those cases where suspension occurs as part of other appealable disciplinary actions, within two (2) working days of the imposition of the summary suspension, written reason(s) for the House Officer’s summary suspension shall be delivered to the House Officer and the Academic Dean. In those other appealable cases the due process as described in the above section of this manual labeled Termination, Non-Reappointment, and Other Adverse Action takes precedence. The House Officer will have five (5) working days upon receipt of the written reasons to present written evidence to the Academic Dean in support of the House Officer’s challenge to the summary suspension. A House Officer, who fails to submit a written response to the Academic Dean within the five (5) day deadline, waives his/her right to appeal the suspension. The Academic Dean shall accept or reject the summary suspension or impose other adverse action. Should the Academic Dean impose adverse action that could significantly threaten a House Officer’s intended career, the House Officer may utilize the due process delineated above.

The Department may retain the services of the House Officer or suspend the House Officer with pay during the appeal process. Suspension with or without pay cannot exceed 90 days, except under unusual circumstances.
OTHER GRIEVANCE PROCEDURES

Grievances other than those departmental actions described above or discrimination should be directed to the Program Director for review, investigation, and/or possible resolution. Complaints alleging violations of the LSUHSC EEO policy or sexual harassment policy should be directed to the appropriate supervisor, Program Director, Director of Human Resource Management and EEO/ AA Programs, or Ms. Flora McCoy, Labor Relations Manager (504-568-8742).

Resident complaints and grievances related to the work environment or issues related to the program or faculty that are not addressed satisfactorily at the program or departmental level should be directed to the Associate Dean for Academic Affairs. For those cases that the resident feels can’t be addressed directly to the program or institution s/he should contact the LSU Ombudsman. (GMEC October 2007)

OMBUDSMAN

Dr. Joseph Delcarpio, Associate Dean for Student Affairs is available to serve as an impartial, third party for House Officers who feel their concerns cannot be addressed directly to their program or institution. Dr. Delcarpio will work to resolve issues while protecting resident confidentiality. He can be reached at 504-568-4874. (3/2010)

REVIEW OF TRAINING PROGRAMS

Each House Officer Program at the LSU School of Medicine-New Orleans will be reviewed regularly between accreditation site visits and in accordance with the ACGME guidelines. The Graduate Medical Education Committee (GMEC) is a standing school committee charged with the oversight of Graduate Medical Education. Program evaluation is accomplished by a detailed internal site visit process quite similar to the regular ACGME site visit.

At the conclusion of the GMEC review, the committee should make recommendations, formulate a suggested action plan if necessary, and summarize its findings for each program reviewed. Minutes and summary reports should be filed in the GME Office. Serious programmatic problems should be brought to the attention of the Department Head and the Dean.

POLICY REGARDING VISITING PHYSICIANS/HOUSE OFFICER ROTATIONS

Visiting Physicians/House Officers may be allowed to rotate on the School of Medicine clinical services on a case by case basis. Visiting Physicians/House Officers do not need a valid license to simply observe. However, to participate in patient care these Visiting Physicians/House Officers must have a valid Louisiana license/permit. To obtain licensure Visiting Physicians/House Officers should contact the Louisiana State Board of Medical Examiners http://www.lsbsme.org/ (phone# 504-568-6820), 630 Camp Street or PO Box 30250, New Orleans, LA 70190-0250. A letter must be submitted by the LSU Program Director to the State Board of Medical Examiners requesting temporary licensure for the Physician/House Officer as a Visiting Physician/House Officer. The letter should include the dates of the rotation; a statement that the sponsoring physician will be responsible for all patient care; the anticipated responsibilities of the Visiting Physician/House Officer, the sites at which the Visiting
Physician/House Officer will be practicing, and verification that the Visiting Physician/House Officer is the holder of valid licensure in another state.

In order to be covered for malpractice, a letter must be sent to Mr. Ron Gardner, Vice Chancellor of Administrative, Community and Security Affairs, stating the dates and locations of the Visiting House Officer’s rotation, the anticipated responsibilities of the Visiting House Officer, and the Visiting House Officer’s licensure status in Louisiana.

OUT OF STATE SERVICE POLICY

House Officers shall comply with the rules, regulations, and bylaws of the facilities at which House Officers are assigned as part of their prescribed training in the House Officer Program. House Officers assigned to facilities outside the state of Louisiana must provide additional professional liability coverage (other than coverage provided under LSA-R.S. 40:1299.39) with indemnity limits set by the House Officer Program Director.

Out of state rotations necessary for fulfillment of educational goals of the House Officer Program may be permitted after being approved by the appropriate Program Director or Department Head. Use of state salary lines will not be permissible.

EEO POLICY

The Louisiana State University Health Sciences Center is committed to providing equal opportunity to all members of the Health Sciences Center Community. LSUHSC will take reasonable steps to insure that 1) employment decisions are made so as to further the principles of equal employment opportunity; and 2) all personnel actions, such as compensation, tenure, benefits, transfers, layoffs, recall from layoffs, education, tuition assistance, social and recreation programs are administered without regard to race, color, religion, sex, age, national origin, or handicap/veteran status.

Implementation, coordination, and monitoring of this policy is the responsibility of the Department of Human Resource Management. No person who complains about a violation of this policy shall be subjected to intimidation or retaliation. Any persons having questions or complaints regarding this policy should contact the Director of Human Resource Management and EEO Programs at 504-568-8742. The matter will be investigated using the same procedure contained in the sexual harassment policy contained in this Manual.

SEXUAL HARASSMENT POLICY

Louisiana State University Health Sciences Center is committed to providing a professional work environment that maintains equality, dignity, and respect for all members of its community. In keeping with this commitment, the Health Sciences Center prohibits discriminatory practices, including sexual harassment. Any sexual harassment, whether verbal, physical or environmental, is unacceptable and will not be tolerated.

Sexual harassment is illegal under federal, state and local laws. It is defined as any unwelcome advance, request for sexual favors, or other verbal or physical conduct of a sexual nature when:
1. Submission to the conduct is made either explicitly or implicitly a term or condition of an individual’s employment;

2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual; or

3. The conduct has the purpose or effect of unreasonably interfering with the individual’s performance or of creating an intimidating, hostile or offensive working environment.

Types of behavior that constitute sexual harassment may include, but are not limited to:

1. Unwelcome sexual flirtations, advances or propositions; derogatory, vulgar, or graphic written or oral statements regarding one’s sexuality, gender or sexual experience; unnecessary touching, patting, pinching or attention to an individual’s body;

2. Physical assault;

3. Unwanted sexual compliments, innuendo, suggestions or jokes; or

4. The display of sexually suggestive pictures or objects.

Any House Officer who has a workplace sexual harassment complaint has the right and obligation to bring the problem to LSUHSC’s attention. Further, any House Officer who witnesses such conduct or receives a complaint of such conduct, must report the incident to Human Resource Management (HRM); the Department Head; Program Director; or other member of the faculty.

A House Officer who believes he/she has been sexually harassed or wishes to report a violation of this policy should immediately report the incident to the labor relations manager of Human resource Management (504-568-8742), Department Head, Program Director, or Academic Dean. Any recipient of such complaint shall notify Human Resources Management.

The Department of Human Resources Management will be responsible for investigating complaints of sexual harassment occurring between House Officers; House Officers and staff members; House Officers and students; and complaints made by House Officers against other third parties. HRM will investigate and/or assist those responsible for investigating complaints made by House Officers against faculty members in accordance with the terms of the faculty handbook.

Actions taken to investigate and resolve sexual harassment complaints shall be conducted confidentially to the extent practicable and appropriate in order to protect the privacy of persons involved. An investigation may include interviews with the parties involved in the incident, and if necessary, with individuals who may have observed the incident or conduct or who have other relevant knowledge. The individuals involved in the complaint will be notified of the results of the investigation.

There will be no discrimination or retaliation against any individual who makes a good-faith sexual harassment complaint, even if the investigation produces insufficient evidence to support the complaint. There will be no discrimination or retaliation against any other individual who participates in the investigation of a sexual harassment complaint. If the investigation substantiates the complaint, appropriate corrective and/or disciplinary action will be swiftly pursued.
If a House Officer’s complaint is found to be valid, and the accused harasser is a member of the faculty, staff, or is a student, that complaint will be addressed in accordance with the procedures contained in the applicable faculty handbook; student bulletin; or staff policy.

If a complaint made against a House Officer is found to be valid, the offender may be directed to appropriate counseling, discipline, or dismissed, depending on the degree of seriousness of the offense. In the event that the House Officer involved as the accused disagrees with the conclusions recommended as a result of the investigation, and such conclusion results in dismissal, non-renewal, or any adverse action which could significantly jeopardize a House Officer’s intended career development, he/she may invoke the procedures set out in the Due Process section of this House Officer Manual. If allegations of harassment or discrimination are first raised as a part of an appeal by a House Officer, that is, prior to an investigation of the complaint by Human Resource Management, the Program Director shall refer the complaint to HRM for investigation in accordance with this section. No due process hearing shall proceed until an investigation has been conducted and a report of the investigation has been submitted to the Program Director.

**DRUG-FREE WORKPLACE POLICY**

Louisiana State University Health Sciences Center (LSUHSC) is governed by and complies with the provisions of the Drug Free Workplace Act of 1988. The applicable provisions are as follows:

The unlawful manufacture, distribution, dispensing, possession and/or use of unlawful drugs at any facility of the Louisiana State University Health Sciences Center is prohibited.

Penalties for violation of this policy could result in written disciplinary action, suspension, demotion, and/or immediate dismissal depending on the severity of the circumstances; or criminal prosecution.

Further, all employees are required to notify the Director of Human Resource Management of any drug related criminal conviction which occurs in the workplace within five (5) days following conviction. The Director will notify the Grants Office so that they may comply with the provision for notice to the federal funding agency within ten (10) days. Notice to the federal contractor should include the sanctions imposed on the employee convicted of a drug work-related crime.

Campus/Employee Assistance Program (C/EAP) is available to all House Officers of LSUHSC.

Abiding by this policy and any other drug policy established by LSUHSC or other House Officer training facility, regardless of when promulgated, is a condition of the House Officer’s employment with LSUHSC. (Revised January 15, 2002 by the Campus Assistance Program Office)

**FITNESS FOR DUTY POLICY**

The Louisiana State University Health Sciences Center (LSUHSC) promotes and protects the well being of faculty, staff, residents, students, and patients.

Any individual who works for or is enrolled at Louisiana State University Health Sciences Center (LSUHSC) is expected to report to work/school in a fit and safe condition. An individual who has an alcohol, drug, psychiatric, or medical condition (s) that could be expected to impair their ability to perform in a safe manner must self report their medical status to their supervisor and provide a signed
medical release indicating their fitness for work/school to the Campus/Employee Assistance Program (C/EAP).

LSUHSC requires all faculty, staff, residents, students or other LSUHSC workers who observe an individual who is believed to be impaired or is displaying behavior deemed unsafe at work/school to report the observation(s) to their supervisor for appropriate action. Supervisors are then required to make an administrative referral to the Drug Testing Program and C/EAP. An individual who is referred to C/EAP and found to be impaired must provide C/EAP, prior to returning to work, with a signed medical release indicating they are fit to resume their work or school responsibilities at LSUHSC. LSUHSC will, as a condition of continued employment/enrollment, require an “at risk” individual to maintain a continued care plan either recommended or approved by C/EAP and sign a Continuation of Employment/Enrollment Contract.

This policy applies to all faculty, staff, residents, students, contract and subcontract workers, medical staff, volunteers, laborers, or independent agents who are conducting business on behalf of, providing services for (paid or gratis), or being trained at LSUHSC. (Revised January 15, 2002 by the Campus Assistance Program Office, see Chancellor’s Memorandum 23)

**LEAVE**

House Officers are granted leave benefits as described in this manual. Each type of leave will be monitored and granted in accordance with this policy, the needs of the program, and the provisions of applicable law. Whether training time missed as a result of extended leave can be made up by the House Officer is determined by the Department Head and/or Program Director in accordance with the requirements of the particular program, The American Board of Medical Subspecialties and the provisions of applicable law.

**VACATION LEAVE**

Each House Officer at post-graduate year I (PGY I) is entitled to twenty-one (21) days (including weekends) of non-cumulative vacation leave per year. PGY II residents and above are entitled to twenty-eight (28) days (including weekends) of non-cumulative vacation leave per year. Vacation leave should not ordinarily be requested before or after scheduled holidays.

Vacation leave must be used during the academic/appointment year. No carry forward or accumulation of unused vacation leave is permitted. At the end of the academic/appointment year, any unused vacation leave will be forfeited.

**MILITARY LEAVE**

If called to active duty, House Officers are permitted fifteen (15) days of paid military leave. Additional or other military leave, paid or unpaid, will be granted in accordance with applicable law.
LEAVE OF ABSENCE

A leave of absence may be granted subject to Program Director approval and as may be required by applicable law for illness extending beyond available sick leave and vacation leave; for academic remediation; to address licensing problems; and/or for family or personal emergencies. To the extent that such leave exceeds available vacation and/or sick leave, any leave granted will be without pay. The House Officer will make arrangements to make up missed training with the Program Director in accordance with the requirements of the Board of the effective specialty.

MATERNITY/PATERNITY LEAVE

In order to receive paid maternity leave, a House Officer must utilize available vacation leave and sick leave. Paid and unpaid maternity leave for up to six (6) weeks or extended unpaid maternity leave may be granted by the Department Heads as appropriate and as required by applicable law. A House Officer wishing to receive paid paternity leave must utilize available vacation leave. Under special circumstances and/or as required by applicable law, extended leave without pay may be granted.

EDUCATIONAL LEAVE

House Officers are permitted five (5) days (including weekends) of educational leave to attend or present at medical meetings.

FAMILY LEAVE

All House Officers who have worked for LSUHSC for twelve (12) months and 1,250 hours in the previous twelve (12) months, may be eligible for up to twelve (12) weeks of unpaid, job-protected leave in each twelve (12) month period, in accordance with the requirements of the Family Medical Leave Act of 1993 (FMLA). See the FMLA information on the LSUHSC website.

SICK LEAVE

House Officers are permitted fourteen (14) days (including weekends) of paid sick leave per year. Sick leave may not be accumulated or carried forward into subsequent academic/appointment years and may only be used for the illnesses or injury of the House Officer. Extended sick leave without pay is allowable, at the discretion of the Department or as may be required by applicable law.

PAGERS

House Officers pagers are provided and managed by the Office of Graduate Medical Education and funded by the Residents training hospitals. Should a House Officer have a problem with his/her pager, the House Officers should contact the Program Coordinator (Kim Cannon) at the Office of Graduate Medical Education (504-568-2468), located at 2020 Gravier Street, 6th floor, Room 619.
PARKING

Parking at LSUHSC is available to House Officers for a nominal annual fee through the LSUHSC Parking Services (504-568-4884).

DRESS CODE

House Officers shall comply with the “dress code” of the Hospital service to which they are assigned and present at all times an appropriate and professional appearance.

EDUCATIONAL RESOURCES

Training programs have access to the general education resources of the Health Sciences Center. These include: lecture rooms, conference rooms, and auditorium facilities; and interdepartmental laboratories, computers, simulation labs and educational devices. Library facilities of the Health Sciences Center (504-568-6100), and individual Departments are available to all House Officers.

HEALTH INSURANCE

House Officers are eligible to enroll in the state employees health insurance or state managed health care options (HMO's etc) through Employee Benefits (504-568-7780), or LSUHSC student/resident health insurance Gallagher Benefit Services, Inc., 235 Highland Drive, Suite 200, Baton Rouge LA 70810, contact: Michele Prudhomme Coordinator, phone# 225-292-3515 or Fax 225-296-3998 (rev. 7-1-2005). If desired, other health insurance may be chosen and must be paid for individually by the House Officer. House Officer agrees to maintain one of these plans or another plan with equal or better benefits.

DISABILITY INSURANCE

The Graduate Medical Education Office provides Long-term basic disability insurance.

DISABILITY POLICY

Please refer to Chancellor Memonandum-26 on www.lsuhsc.edu

REQUIRED IMMUNIZATIONS AND VACCINATIONS

Incoming House Officers are required to provide proof of the following Immunizations / Vaccinations as conditions of employment:

- TB/PPD skin test or blood test within 4 months prior to start date
- Rubella immunity proven by titer or documentation of two injections of MMR vaccine
- Mumps immunity proven by titer or documentation of two injections of MMR vaccine
- Measles immunity proven by titer or documentation of two injections of MMR vaccine
• Varicella (chickenpox) immunity proven by titer, two injections of varicella vaccine, or reliable history of past varicella infection
• Hepatitis B immunity proven by proof of antibodies to Hepatitis B or documentation of Hepatitis B vaccine
• Td/Tdap vaccination within the past 10 years

Continuing House Officers are required to provide ongoing documentation of the following immunizations to continue employment and be appointed to the next House Officer level:

• Annual TB/PPD skin test or blood test
• Maintenance of Td/Tdap vaccination as needed

Annual TB test results must be turned in on the specified LSU TB form with the House Officer Contract. All vaccination records will be maintained and monitored by the Student Health Department.

LAB COATS, MEALS, NIGHT CALL

Availability of housing, meals, lab coats, etc. will vary among the hospital to which House Officers are assigned. Lab coats will be provided and laundered for House Officers training at the Medical Center of Louisiana, New Orleans (MCLNO) by MCLNO. Meals will be provided for House Officers while on call in house at MCLNO. Adequate sleeping accommodations will be provided by MCLNO for House Officers assigned to night call at MCLNO.

MALPRACTICE INSURANCE

The State of Louisiana provides professional liability coverage pursuant to LSA-R.S. 40:1299.39 et seq. to House Officers when acting within the course and scope of their training or staff appointments in and under the supervision of a state hospital or other health care facility to which they are assigned as part of their prescribed training, regardless of where the services are performed. However, House Officers assigned to a health care facility outside the state of Louisiana may be required to provide additional professional liability coverage with indemnity limits set by the House Officer Program Director.

House Officers are not provided professional liability coverage under LSA-R.S. 40:1299.39 et seq. when engaging in professional activities outside the scope of the House Officer Program, unless the professional services are performed at a public charity health care facility.

All professional liability matters should be directed to Ron Gardner, Vice Chancellor of Administrative, Community and Security Affairs (504-568-4810).

A Summary of the Coverage Includes:
Insurance Carrier: State of Louisiana is self insured through a State Health Care Provider Fund
Policy Number/State Provision Number: LA R.S. 40:1299.39.1 et seq
Liability Coverage Limit: $500,000.00 per occurrence
Aggregate: $500,000.00 per occurrence
Tail Coverage: Yes, tail coverage continues to apply to any incidents during the physician’s employment with the LSUHSC.
Coverage Terminates only at the end of employment with the LSUHSC
**DEA NUMBERS**

All temporary DEA Numbers issued at MCLNO are valid from the date issued thru the house officers period of training. Use of this temporary DEA number is restricted to prescriptions written only for MCLNO patients on the MCLNO Prescription Form # MCL 12/95 (blue). Violators will be reported to the Medical Director and DEA for appropriate disciplinary action.

Once the house officer receives the LSBME license, he/she is eligible to apply for his/her permanent DEA License. The application process takes 3-6 months to complete, therefore, it is recommended that physicians begin this process before their temporary DEA Number expires.

**MOONLIGHTING**

Professional activity outside of the scope of the House Officer Program, which includes volunteer work or service in a clinical setting, or employment that is not required by the House Officer Program (moonlighting) shall not jeopardize any training program of the University, compromise the value of the House Officer’s education experience, or interfere in any way with the responsibilities, duties and assignments of the House Officer Program. It is within the sole discretion of each Department Head and/or Program Director to determine whether outside activities interfere with the responsibilities, duties and assignments of the House Officer Program. House Officers must not be required to moonlight. Before engaging in activity outside the scope of the House Officer Program, House Officers must receive the written approval of the Department Head and/or Program Director of the nature, duration and location of the outside activity. (revised 4/2001) All moonlighting activities must be tracked in New Innovations Software Program. PGY1’s may not moonlight. All internal and external moonlighting must be counted in the 80 hour maximum weekly hour limit. Resident must not schedule moonlighting that will cause the 80 hour maximum. Residents who schedule moonlighting activities resulting in violation of the 80 hour work rule will be subject to disciplinary action including but not limited to loss of moonlighting privileges. (revised 2/17/2011) The house officers’ performance will be monitored for the effect of these moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission to continue. All documentation will be kept in the house officer’s program file. (revised 7/1/2005)

House Officers, while engaged in professional activities outside the scope of the House Officer Program, are not provided professional liability coverage under LSA-R.S. 40:1299.39 et seq., unless the professional services are performed at a public charity health care facility. A House Officer providing services outside the scope of the House Officer Program shall warrant to University that the House Officer is and will remain insured during the term of any outside professional activities, either (1) insured against claims of professional liability under one or more policies of insurance with indemnity limits of not less than $500,000 per occurrence and $1,000,000 in the aggregate annually; or (2) duly qualified and enrolled as a health care provider with the Louisiana Patient’s Compensation Fund pursuant to the Louisiana Medical Malpractice Act, LSA-R.S. 40:1299.41 et seq. or (3) that the House Officer is provided such coverage by the person or entity who has engaged the House Officer to provide the outside professional services. **All house officers prior to engaging in Moonlighting activities must complete and submit a LSU Health Science Center - PM-11 Form to be approved by the Associate Dean for Faculty Affairs.** (4/2013)

House Officers shall not provide outside professional activities to any other state agency (e.g., Department of Health and Hospitals, Department of Public Safety and Corrections, Office of Mental
Health, etc.) by means of a contract directly between the House Officer and the other state agency. Should a House Officer desire to provide outside professional services to another state agency, the contract must be between the LSU School of Medicine in New Orleans and the other state agency for the House Officer’s services, and the House Officer will receive additional compensation through the LSU payroll system. House Officers should speak with the Departmental Business Administrator of the House Officer Program to arrange such a contract.

House Officers may not moonlight at any site without a full and unrestricted license. Occasional exceptions may be granted by the LSBME only after a specific request by a program and are largely limited to moonlighting which is in the same institution as the program, is under the supervision of program faculty and similar to activity the trainee might have in the program. In addition, residents on J-1 visas may not moonlight (revised 1/2008).

The LA State Board and the DEA will independently investigate and prosecute individual residents if they so desire regarding the following:

- To moonlight all house officers must be fully licensed and have their own malpractice and DEA number.
- Moonlighting in pain and weight loss clinics is not allowed by the LSBME.
- Pre-signing prescriptions is illegal.
- Using MCLNO prescriptions outside MCLNO is prohibited – your “MCLNO” number is site specific.
- Don't ever sign anything saying you saw a patient if you didn't see the patient
- All narcotics prescriptions must be put in the patient's name and address plus the date
- don't "let the nurse do it"
- House officers are held accountable for things all things signed - read the fine print
- Follow accepted practice guidelines for everything especially weight loss and pain patients
- All house officers should be cognizant of Medicare fraud and abuse guidelines.

**INSTITUTIONAL POLICY ON DUTY HOURS**
(Passed June 11, 2003; Revised Nov 20, 2008; Feb 17, 2011) – GMEC

The institution through GMEC supports the spirit and letter of the ACGME Duty Hour Requirements as set forth in the Common Program Requirements and related documents July 1, 2003 and subsequent modifications. Though learning occurs in part through clinical service, the training programs are primarily educational. As such, work requirements including patient care, educational activities, administrative duties, and moonlighting should not prevent adequate rest. The institution supports the physical and emotional well being of the resident as a necessity for professional and personal development and to guarantee patient safety. The institution will develop and implement policies and procedures through GMEC to assure the specific ACGME policies relating to duty hours are successfully implemented and monitored. These policies may be summarized as:
Maximum Hours of Work Per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:

appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hours maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for on-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Residents are required to log all duty hours in New Innovations Software Program or its replacement program. Those who fail to log duty hours or log erroneous duty hours are subject to disciplinary action.

The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. This policy applies to every site where trainees rotate.
Moving towards a competency based education; the ACGME has implemented the requirement of six general competencies into the curriculum of all accredited programs. Each program is responsible for defining the specific knowledge, skills, attitudes, and educational experiences required in order for their residents to demonstrate the following:

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

2. **Medical knowledge** about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

3. **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

4. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

6. **Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

In addition, as accredited programs work to expose trainees to the six general competencies, house officers should be mindful of this and work with the programs to accomplish these educational objectives. Furthermore, during the programs ACGME accreditation site visits, house officers will be asked questions regarding the six general competencies and their implementation on the program level.

**CAMPUS ASSISTANCE PROGRAM (CAP)**

A physician who works for the LSU Health Sciences Center - New Orleans is expected to report to work in a fit and safe condition. A House Officer who is taking prescription medication(s) and/or who has an alcohol, drug, psychiatric or medical condition(s) that could impair his/her ability to perform in a safe manner should contact the Campus Assistance Program.

The LSUHSC Campus/Employee Assistance Program (C/EAP) is a free service provided by LSU Health Sciences Center to assist faculty, staff, residents and students in the resolution of personal problems.

C/EAP offers a multidisciplinary team with medical backup. The staff is equipped to assist you with an array of problems, issues or stressors. All services are confidential, and all client records are limited to C/EAP staff. If you or a family member needs C/EAP services call 568-8888. A C/EAP counselor will be happy to answer any questions you may have about their services or schedule an appointment. (Revised January 15, 2002 by the Campus Assistance Program Office, CM-23, phone 11/08)
**RESTRICTIVE COVENANTS**

The ACGME does not allow restrictive covenants.

**INSTITUTION/HOUSE OFFICER CLOSURE/REDUCTION POLICY**

If University itself intends to close or to reduce the size of a House Officer program or to close a residency program, University shall inform the Designated Institutional Official, the GMEC, and House Officers as soon as possible of the reduction or closure. In the event of such reduction or closure, University will make reasonable efforts to allow the House Officers already in the Program to complete their education or to assist the House Officers in enrolling in an ACGME accredited program in which they can continue their education. (Modified GMEC October 2007)

**COMMITTEE AND OTHER SERVICE**

It is expected house officers will serve on school and hospital committees as part of their education. House Officers bring special expertise to these committees and these experiences will prepare residents for their professional careers. House Officers are encouraged to self nominate to committees of interest by contacting the GME office at 504-568-4006. Each year the House Staff Association will be asked to submit resident nominees for all committees. If the House Staff Association is unable to make nominations, the Chief Residents will be asked to poll their house officers for nominees. A partial list of committees includes:

**School Committees**

- Allen Copping Teaching Award Nomination Committee
- Curriculum Oversight Committee
- Curriculum Development Committee
- Curriculum Evaluation Committee
- Committee on Excellence in Teaching
- Graduate Medical Education (GMEC)
- Committee on Women’s Affairs

**Hospital Committees**

- Quality Assurance
- Cancer
- Ethics
- Infection Control
- Medical Records
- Pain Management
- Pharmacy and Therapeutics
- Transfusion
**DRUG TESTING REQUIREMENT (Pre-Employment)**

As per Chancellor’s Memorandum (CM38-Substance Abuse Policy and Procedures LSUHSC New Orleans Campus) effective November 1, 1999 all newly hired faculty, staff, house officers and student workers of LSU Health Sciences Center New Orleans will be required to undergo drug testing as a condition of employment. Drug testing may also be required during employment for reasonable suspicion or post accident for cause and for individuals who have signed Fitness For Duty and/or Drug Testing Continuation of Employment contracts.

A prospective employee undergoing post-job offer drug testing and who declines to consent to testing or who receives a confirmed positive drug test result shall have the conditional offer of employment withdrawn and shall be subject to disqualification from employment consideration for a period of one year from the date of the drug test. (Page 6, 7 LSUHSC Substance Abuse Policy. The complete policy can be viewed at www.lsuhsc.edu/administration/cm/cm-38.pdf).

In order for incoming house officers to be paid through the Payroll system they must undergo drug testing prior to their Start date.

**OCCUPATIONAL INJURY/DISEASE PROCEDURES**

The procedure for an occupational injury/disease is as follows: (1) The house officer should report immediately to the training hospital’s Employee Health Department for initial treatment. (2) He should notify his training program director of the occupational injury/disease. (3) The house officer should notify LSUHSC Human Resource Management, Labor Relations (Paulette Albera at 504-568-3916) about the occupational injury/disease within 30 days of the injury/disease to be eligible for Workman’s Compensation benefits. Ms. Albera will send the house officer a Employee’s Report of Occupational Injury/Disease form to be completed. If there is no Employee Health Department at the training facility where the injury/disease occurred, the house officer can go to any medical facility for treatment. House officers can also receive initial medical treatment and follow-up care at Concentra Medical Center. The addresses and phone numbers for the Concentra Medical Center locations are listed below.

- 318 Baronne St. 4015 Jefferson Hwy. 3225 Perkins Road
  - New Orleans, LA 70112  - Metairie, LA 70062  - Baton Rouge, LA
  - 504-561-1051  - 504-456-9014  - 225-387-3030

The house officer can also contact the on call Infectious disease fellows at MCLNO (504-903-3000) for their recommendations concerning the occupational injury/disease.

**POLICY ON HOLIDAY SCHEDULE**

House Officers will follow the holiday schedules of the entities (hospitals, clinics, etc.) where they are assigned to work and train. They are not to adhere to the LSU system holiday schedule.

**MEDIA POLICY**

The Office of Information Services is charged with the responsibility for releasing information about Health Science Center programs, emergencies, crimes, controversies, the official position on issues
involving the Health Science Center, and other events to which the press has a reasonable claim. LSUHSC personnel shall not release information about programs, events and other activities to the media independent of the Office of Information Services. All questions from the media should be directed to Leslie Capo in the Office of Information Services.

**VENDOR/INDUSTRY RELATIONS POLICY**

(7/2007)

Relations to vendors and all other private entities are covered by the Code of Government Ethics and the policies promulgated by the LSUHSC Conflict of Interest Committee via various Chancellors Memoranda. All state employees are bound by the ethics statutes with the most relevant being Louisiana Code of Governmental Ethics Title 43, Chapter 15 number 6 page 14 – Gifts. To paraphrase - “no public employee shall solicit or accept directly or indirectly anything of economic value as a gift or gratuity from any person if the public employee does or reasonably should know such a person conducts activities or operations regulated by the public employees agency or has substantial economic interests which may be substantially affected by the performance or nonperformance of the public employees duty. “ When in the various training sites the resident is further bound by the rules and policies of that institution.

**AMA Code of Medical Ethics, Opinion 8.061, “Gifts to Physicians from Industry.”**

1. Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.

2. Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (eg, pens and notepads).

3. The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

4. Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

5. Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, lodging, and meal expenses. It is also appropriate for consultants who provide genuine services to receive reasonable compensation and to accept reimbursement for reasonable travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be
used to justify the compensation of physicians for their time or their travel, lodging, and other out-of-pocket expenses.

(6) Scholarship or other special funds to permit medical students, residents, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, residents, or fellows who will receive the funds is made by the academic or training institution. Carefully selected educational conferences are generally defined as the major educational, scientific or policy-making meetings of national, regional, or specialty medical associations.

(7) No gifts should be accepted if there are strings attached. For example, physicians should not accept gifts if they are given in relation to the physician's prescribing practices. In addition, when companies underwrite medical conferences or lectures other than their own, responsibility for and control over the selection of content, faculty, educational methods, and materials should belong to the organizers of the conferences or lectures. (II) (Approved GMEC: June 21, 2007)

**NEW INNOVATIONS MEDICAL EDUCATION MANAGEMENT SUITE**

The Institution has chosen the New Innovations Medical Education Management Suite to provide residency management software for management of program requirements. House Officers will have access to rotation schedules and information, electronic evaluations, and other academic resources through New Innovations.

House Officers will be required to comply with the institutional policy regarding duty hours monitoring / recording through the use of the New Innovations. House Officers must record their duty hours for ACGME compliance by entering the data in the Duty Hours Module of New Innovations on a weekly basis. Periodic monitoring will be done to ensure that duty hours are being logged into the system and compliance with ACGME guidelines. Failure to comply with this policy may result in formal disciplinary action being taken, up to and including possible dismissal from the program.

**CLIQ AND SMaRDI**

(revised 7/1/2005)

Clinical Inquiry (CLIQ) and the Shared Medical Record Data Infrastructure (SMaRDI) represent initial steps in moving to a comprehensive electronic health record for the Public Hospital system.

CLIQ is a Web-based results reporting application with a graphical user interface that provides efficient and easy access to a longitudinal record of patient information. CLIQ organizes test result and clinical/procedural report data from disparate legacy systems in a clinically intuitive, patient-centric format, permitting access to all electronically available clinically relevant patient information in a single location. CLIQ access to patient demographic / registration data, visit history, general laboratory and microbiology results, pathology, radiology, cardiology and electromyography reports, admission history and physical notes and discharge summaries, operative notes, outpatient consultation notes from selective clinics and a record of outpatient pharmacy prescriptions. CLIQ can be accessed from web-enabled computers. SMaRDI represents the technical information system foundation on which CLIQ is built.

For additional information about CLIQ and SMaRDI, and other medical informatics activities underway at LSU Health Sciences Center, please see: http://medinfo-telmed.lsuhsc.edu
Please refer to the LSUHSC website for the most recent revision.
http://www.medschool.lsuhsc.edu/medical_education/graduate/HouseOfficerManual.aspx

2/2011

9/2011
I hereby certify that I have received the mandatory 2013-14 House Officer Manual. I understand that I will be accountable for conducting duties in the workplace in accordance with the information contained in this manual. I understand that additional information is available through the LSUHSC-NO website; http://www.lsuhsc.edu/; http://www.lsuhsc.edu/no/administration/hrm; http://www.medschool.lsuhsc.edu/medical_education/graduate; LSU Bylaws and Regulations, LSU System Policies, LSUHSC Policies and GME Policies. I understand that these rules and policies are subject to change and the latest revision of this manual is at http://www.medschool.lsuhsc.edu/medical_education/graduate/HouseOfficerManual.aspx.

Print Name

AY 2013-2014

Department

HO Level

Signature

Date

SSN or EMPLID

Return this form to Program Coordinator
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ACCEPTANCE OF NEW 2011 COMMON PROGRAM REQUIREMENTS STATEMENT

The institution through the GMEC supports the spirit and letter of the ACGME Duty Hour Requirements as set forth in the Common Program Requirements and related documents July 1, 2003, 2011 and subsequent modifications. Though learning occurs in part through clinical service, the training programs are primarily educational. As such, work requirements including patient care, educational activities, administrative duties, and moonlighting should not prevent adequate rest. The institution supports the physical and emotional well being of the resident as a necessity for professional and personal development and to guarantee patient safety. The institution has developed and implemented policies and procedures through the GMEC to assure the specific ACGME policies relating to duty hours and supervision are successfully implemented and monitored.

On February 17, 2011 the GMEC passed a resolution that each training program must have a policy and process for each of the following areas and a method to monitor and assure effectiveness of each:

- Assuring effective transitions (hand offs)
- To encourage residents to use alertness management strategies
- Monitor residents use of strategic napping
- Monitor frequency and intensity of house call events
- Ensure each case in which a resident stays longer than 24+4 is documented and reviewed
- Ensure continuity of care is ensured incase a resident may be unable to perform their duties
- Set specific guidelines for when residents must communicate with their attending.
- Assure residents and faculty inform patients of their respective role in patient care.
- Demonstrate appropriate levels of supervision are in place for all residents
- Develop rotational schedules associated with attending call schedules in New Innovations
- Develop guidelines for supervision

All of the noted above methods will be monitored by the institutional during the Program End of Year Reports, Program Performance Reviews, and Internal Reviews.

The institution has developed Core Curriculum Modules on Sleep Fatigue and Mitigation. These modules must be completed by both faculty and residents to remain compliant and up to date with institutional policies and regulations.
ACGME COMMUNICATIONS WITH PROGRAMS

According to the ACGME Institutional Requirements beginning July 1, 2003 the Graduate Medical Education Committee must review and approve the following types of communication between programs and the ACGME (RRC) prior to submission to the ACGME:

a. all applications for ACGME accreditation of new programs and subspecialties;
b. changes in resident complement
c. major changes in program structure or length of training
d. additions and deletions of participating institutions used in a program
e. appointments of new program directors
f. progress reports requested by any Review Committee
g. responses to all proposed adverse actions
h. requests for increases or any change in resident duty hours
i. requests for “inactive status” or to reactivate a program
j. voluntary withdrawals of ACGME-accredited programs
k. requests for an appeal of an adverse action; and
l. appeal presentations to a Board of Appeal or the ACGME

Should a program have a submission of the above to the ACGME, it must notify the GME Office by the 5th of the month in order for the item to be placed on the monthly GMEC agenda (meetings are held the third Thursday of each month.). Programs are responsible for entering their submissions into WebADS (if applicable) prior to the GMEC meetings.

ACGME ABSENCE OF THE DIO/SIGNATURE AUTHORITY PROCEDURE

In the absence of the DIO the Director of Accreditation reviews and cosigns all program information forms and any documents or correspondence submitted to the ACGME by program directors including all items listed in IR III B 10 a-k. (Approved GMEC Oct. 2007)

ACGME CHANGE IN PROGRAM DIRECTOR REQUEST POLICY

All requests for new program director’s must be initiated by the DIO through ADS (staff of all RRCs will no longer accept requests submitted via paper or email). To initiate a change in program director, the DIO must log into ADS and under Program and Resident Information, select Initiate PD Change from the menu on the left. The DIO must then click on the Request PD Change icon for the appropriate program and is then prompted to respond to several questions. The DIO must also verify that the new PD meets the required qualifications and is approved by the GME Committee.

An email which provided the login information will be automatically sent to the new PD when the request is initially submitted by the DIO. The program director must log into ADS to complete professional and certification information, as well as other required documentation. After the request is complete and submitted, the new program director’s name will be posted in ADS and the submitted materials will be forwarded to the review committee staff.
ACGME LETTERS OF AGREEMENT

The ACGME is requiring all programs to have Letters of Agreement with the Major or Participating Institutions (Affiliating Entities) where their residents rotate. These letters are not part of, nor, take away from the required Contracts, Affiliation Agreements and Supplements which are administered through the LSUHSC Contracts Office. Each Letter of Agreement (3 originals of each) requires the program directors signature and the person/faculty who oversees the residents at the affiliating entity (etc) signature in addition to a signature from the affiliating entity (CEO, or Medical Director) if applicable. The Letter of Agreement is good for five years unless a program director or oversight person changes at the institution. In that case a new letter must be executed. It is the responsibility of the individual programs to execute the ACGME Letters of Agreement. A template for the ACGME Letters of Agreement can be obtained in the Office of Graduate Medical Education

One original stays in the training program files, the second original must be submitted to the Director of Accreditation in GME, and the third original must remain at the participating institution for their files.

ACGME POLICY ON SPONSORSHIP OF PROGRAMS

The ACGME does not recognize co-sponsorship of residency training programs. The ACGME mandates that there be one sponsor that assumes the ultimate “educational” responsibility for the AGME-accredited programs. The ACGME seeks assurance that the sponsoring institution ensures that there is adequate financial support for the residents to fulfill the responsibilities of their educational program. The sponsoring institution is held accountable for making sure funding is adequate, and that funding sources do not have an adverse impact on the residents’ educational program, and that the sponsoring institution maintains strong oversight of financial or other resident support issues.

ACCEPTING RESIDENT FROM ANOTHER PROGRAM

All programs are required to verify the adequate performance of a resident in writing before accepting the trainee from another program. The program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident directly from his/her training program. This documentation must be submitted to the GME Office with all new hire transfer paperwork.

For applicants applying to LSU School of Medicine-New Orleans Training programs all transfer documents as noted on the LSU GME Website must be completed and submitted to and approved by the Graduate Medical Education Office before an applicant can be accepted into the program.

ADEQUATE REST FOR RESIDENTS POLICY (EFFECTIVE 7/1/2011)

In order to ensure residents have adequate rest between duty periods and after on-call sessions we adopt the following policies:

1. Our Duty Hours Policy contains the following relevant language:
   a. PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

   b. Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

   c. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

   Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

   All of this is in the context of the other duty hours requirements.

2. All employees of LSUHSC are under Chancellors Memorandum 37 which is the LSHSC Fitness for Duty Policy. This describes the expectations for employees to report to work fit and safe to work. It further defines what are considered unsafe/impaired behaviors, the requirement for self or supervisor referral to the Campus Assistance Program, and what steps are taken thereafter.

3. The institutional Policy of Professionalism and Learning Environment further amplifies the expectations for residents to be fit for duty and to take it upon themselves to be well rested with the following language:

   Residents must take personal responsibility for and faculty must model behaviors that promote:
   1. Assurance for fitness of duty.
   2. Assurance of the safety and welfare of patients entrusted in their care.
   3. Management of their time before, during and after clinical assignments.
   4. Recognition of impairment (e.g. illness or fatigue) in self and peers.
   5. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

4. The moonlighting policy anticipates potential trouble areas and describes a method for monitoring the effects of moonlighting on residents.
5. Adequate sleep facilities are in place at each institution and our alertness management / fatigue mitigation policy and process encourages good sleep hygiene as well as recommending such strategies and pre-call strategies, strategic napping and post-call naps.

6. Foremost our Professionalism and Learning Environment Policy requires faculty to model behaviors that encourage fitness for duty as noted above and our Supervision Policy requires faculty to observe for signs of fatigue especially during transitions.

**ADVANCED STANDING FOR RESIDENTS WITH PREVIOUS TRAINING POLICY**

This policy is regarding the house officer training Level and pay level for house officers who have had previous postgraduate training. LSU does not grant any credit to pay house officers at a higher level of salary if the house officer has completed an internship or residency prior to entering LSU residency programs as House Officer 1’s. For pay purposes, residents will be paid at the lowest PGY year rate at which they could enter a program. If they can enter as a PGY1 they will be paid as a PGY1. If they must have one year of training (e.g. preliminary year) before they can begin training, they will be classified as a PGY2. This is in effect regardless of past training. In cases where residents could enter after two periods (e.g. Plastic Surgery) the resident will be paid at either level as determined by the GME Office. Other cases will be considered individually.

House officers that transfer into a training program from another training program will be appointed and paid at the level of training the house officer is in as long as all previous training months are approved by the specialty board of the program the house officer transferred into. If the board does not accept any of the house officer’s previous training, the house officer will begin at the HO 1 level.

**AGREEMENT OF APPOINTMENT - NON-RENEWAL**

The institution must ensure that programs provide the residents with a written notice of intent not to renew a resident’s agreement of appointment (contract) no later than four months prior to the end of the resident’s current agreement of appointment. However if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the agreement of appointment, the institution must ensure that the program provide their residents with as much written notice of the intent not to renew as the circumstances will reasonable allow, prior to the end of the agreement of appointment. Residents must be allowed to implement the institution’s grievance procedures as addressed in House Officer Manual when they have received a written notice of intent not to renew their agreements of appointment. Conditions for reappointment and non renewal of the contract are discussed in the House Officer Manual.
ALERTNESS MANAGEMENT / FATIGUE MITIGATION STRATEGIES POLICY (EFFECTIVE 7/1/2011)

Residents and faculty are educated about alertness management and fatigue mitigation strategies via online modules and in departmental conferences. Alertness management and fatigue mitigation strategies are outlined on the pocket cards distributed to all residents and contain the following suggestions:

1. Warning Signs
   a. Falling asleep at Conference/Rounds
   b. Restless, Irritable w/ Staff, Colleagues, Family
   c. Rechecking your work constantly
   d. Difficulty Focusing on Care of the Patient
   e. Feeling Like you Just Don’t Care
   f. Never drive while drowsy

2. SLEEP STRATEGIES FOR HOUSESTAFF
   a. Pre-call Residents
      1. Don’t start Call w/a SLEEP DEFICIT – GET 7-9 ° of sleep
      2. Avoid Heavy Meals / exercise w/in 3° of sleep
      3. Avoid Stimulants to keep you up
      4. Avoid ETOH to help you sleep
   b. On Call Residents
      1. Tell Chief/PD/Faculty, if too sleepy to work!
      2. Nap whenever you can á > 30 min or < 2°)
      3. BEST Circadian Window 2PM-5PM & 2AM- 5AM
      4. AVOID Heavy Meal
      5. Strategic Consumption of Coffee (t ½ 3-7 hours)
      6. Know your own alertness/Sleep Pattern!
   c. Post Call Residents
      1. Lowest Alertness 6AM –11AM after being up all night
      2. Full Recovery from Sleep Deficit takes 2 nights
      3. Take 20 min. nap or Cup Coffee 30 min before Driving

In addition programs will employ back up call schedules as needed in the event a resident can’t complete an assigned duty period.

How Monitored:
The institution and program monitor successful completion of the online modules. Residents are encouraged to discuss any issues related to fatigue and alertness with supervisory residents, chief residents, and the program administration. Supervisory residents will monitor lower level residents during any in house call periods for signs of fatigue. Adequate facilities for sleep during day and night periods are available at all rotation sights and residents are required to notify Chief Residents and program administration if those facilities are not available as needed or properly maintained. At all transition periods supervisory residents and faculty will monitor lower level residents for signs of fatigue during the hand off. The institution will monitor implementation of this indirectly via monitoring of duty hours violations in New Innovations, the Annual Resident Survey (administered by the institution to all residents and as part of the annual review of programs) and the Internal Review process.
ANNUAL PERFORMANCE REVIEWS RATINGS FOR PROGRAM EDUCATIONAL EFFECTIVENESS

All programs are to submit an End of Year report to the Director of Accreditation by July 1 of each year regarding the results of the meeting. The information should include the following:

1. Program is reviewed more than just once a year (bi annual)
2. Minutes are kept
   Containing, Time, Location, Those in Attendance (faculty and residents)
3. Review of Documents
   Board Passage Rates; Inservice Scores, Core Curriculum Completion, Letters of Accreditations (Citations, Cycle Length), Internal Review Results, Progress Reports, WebADS Data, Rotation Schedules, Curriculum (Lectures – Topics and Speakers; Goals and Objectives for each rotation; Required Readings or assignments; Staff at site – supervision), Policies and Procedures, Residency Manual, ACGME Resident Survey Results, LSU End of Year House Office Questionnaire Results, Procedure Logs, Evaluation Instruments and Feedback Results, Supervision and Duty Hours Compliance
4. Action Plans developed, Follow-up date for action plans

APPOINTMENT OF HOUSE OFFICERS

Programs must secure, in writing, funding for all house officers that will be training in the program. If funding is not adequate, match quotas or number of house officers the program accepts for that year must be adjusted

CLOSURE/REDUCTION POLICY

If the University itself intends to close or to reduce the size of a House Officer program or to close a residency program, the University shall inform the Designated Institutional Official, the GMEC, and House Officers as soon as possible of the reduction or closure. In the event of such reduction or closure, the University will make reasonable efforts to allow the House Officers already in the Program to complete their education or to assist the House Officers in enrolling in an ACGME accredited program in which they can continue their education. (Approved GMEC: Oct. 20, 2007)

RELOCATION OF RESIDENCY PROGRAMS OR ALLOCATION OF POSITIONS POLICY

All program directors are mandated to notify the Assoc. Dean, Dean, Chancellor, and Director of Governmental Affairs of any proposed changes in resident allocations or program changes in any facility involved in the University’s educational mission. That information, in turn, will be communicated by the Director of Governmental Affairs to the Systems Office as well as to any legislators whose constituents might be affected by such a move.
**DEA NUMBERS**

All temporary DEA Numbers issued at MCLNO are valid from the date issued thru the house officer’s period of training. Use of this temporary DEA number is restricted to prescriptions written only for MCLNO patients on the MCLNO Prescription Form # MCL 12/95 (blue). Violators will be reported to the Medical Director and DEA for appropriate disciplinary action.

Once the house officer receives the LSBME license, he/she is eligible to apply for his/her permanent DEA License. The application process takes 3-6 months to complete, therefore, it is recommended that physicians begin this process before their temporary DEA Number expires.

**DISASTER POLICY FOR GME**

A disaster is an event or set of events that causes significant alteration or interruption to one or more programs. Instructions for how to proceed are described in item 2 below.

1. The Disaster Plan is designed to cover unanticipated and anticipated disasters that result in partial or complete loss of training facilities. In the case of anticipated disasters (e.g. hurricanes) the resident is expected to follow the rules in effect for the training site to which they are assigned at that time (e.g. Code Gray at MCLNO). In the immediate aftermath the resident is expected to attend to personal and family safety and then render humanitarian assistance where possible (e.g. temporary medical facilities). In the case of anticipated disasters, residents who are not ‘essential employees” and are not included in one of the clinical sites emergency staffing plans should secure their property and evacuate should the order come. If there is any question about a house officer’s status, he/she should contact their Program Director before the disaster. Residents who are displaced out of town will contact their Program Directors as soon as communications are available. In most cases temporary residency offices will be established at the local Charity Hospital (EKL – Baton Rouge, UMC – Lafayette and Chabert – Houma) soon after the disaster and residents who have not been able to contact their program can report there for instructions. In addition to the resources listed below the residents are directed to the Accreditation Council for Graduate Medical Education (ACGME) web site for important announcements (www.acgme.org) and guidance. The ACGME, Program Directors and DIO will work closely together to assure as smooth a response as practical and to assist residents in their needs.

2. All LSUHSC employees are governed by the “Policy on Weather Related Emergency Procedures for LSUHSC-New Orleans (CM-51).” The resident is expected to be familiar with this policy. Of particular note are the following:

   a. **Communication** – all communication will be maintained via the Emergency Web Site (www.lsuhsc.edu), the Emergency Information Hot Line (866-957-8472) and via statewide radio and television. In the event of complete loss of usual communication methods PIN numbers for key administration and others will be listed on the Emergency Web Site.
a. **Phone Trees** – all academic units must submit phone trees and disaster plans to the Chancellor’s Office by May 1 of each year.

b. **Personnel Availability** – all employees are required to update their personal contact information on the LSUHSC-NO registry website.

c. **The LSUHSC-NO campus will not serve as an evacuation site.**

3. **Administration** will relocate and reestablish function at the earliest possible time in a central location most likely on the main campus of LSU in Baton Rouge. The location and further information will be listed on the web site. Communication will begin immediately between the DIO and Program Directors. Weekly or more frequent meetings will be held at a central site to begin working with program directors on relocation of training program rotations and reassignment or transfer of residents where necessary.

4. **Payroll** – residents are paid by electronic deposit and is done off site therefore there will be no interruption anticipated. Residents are encouraged to bank with an institution that has at least regional offices.

5. **Transfers**

There are two types of transfers: temporary and permanent. Residents are advised that these two terms are often confused by accepting programs as are the rules regarding temporary transfer of Medicare funding. To protect the resident the following steps should be followed:

A.) **Temporary Transfers** – refer to those transfers where the program remains open and needs to assign the resident for a particular educational reason to an in- or out of state facility. These transfers are sanctioned by the program and may or may not involve transfer of funding caps. The significant distinction here is these rotations are not for the duration of the residents training except in some residents in their final year of training and occur because your training program establishes them for specific training experiences. They remain LSUHSC-NO employees and receive paychecks from LSUHSC-NO.

B.) **Permanent Transfers** – The institution understands that in severe catastrophes that residents previously in good standing and committed to the program may develop a personal or professional need to transfer out of the program to another program. The institution does not encourage this but understands this need may arise and believes the program and institution should take reasonable steps to help this occur in a timely and smooth fashion. In the case of permanent transfers the resident is leaving their LSU program permanently to complete either all or their current period of training at another institution. These residents are no longer LSUHSC-NO employees and receive no paycheck from LSUHSC-NO. They become employees of the accepting institution. It is important for all parties to recognize that LSUHSC-NO does not “own” residency caps (Medicare) therefore cannot affect transfer of these caps. Residents who permanently transfer do not have funding or caps that transfer with them. In addition, during a complete disaster with parties spread out in different geographic locales and travel difficult there may not be time to physically route a letter. Since time is often of the essence in obtaining a position the institution has adopted the following procedures:

a. The resident sends an email to the LSUHSC-NO Program Director requesting permanent transfer to a certain program (named in the email) effective a certain date and include the
accepting Program Director and DIO name and contact information and specifically their email addresses. The residents email should indicate the resident has initiated this request and it is not due to any actions on LSUHSC-NO part, that the resident expressly permits the Health Science Center to release information regarding his/her standing in the program and relevant information regarding educational status and the performance of the resident, and the LSU DIO must be copied.

b. The LSUHSC-NO Program Director then writes an email to the accepting Program Director copying the DIO of both institutions and the requesting resident, stating that the LSUHSC-NO program releases the resident and that the resident is at a specified level of training and in good standing in the program and any other relevant information. This email must state that this is a permanent transfer and that no funding or GME caps will transfer with the resident. It should reflect the termination date.

c. The accepting Program Director must reply to all of the acceptance and understanding and agreement of the terms outlined in the transfer email.

d. Once this is completed the transfer is official and the resident contacts the LSUHSC-NO Residency Program Business Manager or the GME Office for instructions on termination.

6. Within 10 days the DIO will contact the ACGME to devise a plan for steps to be taken and information to be provided to the ACGME. Within 30 days the DIO will submit plans for program reconfiguration to the ACGME.

Approved by GMEC: June 21, 2007

**DRUG SCREENING**

House officers are not allowed to start work prior to receiving the results of the pre-employment drug screening. This is in accordance with LSUHSC Human Resources policy.

All drug screening for new hire house officers should be done as soon as possible after the MATCH. House officers are to contact their program coordinator to schedule their drug screening. House officers should bring with them a valid driver’s license or valid state id with photo or a passport; prescription medication they are currently taking; and a completed agreement to submit to Drug Testing/Release of Test Results Form, Drug Notification Form, and where applicable Chain of Custody document and kit.

**DUTY HOURS POLICY** (Effective 7/1/2011)

The institution adopted the ACGME Duty Hours that may be summarized as:
Maximum House of Work Per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration.

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:

appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.
Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.

   This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

   Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

**Maximum Frequency of In-House Night Float**

Residents must not be scheduled for more than six consecutive nights of night float. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

**Maximum In-House On-Call Frequency**

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

**At-Home Call**

Time spent in the hospital by residents on at-home call must count towards the 80-hours maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Residents are required to log all duty hours in New Innovations Software Program or its replacement program. Those who fail to log duty hours or log erroneous duty hours are subject to disciplinary action. (GMEC Feb 2011)
The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. To accomplish this, the institution will implement the following policies and procedures:

1. Each program will need to sign a statement attesting to compliance with these requirements at all sites.
2. Each program will develop their own written duty hours policy that is in keeping with the ACGME and Institutional policy. This policy will be distributed to all trainees and faculty with a copy provided to the GME Office. The policy must delineate specifically how compliance will be monitored and what actions will be taken to remedy problems. Yearly changes or revisions to policies must be forwarded to the GME Office.
3. Programs must monitor residents for fatigue. The institution will develop resources to educate faculty and residents about sleep deprivation and fatigue.
4. The institution will ask each participating institution to advise it where legally permissible of incidents or trends suggesting fatigue as a component of the problem.
5. If the program has developed and instituted a method to monitor for individual resident duty hour compliance (eg work hour logs) it will regularly share this data with the institution.
6. The institution encourages programs to add questions on the duty hour requirements to their monthly rotation evaluations in addition to other monitoring.
7. The institution will make it clear to residents that our Ombudsman is available to field questions or complaints about duty hours and those such complaints will remain anonymous.
8. The resident agreement of appointment/contract includes a reference to duty hours policy and an agreement to participate in institutional monitoring of duty hours.
9. Internal Reviews include detailed sections on duty hours.
10. An annual web-based questionnaire will be administered to residents regarding duty hours by the GME Office. Responses will be anonymous.
11. The GME Office will randomly audit programs.
12. Program specific data will be presented annually in the End of Year Program Review Minutes submitted to the GME Office for review.
13. Violations of duty hours requirements by participating institutions may result in removal of residents from that institution.
14. Programs with violations will be subject to close, regular monitoring by GMEC.
15. Programs cited by the ACGME for duty hour violations will have special monitoring programs implemented.
16. Moonlighting must be strictly approved in writing and monitored to assure resident fatigue does not become a problem.
17. Duty Hours Hotline is established to monitor residents complaints.

This policy applies to every site where trainees rotate.
GRANTING DUTY HOUR EXCEPTIONS

The Graduate Medical Education Committee (GMEC) will accept, review and act on requests to increase resident duty hours up to a maximum of 88 hours per week when averaged over a four week period.

Applications for such increases shall be based on a sound educational rationale. Only programs in good standing with their RRC may apply for increases.

Process:

1. Programs will submit a written request as described below.
2. After screening by the Graduate Medical Education Office to be sure the application is complete, it will be presented for consideration at the next regularly scheduled GMEC.
3. GMEC will vote to endorse or not endorse the request based on the merits of the application. The decision is not appealable.
4. If approved the Designated Institutional Official/Chair of GMEC will prepare a letter of endorsement to be included in the programs application to their RRC along with a copy of the Institutions Policies and Procedures for Granting Duty Hour Exceptions.
5. The institution will reevaluate the continued necessity and appropriations of the increase and patient safety aspects of the increased hours at each internal review.

Application Format:
The program must supply information on each of the areas below sufficiently detailed for GMEC to make an informed decision.

1. Patient Safety: Describe how the program will monitor, evaluate, and ensure patient safety with extended resident work hours.
2. Educational Rationale: Provide a sound educational rationale which should be described in relation to the program’s stated goals and objectives for the particular assignments, rotations, and levels of training for which the increase is requested. Blanket exceptions for the entire educational program should be considered the exception, not the rule.
3. Moonlighting Policy: Include specific information regarding the program’s moonlighting policies for the periods in questions.
4. Call Schedules: Provided specific information regarding the resident call schedules during the times specified for the exception. Explain how this will be monitored.
5. Faculty Monitoring: Provide evidence of faculty development activities regarding the effects of resident fatigue and sleep deprivation.

DUTY HOURS ATTESTATION STATEMENT

The following statement must be signed by every incoming program director of a LSU training program.

As the program director of ________________________________ (program name) at LSU School of Medicine-New Orleans I have read the Institutional Policy regarding Duty Hours and by signing this document I attest to compliance of the policy in the
I also attest that my program has developed a program specific duty hours policy that is in compliance with the ACGME and institutional guidelines and it has been issued to the faculty and house officers within my program.

I agree to monitor the house officers for fatigue and educate the faculty and house officers about the seriousness of sleep deprivation and fatigue on work performance. As program director I agree to report to the Graduate Medical Education Committee (GMEC) semi annually regarding data, house officer performance and compliance within my program to the duty hours policy.

Should changes be made to the program policy or monitoring issues the LSU School of Medicine- New Orleans Office of Graduate Medical Education and the GMEC Committee will be notified.

**EXPERIMENTATION AND INNOVATION**

The GMEC must maintain oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirement, including:

Approval prior to submission to the ACGME and/or respective RRC

Adherence to Procedures for “Approving Proposals for Experimentation or Innovative Projects” in ACGME Policy and Procedures and

Monitoring quality of education provided to residents for the duration of such a project.

**EXTREME EMERGENT SITUATIONS**

Extreme emergent situation is defined as a local event (such as a hospital-declared disaster for an epidemic) that affects resident education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures.

**Declaration of an Extreme Emergent Situation:**
Declaration of an extreme emergent situation may be initiated by a Program Director or by the DIO. Declaration of a qualifying local disaster is made by the DIO, in collaboration with the hospital CEO, the COO, the CMO, affected Program Directors, and Department Chairs. When possible, an emergency meeting of the GMEC – conducted in person, through conference call, or through web-conferencing – shall be convened for discussion and decision-making as appropriate.
**Procedure:**
After declaration of an extreme emergent situation:

The Program Director of each affected residency/fellowship program shall meet with the DIO and other university/hospital officials, as appropriate, to determine the clinical duties, schedules, and alternate coverage arrangements for each residency program sponsored by the Institution. ACGME's guidelines for development of those plans should be implemented, including:

Residents and fellows must be expected to perform according to the professional expectations of them as physicians, taking into account their degree of competence, level of training, and context of the specific situation. Residents who are fully licensed in this state may be able to provide patient care independent of supervision in the event of an extreme emergent situation, as further defined by the applicable medical staff by-laws.

Residents are also trainees/students. Residents/fellows should not be first-line responders without consideration of their level of training and competence; the scope of their individual license, if any; and/or beyond the limits of their self-confidence in their own abilities.

Program Directors will remain in contact with the DIO about implementation of the plans to address the situation, and additional resources as needed.

The DIO will call the ACGME IRC Executive Director if (and, only if) the extreme emergent situation causes serious, extended disruption that might affect the Institution/Program's ability to remain in substantial compliance with ACGME requirements. The ACGME IRC will alert the respective RRC. If notice is provided to the ACGME, the DIO will notify the ACGME IRC ED when the extreme emergent situation has been resolved.

The DIO and GMEC will meet with affected Program Directors to establish monitoring to ensure the continued safety of residents and patients through the duration of the situation; to determine that the situation has been resolved; and to assess additional actions to be taken (if any) to restore full compliance with each affected resident's completion of the educational program requirements.

*Approved GMEC: August 16, 2012*

**Fellow Ranking**

To distinguish a fellow from a resident, the LSU Systems Office approved the following titles for fellows:

House Officer 8 – first year of fellowship program
House Officer 9 – second year of fellowship program
House Officer 10 – third year of fellowship program

**These titles DO NOT relate to the postgraduate year of the individual.**
GRADUATE EDUCATION TEMPORARY PERMIT (GETP)

The LSBME may issue a GETP to an International Foreign Medical Graduate (FMG), for the purpose of enrolling & participating in an accredited program of postgraduate medical education (residency or fellowship). The FMG must pass USMLE Step 3 within the 24 months during which GETP is maintained; otherwise, the IMG is ineligible for further training. The FMG must also comply with other provisions of the LSBME.

INP-55 POSITIONS

LSU does not allow appointment of international medical graduates into INP-55 positions for training purposes.

J-1 VISA RESIDENTS AND FELLOWS

The institution policy states that there are to be no gratis appointment clinical training positions for International Medical Graduates on J-1 ECFMG sponsored visas. In addition fellows on J-1 visas must not be appointed in part as instructors nor may they moonlight to generate any income. Trainees on J-1 visas may not be appointed to gratis or self funded positions, nor may they moonlight to generate any income.

LEAVE OF ABSENCE (LOA) ACCOUNT

The House Officer LOA account was set up to be used in the PS-Resident Scheduler System to schedule house officers on LOA/LWOP from the program. It is a non-paying account. House officers are placed on this account in the PS-Resident Scheduler system if they have used all vacation, sick leave and other allowed paid leave. House officers are also assigned to this account in the PS-Resident Scheduler System if they have not passed Step 3 of the Licensing exam and are entering their 3rd year of post graduate training; if they are away doing a "research" year to fulfill a future fellowship requirement; and if they have to return to their country but will be returning to the US to complete training during the same academic year.

LICENSURE

House Officer Contracts state all house officers must have a valid LA Medical Permit/License/GETP for training. It is the house officer’s responsibility to contact the LSBME regarding licensure and to maintain a valid LA Medical License or permit during all training years. All questions regarding permits or licensure should be directed to LSBME staff.

Licensure is available to graduates of medical school who complete the PGY 1 or PGY 2 year, pass USMLE Step 3 and meet all other requirements of the LSBME.
Graduates of Osteopathic Schools follow the same procedure as the MD graduate for interns and PGY2s, and must pass USMLE Step 3 or Complex 3 before proceeding to the PGY 3 year of training. They need to contact LSBME to apply for the permit.

Individuals that do not want to apply for a LA Medical License are eligible for a LA Medical Permit after completing the PGY 2 year if they have taken and passed USMLE Step 3. They should contact LSBME to apply for the permit.

All questions regarding permits or licensure should be directed to LSBME staff.

Permits

PGY1
- For up to 12 months
- Issued to graduates of medical /osteopathic schools
- For first year internship

To enter the PGY2 year, interns (PGY1) must either apply for full licensure or renew their training permit. House Officers are encouraged to take and pass USMLE Step 3 in their PGY1 year so that they can apply for full licensure after the PGY1 year. Applicants who do not pass USMLE Step 3 in their PGY1 year may apply for a PGY2 permit for up to 12 months except for international medical graduates (IMG’s). There is no extension of the training permit beyond 24 months of total training (i.e. PGY1 and 2) without passing USMLE Step 3. Please see the LSBME.org site for rules governing obtaining full licensure for those who do pass Step 3.

PGY2
- For up to 12 months
- Issued to graduates of medical /osteopathic schools
- Can be issued to graduates of a medical / osteopathic school who have not taken and/or passed USMLE 3/ Complex 3
- If applicant has not previously received LSBME-issued PGY 1 permit (i.e. applicant from out-of-state moving to LA and applying for PGY 2 permit) applicant must complete a licensure application and provide letter from PGY 2 Program Director. There is generally no permit or license issued and immediately available to the applicant who has not taken and passed the USMLE Step 3 when the PGY 2 permit expires.

The following documents are needed for a one-year valid PGY 2 permit:
1) Permit fee—which is determined by the State Board
2) A promotion letter signed by the Program Director stating PGY 2 name and starting and ending dates in program as PGY 2. These letters must be dated May 1st or later.

All programs with PGY 2s must send LSBME a letter, signed by the program director, for each PGY 2 informing LSBME that the individual is a PGY 2 in their program and include the fiscal year.
**LOSS OF ACCREDITATION - MAJOR PARTICIPATING INSTITUTION**

When a Major Participating Institution loses its accreditation or recognition, the Sponsoring Institution must notify and provide a plan of response to the IRC within 30 days of such loss.

**MATCH POLICY**

All programs that are able to participate in the Match must do so in accordance with all rules and regulations of the NRMP. Programs are advised to be aware of the rules regarding hiring of residents/fellows outside of the Match.

Programs that receive the list of students that they matched before Match Day are not to share this information with the students either directly or indirectly prior to Match Day. The Match ceremony is a very special event in the student's life and placement should be a surprise until the student receives notification from the Associate Dean of Student Affairs.

**MEAL TICKETS – MCLANO**

The value of the MCLANO meal tickets will be $4.50. This ticket will cover the cost of daily meal specials to include a small drink.

**MEDIA POLICY**

The Office of Information Services is charged with the responsibility for releasing information about programs, emergencies, crimes, controversies, the official position on issues involving the LSU Health Science Center, and other events to which the press has a reasonable claim.

The following procedures are established:

1. LSUHSC personnel shall not release information about programs, events and other activities to the media independent of the Office of Information Services.
2. No one is authorized to speak to the media concerning LSUHSC policy or significant matters affecting the HSC unless directed to do so by the Office of Information Services and the Chancellor’s Office.
3. All media contact to the campus must be directed to the Office of Information Services.
4. The Office of Information Services is responsible for coordinating efforts of the HSC to obtain coverage in the news media.
5. Faculty and staff should make every effort to apprise the Office of Information Services of events which may be newsworthy.
6. Faculty and staff shall work with the Office of Information Services to “be available” to representatives of the news media when requested.
7. HSC personnel contacted for an interview by media representatives shall immediately inform the Office of Information Services.
8. The Office of Information Services will conduct Media Training as necessary or requested, to prepare faculty and staff to deal effectively with media.

**MEDICAL MALPRACTICE VERIFICATION REQUESTS FOR HOUSE OFFICERS**

The verification form requires, that the person requesting the verification must indicate briefly the nature of his/her association with the listed hospital(s)/company(ies), facility and/or organization(s). This information must be included when submitting the form for the Director of Medical Education’s signature. After signing, the form will be forwarded to Vice Chancellor for Administrative, Community and Security Affairs office for the verification letter. Forms that are submitted for the Director of Medical Educations’ signature that do not include the required information will be returned to the department to complete. Please provide complete addresses on all agencies not listed in the multiple choice section.

**LSUHSC DOES NOT PROVIDE COVERAGE FOR WORK NOT DONE FOR OR ON BEHALF OF LSUHSC (MOONLIGHTING). CONTRACTS BETWEEN LSUHSC AND OTHER INSTITUTIONS HAVE THE MALPRACTICE COVERAGE LANGUAGE ALREADY IN THEM FOR WORK DONE FOR AND ON BEHALF OF LSUHSC.**

**MOONLIGHTING POLICY (Effective 7/1/2011)**

Professional activity outside of the scope of the House Officer Program, which includes volunteer work or service in a clinical setting, or employment that is not required by the House Officer Program (moonlighting) shall not jeopardize any training program of the University, compromise the value of the house officer’s education experience or interfere in any way with the responsibilities, duties and assignments of the House Officer Program. It is within the sole discretion of each Department Head and/or Program Director to determine whether outside activities interfere with the responsibilities, duties and assignments of the House Officer Program. Residents must not be required to moonlight. Before engaging in activity outside the scope of the House Officer Program, house officers must receive the written approval of the Department Head and/or Program Director of the nature, duration and location of the outside activity. All moonlighting must be tracked in New Innovations Software Program. PGY1s may not moonlight. All internal and external moonlighting must be counted in the 80 hour maximum weekly hour limit. Residents must not schedule moonlighting that will cause the 80 hour maximum. Residents who schedule moonlighting resulting in violation of the 80 hour rule will be subject to disciplinary action including but not limited to loss of moonlighting privileges. Residents’ performance will be monitored for the effect of these moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission to continue.

House officers while engaged in professional activities outside the scope of the House Officer Program are not provided professional liability coverage under LSA-R.S. 40:1299.39 et seq., unless the professional services are performed at a public charity health care facility. A house officer providing services outside the scope of the House Officer Program shall warrant to
University that the house officer is and will remain insured during the term of any outside professional activities, either (1) insured against claims of professional liability under one or more policies of insurance with indemnity limits of not less than $500,000 per occurrence and $1,000,000 in the aggregate annually; or (2) duly qualified and enrolled as a health care provider with the Louisiana Patient’s Compensation Fund pursuant to the Louisiana Medical Malpractice Act, LSA-R.S. 40:1299.41 et seq. or (3) that the house officer is provided such coverage by the person or entity who has engaged the house officer to provide the outside professional services.

House officers shall not provide outside professional activities to any other state agency (e.g., Department of Health and Hospitals, Department of Public Safety and Corrections, Office of Mental Health, etc.) by means of a contract directly between the house officer and the other state agency. Should a house officer desire to provide outside professional services to another state agency, the contract must be between the LSU School of Medicine in New Orleans and the other state agency for the house officer’s services, and the house officer will receive additional compensation through the LSU payroll system. House officers should speak with the Departmental Business Administrator of the House Officer Program to arrange such a contract.

The LA State Board and the DEA will independently investigate and prosecute individual residents if they so desire regarding the following:

- To moonlight all house officers must be fully licensed and have their own malpractice and DEA number.
- Moonlighting in pain and weight loss clinics is not allowed by the LSBME.
- Pre-signing prescriptions is illegal.
- Using Charity prescriptions outside Charity is prohibited – your “Charity” BNDD (DEA) is site specific.
- Don't ever sign anything saying you saw a patient if you didn't see the patient
- All narcotics prescriptions must be put in the patient's name and address plus the date - don't "let the nurse do it"
- House officers are held accountable for things all things signed - read the fine print
- Follow accepted practice guidelines for everything especially weight loss and pain patients
- All house officers should be cognizant of Medicare fraud and abuse guidelines.

Documentation of resident moonlighting is part of the Internal Reviews and the ACGME site visit.

**MOONLIGHTING - FOREIGN MEDICAL GRADUATES**

Moonlighting by J-1 visa holders is not allowed. This was instituted to prevent abuse of J-1 visa holders and to prevent their having to moonlight to generate their own salary. If an activity is considered an integral part of a program it should be covered by the base salary. If it is not covered by the base salary it is considered moonlighting. Any J-1 moonlighting is in violation of our contract with the residents and the ACGME guidelines which both forbid forced moonlighting.
NEW HIRE, PROMOTION, AND TERMINATION PAPERWORK

All new hires, promotions, non promotions and terminations within a program must have all completed paperwork to the GME office prior to June 1st. Clearance for hire must be issued once an individual has completed the required pre-employment drug screening. All new hire packets must be completed with proper signatures before house officers can begin the training program. All PER 3’s to promote, terminate, or transfer house officers must be completed by June 1st. Information on spreadsheets is requested and they are due by the specified due dates or attached to PER 3.

All of the paperwork is required to:
1. Pay the new house officers for the first pay period of July.
2. Pay the continuing house officers at their promoted levels.
3. Pay the terminating house officers their last check, and make them eligible to receive their deferred compensation contribution if they elect to deduct the funds.
4. Pay the transferring house officers at their correct level of pay and transfer them to the correct program for July 1.

NEW INNOVATIONS COMPUTER SOFTWARE PROGRAM

New Innovations is the software package that has been chosen by the Office of Graduate Medical Education to collect and maintain resident records for ACGME accreditation and compliance purposes. To comply with institutional policies, House Officer must record duty hours in the Duty Hours module of New Innovations. Additionally, many departments require the use of the software program for completion of evaluations, recording of case and procedure logs, and informing residents of events at which their attendance is required. Information about how to use New Innovations can be obtained at http://www.medschool.lsuhsc.edu/medical_education/graduate/NI. Additionally, instructions on use of New Innovations will be given at the House Officer Orientation. Failure to comply with GME and departmental policies regarding the use of New Innovations may result in disciplinary action.

NOTIFICATION (MANDATORY) OF FACULTY POLICY (PATIENT CARE) (EFFECTIVE 7/1/2011)

In certain cases faculty must be notified of a change in patient status or condition. The table below outlines those instances in which faculty must be called by PGY level.

<table>
<thead>
<tr>
<th>Condition</th>
<th>PGY 1</th>
<th>PGY 2</th>
<th>PGY 3 and above</th>
</tr>
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<tbody>
<tr>
<td>Care of complex patient</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Transfer to ICU</td>
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<td></td>
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<tr>
<td>DNR or other end of life decision</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Emergency surgery</td>
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</tr>
</tbody>
</table>
Acute drastic change in course
Unanticipated invasive or diagnostic procedure
Add more as needed

**How monitored**
Chief Residents, faculty, and programs will monitor by checking for proper implementation on daily rounds, morning reports, and other venues as well as solicitation of reports from faculty on lack of appropriate use of the policy.

**OUT-OF-COUNTRY/OUT-OF-STATE RESIDENT/FELLOW ELECTIVE ROTATION**
Residents cannot participate in out-of-country or out-of-state electives while assigned to the MCLANO account for the rotation. Salary and fringe benefits must come from another source of funds, i.e. departmental funds, funds from the institution he/she will be at for the elective, or funding approval, in writing, from a private institution that our program has an affiliation with for the resident/fellow training.

The following must be understood if the resident/fellow participates in an out-of-country or out-of-state rotation while on vacation.

Any time spent on vacation should not be counted as part of the educational program for credit purposes. If applicable, the resident/fellow should be notified in writing that the rotation does not count towards satisfying educational requirements.

State Malpractice will not cover the resident/fellow working at an institution while out-of-state or out-of-the country during vacation time. The resident/fellow will have to purchase his/her own policy if the institution he/she will be at does not provide malpractice insurance while working at the institution. It would be very wise to obtain a copy of the policy that will cover the resident or a statement to that effect.

The resident/fellow must have the available vacation time to do an out-of-country/state rotation. The program will be financially responsible for any time taken over the allowed vacation days.

**OUT OF STATE ROTATIONS POLICY**
Out of state rotations are limited to those required by either the ACGME or the respective board and that cannot be obtained in the state. For trainees to do out of state rotations there must be a document in place that outlines conditions of the rotations such as who covers salaries, malpractice, general liability and other necessary items. For various reasons it is preferred we use the standard (approved) affiliation agreement for LSUHSC New Orleans. In those cases where the institution allowing our resident to rotate insists on using their own contract (affiliation agreement) we will attempt to accommodate that wish but will require additional time for legal review and negotiation between institutions because there are often provisions to which we cannot agree. A common example of conditions we can’t agree to is many agreements state we
will be bound by the laws of another state. Other common items we can’t agree to include malpractice requirements that exceed our state cap.

In order to assure timely processing of these agreements we have adopted the following policies:

1. All out of state rotations should begin with the departmental Business Manager in coordination with the program opening a dialog with the LSU School of Medicine Contracts Office. They will initiate a discussion with the host institution regarding the agreement to be used. If it is the LSU Affiliation Agreement it will be routed as usual. If it is the host institutions agreement it should be completed by the program and forwarded to Contracts for review and referral to HSC Counsel as needed. These discussions with the Contracts Office and the host institution must begin at least 3 months before the rotation begins.

2. After all parties agree on the final language it will be routed for signatures. Please remember contracts (including affiliation agreements) must be signed by appropriate institutional officials and not simply by the program or GME Office.

3. During this time there should also be discussions between the program and Mr. Ronald Gardner’s Office to assure that all issues regarding malpractice coverage are resolved. It may be that additional malpractice insurance in excess of our state cap will need to be purchased.

These steps will often take months as the host institution and our institution must negotiate any changes in the agreements. It is probably best to not formally establish a firm date for the rotation until these agreements are executed.

Any time spent on vacation should not be counted as part of the educational program for credit purposes. If applicable, the resident/fellow should be notified in writing that the rotation does not count towards satisfying educational requirements.

Approved GMEC August 16, 2012

PAY LINES AND RESIDENT NUMBERS

Programs, through their departmental business offices are responsible for keeping resident numbers within the numbers agreed to in the contracts with each institution where they are sending residents. Variances will be the responsibility of the department. This information is attested to each month by departments and programs via the attestation statement.

PERMITS - PROVISIONAL TEMPORARY

The LSBME may issue these permits to individuals pending application for VISA or for those individuals pending results of Criminal History Record Information.
Licensure is available to graduates of medical school who complete PGY 1 or PGY 2 program, pass USMLE Step 3 and meet all other requirements of the LSBME.

**PROFESSIONALISM AND LEARNING ENVIRONMENT POLICY (EFFECTIVE 7/1/2011)**

In keeping with the Common Program Requirements effective 7/1/2011 our GME programs wish to ensure:

1. Patients receive safe, quality care in the teaching setting of today.
2. Graduating residents provide safe, high quality patient care in the unsupervised practice of medicine in the future.
3. Residents learn professionalism and altruism along with clinical medicine in a humanistic, quality learning environment.

To that end we recognize that patient safety, quality care, and an excellent learning environment are about much more than duty hours. Therefore, we wish to underscore any policies address all aspects of the learning environment not just duty hours. These include:

1. Professionalism including accepting responsibility for patient safety
2. Alertness management
3. Proper supervision
4. Transitions of care
5. Clinical responsibilities
6. Communication / teamwork

Residents must take personal responsibility for and faculty must model behaviors that promote:

1. Assurance for fitness of duty
2. Assurance of the safety and welfare of patients entrusted in their care
3. Management of their time before, during, and after clinical assignments
4. Recognition of impairment (e.g. illness or fatigue ) in self and peers
5. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

The institution further supports an environment of safety and professionalism by:

1. Providing and monitoring a standard Transitions Policy as defined elsewhere.
2. Providing and monitoring a standard policy for Duty Hours as defined elsewhere.
3. Providing and monitoring a standard Supervision Policy as defined elsewhere.
4. Providing and monitoring a standard master scheduling policy and process in New Innovations.
5. Adopting and institution wide policy that all residents and faculty must inform patients of their role in the patient’s care.
6. Providing and monitoring a policy on Alertness Management and Fatigue Mitigation that includes:
   a. Online modules for faculty and residents on signs of fatigue.
   b. Fatigue mitigation, and alertness management including pocket cards, back up call schedules, and promotion of strategic napping.
7. Assurance of available and adequate sleeping quarters when needed.
8. Requiring that programs define what situations or conditions require communication with the attending physician.

(Professionalism and Learning Environment policy adopted from ACGME Quality Care and Professionalism Task Force AAMC Teleconference July 14, 2010.)

Process for implementing Professionalism Policy

The programs and institution will assure effective implementation of the Professionalism Policy by the following:

1. Program presentations of this and other policies at program and departmental meetings.
2. Core Modules for faculty and residents on Professionalism, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and Substance Abuse and Impairment.
3. Required LSBME Orientation.
4. Institutional Fitness for Duty and Drug Free Workplace policies.
5. Institutional Duty Hours Policy which adopts in toto the ACGME Duty Hours Language.
7. Comprehensive Moonlighting Policy incorporating the new ACGME requirements.
8. Orientation presentations on Professionalism, Transitions, Fatigue Recognition and Mitigation, and Alertness Management.

Monitoring Implementation of the Policy on Professionalism

The program and institution will monitor implementation and effectiveness of the Professionalism Policy by the following:

Evaluation of residents and faculty including:

a. Daily rounding and observation of the resident in the patient care setting.
b. Evaluation of the residents’ ability to communicate and interact with other members of the health care team by faculty, nurses, patients where applicable, and other members of the team.
c. Monthly and semi-annual competency based evaluation of the residents.
d. By the institution in Annual Reviews of Programs and Internal Reviews.
e. By successful completion of modules for faculty and residents on Professionalism, Impairment, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and others.
f. Program and Institutional monitoring of duty hours and procedure logging as well as duty hour violations in New Innovations.
RECORDS RETENTION POLICY

The LSU Health Sciences Center records retention policy allows for records to be archived on microfilm and permission may be obtained to shred the physical copies. Permission may be obtained from the Secretary of State, Archives and Records Services. This policy is defined by Louisiana state law LSA-R.S. 44:411.

RESIDENT FILES - ACCESS AND COPIES POLICY

Residents should have access to view their records during normal business hours. In the case of appeals in which the resident invokes the Due Process outlined in the House Officer Manual, the resident may be granted copies of items from the folder necessary to present his/her case. In the case of resident files subpoenaed the may be an applicable page charge. (GMEC 7/08)

SALARY POLICY FOR HOUSE OFFICER

House officers may not be appointed gratis or self funded to ACGME approved programs. House officers will be paid the LSUHSC approved base salary at the assigned academic level in the training program regardless of the number of postgraduate years completed in other training programs. House officers training at the same academic level in the training program must receive the same salary amount. No one will be paid more or less than another trainee in that program at the same academic level.

All first year residents and fellows will be paid a base salary no higher than the approved base salary for a first year resident or fellow in the training program and a base salary no higher than the approved base salary for all other academic levels in the training program.

All trainees will be appointed in the personnel system with the approved base salary for his/her academic level of training. Programs that have approval to pay residents or fellows a salary greater than the approved base salary can do so by paying the difference between the approved base salary and the greater amount by submitting a PER 3. The source of funds for this difference can be department/section funds, funds from an executed contract, a grant or another source of funds. All trainees at the same academic level are to receive the same salary amount. A separate executed contract must be done. An existing or renewed house officer contract cannot be used to pay a higher salary than the approved base salary.

RESIDENT SCHEDULER SYSTEM AND SYSTEM FUNCTIONS (PS-RTS)

The PS-Resident Scheduler System (PS-RTS) provides the Payroll system the information required to issue a paycheck to all house officers.

The following information are guidelines for programs to follow to appoint house officers & input rotation schedules in the Resident Scheduler System. Program Coordinators must send New Hire packets to all new hire house officers entering their program(s). House officers are to complete the New Hire packet and return the packet with all required documents to the Program
The Program Coordinators must attach a completed Personnel Form 2 (PER 2) to the New Hire packets and send the packet with the Per 2 to the GME Coordinator to review and forward to the Dean’s Office for signature. The Dean’s Office signs and forwards the New Hire paperwork and PER 2 to Human Resource Management (HRM) to forward to the Chancellor’s Office for signature. It is returned to HRM to input the data contained in the New Hire Packet and on the PER 2 into the PeopleSoft Personnel system.

- Once the house officer’s information has been inputted into the PeopleSoft Personnel system, the Program Coordinator can enter the house officer rotation schedules into PS-RTS.

A check will not be issued for any house officer that is assigned to a non-paying account, or assigned to Leave of Absence Action in the resident scheduler system. If a House Officer is assigned for less than 100% effort, his/her check will be issued based on the percent of effort he/she is assigned in PS-RTS.

**Account Codes** – Account Codes are issued by accounting once a fully executed contract for the rotation site is received. Accounting enters the account code information in PeopleSoft to be used when scheduling House Officers.

**Facility Numbers** – Facility Numbers identify the Facility the House Officer is assigned to each month and is entered in the PS-Resident Scheduler System when the program Coordinator enters the schedule for the month.

The PS-RTS is locked to all Coordinators every payday for the next pay period and it is locked to the GME Coordinator a week prior to the House Officer payday. The information in PS-RTS is used by payroll to issue a paycheck to the House Officers. When the PS-RTS System is locked, any changes related to that payroll must be made on a PER 3 submitted by the Program Coordinator to the GME Coordinator. The PS-RTS must be locked for paychecks to be issued.

**Schedules - Verification and Entered in RTS**

Program Coordinators are encouraged at the beginning of every month to begin entering their House Officer Schedules for the next month. Coordinators can use the Unassigned/Under Assigned option in PS-RTS to view if they have any un-assigned or under-assigned house officers for a particular month or range of dates. The GME Coordinator also reviews the Un-Assigned/Under-Assigned option in PS-RTS before locking the PS-Resident Scheduler System. If any problems are seen, the GME Coordinator contacts the program coordinator for clarification before corrections are made and the system is locked by the GME Coordinator.

Program Coordinators are encouraged to have the schedules for a particular month entered in PS-RTS by the last day of the previous month. Program Coordinators can begin scheduling for the next fiscal year when the Account Codes have been activated in PS-Resident Scheduler System to begin scheduling for the next fiscal year. The Program Coordinator can only schedule the new House Officer if the New Hire packet has been received by HR and the information has been entered into the PS Personnel System. Once the House Officer’s information is entered in PS-
Personnel, he/she will appear in PS-RTS and the rotation schedule can be entered. The GME Coordinator can update past and present PS-RTS schedules, except when PS-RTS system has been locked by the GME Coordinator.

After payroll runs that includes the last day of the month, the Program Coordinator must run and print the Certification Report with signature page for that month. The report is reviewed by everyone that must sign and corrections are to be made to the report. If there are account code changes, a PER 3 noting the account code change must be attached to the Certification report and submitted to the GME Office. The GME Office enters the corrections in PS-RTS. When all reports are received and all corrections made, the GME Office notifies accounting and accounting can begin their invoice process.

Discrepancies between the invoice and the information the hospitals have must be investigated and corrected and new invoices printed.

**STAYING LONGER THAN 24+4 RESIDENT POLICY (EFFECTIVE 7/1/2011)**

PGY 1 residents’ duty periods may be no longer than 16 hours and there are no exceptions allowed. Upper level residents are not allowed to stay longer than 24 hours with 4 hours for transitions. In those rare and extenuating cases where a resident absolutely must remain after 24+4 the resident must contact the Program Director for a specific exemption. If that is permitted verbally then the resident must communicate by email with the Program Director telling:

1. the patient identifying information for which they are remaining,
2. the specific reason they must remain longer than 24+4,
3. assurance that all other patient care matters have been assigned to other members of the team,
4. assurance that the resident will not be involved in any other matter than that for which the exemption is allowed and
5. assurance that the resident will notify the program director when they are complete and leaving.

In the event that the Program Director does not hear from the resident in a reasonable time (time specified by program), the Program Director or designee will locate the resident in person and assess the need for any further attendance by the resident. Residents caught in violation of this policy or who abuse this rare privilege will be subject to disciplinary action for unprofessional behavior.

**How Monitored:**
The program director will directly monitor each of these cases. It is anticipated these requests will be infrequent at most. The Program Director will collect and review the written requests on a regular basis on each case and all cases in aggregate. The institution will monitor numbers and types of exceptions of this during annual reviews of programs and Internal Reviews.
SUPERVISION AND PROGRESSIVE RESPONSIBILITY POLICY (EFFECTIVE 7/1/2011)

Several of the essential elements of supervision are contained in the Policy of Professionalism detailed elsewhere in this document. The specific policies for supervision are as follows.

Faculty Responsibilities for Supervision and Graded Responsibility:

Residents must be supervised in such a way that they assume progressive responsibility as they progress in their educational program. Progressive responsibility is determined in a number of ways including:

1. GME faculty on each service determine what level of autonomy each resident may have that ensures growth of the resident and patient safety.
2. The Program Director and Chief Residents assess each resident's level of competence in frequent personal observation and semi-annual review of each resident.
3. Where applicable progressive responsibility is based on specific milestones (programs should list such milestones as applicable – must complete sim lab or be promoted to next level or do so many procedures before can do this or that procedure….)
4. Use of simulation labs and OSCEs where applicable before allowing the residents to perform procedures on patients.

The expected components of supervision include:

1. Defining educational objectives.
2. The faculty assessing the skill level of the resident by direct observation.
3. The faculty defines the course of progressive responsibility allowed starting with close supervision and progressing to independence as the skill is mastered.
4. Documentation of supervision by the involved supervising faculty must be customized to the settings based on guidelines for best practice and regulations from the ACGME, JACHO and other regulatory bodies. Documentation should generally include but not be limited to:
   a. progress notes in the chart written by or signed by the faculty
   b. addendum to resident’s notes where needed
   c. counter-signature of notes by faculty
   d. a medical record entry indicating the name of the supervisory faculty.
5. In addition to close observation, faculty are encouraged to give frequent formative feedback and required to give formal summative written feedback that is competency based and includes evaluation of both professionalism and effectiveness of transitions.

Programs are advised to list specific educational sites / environments and describe the chain of supervisory command in each. Examples include:
- Clinics
- ER
- In patient services
- ORs
- ICUs
Instructions to Programs: What follows are the definitions of various levels of supervision. Below that are grids for several generic type rotation types. Put “xxs” in those boxes where that level of supervision is required and supplied. Simply delete those boxes not applicable and rename those for rotation types as needed. The goal is not to have a grid for each rotation but each rotation type.

The levels of supervision are defined as follows:

- **Direct Supervision by Faculty** - faculty is physically present with the resident being supervised.

- **Direct Supervision by Senior Resident** – same as above but resident is supervisor.

- **Indirect with Direct Supervision IMMEDIATELY Available – Faculty** – the supervising physician is physically present within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

- **Indirect with Direct Supervision IMMEDIATELY Available – Resident** - same but supervisor is resident.

- **Indirect with Direct Supervision Available** - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

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

**Inpatient Services**

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**PGY 1 residents may not be unsupervised by either faculty or more senior residents in the hospital setting.**

**How Monitored:**
The institution will monitor implementation of the policies through Annual Review of Programs and Internal Reviews. Furthermore the institution monitors supervision through a series of questions in the Annual Resident Survey. The program will monitor this through feedback from residents and monitoring by Chief Residents and Program Directors. Supervision will be added to the annual review of programs.

**TRANSITIONS/HAND-OFF POLICY (EFFECTIVE 7/1/2011)**

The transitions policy is created in recognition that multiple studies have shown that transitions of care create the most risk or medical errors (ACGME teleconference July 14, 2010.) In addition to the below specific policies, promotion of patient safety is further ensured by:

1. Provision of complete and accurate rotational schedules in New Innovations
2. Presence of a back up call schedule for those cases where a resident is unable to complete their duties.
3. The ability of any residents to be able to freely and without fear of retribution report their inability to carry out their clinical responsibilities due to fatigue or other causes.

Policy and Process

Residents receive educational material on Transitions in Orientation and as a Core Module.

In any instance where care of a patient is transferred to another member of the healthcare team an adequate transition must be used. Although transitions may require additional reporting than in this policy a minimum standard for transitions must include the following information:

1. Demographics
   a. Name f. Weight
   b. Medical Record Number g. Gender
   c. Unit/room number h. Allergies
   d. Age i. Admit date
   e. Attending physician – Phone numbers of covering physician

2. History and Problem List
   a. Primary diagnosis(es)
   b. Chronic problems (pertinent to this admission/shift)

3. Current condition/status

4. System based
   a. Pertinent Medications and Treatments
   b. Oral and IV medications
   c. IV fluids
   d. Blood products
   e. Oxygen
   f. Respiratory therapy interventions

5. Pertinent lab data

6. To do list: Check x-ray, labs, wean treatments, etc - rationale

7. Contingency Planning – What may go wrong and what to do

8. **ANTICIPATE** what will happen to your patient. Ex:
   a. “If patient seizes > 5 minutes, give him Ativan 0.05mg/kg. If he still seizes load him with 5mg/kg of fosphenytoin.”

9. Code status/family situations
10. Difficult family or psychosocial situations
11. Code status, especially recent changes or family discussions

This information is found on pocket cards delivered to each house officer. The process by which this information is distributed is via Core Modules and Orientation presentations to residents and via a Compliance Module for faculty. In addition this information is presented in program/departmental meetings.

*Programs must periodically sample transitions including a sample of a patients chart and interview of incoming team to ensure that key elements are transmitted and have been understood. You must have this written as part of your policy.*
How monitored:

Faculty are required to answer a question on effectiveness of witnessed transitions on each evaluation. Programs – you must add to the end of each monthly evaluation form in New innovations the following language “I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.” The process and effectiveness of each program’s system is monitored through the Annual Program Review and the Internal Review process. The institution and program will monitor this by periodic sampling of transitions, as part of the Annual Review of Programs and as part of the Internal Review Process.

VISITING RESIDENT – OBSERVATIONAL

Visiting Observerships should be for one month in duration and must not exceed 3 months in a year.

In order for a visiting resident to do observational work the following documents are required.

A letter from the LSUHSC department acknowledging/informing the GME office of the status of the visiting resident which includes the following:

- Full name, Start date and end date.
- Paragraph stating he/she is observing and that there is no direct or indirect patient care.
- Paragraph stating there is no re-numeration or salary offered and that any costs incurred, including transportation, all living expenses and mandatory health insurance is the visiting resident’s responsibility, (see attached sample).
- Approval of rotation with signature line for Chairman, Program Director, Director of Graduate Medical Education, and visiting resident.
- Have an ID badge to be worn while on campus and in hospitals, or obtain a visiting ID badge from LSUHSC Human Resource Management Department. Department should contact HRM department for instructions for obtaining a visiting ID badge.
- Must submit a MCLANO Appointment form for Visiting House Officer to GME Office to forward to MCLANO

Once the Chairman, Program Director, and visiting resident have signed the letter, it is sent to the attention of GME Coordinator. After all parties have signed, copies are sent to Medical Education Office at MCLANO for observation privileges at MCL/University Hospital; Vice Chancellor for malpractice issues; the GME Office keeps a copy and the original is returned to the program.
VISITING RESIDENT – PARTICIPATING IN PATIENT CARE ACTIVITIES

Visiting participating resident periods should be for one month in duration and must not exceed 3 months in a year.

The following information is criteria and required documentation for a visiting resident:

1. A letter from the LSUHSC department acknowledging/informing the GME office of the status of the visiting resident which includes the following:
   - Full name of visiting resident/fellow.
   - Start date and end date visiting resident/fellow will be participating in the short-term training.
   - Paragraph stating what the training will include (for example, participating in clinics, scrubbing in Surgery, attending various academic conferences connected with the program, along with all the hospitals the visiting resident/fellow will be rotating to during the visit, (see attached sample).
   - Paragraph stating there is no re-numeration or salary offered and that any costs incurred, including transportation, all living expenses and mandatory health insurance is the visiting resident’s responsibility, (see attached sample).
   - Approval of rotation with signature line for Chairman, Program Director, Director of Graduate Medical Education, and visiting resident.

2. Must have a valid Louisiana Medical permit/license before beginning the short-term training as a visiting resident/fellow. Visiting resident/fellow must contact the LSBME at (504) 568-6820 to obtain information on getting a temporary permit to practice medicine in LA. This is a lengthy process (a few months), therefore it should be done as soon as the visiting resident decides he/she wants to come to LA. Permit/license is to be attached to the letter (#1).

3. If the visiting resident/fellow is a foreign medical graduate (FMG), he/she must have a valid ECFMG certificate and it should also be attached to the letter (#1) along with the LA license/permit.

4. Have an ID badge to be worn while on campus and in hospitals, or obtain a visiting ID badge from LSUHSC Human Resource Management Department. Department should contact HRM department for instructions for obtaining a visiting ID badge.

5. Must submit a MCL Appointment for Visiting House Officer Form to the LSUGME Office to approve and forward to MCL.

Once the Chairman, Program Director, and visiting resident have signed the letter, it is sent to the attention of GME Coordinator to obtain the signature of the Director of Medical Education. After all parties have signed, copies are sent to Medical Education Office at MCLANO for observation privileges at MCL/University Hospital; Vice Chancellors Office for malpractice issues; the GME Office keeps a copy and the original is returned to the program.
VENDOR POLICY

Relations to vendors and all other private entities are covered by the Code of Government Ethics and the policies promulgated by the LSUHSC Conflict of Interest Committee via various Chancellors Memoranda. All state employees are bound by the ethics statutes with the most relevant being Louisiana Code of Governmental Ethics Title 43, Chapter 15 number 6 page 14 – Gifts. To paraphrase - “no public employee shall solicit or accept directly or indirectly anything of economic value as a gift or gratuity from any person if the public employee does or reasonably should know such a person conducts activities or operations regulated by the public employees agency or has substantial economic interests which may be substantially affected by the performance or nonperformance of the public employees duty. “ When in the various training sites the resident is further bound by the rules and policies of that institution.

AMA CODE OF MEDICAL ETHICS, OPINION 8.061, “GIFTS TO PHYSICIANS FROM INDUSTRY.”

(1) Any gifts accepted by physicians individually should primarily entail a benefit to patients and should not be of substantial value. Accordingly, textbooks, modest meals, and other gifts are appropriate if they serve a genuine educational function. Cash payments should not be accepted. The use of drug samples for personal or family use is permissible as long as these practices do not interfere with patient access to drug samples. It would not be acceptable for non-retired physicians to request free pharmaceuticals for personal use or use by family members.

(2) Individual gifts of minimal value are permissible as long as the gifts are related to the physician's work (e.g., pens and notepads).

(3) The Council on Ethical and Judicial Affairs defines a legitimate "conference" or "meeting" as any activity, held at an appropriate location, where (a) the gathering is primarily dedicated, in both time and effort, to promoting objective scientific and educational activities and discourse (one or more educational presentation(s) should be the highlight of the gathering), and (b) the main incentive for bringing attendees together is to further their knowledge on the topic(s) being presented. An appropriate disclosure of financial support or conflict of interest should be made.

(4) Subsidies to underwrite the costs of continuing medical education conferences or professional meetings can contribute to the improvement of patient care and therefore are permissible. Since the giving of a subsidy directly to a physician by a company's representative may create a relationship that could influence the use of the company's products, any subsidy should be accepted by the conference's sponsor who in turn can use the money to reduce the conference's registration fee. Payments to defray the costs of a conference should not be accepted directly from the company by the physicians attending the conference.

(5) Subsidies from industry should not be accepted directly or indirectly to pay for the costs of travel, lodging, or other personal expenses of physicians attending conferences or meetings, nor should subsidies be accepted to compensate for the physicians' time. Subsidies for hospitality should not be accepted outside of modest meals or social events held as a part of a conference or meeting. It is appropriate for faculty at conferences or
meetings to accept reasonable honoraria and to accept reimbursement for reasonable travel, 
lodging, and meal expenses. It is also appropriate for consultants who provide genuine 
services to receive reasonable compensation and to accept reimbursement for reasonable 
travel, lodging, and meal expenses. Token consulting or advisory arrangements cannot be 
used to justify the compensation of physicians for their time or their travel, lodging, and 
other out-of-pocket expenses.

(6) Scholarship or other special funds to permit medical students, residents, and fellows to 
attend carefully selected educational conferences may be permissible as long as the 
selection of students, residents, or fellows who will receive the funds is made by the 
academic or training institution. Carefully selected educational conferences are generally 
defined as the major educational, scientific or policy-making meetings of national, 
regional, or specialty medical associations.

(7) No gifts should be accepted if there are strings attached. For example, physicians 
should not accept gifts if they are given in relation to the physician's prescribing practices. 
In addition, when companies underwrite medical conferences or lectures other than their 
own, responsibility for and control over the selection of content, faculty, educational 
methods, and materials should belong to the organizers of the conferences or lectures. (II) 

(Approved GMEC: July 21, 2007)

HOUSE OFFICERS ARE TO REFER TO THE LSU HOUSE OFFICER MANUAL OR 
THE GME WEBSITE http://www.medschool.lsuhsc.edu/medical_education/graduate/ 
FOR A COMPLETE LIST OF REQUIREMENTS, POLICIES, AND PROCEDURES 
PERTAINING TO THEIR TRAINING.