

LSU School of Medicine New Orleans House Officer Manual



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**LSUHSC
SCHOOL OF MEDICINE
OFFICE OF GRADUATE MEDICAL EDUCATION**

HOUSE OFFICER MANUAL 2016-17

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LSU SCHOOL OF MEDICINE - NEW ORLEANS

HOUSE OFFICER MANUAL

In the event a program or departmental policy or guideline conflicts with the LSU SOM NO House Officer Manual, the House Officer Manual takes precedence. (rev 11/23/13)

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:

Altruism - the “essence” of professionalism. Putting the best interests of patients, not self-interest, first.

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.

Excellence - entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning.

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.

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.

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 on line 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 (EXCEPT ORAL SURGERY AND DENTAL RESIDENTS) (revised 5/2016)

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 Education Commission for Foreign Medical Graduates or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction; or (4) graduates of medical schools outside the United States who have completed a Fifth Pathway Program by an LCME-accredited medical school.

[A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME-accredited medical school to students who a.) have completed, in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school; b.) have studied at a medical school outside the United States and Canada but listed in the World Health Directory of Medical schools; c.) have completed all of the formal requirements of the foreign medical school except internship and/or social service; d.) have attained a score satisfactory to the sponsoring medical school on a screening examination; and e.) have passed either the foreign Medical Graduate Examination in the Medical Sciences, Parts I and II of the examination of the National Board of Medical Examiners, or Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).]

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, or DDS license in the case of Dental resident and pre-MD Oral Surgery residents. The Louisiana State Board of Medical Examiners issues temporary training permits to qualified post-graduate year I 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.

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). Because of the wait times between sitting for the USMLE and the reporting time, residents not passing USMLE Step 3 by March 1 of their PGY 2 are subject to automatic non-renewal of their contract to enter the PGY 3. Some programs may have more restrictive policies. The rules for how many times the USMLE can be taken and the waiting times required between sitting for the test change. For this reason, the House Officer is urged to regularly review these specific rules.

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.

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 Graduate 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 to assist the resident learning in essential areas. All residents are expected to complete all assigned modules. 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 for review 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 are not given partial or complete copies of their files. In the cases where an outside entity is requesting information directly on a resident, upon receiving a valid release of information from our website, LSU will supply the requested information directly to the requesting institution. 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. This process must use our specific verification forms where applicable. These are found on the GME web site under "Program Coordinator Documents."

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) 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, non-renewal, non-promotion, extension of the probationary period of the House Officer's appointment, or a combination of the foregoing.

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 as early as circumstances will allow (rev 3/19/15).

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) any other action that the House Officer Program deems is appropriate under the circumstances.

DUE PROCESS

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, non-promotion 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 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. Rebecca Odinet-Frey, Director of Accreditation, 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. Odinet-Frey will work to resolve issues while protecting resident confidentiality. She can be reached at 504-599-1161 or rodine@lsuhsc.edu. (Revised June 2016)

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 an Annual Review of the program in the form of an Annual Program Evaluation (APE), an annual letter of accreditation from the ACGME based on a program report card and, if necessary, a Focused Visit by the GME Office, after presentation of the review to GMEC, the committee will 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 Academic Dean / DIO.

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. 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.lsbme.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 The Vice Chancellor for Community and Multicultural 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.

We do not allow observerships. Observerships are defined as any clinical or non-clinical activity done by anyone who has not yet begun or has completed previous GME training unless the activity is done as part of

an ACGME accredited program in which the visitor is currently enrolled. This policy applies to both international and US medical graduates, regardless of immigration or citizenship status.

(4/11/2014)

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. In some instances a resident taking all allowable LSU leave could exceed the time off allowed by their respective Board. For that reason residents should familiarize themselves with their Board policies regarding the *effects of leave on board eligibility*. Discussions should occur with the training program director regarding the potential impact of your leave on board eligibility.

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 (Ashley Walker) at the Office of Graduate Medical Education (504-568-2468), located at 2020 Gravier Street, 6th floor, Room 614 .

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.lsuhs.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. Meals will be provided for House Officers in accordance with each participating sites policy on meals. Adequate sleeping accommodations will be provided by the participating site for House Officers assigned to night call.

MALPRACTICE INSURANCE

The State of Louisiana provides professional liability coverage pursuant to LSA-R.S. LSA-R.S. 40:1237.1 et seq. to House Officers when acting within the course and scope of their training under the supervision of a 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. 40:1237.1 et seq. when engaging in ANY professional activities outside the scope of the House Officer Program. All professional liability matters should be directed to The Vice Chancellor of Community and Multicultural 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. 40:1237.1 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

SEE MOONLIGHTING POLICY

DEA NUMBERS

Controlled substance prescriptions are carried out in accordance with the training site where the resident is whether that be electronic or paper prescribing. While on a training permit residents may use hospital specific DEA numbers for patients of that facility only. They may not use these numbers at other sites or for non-patients such as fellow residents, family members and friends. Violators will be reported to the Medical Director and DEA for appropriate disciplinary action.

After completing one year of training and passing USMLE Step 3, U.S. graduates may apply for and may be granted full licensure by the LSBME. In that case the resident should obtain at their own expense a private DEA number good at any site. 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.

BE ADVISED that any medical-type activity (ANY) outside the scope of your training program is considered moonlighting and would not be covered by state malpractice insurance provided by the institution for training purposes only.

MOONLIGHTING (Adopted 6/28/2016)

Moonlighting is any medical-type professional activity that is not part of the course and scope of the resident or clinical fellow's educational program. Moonlighting must not interfere with the ability of the resident or clinical fellow to achieve the goals and objectives of the educational program. All medical and non-medical type outside employment should be reviewed and approved by the program in accordance with LSU System Permanent Memorandum – 11.

- All moonlighting activities must be reported by each resident and each clinical fellow as duty hours within the New Innovations Software Program.
- All moonlighting must be counted toward the 80-hour weekly limit duty hours.
- Residents and clinical fellows cannot be required to engage in moonlighting activities.
- PGY - 1 residents are not permitted to engage in any moonlighting activity.
- Resident and clinical fellows employed under a J-1 visa are prohibited by law from participating in moonlighting activities.
- Residents and clinical fellows are not permitted to participate in any moonlighting activities at pain or weight loss clinics.
- Individual ACGME-accredited Programs may prohibit moonlighting by the Program's residents and clinical fellows.
- Each resident and clinical fellow must submit to his/her Program Director, a prospective, written request for approval of all moonlighting activity, which must be signed and approved by the Program Director and/or Department Head and maintained as part of the resident or fellow's permanent training record. Each request for moonlighting must include the nature, duration and location of the moonlighting activities and must be accompanied by a completed Disclosure of Outside Employment Form in accordance with LSU System Permanent Memorandum - 11.
- Residents and clinical fellows participating in moonlighting activities must be fully licensed to practice medicine in each state where he/she moonlights and must have their own Federal DEA # to support any moonlighting activities. Neither a training license nor a training DEA # may be used to support any moonlighting activities.
- Residents and clinical fellows moonlighting will not be covered for medical malpractice under the University's Professional Liability Insurance Policy. Residents and fellows must maintain adequate professional liability coverage or ensure that his/her outside employer provides adequate professional liability coverages. It is the responsibility of the resident or fellow and his/her outside employer to determine what level of coverage is "adequate". It is further the responsibility of the resident or fellow and his/her outside employer to determine whether the resident or fellow has the appropriate licensure, and the appropriate training and skills to carry out his/her assigned duties.
- Each Program Director shall be responsible for ensuring that moonlighting activities do not interfere with the ability of the resident or clinical fellow to meet the goals, objectives, assigned duties, and responsibilities of the educational program. Each Program Director shall monitor all moonlighting activities in his/her Program. If, at any time, moonlighting activities are seen as producing adverse effects on the resident or clinical fellow's performance in the Program, the Program Director may withdraw permission to moonlight.
- Permission for moonlighting may be withdrawn at any time by the Program Director, Department Head, and/or the Associate Dean of Graduate Medical Education.
- Residents and clinical fellows moonlighting without prior written approval will be subject to disciplinary action.

Any resident or clinical fellow violating any LSUHSC-NO moonlighting rule, policy or procedure will be subject to disciplinary action.

Special Considerations Deserving Emphasis:

The following behaviors are highly discouraged and in some cases, may be illegal. The LA State Board and the DEA will independently investigate and prosecute individual residents if they so desire.

Moonlighting if not fully licensed and if the House Officer does not have his/her own malpractice and DEA number.

Pre-signing of prescriptions.

Using prescriptions outside the assigned facility is prohibited –number is site specific.

Signing documentation saying you saw a patient and you didn't see the patient

Failure to put all narcotics prescriptions in the patient's name and address plus the date

Having a nurse do assigned tasks that are the physicians responsibility.

Failure to read the fine print. (House officers are held accountable for all things signed.)

Failure to follow accepted practice guidelines for everything especially weight loss and pain patients

Failure to be cognizant of Medicare fraud and abuse guidelines

Treatment of family members

Note: If a House Officer treats anyone he/she must create a medical record which includes a history, physical and appropriate laboratory and diagnostic tests in keeping with the standard of care. This activity is considered moonlighting and requires licensure, DEA and malpractice insurance independent of those provided as part of the training program. It is far better to refer family members and friends to another practitioner.

Once a House Officer has treated someone a doctor-patient relationship has been created and all the legal and professional issues that entails. This includes HIPAA laws precluding discussing it with the program or anyone else.

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 GMCC 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.

SIX GENERAL COMPETENCIES (Presented April 21, 2004 – GMEC)

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 cognate (eg, 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 the 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. R 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.lsuhs.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 (Tasha Treuil, 504-568-3916) about the occupational injury/disease within 30 days of the injury/disease to be eligible for Workman’s Compensation benefits. Human Resources will send the house officer an 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. New Orleans, LA 70112 504-561-1051	2460 Veterans Memorial Blvd. Metairie, LA 70062 504-456-9014	4015 Jefferson Hwy. Jefferson, LA 70121 504-837-6447	3225 Perkins Road Baton Rouge, LA 225-387-3030
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The house officer can also contact the on call Infectious disease fellows at University Medical Center – New Orleans (504-702-3000) 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 employee’s agency or has substantial economic interests which may be substantially affected by the

performance or nonperformance of the public employee's 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-telemmed.lsuhscc.edu>

Please refer to the LSUHSC website for the most recent revision.

http://www.medschool.lsuhscc.edu/medical_education/graduate/HouseOfficerManual.aspx

2/2011

9/2011

School of Medicine
Office of Medical Education

Charles W. Hilton, MD
Associate Dean for Academic Affairs
Office of Graduate Medical Education
2020 Gravier Street, Suite 602
New Orleans, LA 70112

I hereby certify that I have received the mandatory 2016-17 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.lsuhschool.edu/>; <http://www.lsuhschool.edu/no/administration/hrm>;
http://www.medschool.lsuhschool.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.lsuhschool.edu/medical_education/graduate/HouseOfficerManual.aspx.

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Print Name	AY 2016-2017 HO Level	Department
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Signature	Date	EMPLID

Return this form to Program Coordinator