

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 2022-2023

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I. INSTITUTIONAL ORGANIZATION AND RESPONSIBILITIES

This manual contains general standards, policies and procedures that govern all programs in graduate medical education (GME) at the LSU School of Medicine-New Orleans (aka School of Medicine). **In the event that a Program or Departmental policy or guideline conflicts with a policy in this manual, the policy contained here takes precedence.**¹

Policies are subject to change due to local, state and federal laws as well as changes in accreditation requirements. The manual will be updated as such requirements dictate.²

I.A. Sponsoring Institution

The principal purpose of the 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 Common and Specialty Requirements of the Accreditation Council for Graduate Medical Education (ACGME). The majority of LSU School of Medicine-New Orleans House Officers remain in the state of Louisiana; therefore, 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 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 the 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 are designated by the Departments and are 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 participate in the educational and scholarly activities of their Departments, training

hospitals, and the School of Medicine, 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, 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. Enhancement of a supportive culture with resources that promote well-being and self-care in a professional learning environment.
12. Assurance that, in the event of elimination or downsizing of a training program, every effort will be made to allow trainees in the program to complete the program. If not possible, the School of Medicine will make every effort to assist the trainee in finding another training program.

I.B. Participating Sites

A participating site is a location other than the sponsoring institution at which House Officers receive a portion of their education. Oversight of all educational assignments and of the quality of the learning and working environment for GME extends to all participating sites. House Officers must only be assigned to learning and working environments that facilitate patient safety and health care quality.

I.C. Statement of Commitment to Graduate Medical Education (GME)

The School of Medicine provides a rich and diverse learning environment for the education and training of medical students, House Officers, and fellows that facilitates trainees' professional, ethical and personal development and in accordance with the requirements

¹ November 2013

² July 2022

of the Accreditation Council for Graduate Medical Education.

The School of Medicine is committed to, and will be responsible for, promoting patient safety and resident well-being, and strive to provide a supportive educational environment. The School of Medicine and each of its GME programs, supports safe and appropriate patient care through appropriate curricula, evaluation, and resident supervision.

I.D. 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.

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

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

Department – The term “Department” shall mean the clinical department that the GME program resides in at the School of Medicine.

DIO – The term “DIO” shall mean Designated Institutional Official for Graduate Medical Education.

Graduate Medical Education – the term, “GME,” as used in this document encompasses residency and fellowship programs accredited by the Accreditation Council on Graduate Medical Education (ACGME), in addition to programs in dentistry, oral and maxillofacial surgery.

Graduate Medical Education Committee (GMEC) – the term, “GMEC” shall mean the School of Medicine committee that has the responsibility and oversight of the ACGME accreditation status of the Sponsoring Institution and each of its ACGME accredited programs. It maintains oversight of the quality of the GME learning and working environment.

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

Ombudsperson – The term “Ombudsperson” shall mean a third-party official to investigate House Officer complaints regarding issues they are having in their program.

Program – The term “Program” shall mean a resident or fellow training program of the Louisiana State University School of Medicine in New Orleans.

Sponsoring Institution – The term “Sponsoring Institution” shall mean the institution that has the ultimate authority and oversight of ACGME accredited residency and fellowship programs. Oversight of House Officer assignments and of the quality of the learning and working environment by the Sponsoring Institution extends to all participating sites.

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

II. INSTITUTIONAL RESOURCES

II.A. Institutional Resources

The School of Medicine and the programs ensure sufficient salary support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the Office of Graduate Medical Education (GME Office) and all of its Programs.

The GME Office, including the Academic Dean and Director of Accreditation, has an open door policy. Any House Officer with a concern may request assistance at any time. The GME Office located at 2020 Gravier Street, 6th Floor provides numerous services for House Officers and the training Programs. The GME Office administers the House Officer Payroll; processes education loan deferment certifications, and Verification of Internship forms for the Louisiana State Board of Medical Examiners. In addition, the office coordinates House Officer Orientation, LSBME License Application Day, and Residency Planning Day.

II.B. Program Administration

The School of Medicine is responsible for supervising House Officer training programs. The delegation of this responsibility is to individual Departments and the fulfillment 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. The design of on-call schedules for faculty is 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 are consistent with the institutional and specialty/subspecialty Program requirements of the ACGME.

II.B.1. Program Director

For every Program, there is a single Program Director with authority and accountability for the operation of the Program. The Program Director meets the qualifications as outlined in the specialty/subspecialty Program requirements of the ACGME. The Program Director bears responsibility for the organization and implementation of the Program not only to the Department Head, but also to the GMEC, the DIO, and the associated ACGME Review Committee. The Program Director must administer and maintain an educational environment conducive to educating the House Officers in each of the ACGME competency areas.

II.B.2. Faculty

The Program must ensure that for each educational assignment, there are a sufficient number of faculty with documented qualifications to instruct and supervise all House Officers at that location. The faculty must comply with all of the duties and responsibilities as outlined in the specialty/subspecialty Program requirements of the ACGME

II.B.3. Other Administrative Staff

The School of Medicine and the Program jointly ensure the availability of all necessary professional, technical, and clerical personnel for the effective administration of the Program including a designated Program Coordinator(s) who, in conjunction with the Program Director, is held accountable to the GME Office for all Sponsoring Institution and Program accreditation requirements.

II.C. House Staff Association

The School of Medicine ensures the availability of a House Staff Association that allows House Officers from across the Sponsoring Institution's accredited Programs to communicate and exchange information with each other relevant to their accredited Programs and their

learning and working environment. Any House Officer has the opportunity to raise a concern directly to the Association. The Association is able to bring concerns raised at its meetings to the Academic Dean and the GMEC.

II.D. Educational Tools – New Innovations and Medical Education Core Modules

New Innovations Medical Education Management Suite is the software the Sponsoring Institution has chosen for the management of Program documentation and requirements. House Officers have access to rotation schedules and information, electronic evaluations, and other academic resources through New Innovations.

House Officers are required to comply with the institutional policy regarding clinical and educational work hour monitoring / recording using the New Innovations software. House Officers must record their work hours for ACGME compliance by entering the data in the designated module within New Innovations on a weekly basis. Periodic monitoring is done to ensure that 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.

In order to enhance the House Officer's training experience, the Office of Graduate Medical Education provides a series of American Medical Association (AMA) and Institute for Healthcare Improvement (IHI) Core Curriculum On-line Modules to assist House Officer learning in essential clinical and educational areas. All House Officers must complete all assigned modules by the specified date set by the Sponsoring Institution.

II.E. Support Services and Systems

The School of Medicine, in partnership with GME Participating Sites, is committed to providing services in health care delivery systems that minimizes house staff work that is extraneous to their GME Programs' educational goals and objectives, and to ensure that House Officers educational experiences are not compromised by excessive reliance to fulfill non-physician service obligations. Services and systems that are provided to support House Officers education in a safe environment include patient support services, laboratory, pathology, radiology, and medical records. Provisions are made for a healthy and safe work

environment with 24-hour food services, call/nap rooms, and appropriate security.

III. COMPETENCIES, ENGAGEMENT, AND PROFESSIONALISM

III.A. Six General Competencies

The ACGME has implemented the requirement of six general competencies into the curriculum of all accredited Programs. The competency-based education Program is the core to the practice of all physicians and articulated through the ACGME Milestones for each specialty. The six competencies are responsible for defining the specific knowledge, skills, attitudes, and educational experiences required in order for their House Officers 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 (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 professionalism and an adherence to ethical principles; accountability to patients, society, and the profession; ability to recognize and develop a plan for one's own personal and professional will being; 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 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.

III.B. Engagement in Patient Safety and Quality Improvement

III.B.1. Patient Safety Reporting System

The School of Medicine and the Participating Institutions are committed to patient safety, including access to systems for reporting errors, adverse events, unsafe conditions, and near misses, in a protected manner that is free from reprisal; and opportunities to contribute to root cause analysis or other similar risk-reduction processes. Each participating site has its own patient safety reporting system.

III.B.2. Access to Data for Quality Improvement

The School of Medicine and the Participating Institutions are committed to quality improvement, including access to data to improve systems of care, reduce health care disparities, and improve patient outcomes, and opportunities to participate in quality improvement initiatives. Quality Improvement measures are reported to the GMEC by the participating sites representatives.

III.C. Professionalism

The School of Medicine, in partnership with the Program Directors of its programs provide a culture of professionalism that support patient safety and personal responsibility. The Institution promotes a professional, respectful, and civil environment that is free from unprofessional behavior, including but not limited to mistreatment, abuse and/or coercion of House Officers, other learners, faculty, and staff members. The School of Medicine maintains a commitment to professionalism that is essential to the continued existence of medicine as a profession and the House Officer's successful development and performance as a physician. Daily recognition and commitment to professionalism allows a House Officer the ability to realize his/her potential and to achieve and maintain the expectations of society. House Officers are exposed to both professional and unprofessional behavior during training and, through learning, mentoring, evaluation, self-reflection, and continued professional development, develop the set of characteristics that define them over time. Many, if not most of the professional problems encountered in

the future, can be minimized if not avoided by strict adherence to the following Elements of Professionalism.

The Elements of Professionalism are Altruism, Accountability, Excellence, Duty, Honor and Integrity, and Respect for others. They are in part 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, House Officers, fellows.

House Officers are evaluated for adherence to the above principles in many ways, including monthly evaluations,

semi-annual evaluations, OSCEs, 360° and peer evaluations, and others. Behaviors that reflect a commitment to professionalism include completion of all tasks which are assigned. Such tasks are inclusive of accurately logging and adhering to clinical and educational work 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, completing curriculum modules and other on line assignments, and maintenance of licensure and certifications. In addition, House Officers must obtain an awareness of, adherence to, and compliance with Institutional and GME policies and procedures inclusive of those in the LSU School of Medicine House Officer Manual, and both the LSU and ACGME institutional and program requirements.³

Any unprofessional behavior of a House Officer, faculty, staff member or student can be brought forth in a confidential manner to the DIO, or the GME Ombudsman in addition to the chief academic officer or medical director where applicable.

IV. INSTITUTIONAL GME POLICIES AND PROCEDURES

IV.A. Breastfeeding / Lactation Policy

House Officers, who are breastfeeding, are provided accommodations according to the policy of the training site at which they are assigned.

IV.B. Compensation, Including Gratis and Self-Funded Positions

Compensation is provided consistent with the pay scale recommended by the Graduate Medical Education Committee. 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.⁴

House Officer level and compensation is based on a trainee successfully completing all requirements for academic promotion to the next PGY level. House

³ GMEC July 2012

⁴ GMEC July 2005

Officers 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.⁵

LSU GME is supportive of a diverse, equitable and inclusive learning and caring environment as outlined in the LSUSOM policy on Diversity and as covered in Chancellors Memorandum -10 (EEOC Policy) and the Chancellors Memoranda and Permanent Memoranda listed below in section IV of this manual

IV.C. Sexual Harassment / Discrimination Policy (CM49)

Chancellor's Memorandum
CM-49 – Sexual Harassment / Gender-Based Harassment and Discrimination⁶

LSU Health Sciences Center in New Orleans (“LSUHSC-NO”) 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, LSUHSC-NO prohibits discriminatory practices, including sex and gender based harassment and discrimination, including Sexual Misconduct (e.g. sexual assault, stalking, dating violence, domestic violence, sexual exploitation, retaliation, etc.). 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 sexual 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; or

4. The conduct effectively denies a person equal access to an education program or activity.

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

- 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;
- Physical assault;
- Unwanted sexual compliments, innuendo, suggestions or jokes;
- The display of sexually suggestive pictures or objects.

Any member of the LSUHSC-NO community, who has a workplace sexual harassment complaint against a supervisor, co-worker, visitor, faculty member, or other person, has the right and obligation to bring the problem to the attention of LSUHSC-NO. Any employee, including any person that is both a student and an employee at LSUHSC-NO, who has knowledge of sex or gender-based harassment or discrimination, including Sexual Misconduct, must file a report with the Title IX Coordinator. Any supervisor who witnesses such conduct or receives a complaint from an employee or student must report the incident to the Title IX Coordinator. An employee who fails to promptly make a report without good cause or, with the intent to harm or deceive, knowingly makes a report that is false, **shall be terminated**, in accordance with R.S. 17:3399.13.3.

Any student, faculty and/or staff member, who believes he or she has been sexually harassed, should immediately report the incident to the Title IX Coordinator. Any recipient of a complaint involving sex or gender-based harassment and discrimination must similarly and immediately notify the Title IX Coordinator.

The Title IX Coordinator for LSUHSC-NO can be contacted at:

LSUHSC-NO Title IX Coordinator Academic Affairs
Resource Center-433 Bolivar Street
New Orleans, LA 70112

⁵ GMEC January 2011

⁶ CM-49, July 21, 2021
<https://www.lsuohsc.edu/administration/cm/cm-49.pdf>

The Title IX Coordinator will conduct procedures in accordance with [Permanent Memorandum \(“PM”\) 73](#)⁷ for all complaints received related to sex or gender-based harassment and discrimination. Human Resource Management (“HRM”), in collaboration with the Chief of Staff, will assist the Title IX Coordinator, as necessary, in cases that involve an employee and/or a person that is both an employee and a student, in accordance with the policy contained in the following LSUHSC-NO publications: Faculty Handbook, University’s Academic Catalog/Bulletin, and/or Residents and Fellows Policies and Procedures.

Actions taken to investigate and resolve sexual harassment complaints will 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. Faculty, staff, and students have an obligation to cooperate with the Title IX Coordinator and HRM in any 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.

For additional details regarding the policy and procedures related to Sex and Gender-Based Harassment and Discrimination, including Sexual Misconduct, please refer to [PM 73](#). LSUHSC-NO will make every reasonable effort to ensure that all members of the LSUHSC-NO community are familiar with this policy. Questions or concerns regarding this policy should be directed to the Title IX Coordinator.

Nothing in this CM supersedes LSU Permanent Memorandum 73.

IV.D. Disability Policy (CM26)

Louisiana State University (LSU) Health Sciences Center is an equal opportunity employer and makes employment decisions based on merit. LSU Health Sciences Center policy prohibits unlawful discrimination based on race, color, creed, sex, age, national origin, physical handicap, disability, medical condition, sexual orientation, or any other consideration made unlawful by federal, state or local laws. All such discrimination is unlawful.

LSU Health Sciences Center is committed to complying with all applicable laws providing equal employment opportunities to all individuals. That commitment applies to all persons employed by LSU Health Sciences Center and prohibits unlawful discrimination by all employees, including supervisors and co-workers.

To comply with applicable laws insuring equal employment opportunities to qualified individuals with a disability, LSU Health Sciences Center will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

Any applicant or employee who requires an accommodation to perform the essential functions of the job should contact the Department of Human Resource Management, Assistant Director, Employee Relations or Employee Relations Manager (504.568.4832) and request such an accommodation. The individual with the disability should specify the accommodation he or she need to perform the job. LSU Health Sciences Center will identify the barriers that make it difficult for the applicant or employee to have an equal opportunity to perform his or her job. LSU Health Sciences Center will identify possible accommodations, if any, that will help eliminate the limitation. If the accommodation is reasonable and will not impose an undue hardship, LSU Health Sciences Center will make the accommodation.

If a House Officer believes they have been subjected to any form of unlawful discrimination, they must provide a

⁷ <https://lsu.edu/administration/policies/pmfiles/pm-73.pdf>

written complaint to the Department of Human Resource Management as soon as possible. Complaints should be specific and should include the names of the individuals involved and the names of any witnesses. LSU Health Sciences Center will immediately undertake an effective, thorough, and objective investigation and attempt to resolve the situation.

If LSU Health Sciences Center determines that unlawful discrimination has occurred, effective remedial action will be taken, commensurate with the severity of the offense. Appropriate action will also be taken to deter any future discrimination. Whatever action is taken will be made known to the House Officer and LSU Health Sciences Center will take appropriate action to remedy any loss to the House Officer as a result of the discrimination. LSU Health Sciences Center will not retaliate for filing a complaint and will not willingly permit retaliation by management employees or co-workers.

IV.E. Diversity Policy Statement

The LSU Health Science Center believes that diversity among leadership, faculty, and learners is essential to fulfilling the institution's academic mission. The contributions of individuals with diverse backgrounds and perspectives enriches the educational experience for all learners, enables us to better address health care inequities, increases cultural competency in clinical care, improves service to our community, and expands the scope of our scholarship. A diverse environment also fosters learner understanding, and effective delivery of care to individuals of diverse backgrounds, which is integral to the mission of the school. As an inclusive community, we embrace the full range of human difference: race, gender, ethnicity, age, culture, national origin, religious belief, physical ability, sexual orientation, gender identity, socioeconomic class, and political convictions.

We are committed to fostering growth in the matriculation of African-American, Hispanic, Vietnamese, LGBT students as well as students from underserved rural regions of Louisiana. Institutional efforts to qualitatively strengthen the climate of inclusion and diversity of our learning community are inclusive of a focus on the development of effective pipelines for recruitment of students and residents from

communities which are underrepresented in our region's health professions workforce. The institutional mission of advancing the quality of the educational climate, promoting effectiveness of health equity research, and fully engaging equitable clinical service is supported by a focus on the recruitment and development of basic science and clinical faculty, and senior academic leadership who are underrepresented in our region's academic medical community with an emphasis on women, African American, Hispanic, Vietnamese, and LGBT faculty.

The effectiveness and progress of our pipeline program development will be evaluated through the implementation of systematic approaches to monitor trends in recruitment of students, residents, and faculty from target underrepresented communities. It is recognized that the creation of greater campus diversity may not be readily reflected among groups that are not easily measured. We will assess the impact of our outreach efforts within diverse target communities in terms of the quality of outreach messaging and programming. As we accept the opportunities to demonstrate leadership in our community in advancing health equity, we embrace the importance and value of continued growth of institutional diversity as an essential element of success in fulfilling this mission.

IV.F. Drug Free Workplace Policy

The LSU Health Sciences Center 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 LSU Health Sciences Center.

Abiding by this policy and any other drug policy established by LSU Health Sciences Center or other House Officer training facility, regardless of when promulgated, is a condition of the House Officer's employment with LSU Health Science Center.

IV.G. Drug Testing Requirement (Pre-Employment) Policy

As per Chancellor's Memorandum⁸ 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 (including cannabinoid) 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.⁹

No House Officer may be employed or paid before undergoing the pre-employment drug screening.

IV.H. EEO Policy

Chancellor's Memorandum
CM-10 – Equal Employment Opportunity Policy
Statement¹⁰

PURPOSE

The Louisiana State University Health Sciences Center New Orleans ("LSUHSC-NO") reaffirms its commitment to Equal Employment Opportunity policies and procedures in the recruitment, hiring, transfer, promotion, and other terms or conditions of employment without regard to race, color, ethnicity, national origin, sex (including pregnancy, sexual orientation, or gender identity/expression), age (over 40), spirituality, socio-economic status, disability, genetic information, family status, protected veteran's status, experiences, opinions or any aspect of one's social identity or other non-merit factor which cannot lawfully be used as the basis for an employment decision. Any discriminatory action can be cause for disciplinary action, up to and including termination. Additionally, retaliation against any individual for having complained about discrimination on the basis of any protected status described above or participating in the investigation of such a claim is expressly prohibited.

The equal employment policy has been carried out through the development and maintenance of Affirmative Action plans on the LSUHSC-NO campus. The execution of this policy requires vigorous efforts to identify and attract qualified applicants from groups underutilized at all levels in LSUHSC-NO. The policy further insures that all applicants receive fair consideration for employment and that all employees are treated fairly. Such action shall include, but not be limited to, the following: employment; promotion or upgrading; demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; selection for training; and tenure.

The Human Resource Management's ("HRM") Employee Relations Manager has been designated to have primary responsibility for implementing the equal opportunity policy at LSUHSC-NO. Administrative heads of all divisions and departments who have responsibility for recruitment, appointment, employment, and evaluation of faculty and staff are charged with seeing that the plan is successfully implemented and for cooperating fully with the official who has primary responsibility.

⁸ CM38-Substance Abuse Policy and Procedures

⁹ Page 6, 7 LSUHSC Substance Abuse Policy. The complete policy can be viewed at <http://www.lsuhscc.edu/administration/cm/cm-38.pdf>

House Officer Manual 2022-2023, Revised 6/27/2022

¹⁰ CM-10; July 15, 2021

<https://www.lsuhscc.edu/administration/cm/cm-49.pdf>

COMPLAINT PROCEDURE

A. Any member of the LSUHSC-NO community who believes that he or she has been subjected to discrimination and/or harassment in violation of this policy has a right to report the conduct to any LSUHSC-NO official, supervisor, or Human Resource Management. No student or employee is required to report or make a complaint of discrimination and/or harassment to the person who is engaging in the problematic conduct.

B. Any individual who receives a complaint or becomes aware of a possible violation of this policy will immediately notify the HRM Employee Relations Manager, to obtain advice and assistance in responding to the complaint.

The HRM Employee Relations Manager can be reached at:

LSUHSC-NO Human Resource Management
Resource Center- 433 Bolivar Street
New Orleans, LA 70112
Phone: 504-568-5798

C. The complainant and the individual who is the subject of the complaint will be notified about its resolution. Information obtained regarding the complaint will be treated as confidentially as possible with only those with a need to know being informed of the complaint or to the extent as required by law.

D. The Employee Relations Manager, in coordination with the Chief of Staff, shall report his/her findings and recommendations to the Chancellor, or his designee.

E. Substantiated violations of this policy will result in appropriate discipline, up to and including termination or other corrective action.

RECRUITMENT/HIRING GUIDELINES

All LSUHSC-NO schools and department shall follow all recruiting and hiring guidelines described in LSU's Permanent Memorandum (PM) 55¹¹ shall be followed.

¹¹ <https://www.lsuhscc.edu/administration/pm/pm-55.pdf>

¹² CM-66; December 18, 2018

<https://www.lsuhscc.edu/administration/cm/CM-66.pdf>

IV.I. Freedom of Speech Policy

Chancellor's Memorandum

CM-66 – Freedom of Speech and Expression¹²

Purpose

LSU Health Sciences Center - New Orleans (LSUHSC-NO) is fully committed to the principle that the free expression of ideas among students, faculty, staff, and visitors is fundamental to education, discovery, and dissemination of knowledge. Supporting this culture of freedom of speech includes a responsibility to allow expression of all ideas and opinions, including, without limitation, those which some may find unwelcome, disagreeable, or even deeply offensive, and to welcome all people into the discussion.

Policy Statement

In accordance with the First Amendment of the Constitution of the United States of America, with Article I, Section 7 of the Constitution of Louisiana, with other applicable laws and regulations, and with LSU Permanent Memorandum 79 - Freedom of Speech and Expression (PM-79)¹³, all students, faculty, and staff at LSUHSC-NO, along with visitors lawfully present on campus, are free to discuss any topic, assemble, and/or engage in spontaneous expressive activity as long as such discussion, assembly, or activity is not unlawful and does not materially and substantially disrupt the functioning of the LSUHSC-NO. Outdoor areas on campus that are generally accessible to the majority of students, faculty, and staff are deemed traditional public areas under state law that are open on the same terms to any speaker.

Due to the compact nature of its campus, LSUHSC-NO reserves the right to impose limitations on the time, manner, and place of expressive activities on groups of any size, without regards towards the content of the views expressed, for the purposes of ensuring:

- The safety of faculty, staff, students and visitors.
- The free speech rights of all parties.

¹³ <https://www.lsuhscc.edu/administration/pm/PM-79.pdf>

- The unimpeded flow of pedestrian and vehicular traffic on campus or into campus facilities.
- The undisrupted continuance of the normal activities of the educational mission.

Policy Administration

All definitions and policy requirements of LSU PM-79 are hereby incorporated into this LSUHSC-NO campus policy, which will be administered and enforced by the Vice Chancellor for Academic Affairs, the University Police, and such other campus officials as may be designated by the Chancellor.

Information about this policy shall be included in the LSUHSC-NO Faculty Handbook, the LSUHSC-NO Catalog Bulletin, annual training required of all students, faculty and staff, and in any other forms of publication that LSUHSC-NO may deem necessary to ensure wide understanding of the campus support for free speech and expression.

Visitors to the campus and all others violating this policy regarding time, place, and manner of speech and demonstration shall be subject to immediate eviction or removal from the campus without further warning by University Police and may be subject to appropriate legal action.

Any person aggrieved by a violation of this policy may file a written appeal of the decision or action to the Vice Chancellor for Academic Affairs within fourteen (14) calendar days of the decision or action. Students may file an appeal in accordance with Chancellor's Memorandum #56 – Student Responsibilities and Rights. Faculty may file an appeal in accordance with the relevant provisions in the Faculty Handbook. Staff may file an appeal with the Employee Relations section of Human Resources Management. The LSUHSC-NO shall reply in writing within fourteen days of receipt of the appeal, unless, for good cause, additional time is needed to ascertain all pertinent facts. The decision of the Vice Chancellor for Academic Affairs on the appeal shall be final.

IV.J. Extreme Emergent Situation or Disaster Policy

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 Participating Institutions Chief Executive Officer, the Chief Operating Officer, the Chief Medical Officer, affected Program Directors, and Department Heads. 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. After declaration of an extreme emergent situation: The Program Director of each affected training Program shall meet with the DIO and other university/training site officials, as appropriate, to determine the clinical duties, schedules, and alternate coverage arrangements for each training Program sponsored by the Institution. ACGME's guidelines for development of those plans should be implemented, including: House Officers 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. House Officers who are fully licensed in the 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. House Officers are also trainees/students. They 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 institution will make reasonable efforts to assure each resident/fellow continues to receive salary, benefits, and their respective assignments. The DIO will call the ACGME Institutional Review Committee (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 Review Committee (RC). If notice 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 a monitoring system. They system is to ensure the continued safety of House Officers 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 House

Officers' completion of the educational Program requirements.¹⁴

IV.K. House Officer Recruitment, Eligibility, and Selection Policy

House Officer selection criteria conforms to the guidelines of the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Program Requirements where applicable. 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 ECGMG are the only applicants eligible for selection. As noted in Chancellor Memorandum 39¹⁵, 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 Institutional and Program 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 Commission on Osteopathic College Accreditation (AOACOCA); (3) graduates of medical schools outside the United States who have received a currently valid certificate from the Education Commission for Foreign Medical Graduates (ECFMG) prior to appointment or have a full and unrestricted license to practice medicine in a United States licensing jurisdiction in which the ACGME-accredited Program is located; or (4) graduates of medical schools outside the United States who have completed a Fifth Pathway Program by an LCME-accredited medical school.

All fellow eligibility exceptions meeting the ACGME *Resident Eligibility Exception Requirement* must have

prior GMEC and DIO approval before ranking the candidate or offering a training position.

Eligible House Officer candidates are selected based on 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 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.

Requirements for medical licensure change periodically. 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. Because of the wait times between sitting for the USMLE and the reporting time, House Officers 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

¹⁴ GMEC August 2012

¹⁵ <https://www.lsuhs.edu/administration/cm/cm-39.pdf>

House Officer is urged to regularly review these specific rules.

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.

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, the School of Medicine training Programs will complete an updated FCVS form on each House Officer each year so that at graduation, FCVS has a completed record on the trainee that will facilitate credentialing in the House Officers later professional career. At the start of residency, House Officers will sign a release for all years of training.¹⁶

All written agreements of appointment/contracts are for one year and each House Officer must be reappointed for each subsequent year of training, contingent upon satisfactory completion of the current post-graduate year and assurance that all requirements are met for progression. Contract renewal is subject to mutual written consent of the Department Head and the House Officer. A contract renewal must be made in a timely manner in accordance with ACGME requirements as outlined in the School of Medicine Policy and Procedure Manual and with dates set by the GME Office.¹⁷

IV.L. Immunization and Vaccinations Policy

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

¹⁶ GMEC January 2009

- 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 School of Medicine TB form with the House Officer Agreement of Appointment/Contract. The Student Health Department monitors all vaccination records.

Health requirements are subject to change in accordance to applicable federal and state laws and regulations as well as Health Science Center policies and requirements of Affiliated Entities (rotation sites). House Officers are expected to comply with these requirements.

IV.M. House Officer Appointments and Reappointments Policy

All House Officers new to the School of Medicine are given a conditional offer of appointment. The offer is contingent upon the successful completion of a background check and drug screen, as well as upon primary source verification of credentials to confirm that the individual possesses the basic requisite education, training, skills, personal characteristics, and professionalism to make the experience as House Officers a successful one for the individual and for the Program. Failure by House Officers to meet all conditions of appointment will result in revocation of the offer of appointment. This action is not appealable through the University. Should the applicant feel that a Match violation has occurred; he/she may contact the National Residency Match Program (NRMP) or other applicable Match Programs. All written agreements of appointment/contracts are for one year and each House Officer must be reappointed for each subsequent year of training, contingent upon satisfactory completion of

¹⁷ GMEC May 2016

the current post-graduate year and assurance that all requirements are met for progression. Terms and conditions of appointment to a Program are outlined in the House Officer Agreement of Appointment/Contract. The sponsoring institution will honor the full term of the contract except when a House Officer's performance justifies termination. Recommendations for the appointment and reappointment of House Officers are initiated by Programs. Contract renewal is subject to mutual written consent of the Department Head and the House Officer. House Officers are expected to notify their Department sufficiently in advance if they do not intend to return the following year.

IV.N. House Officer Transfer Policies

Transfer In: Before accepting an applicant wishing to transfer from another Program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based milestones performance evaluation of the transferring House Officer from the previous Program Director/Program. Applicants must complete the required School of Medicine GME required verification forms as part of the transfer request process.

Transfer Out: The Program Director must provide timely verification of residency education and summative performance evaluations for House Officers who leave the School of Medicine Program prior to completion. House Officers must sign a written release before the performance information requested can be disseminated upon request.

IV.O. Institutional or Program Closure and Reduction Policy

If the School of Medicine itself intends to close, to reduce the size of a GME residency or fellowship Program, or to close a Program, the School of Medicine 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 School of Medicine will make reasonable efforts to allow the House Officers already in the Program to complete their education or to assist them in enrolling in an ACGME accredited Program in which they can continue their education.¹⁸

¹⁸ GMEC October 2007

IV.P. Media Policy

The Office of Information Services has the responsibility for releasing information about LSU Health Science Center 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. LSU Health Sciences Center 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 Capó in the Office of Information Services.

The LSU School of Medicine Social Media guidelines that all House Officers are available on the School of Medicine website.¹⁹

IV.Q. Occupational Injury/Disease Procedure

The procedure for an occupational injury/disease should be followed immediately when an incident occurs.

1. Go IMMEDIATELY to the ER.
2. A House Officer must notify his/her supervisor and/or designated departmental liaison immediately. Within five (5) days, they will fill out the necessary paperwork* to report the incident and to provide Human Resources with the information needed to file a Worker's Compensation claim.
3. Once the required forms are submitted, the House Officer will be given a Worker's Compensation claim number and billing address for his/her provider to bill the Worker's Compensation carrier directly.
4. Within fifteen (15) days of the incident, if the House Officer has not received a claim number or further direction, they are to contact Mark Gele in Human Resources to verify that a claim was filed. Claims filed beyond thirty (30) days of the date of injury may be ineligible for Worker's Compensation benefits.
5. For follow up care, the House Officer may go to the provider of his/her choice, or can visit one of the participating Concentra clinics (appointments are required). Please contact

¹⁹ https://www.medschool.lsuhsu.edu/LSUHSC_SOM_social_media_guidelines_8-14.pdf

Mark Gele-Human Resources for additional information.

See also the LSU Health Sciences Center Policy on Worker's Compensation Policy²⁰ and the LSU Health Sciences Center Incident and Accident Reporting and Investigation Policy²¹.

*If any injury occurs on the job, it is necessary for the House Officer's Department to notify Mark Gele in Human Resource Management via phone **immediately at 504-568-7812**. The Department will then complete the DA 1973²² and DA 2000²³ forms and send them to IncidentReports@lsuhsc.edu.

To report an injury or to gain further information:

Mark Gele- Human Resource Management
433 Bolivar Street, 6th Floor
New Orleans, LA 70112
(504) 568- 7812
hrmfmla@lsuhsc.edu

The addresses and phone numbers for the Concentra Medical Center locations are:

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

IV.R. Out of State Service Policy

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 are not be permissible for these rotations.

House Officers shall comply with the rules, regulations, and bylaws of the facilities at which they 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's Program Director.

IV.S. Out of Country / International Rotations Policy

House Officers are eligible to request participation in international rotation experience during their training. All requests are governed by Chancellors Memorandum 65 and the process it establishes for requesting exceptions. Program Directors wishing to sponsor a House Officer to participate in an international rotation must request permission to do so in writing no less than four months before the proposed activity.²⁴

IV.T. Restrictive Covenants

The ACGME does not allow restrictive covenants.

IV.U. Vendor Relations Policy

Relations to vendors and all other private entities are covered by the Code of Government Ethics and the policies promulgated by the LSU Health Science Center 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 House Officer is further bound by the rules and policies of that institution.

In addition to the ethic statutes and Chancellor Memoranda, House Officers are bound by the AMA Code of Medical Ethics guidelines of *Gifts to Physicians from Industry*.

²⁰ <http://www.lsuhscc.edu/administration/hrm/reasons-workerscomp.aspx>

²¹ <https://www.lsuhscc.edu/admin/pfm/ehs/iaform.aspx>

²² <https://www.lsuhscc.edu/admin/pfm/ehs/docs/DA1973.pdf>

²³ <https://www.lsuhscc.edu/admin/pfm/ehs/docs/DA2000.pdf>

²⁴ GMEC February 2018

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, House Officers, and fellows to attend carefully selected educational conferences may be permissible as long as the selection of students, House Officers, 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 are to be accepted if there are stipulations attached. For example, physicians should not accept gifts if they are given in relation to the prescribing practices of the physician. 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)²⁵

V. HOUSE OFFICER BENEFITS

V.A. Professional Liability (Malpractice)

Insurance

The State of Louisiana provides professional liability coverage pursuant to 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

²⁵ GMEC: June, 2007

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's 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 LSU Health Sciences Center.

Coverage Terminates only at the end of employment with the LSU Health Sciences Center

Any medical-type activity (ANY) outside the scope of the House Officer's training Program is considered moonlighting and would not be covered by state malpractice insurance provided by the institution for training purposes only. **See the Moonlighting Policy as outlined in this manual.**

V.B. House Officer 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 LSU Health Sciences Center student/resident health insurance Gallagher Benefit Services, Inc., 235 Highland Drive, Suite 200, Baton Rouge LA 70810, contact: Phone 225-292-3515 or Fax 225-296-3998. If desired, other health insurance may be chosen and must be paid for individually by the House Officer. A House Officer agrees to maintain one of these plans or another plan with equal or better benefits.

V.C. Disability Insurance

The Graduate Medical Education Office provides the opportunity for House Officers to participate in group Long-term basic disability coverage /insurance. LSU Health Sciences Center provides disability insurance for all residents. Additional personal policies may be purchased at the discretion of House Officers based on their perceived need. Counseling by third-party insurance brokers regarding additional coverage is offered to House Officers.

V.D. DEA

Controlled substance prescriptions are carried out in accordance with the training site where the House Officer is assigned whether that be electronic or paper prescribing. While on a training permit, House Officers 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 House Officers, family members and friends. Violators will be reported to the hospital Chief Medical Officer and the 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 House Officers 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 permanent license process before their temporary DEA Number expires.

V.E. Dress Code

House Officers shall comply with the "dress code" of the hospital service to which they are assigned, and should present at all times an appropriate and professional appearance.

V.F. E-Mail

All House Officers are issued an LSU Exchange/Outlook e-mail address for the duration of their postgraduate training. This e-mail account should be utilized for all School of Medicine business. School of Medicine faculty and staff to communicate with House Officers will not

use personal e-mail accounts. School of Medicine e-mail must be checked regularly, as it is a primary method of written communication

V.G. 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 because 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 House Officer taking all allowable LSU leave could exceed the time off allowed by their respective Board. For that reason, House Officers should familiarize themselves with their Board policies section regarding the effects of leave on board eligibility. Discussions should occur with the training Program Director regarding the potential impact of the House Officers leave on board eligibility.

V.G.1. Bereavement Leave

A special leave may be granted to attend the funeral or burial rites of a parent, stepparent, child, stepchild, brother, stepbrother, sister, stepsister, spouse, mother-in-law, father-in-law, grandparent, or grandchild. A maximum of two days special leave may be granted on any one occasion.

V.G.2. 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.

V.G.3. Educational Leave

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

V.G.4. Family Medical Leave (FMLA)

House Officers who have worked for a qualifying state agency 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.²⁶

Any available sick, vacation, extended medical, parental or caregiver leave will be exhausted concurrently with the FMLA designation.

V.G.5. Maternity Leave

To receive paid maternity leave, House Officers must utilize available vacation leave, sick leave, and extended medical leave. Paid and unpaid maternity leave for up to six (6) weeks or extended unpaid maternity leave may be granted as appropriate and as required by applicable law. Under special circumstances and/or as required by applicable law, extended leave without pay may be granted.

Any available sick, and vacation leave will be exhausted concurrently with the extended medical leave.

V.G.6. Military Leave

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

V.G.7. 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 or for an immediate family member is defined as a spouse,

²⁶ <https://www.lsuhscc.edu/administration/hrm/relations-fmla.aspx>

parent, or child Under special circumstances and/or as required by applicable law, extended leave without pay may be granted.

V.G.8. Vacation and Holiday Leave

House Officers at post-graduate year I (PGY I) are entitled to twenty-one (21) days (including weekends) of non-cumulative vacation leave per year. House Officers at PGY II 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. Unused vacation leave is not permitted to be accumulated nor carry forward. At the end of the academic/appointment year any unused vacation leave will be forfeited.

House Officers will follow the holiday schedules of the Participating Institutions where they are assigned to work. They are not to adhere to the LSU System Board holiday schedule. House Officers must follow their department processes for requesting approval for any form of leave.

V.G.9. Extended Medical, Parental, Caregiver Leave

The ACGME passed an Institutional Requirement in 2022 allowing for up to six (6) weeks of approved paid leave for extended medical, parental and/or caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws during each ACGME-accredited program, starting the day the resident/fellow is required to report. It may be an aggregate of noncontinuous or continuous leave. Any available sick or vacation leave will be exhausted concurrently to this leave designation.

In addition to the 6 weeks of Extended Medical, Parental and/or Caregiver Leave, the ACGME requires one (1) additional week or seven (7) days (inclusive of weekends) of paid personal leave to be used outside the 6 weeks of medical, parental, and/or caregiver leave. Like all other leave this special leave does not carry across academic years. LSUHSC provides PGY1 House Officers with twenty-one (21) days (including weekends) and PGYII House Officers with twenty-eight (28) days (including weekends) of non-cumulative vacation leave that can be

counted toward this additional week of required leave as required by the ACGME. If the week of vacation leave is used prior to the exhaustion of six weeks of the required ACGME leave, an additional week will not be granted. House Officers will only be granted the additional week of personal leave if all LSUHSC provided leave is exhausted for extended medical, parental and/or caregiver purposes.

Process for Requesting Extended Medical, Parental, Caregiver Leave

A House Officer anticipating the need for noncontinuous or continuous Extended Medical, Parental and/or Caregiver Leave should reach out to HRMFMLA@lsuhsc.edu. The process for requesting the additional ACGME required leave will coincide with the FMLA request process. Certification documents will be provided to the House Officers for completion by the House Officer/the House Officers' family member's treating physician. Completed certification must be returned to the office of Human Resource Management (HRM) at HRMFMLA@lsuhsc.edu within fifteen (15) days. The determination of whether the ACGME required leave will apply to the House Officer's request will be made by HRM. If approved, the leave will run concurrently with FMLA (if House Officer meets FMLA eligibility requirements). More information about the process and qualifying events can be found on the HRM FMLA website.

A coordinator with knowledge of a potential ACGME qualifying event can reach out to HRMFMLA@lsuhsc.edu on behalf of the House Officer. Based on the information provided by the coordinator, HRM will determine if the House Officer qualifies for the additional leave provided by ACGME and coinciding FMLA (if eligible), or if additional medical information is needed. Human Resources Management (HRM) will have the ability to designate eligible leave taken towards the ACGME required leave if applicable.

Once the determination of ACGME and FMLA qualification is made, HRM will notify the House Officers coordinator of the determination and the anticipated dates leave will be needed. If approved, the coordinator will determine the amount of applicable extended medical, parental or caregiver ACGME leave the House Officer has available to them and will apply that leave to the House Officers time out of work. All leave is administered at the program level. Leave should be

approved by and coordinated with the program. Consult with the training program regarding questions or issues with this or any other leave policy. If this doesn't resolve the matter, please contact the GME office at 504-568-4006.

V.H. House Officer Pay Scale

House Officers are not appointed gratis or self-funded to ACGME approved Programs. House Officers are paid the LSU Health Sciences Center approved base salary at the assigned academic level in the training Program regardless of the number of postgraduate years completed in other training Programs. The LSU System Board of Supervisors votes to approve the proposed pay scale annually recommended by the School of Medicine.

V.I. Medical Licensure

All House Officers must have a valid LA Medical Permit/License/GETP for training. It is the House Officer's responsibility to contact the Louisiana State Board of Medical Examiners (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 the 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.

V.J. Medical Specialty Board

House Officers are directed to the appropriate Board via the American Board of Medical Specialties²⁷ regarding qualifications and requirements to sit for their specialty boards.

V.K. Payroll Certification

House Officers attendance and clinical work hours must be approved and confirmed through the School of Medicine House Officer Payroll Certification process. House Officers must review and verify the Certification

Report distributed by the GME Office. By signing his/her name; or sending an electronic response to the Program Coordinator the House Officer is certifying that the information on the report is correct. If necessary, the School of Medicine adjusts accordingly.

V.L. Participating Sites On-Call Quarters, Lab Coats, and Meals

Availability of housing, meals, lab coats, etc. will vary among the Participating Sites to which House Officers are assigned. Meals for House Officers are provided in accordance with each Participating Sites policy on meals. Adequate sleeping accommodations are provided by the Participating Site for House Officers assigned to night call.

V.M. Pagers

House Officer pagers are provided and managed by the GME Office and funded by the House Officer training hospitals. Should a House Officer have a problem with a pager, the House Officers should contact the GME Coordinator (Sara Blakemore) in the GME Office (504-568-2468), located at 2020 Gravier Street, 6th floor, Room 614.

V.N. Parking

Parking at the School of Medicine is available to House Officers for a nominal annual fee through the LSUHSC Parking Services (504-568-4884). Parking accommodations at the Participating Sites are governed by the individual participating sites policy on parking.

V.O. Security

Security on the LSU Health Sciences Center campus is provided 24 hours per day. House Officers are encouraged to download the LSU Shield app²⁸ to report or contact Campus Police at 504-568-8999 if assistance is needed.

Participating training sites have their own security policies and procedure that house officers are required to follow.

²⁷ <http://www.abms.org>

²⁸ <https://911.lsuhsoc.edu/report/lshield.aspx>

VI. HOUSE OFFICER PRELIMINARY ACTION, DISCIPLINARY ACTION, AND GRIEVANCE PROCEDURES

The primary responsibility for defining the standards of academic performance and personal professional development rests with the Department Program Director and faculty of each individual Program. Consultation with the DIO or Academic Dean is required prior to initiation of all actions.

VI.A. Preliminary Academic Intervention

Substandard disciplinary and/or academic performance is determined by each Department. Corrective action for minor academic deficiencies or disciplinary offenses that 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.

VI.B. Disciplinary Actions

VI.B.1. 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. In cases where probation is extended as part of non-promotion, the appeal of probation, if any, would be included in the appeal, if any,

of non-promotion as described in the Due Process section of the manual.²⁹

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.

VI.B.2. Conditions for Reappointment

Programs will provide notice in writing of the intent to non-renew or non-promote House Officers as early as circumstances will allow.

VI.B.3. Termination, Non-reappointment, and Other Adverse Actions

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 School of Medicine 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;

²⁹ June 2017

- 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.

VI.B.4. Due Process (Excluding Probation-See VI.B.1 and Summary Suspension – See VI.B.5)

All communication regarding due process will occur by either official campus email, certified letter, or hand delivery.³⁰ Dismissals, non-reappointments, or non-promotion³¹ are subject to appeal and the process shall proceed as follows:

Recommendation for dismissal, non-reappointment, and non-promotion 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 initiation of proceedings³² 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 returned to the Program Director for delivery to the resident. The delivery of the Notice and Request for Adverse Action 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.³³ Probation which is included as part of one of these appealable actions delineated above is appealed as part of this Due Process and not as a separate appeal process (see Probation section of this manual).³⁴

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.³⁵

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 email³⁶ 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

³⁰ December 2009

³¹ June 2007

³² July 2019

³³ GMEC December 2009

³⁴ June 2017

³⁵ December 2009

³⁶ December 2009

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.³⁷ 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 House Officer 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 an audio recording, of the hearing (not including deliberations). Deliberations shall not be recorded. The record shall be the property of the School of Medicine.³⁸

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.³⁹

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

³⁷ July 2005

³⁸ Revised March 2010

House Officer Manual 2022-2023, Revised 6/27/2022

³⁹ December 2009

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.

VI.B.5. Summary Suspension

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.

VI.B.6. Other Grievances 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 LSU Health Sciences Center 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).

House Officer 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 House Officer feels can't be addressed directly to the Program or Institution s/he should contact the LSU Ombudsperson.⁴⁰

VI.C. Ombudsperson

Mr. Michael Brochu, Associate University Ombudsperson, 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. Mr. Brochu will work to resolve issues while protecting House Officer confidentiality. He can be contacted at ombuds@lsu.edu or 225-578-2483.⁴¹

VII. HOUSE OFFICER WELL BEING

VII.A. Self-Care

The School of Medicine is committed to providing House Officers with an academic and clinical education that is

⁴⁰ October, 2007

⁴² GMEC April 2022

carefully planned and balanced with concerns for patient safety, and House Officer and faculty wellbeing. The Sponsoring Institution, in addition to each training Programs has the same responsibility to address well-being as they do to evaluate other aspects of House Officer competence. Programs, in partnership with the Sponsoring Institution, must make specific efforts to enhance the meaning that each House Officer finds in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility, and enhancing professional relationships. This responsibility must include paying attention to scheduling, work intensity, and work compression that impacts House Officer well-being; evaluating workplace safety data and addressing the safety of House Officers and faculty members; creating policies and programs that encourage optimal House Officer and faculty member well-being. House Officers must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. The Institution and Programs must direct attention to House Officers and faculty member burnout, depression, and substance abuse. The Program, in partnership with the Sponsoring Institution, must educate faculty members and House Officers in identification of the symptoms of burnout, depression, and substance abuse, including means to assist those who experience these conditions. House Officers and faculty members must also be educated to recognize those symptoms in themselves and how to seek appropriate care. The Program, in partnership with the Sponsoring Institution, must encourage House Officers and faculty members to alert the Program Director, the GME Office, appropriate Departmental faculty when they are concerned that another House Officer, or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.

VII.B. Coverage of Patient Care

There are circumstances in which House Officers may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each Program must have policies and procedures in place that ensure coverage of patient care in the event that a House Officer may be unable to perform their patient care responsibilities. These policies must be implemented without fear of negative consequences for the House Officer who is unable to provide the clinical work.

VII.C. Counseling and Mental Health Resources – Campus/Employee Assistance Program (CAP)

In collaboration with Participating Site, the Sponsoring Institution works to ensure a healthy and safe environment for House Officers inclusive of access to appropriate tools for self-screening, access to confidential and affordable mental health assessment, counseling and treatment.

House Officers who works for the School of Medicine are expected to report to work in a fit and safe condition. House Officers taking prescription medication(s) and/or have alcohol, drug, psychiatric or medical condition (s) that could impair their ability to perform in a safe manner should contact the Campus Assistance Program.

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

C/EAP offers a multidisciplinary team with medical backup. The staff is equipped to assist House Officers with an array of problems, issues or stressors. All services are confidential, and all client records are limited to C/EAP staff. If a House Officer or a family member needs C/EAP services they should call 568-8888. A C/EAP counselor will answer any questions about their services or schedule an appointment.

VII.D. Fitness for Duty

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

Any individual who works for or is enrolled at Louisiana State University Health Sciences Center 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).

LSU Health Science Center requires all faculty, staff, House Officers, students or other LSU Health Sciences Center 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 LSU Health Science Center. LSU Health Science Center 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, House Officers, 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 LSU Health Sciences Center.

VIII. PROGRAM EDUCATIONAL CURRICULUM

VIII.A. Curriculum

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

VIII.B. House Officer Scholarly Activities

The Program Director, in conjunction with the faculty, allocate adequate educational resources to advance House Officers’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. All House Officers should participate in scholarly activity. Training programs have access to the general education resources of the School of Medicine. These include lecture rooms, conference rooms, and

auditorium facilities; and interdepartmental laboratories, computers, simulation labs and educational devices. Library facilities of the LSU Health Sciences Center and individual Departments are available to all House Officers to be used as resources for their scholarly activities.

VIII.C. Other Learners Policy

The presence of other learners (including, but not limited to, House Officers from other specialties, subspecialty fellows, medical students and nurse practitioners) in the learning environment must not interfere with the appointed House Officers’ education. The Program Director must report the presence of other learners to the DIO and GMEC upon request and as part of each Annual Program Evaluation.

IX. EVALUATION

Records of House Officer Evaluations are to be maintained by the Departments. These files will generally be available for review to the individual House Officers, training faculty, Program Director, and other School of Medicine personnel as may be required by the House Officer Program, School of Medicine, or LSU 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 House Officer, upon receiving a valid release of information from, the School of Medicine 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.⁴²

⁴² GMEC April 2022

IX.A. House Officer Evaluation/ Clinical Competency Committee

The Program Director must appoint a Clinical Competency Committee (CCC) for each Program. At a minimum the CCC must be composed of three members of the Program faculty. Others eligible for appointment to the committee include faculty from other Programs and non-physician members of the health care team who have frequent contact with the House Officers. The Program must have a policy that describes the responsibilities of the committee. The CCC should prepare and assure the reporting of Milestones evaluations of each House Officer semi-annually to ACGME; and, advise the Program Director regarding House Officer progress, including promotion, remediation, and dismissal.

IX.A.1. Formative Assessment

House Officer performance must be assessed during each rotation in a timely manner. Formative assessments should include both informal verbal feedback and formal written assessments. Examples of assessment methods include: direct observation, global assessment, simulations/models, record/chart review, standardized patient examination, multisource assessment, patient survey, in-training examination, oral exam, objective structured clinical examination, review of case or procedure log, review of patient outcomes, review of drug prescribing, and any other applicable assessment method. Written or electronic formative assessment should be used to provide a mechanism through which Programs can document progressive House Officer performance improvement.

IX.A.2. Semiannual Evaluation

The Program must provide semiannual evaluations with feedback for each House Officer regarding their performance at both mid-year and end of year. The semiannual evaluation must be used to document the current level of House Officer performance compared to the performance criteria established for a given post graduate year (PGY). The results of the semiannual evaluation should be used by the Program in decision making for promotion to the next PGY or graduation. Remediation and discipline policies may be applicable.

IX.A.3. End-of-Program Summative Evaluation Policy

The Program Director must provide a final summative evaluation for each House Officer upon completion of the Program. Completion of the summative evaluation is applicable to any House Officer transferring to another Program, graduating at the end of training, or completing a preliminary year of training before entering a specialty Program. This evaluation must be reviewed with the House Officer, signed by both the Program Director and the House Officer, and kept as a permanent record with a copy maintained in the both the Program file and the GME House Officer file. This summative evaluation must be inclusive of the Milestones assessment, case logs data, House Officer evaluations, and statement regarding the House Officer's ability to practice with or without supervision.

IX.B. Faculty Evaluation Policy

At least annually, the Program must evaluate faculty performance as it relates to the educational Program and provide feedback. Faculty should be evaluated on their clinical teaching abilities, commitment to the educational Program, clinical knowledge, professionalism, and scholarly activities. This process must include review of those evaluations completed by House Officers.

IX.C. Program Evaluation and Improvement Policy

Program evaluation is accomplished by an Annual Review of the Program inclusive of multiple data sets. The data sets include an Annual Program Evaluation (APE), an annual letter of accreditation from the ACGME and if necessary, a Focused Visit by the GME Office. After a presentation of the review to the 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 are archived in the GME Office. Serious programmatic problems are brought to the attention of the Department Head and the Academic Dean / DIO.

X. THE LEARNING AND WORKING ENVIRONMENT

X.A. Supervision and Accountability

In the learning and working environment, each patient must have an identifiable and appropriately credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information must be available to House Officers, faculty members, other members of the health care team, and patients. House Officers and faculty members must inform each patient of their respective roles in that patient's care.

The specific policies for supervision are as follows.

Faculty Responsibilities for Supervision and Graded Responsibility:

House Officers 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:

- GME faculty on each service determine what level of autonomy each House Officer may have that ensures growth of the House Officer and patient safety.
- The Program Director and Chief Residents assess each House Officer's level of competence in frequent personal observation and semi-annual review of each House Officer.
- Where applicable, progressive responsibility is based on specific milestones.
- Use of simulation labs and OSCEs where applicable before allowing the House Officers to perform procedures on patients.

The expected components of supervision include:

- Defining educational objectives.
- The faculty assessing the skill level of the House Officers by direct observation.
- The faculty defines the course of progressive responsibility allowed starting with close supervision and progressing to independence as the skill is mastered.
- 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, JCAHO, and other regulatory bodies. Documentation should generally include but not be limited to:

- progress notes in the chart written by or signed by the faculty.
- addendum to House Officer's notes where needed.
- counter-signature of notes by faculty.
- a medical record entry indicating the name of the supervisory faculty.

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.

The levels of supervision are defined as follows:

Direct Supervision by Faculty – faculty is physically present with the House Officer during the key portions of the patient interaction or the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Direct Supervision by Senior Resident – Senior Resident is physically present with the House Officer during the key portions of the patient interaction or the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

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 – the Senior Resident is physically present within the hospital or other site of patient care and is immediately available to provide direct supervision.

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 via telephone, text or pager 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.

PGY 1 residents must supervised by either faculty or more senior residents in the hospital setting.

The Sponsoring Institution will monitor implementation of these policies through Annual Review of Programs and Focus Reviews. Furthermore, the Sponsoring Institution monitors supervision through a series of questions in the Annual Resident Survey. The Program will monitor this through feedback from House Officers and monitoring by Chief Residents and Program Directors. House Officers can report, free of reprisal, any inadequate supervision and accountability to the Program Director, DIO, or the LSU GME Ombudsman. House Officers can report any inadequate supervision or accountability to the program administration or the LSU GME Ombudsman.

X.B. Fatigue Mitigation

Programs must educate all faculty members and House Officers to recognize the signs of fatigue and sleep deprivation. Faculty and House Officers must receive education in alertness and fatigue mitigation. House Officers are encouraged to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. In the event a House Officer may be unable to perform patient care duties due to fatigue, illness, or similar issues the Program must have a clearly defined back up plan in place to ensure continuity of patient care. A House Officer too fatigued to return home safely has the option of using the already available call rooms to sleep or obtain safe transportation via taxi.

X.C. Clinical Responsibilities

The clinical responsibilities for each House Officer must be based on PGY-level, patient safety, House Officer ability, severity and complexity of patient illness/condition and available support services. Optimal clinical workload may be further specified by each Program based upon ACGME Specialty Program Requirements.

X.D. Teamwork

Programs must provide opportunities for House Officers to care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective inter-professional teams that are appropriate to the delivery of care in the specialty as defined by each ACGME Specialty Program Requirements or specialty accrediting body.

X.E. Transitions of Care

Programs must design clinical assignments to optimize transitions in patient care including their safety, frequency, and structure. Programs in partnership with the School of Medicine and participating institution must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that House Officers are competent in communicating with team members in the hand-over process. Programs and clinical sites must maintain and communicate schedules of attending physicians and House Officers currently responsible for care. Programs will ensure continuity of patient care, if a House Officer may be unable to perform their patient care responsibilities due to excessive fatigue or illness.

This transitions policy is created with recognition that multiple studies have shown that transitions of care create the most risk or medical errors.⁴³ In addition to the below specific policies, promotion of patient safety is further ensured by:

- Provision of complete and accurate rotational schedules in New Innovations
- Presence of a backup call schedule for those cases where a House Officer is unable to complete their duties.
- The ability of any House Officers 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.

House Officers receive educational material on Transitions at Orientation and as a core module.

In any instance where care of a patient is transferred to another member of the health care team an adequate

⁴³ ACGME teleconference July 14, 2010

transition must be used. Although transitions may require additional reporting than in this policy a minimum standard for transitions must include the following information:

- Demographics: Name, medical record number, unit/room number, age, weight, gender, allergies attending physician phone numbers
- History and Problem List: Primary diagnosis(es), chronic problems (pertinent to this admission/shift)
- Current condition status
- System based list: Pertinent medications and treatments, oral and IV medications, IV fluids, blood products, oxygen, respiratory therapy interventions.
- Pertinent lab data
- To do list: Check x-ray, labs, wean treatments, etc. - rationale
- Contingency planning: what may go wrong and what to do
- Anticipate what will happen to your patient: If this ...than that....
- Code status/family situation
- Difficult family or psychosocial situations

Programs will 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.

Faculty are required to answer a question on effectiveness of witnessed transitions on evaluations. Periodic sampling will occur by the Graduate Medical Education Office.

X.F. Clinical and Educational Assignments

The Sponsoring Institution through GMEC supports the spirit and letter of the ACGME Clinical Experience and Education requirements as set forth in the Common Program Requirements and related documents July 1, 2017 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 Sponsoring Institution supports the physical and emotional well-being of the House Officer as a necessity for professional and personal development and to guarantee patient

safety. The Sponsoring institution has developed and implemented policies and procedures through the GMEC to assure the specific ACGME policies relating to work hours are successfully implemented and monitored. These policies are summarized as:

X.F.1. Maximum Hours of Clinical and Educational Work per Week

Work hours must be limited to no more than 80 hours per week, averaged over a four week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

X.F.2. Mandatory Time Free of Clinical Work and Education

All Programs have designed an effective program structure that is configured to provide House Officers with educational opportunities, as well as reasonable opportunities for rest and personal well-being. House Officers should have eight hours off between scheduled clinical work and education periods. There may be circumstances when House Officers choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

House Officers must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

House Officers must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

X.F.3. Maximum Clinical Work and Education Period Length of Work Assignments

Clinical and educational work periods for House Officers must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four hours of additional time may be used for activities related to patient safety, such as

providing effective transitions of care, and/or House Officer education. Additional patient care responsibilities must not be assigned to a House Officer during this time

X.F.4. Clinical and Educational Work Hours Exceptions

In rare circumstances, after handing off all other responsibilities, a House Officer, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

X.F.5. Maximum Frequency of In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. [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.]

X.F.6. Maximum In-House On-Call Frequency

House Officers must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

X.F.7. At-Home Call

Time spent on patient care activities by House Officers on at-home call must count toward the 80-hour maximum weekly 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 clinical work and education, when averaged over four weeks.

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

House Officers are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

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

The School of Medicine as well as each Program is required to monitor and document compliance with these requirements for all House Officers. This policy applies to every site where House Officers rotate.

X.G. Moonlighting Policy

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 – 11.⁴⁴

- All moonlighting activities must be reported by each House Officers as work hours within the New Innovations Software Program.
- All moonlighting must be counted toward the 80-hour weekly work hour limit.
- House Officers cannot be required to engage in moonlighting activities.
- PGY - 1 House Officers are not permitted to engage in any moonlighting activity.
- House Officers employed under a J-1 visa are prohibited by law from participating in moonlighting activities.
- House Officers 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 House Officers.
- Each House Officer must submit to his/her Program Director, a prospective, written request for approval of all moonlighting activity, which

⁴⁴ <http://www.lsu.edu/administration/policies/pmfiles/pm-11.pdf>

must be signed and approved by the Program Director and/or Department Head and maintained as part of the House Officers 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 - 11.⁴⁵

- House Officers 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.
- House Officers moonlighting will not be covered for medical malpractice under the LSU Health Sciences Center's Professional Liability Insurance Policy. House Officers must maintain adequate professional liability coverage or ensure that his/her outside employer provides adequate professional liability coverages. It is the responsibility of the House Officer and his/her outside employer to determine what level of coverage is "adequate". It is further the responsibility of the House Officer and his/her outside employer to determine whether the House Officer 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 House Officer 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 House Officer'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.
- House Officers moonlighting without prior written approval will be subject to disciplinary action.

Any House Officer violating any School of Medicine 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 of Medical Examiners and the DEA will independently investigate and prosecute individual House Officers 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 facility prescription DEA numbers outside assigned facility (number is site specific).
- Signing documentation saying a patient was seen when the patient was not.
- 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 physician's 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.

⁴⁵ <http://www.lsu.edu/administration/policies/pmfiles/pm-11.pdf>

X.H. Program Oversight for House Officers Work Hours Policy

Each Program has written policies and procedures regarding House Officer supervision and clinical and educational assignments to ensure compliance with this institutional policy as well as the ACGME institutional, common and specialty/subspecialty program requirements. These policies must be distributed to the House Officers and faculty. Monitoring of work hours by the Program is required with frequency sufficient to ensure appropriate compliance, therefore Program Directors should review trainee work hours at a minimum monthly in New Innovations.

X.I. Institutional Oversight for House Officers Work Hours Policy

The Sponsoring Institution maintains oversight of all Programs clinical and educational work hours reporting. The Director of Accreditation periodically reviews data in New Innovations, End of Year Surveys, ACGME Surveys and Annual Program Evaluations. The work hours data is presented to the GMEC twice a year.

XI. INSTITUTIONAL OVERSIGHT

XI.A. Graduate Medical Education Committee Functions and Responsibilities

The Graduate Medical Education Committee (GMEC) is a standing school committee charged with the oversight of Graduate Medical Education in accordance with the ACGME Institutional Requirements. The committee encompasses voting members inclusive of the DIO, Director of Accreditation, GME coordinator, Patient Safety representative, University Medical Center New Orleans CAO Office representative, House Staff Association President, Program Directors and peer nominated House Officers.

Each training Program at the School of Medicine-New Orleans will be reviewed regularly as deemed necessary by the committee and in accordance with the ACGME guidelines.

XI.B. Committee Memberships

It is expected House Officers will serve on the School of Medicine and hospital committees as part of their

education. House Officers bring special expertise to these committees and these experiences will prepare House Officers for their professional careers. House Officers are encouraged to self-nominate to committees of interest by contacting the GME Office at 504-568-4006. A request each year goes out to the House Staff Association to submit House Officer Nominees for all committees. If the House Staff Association is unable to make nominations, the Chief Residents are asked to poll their House Officers for nominees.

XII. NOTIFICATION OF ADDITIONAL POLICIES

In addition to policies outlined here, all House Officers are bound to all policies as specified by the School of Medicine, LSU Health Sciences Center, LSU System Board, and State of Louisiana.