



Health Sciences Center

GMEC MANUAL

POLICIES AND PROCEDURES

2011-2012

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SHREVEPORT
GRADUATE MEDICAL EDUCATION COMMITTEE
POLICY MANUAL
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Helpful Web Resources

Louisiana State Board of Medical Examiners (www.lsbme.louisiana.gov)

LSU Health Sciences Center Website (www.lsuhschreveport.edu)

LSUHSC-S GME Website (www.lsuhschreveport.edu)

LSUHSC Manuals, Documents, and Policies
(www.lsuhschreveport.edu/policies/policy_manuals_via_ms_word/home.htm)

Purpose

The purpose of the Graduate Medical Education Policy Manual is to provide Residents, Program Directors, Clinical Chairs and Administration with a written document that will address policy and procedures that are used to govern Graduate Medical Education at Louisiana State University Health Sciences Center in Shreveport University Hospital.

Governance

Accreditation Council for Graduate Medical Education:

Accreditation Council for Graduate Medical Education (ACGME) serves as the reference source for the Residency Training Programs that are sponsored by LSU Health Sciences Center in Shreveport. The ACGME, under the direction of the Association of American Medical Colleges (AAMC), is governed by representatives from the other medical professional groups dedicated to quality education and patient care.

Definitions and Descriptions:

Associate Dean for Academic Affairs is appointed by the Dean of the Medical School and serves as the liaison with the medical school and its educational objectives in the training of medical students and Residents.

Associate Dean for Clinical Affairs/Chief Medical Officer is appointed by the Dean of the Medical School and serves as the Medical Director of the Hospital.

Chief Resident is a resident, usually of a senior level, who serves as the representative for the Resident's training program. The Chief Resident may be selected by his program Resident peers or by his Program Director and/or Clinical Service Faculty.

Clinical Chairs are those physicians who serve as the Chairpersons of the Clinical Departments of the Medical School and Hospital. In some departments, the Clinical Chair also serves as the Residency Training Program Director.

Dean is appointed by the Chancellor of the Health Sciences Center and confirmed by the Louisiana State Board of Supervisors. The Dean serves as the executive chief of the Health Sciences Center.

Hospital Administrator is appointed by the Dean. The Administrator of the Hospital is responsible for the activities in the hospital and is charged with ensuring that the mission of the hospital as well as the Health Sciences Center is supported. The Administrator has a staff of Assistant Hospital Administrators for the various areas of the hospital.

Resident is the physician and or dentist who participates in a post-graduate training program at Louisiana State University Health Sciences Center in Shreveport in year levels one through eight.

Resident Council Member is a resident who has been selected by his/her peers to serve as the primary representative for the residents.

Program Directors are those physicians who are the designated departmental representative responsible for the oversight of the residency training programs at Louisiana State University Health Sciences Center in Shreveport.

Institutional Commitment

Louisiana State University Health Sciences Center in Shreveport is a major division of the Louisiana State University Health Sciences Center, which in turn is a major segment of the Louisiana State University System under the direction and control of the Louisiana State University Board of Supervisors. As such, there is a direct constitutionally mandated commitment to education in general. The Board of Supervisors has delegated educational responsibility to this campus for the medical and postgraduate medical education under the direct supervision of the Dean and Chancellor.

The Louisiana State University Health Sciences Center-Shreveport, formerly known as Shreveport Charity Hospital, then Confederate Memorial Medical Center, then Louisiana State University Medical Center, was founded with a mission to provide physicians to the Northern area of Louisiana but this has been subsequently expanded to meet the needs of the other areas of the state, region and country. There is substantial financial commitment to post graduate medical education as the institutional budget just for Resident salaries and benefits exceeds \$15 million. Base faculty salaries in the clinical departments are given just for the teaching requirements. The institution has invested over \$750,000 in video-conferencing equipment to link our affiliated hospitals and sister medical school (LSU School of Medicine in New Orleans) so that educational opportunities for all Residents may be enhanced.

There has been and continues to be an aggressive Capital Outlay Expenditure Program before the Legislature. These programs do have a large patient service component in them, but they will be extensively used in Resident education.

The hospital provides a fully funded budget dedicated to the Office of Medical Education to provide coordination of all related Graduate Medical Education Programs. This office is integrated and works closely with the Graduate Medical Education Committee of the Health Sciences Center.

Faculty at this facility is recruited for their teaching ability as well as their service skills. Hospital Administrators are required to consider teaching needs in their administrative decisions, and these decisions are reviewed with the Clinical Board, the Senior Associate Dean for Clinical Affairs/Chief Medical Officer and the Dean/Chancellor.

Finally, there are firm commitments to post graduate medical education from the Chancellor, Dean, Senior Associate Dean for Clinical Affairs/Chief Medical Officer and Hospital Administrator. The Administrators, faculty, clinicians and staff are proud of our teaching programs, and will take whatever actions are necessary to preserve their integrity.

Mission Statement

The Mission of Louisiana State University Health Sciences Center is to serve the State of Louisiana as well as the Ark-La-Tex region by providing:

- quality patient care services,
- a teaching environment for training future medical and allied health care professionals, and
- support for medical and scientific research.

Quality Patient Care is the first priority of the organization. Empowered employees will maximize Quality Patient Care by balancing Patient Expectations, Patient Needs, and Available Resources.

Values

Patient Expectations are those aspects of care most appropriately identified by the patient. We believe the patients and secondly their families take the leadership role in defining Patient Expectations. These include consideration for a patient's rights, comfort, culture, dignity, privacy, security, and individuality. Collectively, how these patients' interests are allowed to affect patient treatment show our respect and care for the individual.

Patient Needs are those clinical aspects of care best identified by healthcare professionals. Attending physicians take a leadership role in defining needs. Other physicians, nurses, technicians, allied health professionals, and others involved in helping those who deliver care all have much expertise to contribute towards identifying and meeting the needs of the patient. We believe the patient has the right to expect that these needs will be coordinated in an atmosphere, which supports quality, interdisciplinary respect, and professionalism.

Available Resources are the facilities, equipment, supplies, and people that improve the health of the patient. Resources are limited in quantity. We believe use of resources must respect the long-term viability and priority goals of the organization. The end use of all resources should support our mission.

The challenge to the physicians and the employees of the hospital is to balance Patient Expectations, Patient Needs, and Available Resources to achieve Patient Satisfaction and Quality Care. We believe this can best be accomplished within a culture of mutual trust, mutual respect, and appropriate empowerment of patients, physicians, and hospital employees.

Office of Medical Education

The Office of Medical Education/Resident Administration is strategically located on the first floor of the hospital (A1-19) on the connecting wing to the medical school. The Office serves as the central contact point for all Residents in the Training Programs. That point of contact begins at the time of their selection to a residency or fellowship training program and continues throughout their training period until completion of that educational requirement of their professional career. The Resident's permanent record remains in the Medical Education Office. The office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday, the telephone numbers are 675-5054 or 675-5069, and the fax number is 675-4977.

Support services include but are not limited to:

- Resident Contracts
- Coordination of Resident Benefits
- Initial Orientation
- Leave Requests
- Letters of Verification and Reference
- Licensure Application and Renewal Support
- Loan Deferments
- Coordination of Resident Payroll
- National Residency Matching Program
- Internal Reviews for training programs
- Educational Forums
- On-Call Quarters
- Meal Program

Clinical Board Organizational Chart Here

GMEC Organizational Chart Here

Graduate Medical Education Committee Role and Responsibilities

Purpose:

The overall role of the Institutional GMEC at LSU Health Sciences Center-Shreveport is one of ensuring that individual departmental programs meet the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the program requirements of the various Residency Review Committees (RRCs). Residents/fellows with complaints/suggestions about their program are encouraged to bring these matters to the attention of their Program Director and the Departmental Chair. If they feel they have been unable to effect change within their respective program/departments by this method, Residents/fellows are encouraged to bring these matters to the attention of their GMEC representative, the Chairman of the GMEC Committee, or the Vice Chancellor for Clinical Affairs.

The role of the Institutional GMEC in the adverse action/disciplinary policy is one of ensuring that due process mechanisms are in place and functioning. The GMEC Committee **does not hear adverse action/disciplinary matters against individual Residents/fellows** but rather ensures that prompt, appropriate, fair and free access is available through an appeals mechanism.

The Graduate Medical Education Committee (GMEC) is responsible for monitoring and supervising all aspects of residency education. The Graduate Medical Education committee is appointed by the Dean/Chancellor of the Health Sciences Center or his/her designee. Voting members of the committee include representatives of the Program Directors, Resident representatives, Resident Association Residents, Hospital Administrator, Senior Associate Dean for Clinical Affairs/Chief Medical Officer. Additional members of the committee include the Associate Dean for Academic Affairs, who will serve as an Ad Hoc Member, and the Director of Medical Education.

The Chairman of the GMEC attends and reports to the Hospital Clinical Board. The membership and/or attendance of the Clinical Board consist of the Clinical Chairs, Administrative Representatives as well as the Medical Staff Committee Chairs.

The GMEC meets monthly. Minutes are maintained in the Office of Medical Education and are available for reference and inspection by appropriate accreditation personnel.

In the absence of the DIO, the Institution and DIO has designated the Executive Director of Medical Services the responsibilities of the DIO. Examples of responsibilities include, but are not limited to, signing of all program information forms, correspondence submitted to the ACGME or ACGME Residency Review Committees, etc.

Policy:

The GMEC roles and responsibilities:

1. establish and implement policies and procedures regarding the quality of education and the work environment for the Residents in all ACGME-accredited programs.
2. annually review and make recommendations to the Sponsoring Institution on Resident stipends, benefits, and funding for Resident positions to assure that these are reasonable and fair.
3. establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution.

4. establish and implement formal written policies and procedures governing Resident duty hours in compliance with the Institutional and Program Requirements. The GMEC must assure that the following requirements are met:
 - a) Each ACGME –accredited program must establish formal written policies governing Resident duty hours that are consistent with the Institutional and Program Requirements. These formal policies must apply to all participating institutions used by the Residents and must address the following requirements:
 - 1) The educational goals of the program and learning objectives of Residents must not be compromised by excessive reliance on Residents to fulfill institutional service obligations. Duty-hours and call schedules must be monitored by both the Sponsoring Institution and programs and adjustments made as necessary to address excessive service demands and/or Resident fatigue. Duty hours, however, must reflect the fact that responsibilities for continuing patient care are not automatically discharged at specific times. ACGME-accredited programs must ensure that Residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged; and
 - 2) Resident duty hours and on-call time periods must be in compliance with the Institutional and Program Requirements. The structuring of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and the educational needs of the Resident.
 - b) The GMEC must develop and implement procedures to regularly monitor Resident duty hours for compliance with the Sponsoring Institution’s policies and the Institutional and Program Requirements.
 - c) The GMEC must develop and implement written procedures to review and endorse requests from programs prior to submission to an RRC for exceptions in the weekly limit on duty hours up to 10 percent or up to a maximum of 88 hours. All exceptions requested must be based on a sound educational rationale. The procedures must outline the process for endorsing an exception in compliance with the ACGME policies and procedures for duty-hour exceptions. The procedures and their application, if the institution has utilized them, will be assessed during the institutional review.
5. assure that ACGME-accredited programs provide appropriate supervision for all Residents that are consistent with proper patient care, the educational needs of Residents, and the applicable Program Requirements. Supervision of Residents must address the following
 - a) Residents must be supervised by teaching staff in such a way that the Residents assume progressively increasing responsibility according to their level of education, ability, and experience.

- b) On-call schedules for teaching staff must be structured to ensure that supervision is readily available to Residents on duty.
 - c) The teaching staff must determine the level of responsibility accorded to each Resident.
- 6. assure that each program provides a curriculum and an evaluation system to ensure that Residents demonstrate achievement of the six general competencies listed in Section III.E and as defined in each set of Program Requirements.
- 7. establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of Residents in compliance with the Institutional and Program Requirements.
- 8. regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance.
- 9. regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance.
- 10. review and approve prior to submission to the ACGME
 - a) all applications for ACGME accreditation of new program and subspecialties;
 - b) changes in Resident complement;
 - c) major changes in program structure or length of training
 - d) additions and deletions of participating institutions used in a program;
 - e) appointments of new program directors;
 - f) progress reports requested by any Review Committee;
 - g) responses to all proposed adverse actions;
 - h) requests for increases or any change in Resident duty hours;
 - i) requests for "inactive status" or to reactivate a program;
 - j) voluntary withdrawals of ACGME-accredited programs;
 - k) requests for an appeal of an adverse action; and,
 - l) appeal presentations to a Board of Appeal or the ACGME.
- 11. conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines in Section V.

Faculty and Departmental Roles

Faculty in the Departments of the sponsored programs is best qualified to judge the performance and capabilities of Residents/fellows in their program. The Departments under the administrative guidance of the Departmental Chair and specific supervision of the program director have the responsibility for the educational program for their residency or fellowship program. They are responsible for the evaluation of those individuals enrolled in such programs according to the established guidelines of the respective Residency Review Committees. Each Department establishes its mechanisms for the ongoing evaluations of its Residents/fellows. Written evaluations should be given and discussed with the Residents so that they may be made aware of their strengths, weaknesses, and recommendations for improvement. The Departments evaluate their Residents/fellows on a regular basis, but in no case less than **twice yearly**. At this time, the departmental representative conducting the evaluation should attempt to elicit recommendations from the Resident/fellow to improve the quality of the Resident's/fellow's training experience. These evaluations are residency/fellowship program specific but should include (but are not necessarily limited to) an evaluation of:

1. Competency
2. Knowledge
3. Work habits
4. Personal interaction with patients, patient's families, peers, subordinates, and superiors.

If a Resident's/fellow's performance is substandard, **disciplinary action is determined and administered by the individual department**. Disciplinary action may take the form of:

1. Oral counseling
2. Written counseling
3. Suspension
4. Extension of residency training
5. Dismissal

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Internal Review Policy

The Graduate Medical Education Committee (GMEC) oversees the Internal Review Process for all ACGME approved residency programs as closely as possible to the midpoint between ACGME-Residency Review Committee program surveys. The Internal Review is conducted to assure compliance with the Institutional Requirements and Program Requirements of the ACGME-RRC.

Policy: The GMEC appoints an Internal Review Team for each approved residency program, including sub-specialties. The program being reviewed completes a self-assessment (see attached) of how the program meets compliance with the Institutional and specific program requirements. A written report outlining the team's findings is submitted to the GMEC. The Program reviewed is responsible for submitting a follow up report of actions taken within 3 months from the date the report is reviewed by the GMEC. A follow up report is presented the following April or September respectively. In addition to the regularly scheduled mid-cycle review an interim review of any program may be conducted as deemed necessary by the GMEC.

When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

The GMEC demonstrates a continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a Resident.

After enrolling a resident, an internal review must be completed within the second six-month period of the Resident's first year in the program.

- Procedure:**
1. The GMEC appoints an Internal Review Team consisting of at least four (4) members as follows:
 - One (1) member of the GME Committee designated as the chair of the review.
 - One (1) member of Hospital Administration selected by the chair.
 - One (1) Resident/fellow member of the chair's department selected by the chair.
 - One (1) representative of the Medical Education Office.
 2. The Program being reviewed completes a self-assessment and submits to the Internal Review Team the following documents:
 - Completed Self-assessment Form

- Listing of Conferences (Daily, Monthly, Semi-Annual, and Annual).
- Core Curriculum
- Copy of Evaluation Forms (Resident, Program and Faculty).
- Sample Call Schedule for 3 months.
- Listing of Faculty Members responsible for Resident Education.
- Written Goals and Objectives for each training rotation.
- Copy of last ACGME Accreditation Letter.
- Copy of Affiliation Agreement(s), including the 5 points, as required by ACGME, if applicable.
- Most recent ACGME Resident Survey

3. The Internal Review team receives the documents stated in number 2 at least one (1) week prior to the scheduled Internal Review.

4. The Internal Review Team meets with a representative sample of the Residents in the program, which consists of at least one Resident from each PGY level. A separate interview is conducted with the Faculty responsible for Graduate Medical Education. The review team assesses the residency program's compliance with each of the program standards, which includes:

- educational objectives
- educational and financial resources
- effectiveness of the program meeting their objectives
- effectiveness in meeting citations received from the prior ACGME-RRC survey
- effectiveness in meeting recommendations noted in their last Internal Review
- effectiveness of each program in teaching specific knowledge, skills, and attitudes required and providing educational experiences for the Residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
- use of evaluation tools by each program to assess Residents' competence in each of the six general competencies listed above and defined in the Program Requirements for the particular specialty (Resident files will be reviewed at random to affirm the use of evaluation tools).
- effectiveness of each program in developing and using dependable outcome measures to assess Residents' competence in each of the six general competencies listed above and defined in the Program Requirements for the particular specialty.
- effectiveness of each program in implementing a process that links educational outcomes with program improvement
- annual ACGME Resident Survey

5. The Internal Review Team completes a written report of their findings, which is submitted to the GME Committee?

6. The Chairman of the GME Committee presents an overview of the Internal Review Teams findings.

7. The Program being presented is required to submit a written progress report to the GME Committee within three (3) months of the presentation date. Subsequent follow up reports may be requested by the GME Committee as requested.
8. Follow up reports (June – December) in April and (January – May) in September.

Residency Closure/Reduction

The Sponsoring Institution must inform the Graduate Medical Education Committee (GMEC), the Designated Institution Official (DIO) and the residents as soon as possible when it intends to reduce the size of or close one or more programs, or when the Sponsoring Institution intends to close; and,

The Sponsoring Institution must either allow residents already in the program (s) to complete their education or assist the residents in enrolling in an ACGME-accredited program (s) in which they can continue their education. The GMEC has delegated the responsibility of communicating results of all Residency Review Committee (RRC) surveys as follows. Interviewing and potential Resident applicants shall also be notified by the Department Chairman and/or Resident Program Director of a reduction or change in the status of the Residency Program. The notification shall be in writing to each Resident enrolled in the current program and LSUHSC-Shreveport shall allow the Residents already in the ACGME accredited program to complete their education.

Further, it is the institution's policy to both inform Residents of the results of a Residency Review Committee survey and continue their financial support as outlined in the ACGME guidelines for Residency Closure.

Restrictive Covenants

The Graduate Medical Education Committee (GMEC) recommends to all Residency Programs that no participating Resident shall be required to sign a non-competition guarantee. It is the policy of LSUHSC-Shreveport not to engage in any contractual practices, which restrict the Resident (or any member of the Medical Staff) the ability to fully compete during or after their residency/employment experience.

The Graduate Medical Education Committee (GMEC) will include as part of their questions to the Residents during the Internal Review of the Resident Program verification that the program is compliant with this policy.

The Department Chairman and Dean/Chancellor of the Health Sciences Center shall be notified of any indication that the program is non-compliant.

Hospital Support Services

The Graduate Medical Education Committee (GMEC) shall provide support to the Hospital in meeting all requirements to provide the support services necessary to ensure the delivery of quality patient care. It is the priority of the Committee that all support services needed to provide patient care be available 24 hours a day, seven days a week.

The Institution must ensure the Residents have a working environment that minimizes the work of Residents that is extraneous to their educational programs. Also, those Residents on duty will be provided adequate and appropriate food services and sleeping quarters.

The Institution provides an effective Clinical Laboratory, Health Information Management System (Medical Records) and Radiological Information retrieval system to support the Resident's educational program needs as well as addressing quality and timely patient care. The institution provides all support services required to be accredited by the Joint Commission on Healthcare Organizations.

The Institution provides appropriate security and personal safety measures in all locations of the Hospital 24 hours a day, seven days a week. These include but are not limited to the parking facilities, on-call quarters, Hospital and Institutional grounds and related clinical buildings.

Questions concerning the support services are included in the Resident interview during the Internal Review Process. Any areas of concern identified are reported to the GMEC, Department Chairman, Residency Program Director and others as necessary to assure appropriate actions are taken to provide the necessary support service.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
ACGME Six Competencies

Policy:

The Graduate Medical Education Committee (GMEC) is responsible for ensuring that the residency training programs require its Residents to obtain competencies in the 6 areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their Residents to demonstrate:

1. **Educational Program:**

- a. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. **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.
- c. **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.
- d. **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. **Professionalism** as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. **Systems-Based Practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

2. **Evaluation of Residents:**

The residency program must demonstrate that it has an effective plan for assessing Resident performance throughout the program and for utilizing assessment results to improve Resident performance. This plan should include:

- a. use of dependable measures to assess Residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- b. mechanisms for providing regular and timely performance feedback to Residents.
- c. a process involving use of assessment results to achieve progressive improvements in Residents' competence and performance.

Programs that do not have a set of measures in place must develop a plan for improving their evaluations and must demonstrate progress in implementing the plan.

3. Program Evaluation:

- a. The residency program should use Resident performance and outcome assessment results in their evaluation of the educational effectiveness of the residency program.
- b. The residency program should have in place a process for using Resident and performance assessment results together with other program evaluation results to improve the residency program.

Human Resources

Access Card

All Residents will be issued an access card by University Police. The card allows access to those areas that require controlled access/entrance after hours or may be considered restricted areas during regular work hours.

The card is the property of the Health Sciences Center. Loss of the card will result in a \$25 replacement fee to be paid by the Resident. The cards are returned to UPD when the sign out process occurs.

The access card also authorizes entrance to the Resident's assigned parking lot.

The access card identifies your access to controlled areas. Please do not allow others to use your card.

Benefits

ACLS (Advanced Cardiac Life Support)

Residents are required to participate in the ACLS Program associated with the New Resident Orientation program according to their respective departments' requirements. However, if the Resident can provide evidence of having taken the class at a different facility, he or she may be excused from the course. The training offered by the LSUHSC-S is funded by the Office of Medical Education. Re-certification is the responsibility of the Resident. In addition to ACLS, the institution offers BLS, NRP and PALS for the Residents.

Malpractice Insurance

The State of Louisiana provides professional liability coverage pursuant to LSA-R.S. 40:129939 et.seq. to Residents when acting within the course and scope of their training or staff which they are assigned as part of their prescribed training, regardless of where the services are performed. However, Residents 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 Resident Program Director. Malpractice Insurance is provided through the State of Louisiana self-insurance plan at no cost to the Resident and covers in-house duties only. External moonlighting is not covered. Any questions regarding any malpractice claims or legal inquiry should be reported to the Office of Legal Affairs (675-5406).

Deferred Compensation

Residents have the **option** of participating in the State Deferred Compensation Program instead of contributing to FICA/Social Security.

A representative from the State Office assists the Resident with their enrollment and assists when the Resident is no longer in a training program and must determine how the accumulated dollars will be managed or withdrawn.

If the Resident does not wish to participate, the normal withholdings will be processed by the Payroll Office.

Direct Deposit

Paydays are every other Friday. Supplemental pay will be the last working day of the month. Residents assigned to E.A. Conway, Alexandria, and Vivian continues to be paid by LSUHSC-S. Medical Education will mail checks to the appropriate facility on the Thursday proceeding the payday for you to receive your check on Friday. Residents assigned to VAMC, WK, Shriners, etc. will continue to be paid by LSUHSC. Your checks may be picked up in the Medical Education

Office between 8:00 am – 12:00 pm. After that time the pay checks will be delivered to Resident's departments and/or mailboxes.

If you have any questions regarding your check, please contact the Office of Medical Education immediately or the Payroll Office.

Disability Insurance

Residents receive, without charge, a basic group disability insurance benefit. Additional individual, own-specialty coverage may be purchased by the Resident at a discounted premium.. Any questions concerning the Disability Program and its benefits should be directed to the Medical Education Office. The Medical Education Office then will refer the Resident to the current representative of the benefit.

Health Care Insurance

It is required that proof of Health Care Insurance be presented at the beginning of each contract year. The institution does not offer free health care to Residents. The institution offers a variety of Health care insurance coverage benefit options for its employees. Residents may purchase health care insurance as part of the benefits package. Questions should be directed to the Benefits Section of Human Resources.

Meal Program

Louisiana State University Health Sciences Center in Shreveport provides a meal plan for residents. Meals taken by the Resident are charged to the Resident account, the resident PRESENTS HIS ID to the cashier in order to ring up the charges for your meal. There will be a payroll deduction of \$10.00 per pay period for participation in the meal plan. The meal plan will operate on an inclining balance of \$125.00 per month, with the balance returning to \$0.00 on the first day of each month. Beyond this \$125.00 limit, Residents and fellows are expected to pay cash for all meals at the time of purchase.

Residents are not authorized to feed family, friends, students, hospital personnel or others. To do so may result in the loss of your meal privileges.

Medical Library and Departmental Resources

Louisiana State University Health Sciences Center in Shreveport has an excellent medical library located in the school adjacent to the hospital. The Library is staffed with qualified medical library professionals who are available to assist Residents with any query they may have. In addition, there are many online resources available to the Residents and/or their clinical departments.

The library also houses two computer labs, scanners and copy machines. Each Clinical Department has a designated "reference" area in their department that is readily available for the Residents and Faculty.

LIBRARY HOURS:

Monday - Friday: 7:30 a.m. to 11:00 p.m.

Saturday: 9:00 a.m. to 11:00 p.m.

Sunday: 1:00 p.m. to 11:00 p.m.

Online at <http://lib.sh.lsuhscc.edu/hours.html>

On-Call Quarters

Services requiring overnight coverage have designated call rooms in a secured area accessible by card access only on the Ninth (9th) floor of the hospital. Clean linens are provided on a daily basis. Each room has a telephone for call-back. Do not use any room not assigned to your service. All call rooms are accessible by key and/or combination only. Residents must request a key or door code through his/her respective departments. The call room should only be utilized by on-call Residents.

The Resident Lounge is also located on 9th Floor. The lounge has several sofas, microwave, TV, telephone and refrigerator.

If your room requires additional cleaning during the week, please make proper use of the “Second Cleaning Required” signage available in each room. If your room requires additional cleaning on the weekends, please notify the Environmental Services Office at extension 5-6337.

Medical Records, Radiology Films and other patient documents should not be left in the on-call rooms. Periodic room inspections are conducted and items may be removed and returned to their appropriate location.

Hospital owned scrub suits should be returned to the appropriate designated area. Residents have a responsibility of removing their personal items as deemed appropriate to allow proper cleaning of the on-call room.

Any problems with the on-call rooms should be reported to the Office of Medical Education for follow-up. On weekends, if a problem occurs, the House Manager should be contacted.

Parking

Residents are currently assigned to “P” lot at no charge, but must register to park with the Office of Auxiliary Enterprises.

Applications for parking are obtained from the Office of Auxiliary Enterprises, G-22. The registration record of your vehicle must be presented at the time of completing the parking application.

Emergency (call-back) parking should not be in designated fire lanes. If you require an escort after hours, please notify University Police.

Adherence to the University Parking Rules and Regulations is expected. Violations may result in fines and/or towing of your vehicle.

Prescription Pads

All Residents are required to use pre-printed prescription pads. Initial issue of pre-printed prescription pads is four pads of 100. Requests for additional prescription pads should be made in the Medical Education Office. Residents are responsible for safeguarding their prescription pads at all times, to prevent unauthorized use of them. Each Resident must pick up his or her prescription pads in person only in the Medical Education Office.

Residents are prohibited to use other resident's prescription pads.

White Coats, Scrub Suits and Dress Code

Initial issue of white coats is three. Requests for new coats should be made in the Medical Education Office, Room A1-19.

Scrub Suits are worn ONLY in the Operating Room Suite.

Green Suits are restricted to Obstetrics, Labor and Delivery.

Blue Suits, initial issue is two. These suits may be worn in the Health Sciences Center other than the restricted areas as outlined.

University Police has been directed to instruct personnel leaving the institution with “Hospital Owned” scrub suits of the current scrub suit policy (hospital owned scrub suits are not to leave the designated areas). Continued abuse of the scrub suit policy may result in disciplinary action.

Residents are encouraged to dress appropriately as a medical professional. Individuals are reminded that personal hygiene is also an aspect of a physician’s professionalism. Individual departments may establish more specific guidelines for dress.

Identification Badge

Identification badges are required and can be obtained in the Public Safety Office (Room G-213) in the Medical School. Badges will be issued as part of the Orientation program.

The photo identification badge has a bar code on the reverse side. Currently, the bar is utilized in the meal program.

There is a replacement fee of \$25.00; which is paid by the Resident if the badge is lost.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Counseling Services for Residents

Group Support, Employee Assistance Program and the Physician's Health Foundation of Louisiana are available to provide counseling support and direction for the Resident seeking assistance.

Physicians take care of others continuously. However, physicians also need assistance at times, and we want you to know that it is ok to ask for help. It is the primary role of the Physicians' Health Foundation of Louisiana (PHFL) Physicians Health Program (PHP) to offer assistance to physicians who may be suffering from difficulties such as substance use issues, depression, anxiety, etc., in addition to a host of physical ailments and disruptive behavioral patterns. The PHFL PHP supports physicians who are in our program and advocates for them with hospitals, health plan networks, malpractice insurance carriers, medical boards, etc. Dr Mary Fitz-Gerald, Department of Psychiatry is a member of the Board of Trustees for the PGFL.

The Resident may contact the PHFL, a subsidiary of LSBME directly (1-888-743-5747) to seek assistance or a referral/request may be made by a concerned individual regarding the physician. The PHFL proceeds very carefully in their review of the individual's case. All inquiries are handled with extreme confidentiality. In the event the physician in question is in immediate danger or may endanger his patients, a suspension could occur until adequate data has been collected.

If the physician is found to have impairment and agrees to work with the PHFL to address the problem, he or she will not be penalized by the Louisiana State Board of Medical Examiners. Confidentiality is always stressed.

In the event that a Residency Training Director believes that a psychiatric evaluation is necessary for training to continue, the Residency Training Director will request an evaluation by Dr. Fitz-Gerald or another psychiatry faculty member in writing. This request will also list specific information as to why the evaluation is warranted. Dr. Fitz-Gerald will request the Resident to sign a release of information in order to notify the Residency Training Director of the diagnosis, treatment recommendations, and if the recommendations are followed. If the Resident does not agree with the above, he has access to the due process procedure as outlined in the Resident Manual.

LSUHSC-Shreveport
Dr. Mary Jo Fitz-Gerald
675-6040 – Department
675-5000 – Operator

Any Resident who is in need of psychiatric care may contact Dr. Fitz-Gerald or a psychiatry faculty member. Dr. Fitz-Gerald is available for confidential evaluation and referral if necessary. The Resident may also request short term counseling from the Employee Assistance Program.

LSUHSC Employee Assistance Program

It is estimated that in a typical employee population, six to ten percent of the work force suffers from alcoholism or an alcohol related problem; two to three percent have difficulty with drugs, and six to seven percent experience emotional problems. Statistics specifically related to hospital employees reflect estimates similar to the general employee population. Studies indicate that approximately 15% of physicians are alcohol or drug dependent. Data regarding nurses indicate problems with chemical dependency as well as with depression, stress, and burn-out. Also, because 75% to 80% of a typical hospital's employees are women, family problems such as divorce and domestic violence as well as concerns about alcoholism or drug dependence of a family member may be more prominent than in other employee populations. During periods of economic recession and unemployment when many women workers become the family's sole economic provider, financial and legal difficulties appear more frequently.

Because of the nature of their work, many health care professionals are subject to considerable job stress. The life and death responsibilities of hospital work and the need to be always caring and concerned can create substantial stress and strain on an employee's emotional life. Also, the disruption in an employee's routine caused by rotating shifts, weekend work, and on-call duties can magnify personal problems. Stressful work situations can often exacerbate existing problems.

The impact of personal problems on health care workers can have more serious and lasting consequences than in some other occupations. An impaired health care worker can cause direct harm to patient through carelessness, mismanagement of medication, or failure to communicate the patient's requirements.

Although personal problems occur among hospital employees with at least the same frequency as in other work forces, the belief that health care workers should be immune from personal problems impedes the identification of these problems. An EAP in a hospital can provide "help for the helper".

The Employee Assistance Program (EAP) is a sponsored service which is designed to encourage employees to take the initiative for their own health and wellness. With the assistance of professional consultation, employees can solve a wide range of personal problems that could adversely affect their personal lives or professional careers.

Drug-Free Workplace – To enforce the drug-free policy and to help employees maintain employment as they recover from alcohol/drug use, the EAP offers services to identify, screen and monitor impaired employees.

Can I be guaranteed that participation in the Employee Assistance Program will not hurt my job promotional opportunities?

It is in your best interest to seek early counseling through the EAP program. Even if management has talked to you about a possible problem, you may voluntarily seek treatment and counseling by stepping forward and accepting the help that is available.

If management is sufficiently concerned about job performance, a formal referral to EAP may be made. If the employee elects not to follow referral for evaluation and possible treatment, the referral person will be notified. Should job performance continue to decline, disciplinary actions may be taken by LSUHSC-S management?

How confidential is the program?

The Employee Assistance Program goes to great lengths to respect your right to privacy. Like all medical files, EAP records and discussions regarding the nature of personal problems will be handled in strict confidence. EAP records will be maintained separately from personnel files by the Director of the EAP. EAP insures that employees at all levels have the opportunity to obtain the best professional help in an atmosphere of understanding and privacy.

My problems are private. What right does LSUHSC-S have to interfere with my personal life?

You're right! Your problems are personal, until they begin to have a detrimental effect on your work performance. Then personal problems affect more than just you, they affect your co-workers and the productivity of your team.

How do I get started in the program?

There are two ways to get started in the program. (1) If you feel you have a problem, you can simply call the EAP Office at 675-7397 and ask to speak to Dr. Betty Joiner. (2) Or, if your performance has declined, your supervisor may recommend on a formal or informal basis that you call the EAP consultant to discuss your problem.

Can I participate if job performance has not been affected?

Absolutely! LSUHSC-S hopes that awareness of the EAP and understanding of its principles will encourage employees to seek help on their own before problems impact job performance.

Who will pay for the cost of the counseling, or for other recommended assistance?

The EAP guidance and referral services are free. Diagnosis and treatment cost outside Employee Health Services will, to the extent they are covered by regular group health insurance, be paid for by your insurance.

How long does it take to get help?

It's LSUHSC-S's goal to have all employees receive the help they need as soon as they contact the EAP director. Once the medical/emotional problem is evaluated, you will be counseled and offered referral to an appropriate treatment source.

Physicians Health Committee

As a physician, you may already be aware of the need to provide assistance to someone who may be dealing with a substance abuse problem. Today, there is a mechanism in place to provide counseling of that individual before the full impairment occurs.

At LSUHSC-S the Physicians Health Committee is in place and working. The program has been set up through the Shreveport Medical Society. The process is confidential and each case is handled on an individual basis.

If you have any questions or comments, please contact Dr. Mary Fitz-Gerald in Room 3-423 of the Medical School.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER -
SHREVEPORT

TREATMENT AND REHABILITATION OF IMPAIRED PHYSICIANS

Purpose:

To provide a mechanism for treatment and rehabilitation of physicians suffering from impairment that may interfere with optimal professional function and ensuring the protection of patients.

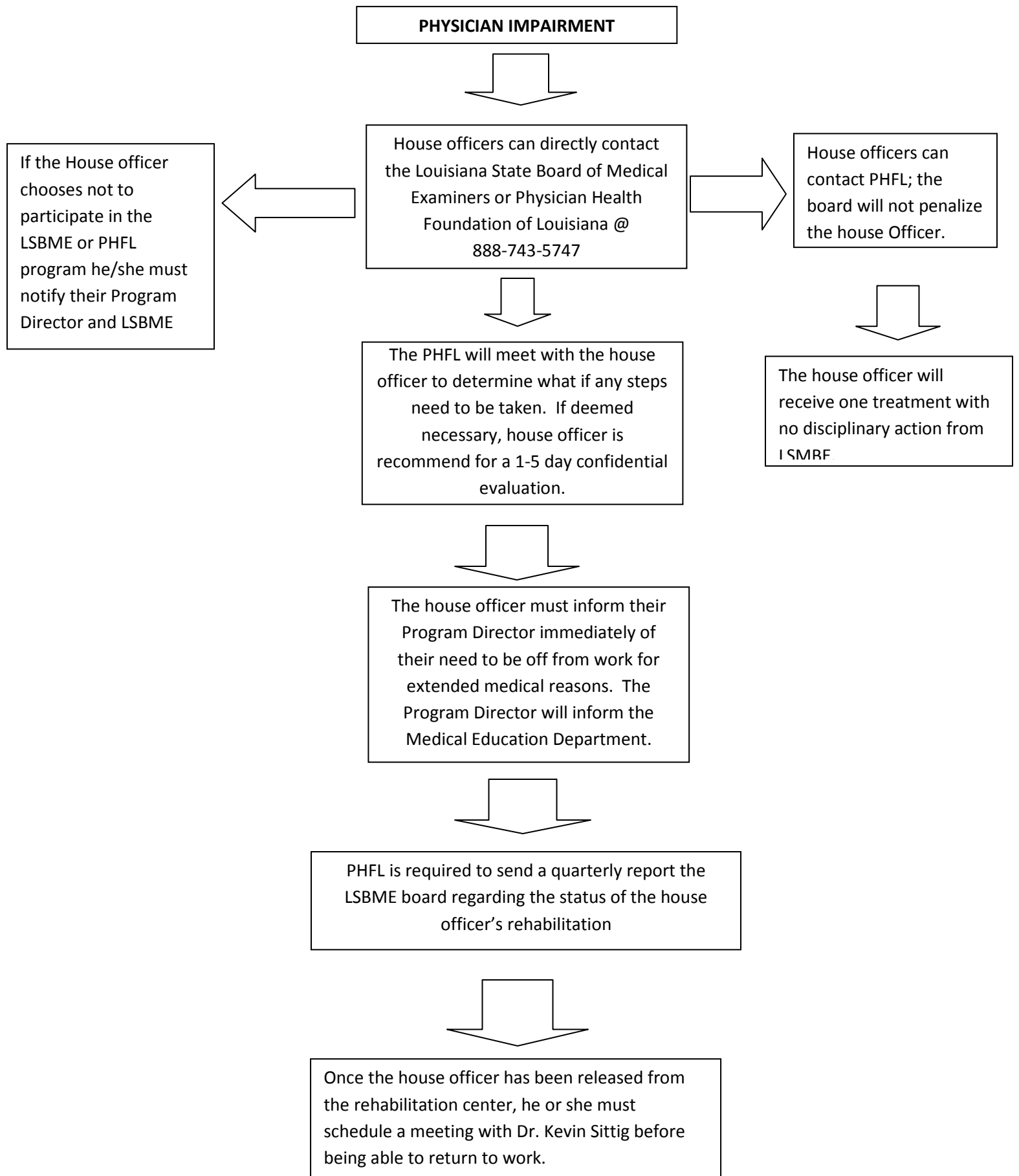
Policy:

1. Physicians shall receive ongoing education on impairment recognition, including signs and symptoms of controlled or mood altering substance impairment. Education shall address prevention of physical, psychiatric and emotional illness. (Hospital personnel shall receive education about illness and impairment recognition issues.)
2. Any impaired, or suspected impaired, physician, regardless of how identified (including self-referral), shall be seen by the Physician Director of the LSUHSC Occupational Health Clinic (OHC). The OHC physician shall evaluate, or cause to be evaluated, the referred physician for suspected impairment. The evaluation process shall be conducted in a confidential manner.
3. Should the OHC physician determine that drug testing is indicated, testing shall be in accordance with established Occupational Health clinic procedure; cost of all testing shall be born by the institution.
4. Upon completion of the evaluation, the OHC physician shall report his findings to the Associate Dean for Clinical Affairs. The Associate Dean shall notify the appropriate regulatory bodies, department chairman or others as deemed appropriate or mandated by law.
5. The Associate Dean, in consultation with other appropriate individuals, shall provide the impaired physician with options regarding treatment and assistance to aid the physician in retaining or regaining optimal professional function. Such treatment shall be done in a non-punitive manner, and shall be based upon the assurance that patient care is at no time compromised.

6. Should it be necessary to restrict the practice privilege of the impaired physician in order to insure the safety and best interest of patients, the Associate Dean for Clinical Affairs shall notify the Credentials Committee of the restrictions.
7. Monitoring of the affected physician shall be the responsibility of the Associate Dean or designee.

Reference: Administrative Directives 1.5.2, 6.6

The process for LSUHSC house officers seeking assistance and/or support for substance abuse:



Due Process

Terms of Employment

Employment in residency or fellowship training is by contract. The contractual relationship governs issues that are specific to the residency/fellowship program and supplements those rules and regulations of the State of Louisiana and the LSU System. These items are covered more fully in other portions of the **Resident Manual**. Residents/fellows are expected to read this manual, as they are held accountable for its content. Although the residency/fellowship training programs may vary in length, contracts are issued for a period of **one-year**. Renewal of the contract for each subsequent year is completely discretionary at the option of either the resident/fellow or the Department.

Written notice of intent not to renew a resident's contract will be provided no later than four (4) months prior to the end of the resident's current contract. However, if the primary reason(s) for the non-renewal occur(s) within the four (4) months prior to the end of the contract as much written notice of the intent not to renew will be provided prior to the end of the contract as the circumstances will reasonably allow.

Louisiana law DOES NOT require that the Health Sciences Center allow appeals for a contract non-renewal. However, since the non-renewal of a training contract may have an effect upon a resident's/fellow's career the Health Sciences Center does provide a process by which the resident/fellow may appeal the decision of the Department not to renew the contract. The appeal for a contract non-renewal will be handled procedurally in the same manner as an **adverse action matter**. Residents/fellows are advised to read the section under **ADVERSE ACTION/DISCIPLINARY POLICY** carefully as certain time constraints and other regulations apply. Failure to meet timely the requirements may **WAIVE** the right of appeal.

ADVERSE ACTIONS/DISCIPLINARY POLICY

Disciplinary action is defined as those actions taken to correct, to encourage the correction of, or punish substandard performance or lack of professional conduct. Disciplinary actions beyond written counseling are considered to be serious offenses.

An adverse action is defined as something that adversely affects a resident's/fellow's career and includes not only disciplinary action but also such matters as a non-renewal of a training contract. As stated above a non-renewal of a contract **is not appealable under Louisiana law**. However, in keeping with the requirements of the ACGME, appeals for contract non-renewals are allowed since they represent a potential (but not necessarily certain) adverse effect upon the resident's chosen pathway.

NOTE: AS A MATTER OF LOUISIANA LAW, ANY STATE EMPLOYEE WHO IS CONVICTED OF A FELONY MUST BE DISCHARGED FROM STATE SERVICE WITHIN 48 HOURS AFTER THE CONVICTION IS FINAL. THIS LAW APPLIES TO RESIDENTS/FELLOWS, AS WELL AS ANY OTHER STATE EMPLOYEE. ANY RESIDENT OR FELLOW WHO HAS BEEN EXCLUDED FROM PARTICIPATION IN

FEDERAL PROGRAMS MUST BE REMOVED FROM EMPLOYMENT IMMEDIATELY UPON DISCOVERY OF THEIR EXCLUSION.

Many disciplinary/adverse actions and clinical privilege actions have mandatory reporting to various federal and state agencies.

Residents/fellows are professional individuals who are expected to maintain a high standard of ethical conduct and performance. It is assumed that all residents/fellows who enter the various training programs genuinely want to afford themselves the opportunity to enhance their training, skills, and careers. The training programs at the LSU Health Sciences Center-Shreveport have a responsibility to train individuals to an acceptable level of competence and to protect the general public from unskilled and unqualified practitioners.

DUE PROCESS

The LSU Health Sciences Center-Shreveport is committed to the principal of due process. Due process is defined as allowing an individual to be confronted with the allegations and evidence against him/her, to present his/her side of the story to the decision-maker, and unless the offense is egregious, be given the opportunity for improvement. The DECISION-MAKER for the resident/fellow is the resident/fellow's Department Chair.

The regular periodic evaluations (supplemented by any additional evaluations, counseling, and interactions with faculty) should alert the resident/fellow to his/her status. Since residents/fellows are professionals, they have the responsibility to be aware of their status, and to inquire of the faculty concerning their progress in the residency program. Upon receiving **ANY** negative evaluation, the resident/fellow should contact his/her program director **immediately** for advice and counsel.

Residents/fellows who are dissatisfied with departmental actions must, **within five (5) working days**, request in writing a review by the Departmental Chair. The decision of the chair in matters of oral counseling, written counseling, and suspension of less than **thirty (30) days will be considered final**.

An appeals process for suspensions of **thirty (30) or more days**, extension of residency training, or dismissal are allowed under the administrative procedures of the LSU Health Sciences Center-Shreveport. Additionally, although not required by Louisiana law, appeals will also be allowed for contract non-renewal. The decision of the appeals process for all matters will be either **to uphold or not uphold** the departmental action. The full procedure for appeals (including appeals committee membership) is described in the section entitled **Appeals Process**.

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SHREVEPORT**

Graduate Medical Education Disciplinary Action Appeals Process

Purpose:

To define the Appeals Process for disciplinary actions within Graduate Medical Education.

Policy:

1. Definition

1. Residents may appeal the Decision of the Department Chair for any disciplinary actions involving 30 or more days suspension, extension of residency training, or dismissal. Additionally, although not required by Louisiana law, LSUHSC-S allows appeals for contract non-renewal. The Decision of the Appeals process will be either to uphold or not uphold the departmental action.
2. The disciplinary/adverse action shall be carried out after the decision of the Department Chair (who is the decision-maker). Should the Resident or fellow prevail on the appeal to Senior University Officials, the Resident will be entitled to all back pay and allowances from the date of the disciplinary/adverse action.
3. Although the disciplinary/adverse action shall be carried out after the decision of the Department Chair, no notification of the appropriate boards and agencies will occur until the final step in the appeal. *An exception to this notification may be made when required by law, rule, regulation, or contract.*

2. Process

1. Upon receiving one or more of these disciplinary/adverse actions, the Resident desiring to contest the action must request in writing a review by the Departmental Chair **within five (5) working days**.
2. The Departmental Chair has **ten (10) working days** after receipt of the request to render an opinion.
3. After receiving the decision of the Departmental Chair, the Resident may appeal the decision to the Associate Dean for Clinical Affairs/Chief Medical Officer **within five (5) working days**. This request must be in writing and must state the factual basis for the appeal in detail, including but not limited to, specific reasons why the Resident disagrees with the departmental action, other related issues that the Resident desires to be considered, and the relief sought. **FAILURE TO COMPLY TIMELY WITH THESE DEADLINES AND REQUIREMENTS WAIVES THE APPEAL RIGHT UNDER THIS SECTION.**

4. Upon receipt of the written request for appeal, the Associate Dean for Clinical Affairs/Chief Medical Officer will appoint a committee made up of:
 - a. two Chief Residents
 - b. two physician members on the Hospital Clinical Board
 - c. or Senior Professorial rank physicians

who are not members of the Resident's/fellow's department. The fifth member of the committee shall be the hospital administrator, associate hospital administrator, or a senior administrator of the medical school (excluding the Chancellor, Dean, or Associate Dean for Clinical Affairs/Chief Medical Officer) who shall preside over the committee but shall not vote except in the case of a tie. The Coordinator of Legal Affairs or a suitable designee shall be appointed by the Senior Associate Dean for Clinical Affairs/Chief Medical Officer to serve as the legal adviser to the committee, but shall not participate in nor be present during the Committee's closed deliberations.

- a. The names of the members appointed to the committee shall be given to the Resident and to the Department Chair.
 - b. The Resident and the Department Chair will each have **five (5) working days** from the receipt of the names of the committee members to notify (in writing) the Senior Associate Dean for Clinical Affairs/Chief Medical Officer of any challenges to any member of the committee (including the Chairman).
 - c. If challenges are not received within the allotted five-day time period, the committee will be considered duly constituted.
 - d. Challenges to members of the Committee by either the Resident or the Department must be in writing, must be member specific, and must contain factual information sufficient in detail to allow a reasonable judgment on the objection to be made. If challenges are received (and the reasons are deemed valid) the Associate Dean for Clinical Affairs/Chief Medical Officer will appoint a replacement(s).
5. The chairman of the committee shall notify the Resident of the time and place of the hearing upon final appointment to the Appeals Review Committee. This hearing will be scheduled **at least ten (10) working days, but not more than twenty (20) working days** upon final written notice of the appointment of the committee members.
6. Not later than **ten (10) working days** prior to the hearing, the department shall submit to that committee, in writing, specific behaviors/conduct or other matters on the part of the Resident.
7. Not later than **five (5) working days** prior to the hearing, all parties (Resident and department) shall notify the Chairman of the Appeals Review Committee, in writing, of the witnesses and exhibits that they intend to use at the hearing.
8. The committee's signed recommendation shall be submitted to the Senior Associate Dean for Clinical Affairs/Chief Medical Officer within **five (5) working days** of the conclusion of the hearing. The Associate Dean for Clinical Affairs /Chief Medical Officer may concur or not.
9. Should the Resident or the Department be dissatisfied with this decision, the Resident or Department may appeal to the Chancellor of LSUHSC-Shreveport (representing the Board of Supervisors) within **five (5) working days** of receipt of the Senior Associate Dean for

Clinical Affairs/Chief Medical Officer's action on the Committee's recommendations. This Appeal must be in writing and shall contain the factual basis on which the Resident or the Department believes the decision is wrong.

10. The Chancellor, or his designee, will review the matter and will notify all parties of the final decision within **thirty (30) working days** of its submission. The Chancellor's review shall be made on the record of the previous hearings.
11. The disciplinary/adverse action shall be carried out after the decision of the Department Chair (who is the decision-maker). Should the Resident or fellow prevail on the appeal to Senior University Official's, the Resident will be entitled to all back pay and allowances from the date of the disciplinary/adverse action.
12. Although the disciplinary/adverse action shall be carried out after the decision of the Department Chair, no notification of the appropriate boards and agencies will occur until the final step in the appeal. *An exception to this notification may be made when required by law, rule, regulation, or contract.*

3. The Appeals Review Hearing Guidelines and Structure:

1. All witnesses shall testify under oath administered by an individual duly authorized to swear witnesses under Louisiana law.
2. Failure of either party to timely submit a list of witnesses and exhibits will preclude presentation of those witnesses and exhibits without the consent of the other party.
3. Any person connected with the LSU Health Sciences Center who refuses to testify before the committee shall be subject to disciplinary action.
4. All information, including but not limited to, the Resident's/fellow's Resident files in the medical education office, files in the department/section, any material used by the Vice Chancellor in rendering the initial determination and any written determinations shall be made available to the committee, the department, and to the Resident.
5. It shall be the responsibility of the department chair to prepare and submit the department's witnesses and exhibits.
6. The Resident or the Department shall have the option of having the hearing opened or closed. Regardless of whether the hearing is open or closed, witnesses to be called shall be excluded from the hearing until after their testimony.
7. The Resident shall be permitted to have an advisor present at the hearing, and such should be indicated in the notice mailed to him/her by the chairman of the committee. The advisor may be a lawyer, friend, or other staff member. Such advisor should have the opportunity to be an active participant in the questioning of any witnesses and presentation of evidence before the committee; however, the advisor may not be a witness.

8. The Resident or their representatives shall be permitted to cross-examine all witnesses and will be allowed to present exhibits/witnesses on his/her behalf.
9. The Resident may, but is not required to testify during the proceedings, or to testify in his/her own defense.
10. The committee Chairman shall arrange for a full and complete transcript of the hearing to be made by a certified court reporter. The Resident may order a copy of the transcript from the court reporter at his/her expense.
11. The Chairman of the Committee should read the general charges (unless waived by the Resident and the Department) and indicate on the record the parties present during the hearing including any members of the committee who are absent.
12. The department may elect to make any opening statement not to exceed ten minutes or elect to waive the making of such statement.
13. The Resident may make an opening statement not to exceed ten minutes or may waive the right to make such a statement.
14. The department shall present evidence to support the action taken or may choose to proceed on the record of the prior proceedings.
15. The Resident shall present evidence or else waive the right to do so.
16. If the Resident presents evidence, the department may present evidence in rebuttal.
17. The Department may elect to present a closing statement not to exceed ten minutes in length.
18. The Resident may elect to present a closing statement or else waive the right to do so. The closing statement of the Resident shall not exceed 15 minutes in length.
19. The department may present a closing rebuttal but only in the event the Resident shall have presented a closing statement. The department shall be allowed no more than five minutes for rebuttal. There will be no sur-rebuttal.
20. Upon the conclusion of the presentation of evidence and arguments, the case will be submitted to the committee in closed session, with only the committee members present. They will make written findings of fact with respect to the charges alleged and render a recommendation to uphold or not to uphold the department's actions.
21. The decision shall be made by the majority vote of the committee members. Any member not concurring in the opinion may be allowed to file a dissenting opinion indicating the reasons for his/her position. The dissenting opinion will be attached to the committee's majority opinion.

Administrator

Date

Clinical Board Approved:
Written:
Removed:
Reinstated:
Revised:
Reviewed:

PROBATION

Probation is the formal notification to the resident/fellow that the residents/fellow's performance is not satisfactory. While probation is sometimes divided into "Academic Probation" and "Conduct Probation", the University makes no distinction between them. Failure to meet any standard after this formal warning may result in serious consequences up to and including dismissal from the program or nonrenewal of the trainee's annual contract at expiration. Because probation is a formal warning of substandard performance and is intended to alert the resident/fellow to that effect, it is not appealable beyond the level of the Department Chair. If probation is combined with an adverse action (eg. extension of training), then any appeal would be on the adverse action.

Leave

Annual Leave

First-year Residents are allowed three weeks (15 weekdays) vacation with pay, and second through sixth year Residents are allowed four weeks (20 weekdays) vacation with pay, except where prohibited by departmental policy or specialty board regulations. You are encouraged to take your vacation in increments of at least one week (5 days). If a Resident applies for one week of vacation (Monday through Friday) it is expected that the Resident will also be free of duty for one of the adjoining weekends (and, the adjoining weekend will not be charged to the Resident's leave).

Vacation leave is non-cumulative—it must be used during the year earned and cannot be carried forward.

Vacation Requests

Your request for leave is to be submitted to the Medical Education Office on the appropriate application for leave form. It will be circulated for appropriate departmental approval from the Medical Education Office. Vacation requests are to be made within the time frame established by the various Departments, but not less than 60 days prior to the leave you are requesting. All leave requests should be submitted in writing. **Off service leave requests should be submitted for consideration no later than August 31.**

Vacation Limitations

VACATIONS ARE NOT ALLOWED DURING THE FIRST TWO WEEKS OR THE LAST TWO WEEKS OF YOUR RESIDENCY YEAR OF TRAINING.

Exceptions to the above must be approved by the Clinical Department Head to which you are assigned and the Hospital Administrator.

Educational Leave

Educational leave may be granted by the Program Director and/or Clinical Chief. Educational Leave should be recorded with the Office of Medical Education. Residents participating in specialty boards, licensing exams, etc. should record the leave as "educational". Education leave for taking USMLE step 3 must be submitted at least 30 days before the beginning of the rotation month. The program director has the final approval of all leave. Off service educational leave requests should be submitted for consideration no later than August 31.

Family and Medical Leave

All employees who have been employed for twelve (12) months and who have worked for at least 1,250 hours during the 12 months preceding the start of a leave, are eligible for up to 12 weeks of unpaid leave for certain qualifying events. Qualifying events include:

- A. the birth of a son or daughter and to care for the child.
- B. the placement of a son or daughter by adoption or foster care.
- C. to care for a spouse, son, daughter or parent if the family member has a serious health condition.

The University shall require thirty (30) days advance notice of the request, whenever reasonable. Certification as to the authenticity of the precipitating event will be required.

Employees must substitute any applicable accrued paid leave for the 12 weeks of unpaid leave.

The University's portion of employee health coverage will be maintained while the employee is on leave without pay and as long as the employee's portion is paid. LSUHSC-S will not contribute to other benefit plans during periods of unpaid leave.

Requests for leave along with pertinent certification documents should be forwarded by the employee's supervisor and department Director to the Employee Relations Section of the Human Resource Management Department. The Human Resource Management Department will determine the employee's eligibility under the Family and Medical Leave Act.

Employees returning to work from Family and Medical Leave will be restored to the same jobs held before going on leave, or to equivalent positions with the same pay, benefits, and other terms and conditions of employment.

Family and Medical Leave (FMLA) Act Expanded for Military Families

The Support for Injured Service Members Act, which grants additional leave under the FMLA to "eligible" employees who have family members in the military. The legislation creates two (2) new categories of FMLA leave:

- 1) **Active Duty Family Leave** – Employees with a spouse, parent, or child who is on or has been called to active duty in the Armed Forces may take up to 12 weeks of FMLA leave when they experience a "qualifying exigency".

- 2) **Injured Service member Leave** – Employees who are the spouse, parent, child, or next of kin of a service member who incurred a serious health or illness on active duty in the Armed Forces may take up to 26 weeks of leave in a 12-month period (including regular FMLA leave).

Employees may take "injured service member leave" intermittently but must use it up within 12 months.

More information on the new leave requirements will be forthcoming once guidelines have been issued by the Department of Labor.

You may contact Jean Brown, Human Resource Management, and 675-5634, with your questions or concerns.

Funeral Leave

In accordance with the University Policy on Funeral Leave, funeral leave may be given to Residents without loss of pay or required use of annual leave or sick leave to attend the funeral or burial rites of an immediate family member when such rites occur on a scheduled work day.

Immediate family is defined as father, mother, step-father, step-mother, sister, step-sister, brother, step-brother, husband, wife, child, step-child, mother-in-law, father-in-law, grandchild and grandparents.

Maternity/Paternity Leave

The Resident is required to notify the Medical Education Office and Program Director as soon as pregnancy has been confirmed. Sick leave and if necessary, annual leave will be used for the maternity absence. Any leave beyond that will necessitate Leave Without Pay Status and result in the extension of the training period.

Paternity leave is authorized only if the Resident has adequate annual leave available.

-Leave of Absence

The Graduate Medical Education Committee (GMEC) supports the policy for Leave of Absence as referenced by the Residential Memorandum PM 20, "Leave Policies for Academic and Unclassified Employees and Classified Personnel".

Residents who find themselves in a position to require the need to "request a leave of absence" must do so in writing. The request shall be submitted to the Program Director and/or Clinical Chief. The "Leave of Absence" is approved by the Program Director and submitted to the Medical Education Office for record keeping.

The leave of absence shall exceed the Resident's current contract. When leave is taken, the Resident and Program Director are encouraged to address an anticipated date of return as well as identify the length of time the period of training will need to be extended.

Residents granted a "leave of absence" shall be in a non-paid or "leave without pay" status. During this period, the Resident will be responsible for both portions of the health insurance premium payment if the "leave without pay status" exceeds a two-week period. The Resident shall be directed to review the payment options with the Department of Human Resources, Benefits Division.

Sick Leave

Each Resident is eligible for 10 weekdays of paid sick leave.

The Resident must be ill in order to request sick leave (cannot request sick leave for the illness of a family member, refer to the Family and Medical Leave section).

If an illness exceeds 10 weekdays, vacation leave may be used to cover an extended period of absence due to illness. If sick/annual leave is exhausted, the Office of Medical Education must be notified in writing by the Clinical Department Head and/or Residency Program Director so that arrangements can be made to keep the insurance current. In the event there is excessive sick leave, extension of the training contract may be requested by the Program Director if deemed necessary to meet the Program Training Requirements.

Sick leave may not be used for vacation time.

Special Leave

In addition to one's vacation, certain holidays and special leave will be considered, i.e. military, civil for court appearances, etc.

Leave must be approved in advance by the appropriate Program designee and/or Administrative representative and recorded in the Office of Medical Education.

Orientation

Departmental

Each department has its own orientation program in addition to the Resident and Health Science Center Programs.

Residents

The Office of Medical Education hosts a mandatory Annual Orientation for incoming Residents routinely on the last day in June. The Residents Orientation includes a number of required orientation topics in addition to the Human Resource personnel required paperwork.

Health Sciences Center

The Health Sciences Center conducts an orientation twice monthly. Residents unable to attend the Resident Orientation Program will be required to attend the Health Sciences Center Orientation Program.

Personal Data Changes

Residents are requested to provide the Office of Medical Education with current address and telephone number for emergency purposes.

At least annually, Residents will be asked to provide written updates of their personal information/status.

In addition to the Office of Medical Education, address changes should be communicated to the Payroll Office.

Pre-Employment

The Louisiana State University Health Sciences Center-Shreveport consists of the School of Medicine and its teaching Hospital, Louisiana State University Hospital, and campuses of two other professional schools, the School of Graduate Studies and the School of Allied Health Professions. All are part of the statewide Louisiana State University Health Sciences Center. The Graduate Medical Education Committee supports the Health Sciences Center's pre-employment requirements, which include a drug screen and full background review, including a review of any questions, which may be raised concerning the application. The signature of the applicant on the application gives the Institution approval to verify any information pertaining to the application involving inquiries.

The Department of Human Resources coordinates the pre-employment process and reports any significant "findings" to the appropriate individual for action and/or follow-up.

Individuals who fail to comply with the pre-employment requirements may not be eligible for employment at LSUHSC-S. The Department of Human Resources shall notify the appropriate individual (s) as soon as feasible.

In the event that a Resident's status changes and he/she does not meet the requirements established by the Institution, the Resident will be advised of his/her non-compliance and appropriate action will be taken. The action taken may include "leave without pay status" until compliance with the institutional requirements are met, or the action may extend to Resident resignation, and/or termination.

Resident Responsibilities and Policies

The Graduate Medical Education Committee (GMEC) welcomes you as a new employee. LSUHSC-Shreveport employees more than 5,000 employees who have chosen to work in this large teaching hospital and who contribute by their services to the important tasks of patient care, teaching, and research either directly or indirectly. The future development of this campus depends on each employee, their pride, and a continued development of productive effort. The GMEC recognizes that communication plays a vital role toward your development. Toward that goal, the following responsibilities have been outlined to communicate your responsibility in maintaining LSUHSC-S, a Center Of Excellence in providing patient care, teaching and learning.

As a Resident of LSUHSC-S you will have the responsibility to:

1. Participate in safe, effective and compassionate patient care under the appropriate level of supervision and at the level of advancement and responsibility assigned by your training program. The level of required supervision is provided in your training program's goals and objectives. Further, the GMEC recommends that if a Resident does not understand what level of supervision is required in providing patient care then it is his/her responsibility to seek appropriate clarification from the Residency Program Director or Department Chairman.
2. Comply and follow Hospital Policies, EEO Guidelines, Mandated Compliance Programs, the Medical Staff Rules, Regulations and Bylaws for the Medical Staff, also, to comply with the Joint Commission on Accreditation for Healthcare Organizations' standards emphasizing the appropriate documentation of patient care, including compliance with timely chart completion, clinical pertinence, etc.
3. Attend and participate on appointed institutional committees and councils whose actions affect future education and/or patient care.
4. Report to assigned patient care areas in a timely and efficient manner, notifying the direct supervising physician.
5. Provide an annual "confidential" evaluation of the educational experiences of your assigned Residency Program and of the faculty to the Residency Program Director.
6. Attend and participate fully in Department or Institution specific educational and scholarly activities, which shall include the responsibility of teaching and supervising other students and Residents in training. The requirements will vary from one Residency Program to another but each Resident is expected to meet compliance with the program's requirements. Examples may include but are not limited to special case presentations, research, attendance at conferences and grand rounds, participation in lectures, teaching of other Residents, students, written publications, etc.
7. Follow and adhere to other policies and procedures of the institution, such as Safety, Infection Control, Medical Records, Confidentiality, Information Management, and the use of support services in a cost effective and useful manner.
8. Comply with Federal laws and regulations such as billing compliance, conditions of Medicare Participation, EMTALA/COBRA etc.
9. Maintain compliance with the ethics of the institution in providing safe and efficient patient care in a protected environment to assure the well being of all patients.
10. Adhere to patient confidentiality and other institutional requirements for the security of patient information.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Call In Policy

Policy:

All scheduled leave must be recorded in the Medical Education Office as outlined in the Leave Policy.

Any unscheduled leave, emergency, sick, etc. must be reported immediately to the Assigned Service representative. The Resident must notify his service contact (Staff or responsible Resident whether Chief Resident or Team Resident.) The service Resident will be responsible for notifying the Medical Education Office who will notify the Program Director and record the absence.

Upon notification of the need to take leave, the Resident will be advised **to call in daily if sick leave is being requested.** A physician's excuse may be necessary to return to work. Other emergencies will require identifying a specific number of days prior to leave being taken to establish a date of return to service.

Any leave taken without following the proper procedure may result in leave without pay and/or delay in program completion as determined by the Program Director/Chief of Service.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Changing Graduate Training Programs Within LSUHSC-S

Policy:

If a Resident in a graduate training program in the University Hospital intends to leave that program prior to his completion to accept an appointment in another graduate training program within the institution, the Resident's intentions should be made known to the Clinical Department Head in which he is presently serving at least 90 days before the end of his contract period.

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

A program director must provide timely verification of residency education and summative performance evaluations for Residents who leave the program prior to completion.

Chairman who are discussing appointments to their Department should require the Resident to obtain a release from the Chairman of his present department before making an offer to accept that Resident in his program.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
DEA Controlled Substances

Policy:

Obtaining an individual DEA NUMBER for prescribing controlled substances for outpatients' prescriptions is a three step procedure.

1. FULL Louisiana Medical License
2. LOUISIANA STATE NARCOTIC NUMBER – This application is obtainable once you have a current Louisiana Medical License.
3. FEDERAL DEA NUMBER – Can be obtained once you have fulfilled requirements 1 and 2 above. Applications for your Louisiana State Narcotic number and federal DEA number are available in the Medical Education Office.

Prescription orders for controlled substances may be issued by physicians, dentists, and veterinarians who are authorized to prescribe controlled substances by the jurisdiction in which they are licensed to practice their profession and either are registered with the DEA under the Controlled Substances Act for the appropriate schedules or are exempt from registration.

You will be responsible for securing the appropriate narcotic licenses and maintaining those permits. Interns, Residents, and foreign trained physicians may dispense, administer, and prescribe controlled substances under the registration of LSUHSC-S in lieu of being registered themselves provided that the following conditions exist:

1. The dispensing, administering, or prescribing is in the usual course of professional practice;
2. The individuals are authorized or permitted to dispense, administer, and prescribe by the Louisiana State Board of Medical Examiners.
3. LSUHSC-S has verified that the individual has never had a DEA registration application denied or revoked.
4. The practitioners are acting only within the scope of their employment at LSUHSC-S;
5. LSUHSC-S authorizes individual practitioners to dispense or prescribe under the hospital's registration and designates a special code number for each individual. The temporary number is issued initially to all first year Residents for their use at LSUHSC-S only until they receive their own DEA numbers. Issuance and monitoring of the number shall be through the Medical Education Office in conjunction with the Chief Pharmacist.
6. Resident I's and other upper level Residents who do not have a full Louisiana license are issued a temporary DEA number which can be used during the PGY 1* year and will expire at the end of the last day of the current fiscal year (June 30th).
**includes Residents who do not have a full license or may have the GETP.*
7. Residents who have a full Louisiana license are required to obtain a DEA number which can be used during their residency at LSUHSC. There not a cost to the resident while in training. www.deadiversion.usdoj.gov.
8. A current list of internal codes assigned to practitioners is kept and is made available to other registrants and law enforcement agencies upon request to verify the authority

of the prescribing individual practitioner. The Medical Education Office keeps the current list of numbers and signatures with Pharmacy receiving a copy.

9. RESIDENTS WILL BE REQUIRED TO PURSUE DEA REGISTRATION UPON RECEIPT OF THEIR MEDICAL LICENSE UNLESS THEIR TRAINING SPECIALTY DOES NOT ROUTINELY REQUIRE PRESCRIPTION ORDERS.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Duty Hours

Policy:

The Graduate Medical Education Committee (GMEC) is committed to providing Residents with a sound academic and clinical education that promotes patient safety and Resident well-being. The educational goals of the Residency Training Program and learning objectives of Residents must not be compromised by excessive reliance on Residents to fulfill institutional service obligations. Duty hour assignments must recognize that faculty and Residents collectively have responsibility for the safety and welfare of patients. Department Chairpersons and Residency Program Directors must ensure that Residents are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged, or if unexpected circumstances create Resident fatigue sufficient to jeopardize patient care.

Resident duty hours and on-call assignment periods must not be excessive. Duty hours are defined by the ACGME as “all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences.” All training programs must adhere to the following guidelines governing duty hours as set forth by the ACGME.

- A. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
- B. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- C. Adequate time for rest and personal activities must be provided. PGY-1 residents should have 10-hours, and must have eight hours, free of duty between scheduled duty periods.
- D. Intermediate-level residents (as defined by the RRC) should have 10 hours duty free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
- E. Internal moonlighting hours must be counted toward the 80-hour maximum weekly hour limit, and monitored by the training program. Internal moonlighting is defined by the ACGME as moonlighting at the sponsoring institution or the non-hospital sponsor’s primary clinical site.
- F. Duty periods of PGY-1 residents must not exceed 16 hours in duration. PGY-1 residents are not permitted to moonlight.
- G. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

All training programs must adhere to the following guidelines governing on-call activities as set forth by the ACGME:

- A. In-house call must occur no more frequently than every third night, averaged over a four-week period.
- B. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
- C. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
- D. At-home call (pager call) is defined as call taken from outside the assigned institutions. Time spent in the hospital by residents on at-home call must count towards the eighty (80) hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.

In planning the Resident rotation schedules, the schedule must focus on the needs of the patient, continuity of care, and the educational needs of the Resident. The Departmental duty hours must be in compliance with the Institutional as well as the Program Requirements.

Each training program must have written policies and procedures consistent with the Institutional and Program Requirements for Resident duty hours and the working environment. The policies and procedures must be distributed to all Residents and faculty. Frequent monitoring of duty hours must occur at the institutional and program level to assure compliance with the standards, and to maintain an appropriate balance between education and service. Indicators of duty hours will be included in the GMEC Internal Review of Residency Programs to assure that the policy is adhered to and reported to the GMEC, Chancellor/Dean, Department Chairman, and Residency Program Director any findings contrary to meeting full compliance.

In addition, the Medical Education Department shall monitor duty hours on an on-going basis and report non-compliance to the GMEC and the Program Director.

Exception to Duty Hour Standards

The policy of the Graduate Medical Education Committee (GMEC) is that a request from a training program asking for RRC approval of an exception in the weekly limit on duty hours of up to 10 percent or up to a maximum of 88 hours must be submitted to the GMEC for approval prior to submission to the ACGME. The request for the increase must be educationally justified and the request to GMEC must be accompanied by a written description of the request and the justification to be considered in the approval process.

Rev. 02/11

Resident Quality Improvement

All Residents receive instruction in quality-assurance/performance improvement at the Annual Resident Orientation. The QI Process can be referenced in the Resident Handbook.

Residents are required to participate in the University's Quality Improvement Program as approved by the Clinical Board.

Each Clinical Department is charged with including Resident(s) in the discussion of the QI events of their department

As part of the educational program, it is important that autopsies are performed whenever possible and appropriate. The Autopsy Review is automatically included in the QI monitors for the clinical departments. The institution encourages the Residents to request an autopsy when appropriate in order to provide not only an adequate educational experience but to enhance the quality of patient care.

The Medical Records System is available at all times and documents the course of each patient's illness, and care.

Resident Sign Out

Your certificate of graduate training will be contingent upon the recommendation and signature of the Residency Program Director, completing all records, settling professional and financial obligations, and returning all Health Sciences Center property such as books, equipment, beepers, keys, etc. You must complete the Sign-out Clearance Form in order to receive your certificate or verification of training.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Louisiana State Medical License

Policy:

Intern Registration

U.S. Medical School graduates who are first year Residents may serve the PGY I (Internship) year with an **INTERN REGISTRATION** issued by the Louisiana State Board of Medical Examiners. If you took the NATIONAL BOARDS or USMLE you will be granted Intern Registration on that basis, and a copy of the test results must be furnished to the Medical Education Office (National Boards/USMLE).

Graduate Education Temporary Permit

International graduates who are not eligible for full license will be processed for Licensure of the Graduate Educational Temporary Permit outlined by the Louisiana State Board of Medical Examiners (LSBME).

Graduates may request the license application form from the LSBME at their website: www.lsbme.louisiana.gov.

Fingerprint cards and fees must be submitted with the application (contact University Police for assistance).

- **Upon receipt of your medical license, NOTIFY the Office of Medical Education immediately.**

Once you have received your medical license, registration in the Clerk of Court for the parish (es) in which you will practice needs to be filed. There is a \$10 fee. The registration form will be in the LSBME packet. Your ORIGINAL medical license will need to accompany the form. The Medical Education Office will assist you in the filing of your license and will notify you when your license is returned from the Clerk of Court. A copy of your license will remain on file in the Medical Education Office.

Residents (PGY II and beyond) must be FULLY* licensed with the Louisiana State Board of Medical Examiners, and for those graduating after December 31, 1977, ORIGINAL OR RECIPROCAL licensure is granted on the basis of the FLEX or Medical National Boards only. **Any exceptions must be granted by the Louisiana State Board of Medical Examiners.**

All Residents are responsible for maintaining appropriate licensure during their training program. Failure to do so will result in Leave Without Pay until licensure is obtained or termination from their training program.

USMLE

Residents are responsible for making application in accordance with time frames established by the LSBME and the Federation of Licenses FOR THE USMLE. Any questions regarding the USMLE should be referred to the Federation website: www.fsmb.org or the State Board.

Lines of Responsibility

All Residents in training programs function under the supervision of a member of the Medical Staff. Each Clinical Service may have the following levels of supervision:

Clinical Chair

Section Chief

Program Director

Attending Physician

Clinical Fellow

Chief Resident

Resident

Medical Student

Other Allied Health Students and Medical Center Staff

Medicaid Number Assignment

Medicaid ID numbers are issued to each Resident by the DHH through the Medical Education Office. Residents without a US Social Security will not have a Medicaid number, until a card is issued. The number must be recorded on each Medicaid patient prescription, and will be pre-printed on the Resident Prescription pad. The Medicaid number will remain active until the Resident completes his training.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Moonlighting

Policy:

The direct provision of patient service for pay (moonlighting) is considered an augmentation and a privilege that should not detract from the goals and objectives of the educational program. Internal moonlighting is defined by the ACGME as moonlighting at the sponsoring institution or the non-hospital sponsor's primary clinical site.

The Graduate Medical Education Committee (GMEC) adheres to the standards set forth by the ACGME regarding moonlighting.

- A. Residents are not required to engage in moonlighting.
- B. If moonlighting does occur, each Resident must have a written statement of permission from the program director that is made part of the Resident's file.
- C. Resident Performance will be monitored for the effect of moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission.
- D. **PGY-1 residents are not permitted to moonlight.**
- E. **Internal and External moonlighting hours must be counted toward the 80-hour weekly limit on duty hours, and monitored by the training program.**

As recommended by the Clinical Board, Residents are encouraged to limit the number of moonlighting hours per month as outlined by their Program Directors.

Residents must notify their Program Directors of the average number of external moonlighting hours per month.

Residents are reminded that the Louisiana State Malpractice Plan does not cover malpractice for moonlighting hours outside the LSU System.

Under no circumstances should Residents moonlight during their regular scheduled program hours of service.

Due to Federal Guidelines, individuals with the J-1 VISA are not allowed to moonlight.

Residency training programs may establish moonlighting guidelines more limiting than these, and must have written policies and procedures regarding duty hours and moonlighting.

The Medical Education Office processes moonlighting hours worked within the Health Sciences Center on a monthly basis.

Rev. 7/2011

National Resident Match Program

Residency Program Directors are encouraged to utilize the National Resident Matching Program (NRMP) in the selection process of their incoming Residents.

The institutional administrator registers LSUHSC-S each year for participation in the NRMP. Each participating program director must register for participation in the NRMP via the NRMP website by agreeing to abide by the match agreement.

Changes in quotas and other program data must be submitted to the Office of Medical Education for submission to NRMP.

The Medical Education Office provides support to the Residency Programs in the data entry of the ranking listings. The Program Directors confirm the official NRMP results and the individual is then processed as a new Resident.

Out of State Away Rotations

Requests for Residents to rotate to an away elective must be reviewed and approved by the Office of the Associate Dean for Academic Affairs prior to processing by the Legal Affairs Office. The review will allow Administration to determine if services are not offered at this facility and to review the benefits of the rotation provided by another facility or affiliation. J1 Visa residents are not allowed to rotate on Out of State away rotations.

It is the responsibility of the Resident and Program Director to provide the required documentation for rotations that are not within the current affiliation rotations of the program.

The Office of Legal Affairs requires at least two to three months to process the request. Appropriate supervision, license, evaluation, malpractice coverage, salary and other benefits will be addressed in the affiliation agreement by the Legal Affairs Office.

Resident Eligibility and Selection

Applicants with one of the following qualifications are **eligible** for appointment to accredited residency programs:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
 - Graduates of the osteopathic schools must meet license requirements of the Louisiana State Board of Medical Examiners
- c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 1. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or
 2. Have a full and unrestricted license to practice in a U.S. licensing jurisdiction.
- d. Graduates of medical schools outside the United States who have completed Fifth Pathway program provided by an LCME-accredited medical school.

Resident Recruitment and Selection:

Programs will have an established protocol for the recruitment and selection of their Residents. The protocol should include several members of the teaching medical staff as well as Resident input.

Personal interviews are encouraged. Residents should be selected based on their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran status.

Program Directors may also consider when selecting a Resident, the class status and other honorary academic status.

Residents selected must meet the requirements as established for licensure/permit as outlined by the Louisiana State Board of Medical Examiners (LSBME). Rev. 11/04

1. Programs should select from among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. Programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status. Each Program is required to establish criteria for specific program recruitment and selection.
2. The program director, in conjunction with the program's Education Committee and/or teaching faculty, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.
3. Each applicant must be informed in writing of any accreditation issues of the department as required by the Accreditation Council for Graduate Medical Education (ACGME).
4. Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment, including financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the Residents and their families; and the conditions under which on-call living quarters, meals, or their equivalents are to be provided.

5. In selecting from among qualified applicants, it is strongly recommended that all programs participate in an organized matching program when such is available for the specialty.
 - a) Programs who recruit U.S. medical school seniors must participate in the National Resident Matching Program.
 - b) The program director is responsible for verifying the eligibility of all candidates under serious consideration prior to the submission of rank order lists or other offer of a residency position.
6. An offer for residency training is extended directly to the applicant by the program director or his/her designee, through a letter of offer. All programs will have an established protocol for the recruitment and selection of their Residents.
7. Residents shall be selected based on their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. When selecting a Resident programs may also consider the medical school class standing and other honorary academic status. However, Residents selected must meet the requirements as established for licensure/permit as outlined by the Louisiana State Board of Medical Examiners (LSBME).
8. Immediately following receipt of the results of the Match or the acceptance of an offer for residency training, the program director is responsible for notifying the Graduate Medical Education Department of all candidates accepted and providing a copy of each applicant's file for the Hospital's permanent record. Each Resident's file must include the following:
 - a) Copy of the completed "Application for Graduate Medical Education."
 - b) Documentation of completion of medical school (copy of medical school diploma, dean's letter),
 - c) Documentation of any previous residency training (copy of certificate issued, letter of recommendation from program director),
 - d) Copies of three letters of recommendation,
 - e) Copy of Louisiana medical or dental license (if applicable),
 - f) Current mailing address,
 - g) Inclusive dates of appointment,
 - h) Postgraduate year of appointment, and
 - i) Salary source.

Resident Eligibility Requirements for Residency Training

The program director is responsible for ensuring all applicants under consideration for residency training in the program meet the eligibility requirements of the Hospital and the Accreditation Council for Graduate Medical Education (ACGME) detailed below. The enrollment of non-eligible Residents may be cause for withdrawal of accreditation of the program by the ACGME. Only applicants who meet the following qualifications are eligible for appointment to accredited residency programs sponsored by the Hospital:

1. **Medical Education:** Only applicants who meet one of the following criteria may be accepted for residency training in accredited programs sponsored by the Hospital:
 - a) Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b) Graduates of colleges of osteopathic medicine in the United States and Canada accredited by the American Osteopathic Association (AOA).

- c) Graduates of medical schools outside the United States and Canada (international medical graduate, FMG) must possess a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG).
 - d) Graduates of medical schools outside the United States, who have completed a Fifth Pathway program provided by an LCME-accredited medical school.
2. **Entry of Foreign-Born Medical Graduates to the United States:** The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Immigration and Nationality Act, as amended, which is administered by the US Citizenship and Immigration Services (USCIS). It is a violation of federal law to provide employment to a non-U.S. citizen who does not hold an appropriate visa or other appropriate work authorization documents from the USCIS.
 - a) Residency program directors considering foreign-born applicants should carefully review the applicant's visa status to ensure the applicant holds a visa valid for graduate medical education [exchange visitor (J-1), or immigrant visa]. International medical graduates must also hold a currently valid Standard Certificate of the Educational Commission for Foreign Medical Graduates (ECFMG).
 - b) The Office of Legal Affairs must be notified of all non-US citizens accepted for residency training. Legal Affairs will ensure the Resident holds an appropriate visa and assist in processing the paperwork required for visas for residency training at LSUHSC-S.
 3. **Prerequisite Residency Training:** All applicants must satisfy any requirements for prerequisite residency training, as established by the relevant Residency Review Committee and/or certifying board for the specialty. If a program director wishes to recruit an applicant who does not meet the criteria established for prerequisite training, written approval to appoint the applicant as a Resident must be obtained from the Residency Review Committee and/or certifying board.
 4. **Resident Transfer:** If a Resident transfers from a residency program at another institution, written or electronic verification of the previous educational experiences and a statement regarding the Resident's summative competency-based performance evaluation must be received prior to acceptance into a LSUHSC-S residency program.
 5. **Physical Examination:** All newly-appointed Residents must complete and pass a pre-employment physical examination, which includes a drug screen and background check for any felony convictions. All activities are coordinated by the Human Resources Department.
 6. **United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX):** All Residents must comply with the requirements for passing USMLE Steps 2 and 3 or COMPLEX Levels 2 and 3 as required.
 7. **Louisiana Medical License:** It is the responsibility of all Residents to obtain an unrestricted Louisiana license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Louisiana Board of Medical Examiners.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Resident Supervision

Policy:

Each Resident will be assigned a faculty supervisor (supervisor may also be the Program Director). The level and method of supervision will be consistent with the ACGME Program Requirements for each program. The Residents will be supervised by teaching staff in such a way that the Residents assume progressively increasing responsibility according to their level of education, ability, and experience.

The program director must have explicit written descriptions of lines of responsibility for the care of patients, which are made clear to all members of the teaching teams. Residents must be provided with rapid, reliable systems for communication with, and appropriate involvement of, supervisory physicians in a manner appropriate for quality patient care and educational programs.

Levels of Supervision

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classification of supervision:

Direct Supervision – the supervising physician is physically present with the resident and patient.

Indirect Supervision:

With direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but it immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Each faculty member with direct teaching assignments must provide a written summary of the assessment of the Resident's performance during the period that the Resident was under his direct supervision.

The program faculty (program director) must conduct a semi-annual evaluation of the Resident and discuss any strengths or weaknesses that may be identified. A plan of corrective action must be noted if there is unsatisfactory performance.

The Department or division meets periodically to review the supervisor's written comments and the Resident's clinical performance. This committee determines the adequacy of each Resident's performance for decisions to advance that Resident.

The program director advances Residents to positions of higher responsibility on the basis of the evaluation of their readiness for advancement.

The program director must maintain a personal record of evaluation for each Resident which is accessible to the Resident.

Listings of the re-appointments are forwarded to the Medical Education Office for preparation of the contracts.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Resident Evaluation

Policy:

The program director must develop and implement program-specific policies and procedures for evaluating Resident performance, the performance of faculty, and the educational effectiveness of the program. Such policies and procedures must include methods for utilizing the results of evaluations to improve Resident performance, the effectiveness of the teaching faculty, and the quality of education provided by the program.

1. **Resident Evaluation:** Each Resident's performance must be evaluated through the training program, the results of evaluations communicated to each Resident, and the results of evaluations used to improve Resident performance. Each program's evaluation procedures must include:
 - a) Each program must utilize evaluation tools and methods that produce an accurate assessment of each Resident's competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice.
 - b) Each program must establish procedures for providing regular and timely feedback to Residents regarding their performance. The following policies apply to all programs and Residents.
 - 1) Supervising faculty should complete an evaluation of each Resident's performance at the completion of each rotation.
 - 2) The program director must maintain a record of each Resident's evaluations, and the results of evaluations must be made available to each Resident.
 - (a) The Resident should review and be given the opportunity to sign his/her evaluation.
 - (b) Residents should be granted access to their files for review of evaluations in the presence of the program director, or his designee.
 - 3) The program director must prepare a written semiannual evaluation of each Resident's performance and communicate this evaluation to the Resident in a timely manner.
 - 4) The program director, or his designee, must meet with each Resident at least twice per year to review evaluations and discuss the Resident's performance and progress in the program.
 - 5) The program director, in conjunction with the faculty and Residents, must develop a process for use of assessment of results to achieve progressive improvement in the Residents' competence and performance.
 - 6) The program director must prepare a summative, written evaluation for each Resident completing the program. This evaluation includes a review of the Resident's performance during the final period of training and verification that the Resident has demonstrated sufficient competence to enter practice without direct supervision.
 - 7) The program director must maintain the summative evaluation in each Resident's permanent record.

- 8) The program director must forward a copy of the summative evaluation for each Resident to the Graduate Medical Education Department for the Resident's permanent institutional record.
2. **Faculty Evaluation:** The program director must ensure that evaluation of the teaching faculty is performed in accordance with the ACGME Common Program Requirements and specialty-specific program requirements. The performance of the teaching faculty must be evaluated by the program no less frequently than at the midpoint of the accreditation cycle and again prior to the next site visit. The evaluations should include a review of teaching abilities, commitment to the educational program, clinical knowledge, and scholarly activities. Annual written confidential evaluations by Residents must be included in the process.
3. **Program Evaluation:** The educational effectiveness of a program must be evaluated at least annually in a systematic manner.
 - a) **Education Committee:** Program personnel must be organized to review program goals and objectives and the effectiveness of the program in achieving them. The committee must include at a minimum the program director, representative faculty, and one Resident. The group must have regular documented meetings at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty and the Residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes.
 - b) **Outcome Assessment:** The program should use Resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. The program should have in place a process for using Resident and performance assessment results together with other program evaluation results to improve the residency program.
 - c) **Performance of Graduates:** The performance of program graduates on the board certification examination should be used as one measure of evaluating program effectiveness. Consideration should be given to whether performance is improving or decreasing.

House Office Promotion and Advancement

1. The promotion/advancement of a Resident from one postgraduate level to another in a graduate medical education program generally occurs following the satisfactory completion of each 12-month period of graduate medical education.
2. Such promotion/advancement is made upon recommendation by the program director, and is regarded as the same process as the initial appointment award.
3. For each Resident advanced, the program director is responsible for notifying the Graduate Medical Education Office which will coordinate the completion of the appropriate personnel form indicating the change in postgraduate year, dates of appointment, and adjustment in salary.
4. A Resident contract (“Agreement for Post Graduate Training”) signed by the Resident, program director, Designated Institutional Official (DIO), and the Vice Chancellor for Clinical Affairs/Medical Director must be completed prior to the Resident being advanced.

VISA Eligibility and Requirements:

The institution accepts applicants on a J-1 visa status to participate in training programs. The Educational Commission for Foreign Medical Graduates (ECFMG) should be contacted for application materials (www.ecfm.org). It is the responsibility of the applicant to initiate the visa process.

**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
SHREVEPORT**

Graduate Medical Education Grievance Appeals Process

Purpose:

To define the Grievance Process for disciplinary actions within Graduate Medical Education.

Definitions:

A grievance is defined as any circumstance thought to be unjust or injurious and grounds for complaint or resentment, or a statement expressing this, against a real or imagined wrong; or a complaint arising from circumstances or conditions relating to one's employment. A Resident has several options in which to have a grievance resolved.

Policy:

Residents and Program Directors are encouraged to work within their departments to address and resolve any issues of concern to the Residents, including concerns related to the work environment, faculty, or the Resident's performance in the program. All such concerns should be presented by the Residents to their Program Directors for resolution.

A Resident may choose to submit a grievance unrelated to the Resident's performance. In writing to the Medical Education Office for investigation. The Director of Medical Education in conjunction with the Institution Official will investigate the grievance and provide a written follow up response within thirty (30) days of the complaint/grievance being filed. Identified problems, trends or patterns will be forwarded to the Graduate Medical Education Committee (GMEC) and appropriate actions taken to resolve the issue.

In addition, a grievance procedure for all non-union classified and unclassified employees was established at Louisiana State University Health Sciences Center so that employees who are dissatisfied or who have a personal complaint may discuss their situation freely with appropriate personnel. All employees may request to receive proper consideration toward resolving the problem. The employee should do so without fear of reprisal from anyone for using the procedure provided the effort to resolve the problem is sincere. The policy may be found in the Employee Handbook, "Grievance Procedure" (5.6). The steps of the Grievance Procedure are as follows:

Step 1: The employee shall present the grievance in writing to his/her immediate supervisor within five (5) working days beginning with the day after the occurrence of the incident which caused the employee to be aggrieved. The supervisor will promptly establish a meeting with the employee to discuss the grievance and/or will render a written answer to the grievance within three (3) working days beginning with the first working day after the grievance is presented to the supervisor.

Step 2: If the employee is not satisfied with the decision of his/her immediate supervisor, he/she may, within three (3) working days, submit his/her grievance in writing to the Department of Human Resource Management. The designated representative of the Department of Human Resource Management will conduct an investigation within five

(5) working days. If the Department of Human Resource Management representative feels that, based on the facts, the employee has a valid grievance; he/she will notify the department head of his/her findings. If the department head does not concur with the Department of Human Resource Management representative's findings, or if the Department of Human Resource Management representative feels that the grievance is not justified, the Department of Human Resource Management representative will render a written decision to the employee and the department head within three (3) working days after the initial response was rendered.

Step 3: If the employee is not satisfied with the decision at Step 2, he/she shall, within two (2) working days beginning with the first working day after receiving the decision submit his/her grievance in writing to the appropriate Dean or Senior Associate Dean for Clinical Affairs/Chief Medical Officer. The Dean or Senior Associate Dean, or his designee, will discuss the grievance with the employee within five (5) days and render a written decision within three (3) working days beginning with the first working day after the grievance is discussed with the employee.

Step 4: If the employee is not satisfied with the decision at Step 3, he/she shall, within two (2) working days beginning with the first working day after receiving the written decision, submit his/her grievance in writing to the Chancellor for decision. The Chancellor, or his designee, shall meet with the employee within four (4) working days of receipt of the written grievance and shall render a written decision within five (5) days thereafter. Decisions rendered by the Office of the Chancellor are final within the university.

Any employee interested in informally discussing a potential complaint may do so by contacting the Department of Human Resource Management, Assistant Director of Employee Relations, Room 122-Allied Health Building, or call 675-5611.

As set forth in the Resident Manual, Due Process and Appeals Policies provide additional procedures for Residents to request review of certain academic or other disciplinary actions taken against Residents that could result in dismissal, non-renewal of a Resident's agreement or other actions that could significantly threaten a Resident's intended career development.

Administrator

Date

Clinical Board Approved:
Written:
Removed:
Reinstated:
Revised:
Reviewed:

Resident Dismissal/Non-Renewal of Contract

In all cases in which revocation of a Resident's appointment has been recommended by the program director of a clinical department, the Resident and the Designated Institutional Official (DIO) shall be notified in writing by the director. An opportunity for the Resident concerned to have a hearing shall be afforded as provided in these policies. If the Resident wishes a hearing, he/she must submit a written request to their specific Department Chairman within ten (10) days after receipt of the notification letter. Otherwise, the Designated Institutional Official will act upon the program director's recommendation and coordinate the Resident's dismissal.

Any Resident who is not to be reappointed at the end of the contract year should be so notified in writing by the program director at least four months in advance. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the agreement, the notice of non-renewal may be sent less than four months in advance of the non-renewal. Any Resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in the Due Process and Appeals Policies located in the Resident Manual.

Resident Appointment

1. An "Initial Resident Agreement" must be completed for all Residents upon entry into a residency program and a "Resident Renewal Agreement" for each year of training thereafter. The agreement must be signed by the Resident, program director, Designated Institutional Official, and the Vice Chancellor for Clinical Affairs/Medical Director and the original agreements must be maintained as part of the Hospital's permanent records.
2. Any Resident who is not to be reappointed at the end of the contract year should be so notified in writing by the program director at least four months in advance. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the agreement, the notice of non-renewal may be sent less than four months in advance of the non-renewal. Any Resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in the Due Process and Appeals Policies located in the Resident Manual.
3. Any Resident who elects to not renew his contract for residency training must provide the program director with written notice four months prior to the end of the current contract year. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal.

Initial Resident Appointment

The following guidelines and procedures shall govern the appointment of physicians to graduate medical education programs sponsored by the Hospital:

1. The appointment of a physician to a residency program shall be for the sole purpose of pursuing postgraduate medical education.
2. The initial appointment shall be for one year and is made upon recommendation of the program director with approval of the Designated Institutional Official, and the Vice Chancellor for Clinical Affairs/Medical Director.
3. The Resident must be appointed to the postgraduate year for which he/she is qualified as specified by the certifying board of the specialty. Previous postgraduate training in another specialty will not be taken into consideration unless such training is credited by the certifying board of the specialty of enrollment. The Graduate Medical Education Department must be provided with a letter from the certifying board which indicates the number of months or year's credit that will be given before a Resident's postgraduate year can be adjusted.
4. The program director, or his/her designee, is responsible for communicating to the Medical Education Office an appointment of a Resident. The program must submit a completed application and a completed, signed letter of offer to the Resident. The Medical Education Office will then complete a personnel form, PER-1 form (S/N 1239), and Resident contract ("Initial Resident Agreement") and coordinate the appropriate approvals. A Resident's appointment is contingent upon receipt of a completed Resident Agreement and Resident Compliance with requirements outlined in the Resident Eligibility and Requirements for Residency Training Policy and Resident Responsibilities and Conditions of Appointment Policy located in the Resident Manual.
5. An international medical graduate (IMG) appointed to a residency position must meet all applicable educational requirements, possess a visa, if required, which permits participation in a graduate medical education program, and if applicable possess a valid ECFMG certificate, and meet the licensure requirements of the State of Louisiana. These documents must be reviewed and found to be in order by the Graduate Medical Education Department prior to the commencement of any medical activity within the hospital.
6. Privileges granted to the Resident shall be commensurate with the training, experience, competence, judgment, character, and current capability of the individual. The evaluation shall be determined by the program director of the applicable clinical department. The curtailment of, or imposition of limitation of existing privileges, shall carry with it the right of the individual to petition for a hearing as provided in these policies.

Completion of Residency Training

1. The program director, or designated program personnel, is responsible for completing any appropriate personnel form for each Resident completing a program and leaving the employ of the Hospital or being appointed to another position, such as a faculty or fellowship position. A forwarding address must be provided for the Resident, and the appropriate personnel form routed to the Graduate Medical Education Department for Hospital review and approval.
2. The program director shall complete and submit to the Graduate Medical Education Department a final, written summative evaluation for each Resident completing the program, which will be maintained in the institution's permanent records.
3. Each Resident is required to complete the LSUHSC-S clearance procedure on their last day of work. The Resident must have all appropriate departments complete the form and return it to the Medical Education Office (A-1-19) before a certificate or final check will be released. Once all Resident Responsibilities are completed, the Hospital shall issue a certificate of training to each Resident completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program director to certify a Resident as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.
4. The Hospital shall issue a certificate of training to each Resident serving as chief Resident.

Institutional Policies

The Graduate Medical Education Committee recognizes and adheres to all Administrative Directives and hospital policies including but not limited to the following policies.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Code of Ethics

A. Requirement

All State employees are subject to Louisiana Revised Statute 1950, Title 42, Chapter 15, and "Code of Governmental Ethics".

B. Preclusions and Authorizations

The Code prohibits public employees from soliciting or accepting, directly or indirectly, anything of economic value as a gift or gratuity, from any person or firm who has or is seeking to obtain contractual or other business or financial relationship with the public employee's agency. "Things of Economic Value" means money or other things having economic value, except promotional items having no substantial resale value. Food, drink, or refreshments consumed by a public employee, including reasonable transportation and entertainment incidental thereto, while the personal guest of some person, is not considered a thing of economic value, and may be accepted by public employees. Reasonable discretion and judgment should govern the employee's action in such matters.

On occasion, off-site training of Medical Center employees is necessary and vendors agree to provide such off-site training including tuition, room and board and transportation at their expense or at their partial expense. Such offerings must be made to the institution and accepted or rejected by the institution rather than individual employees. As such, Medical Center administration must be informed of all such offers and shall make all final decisions as to acceptance of such offers. Employees attending off-site training courses at the expense of others remain on official State business and must follow all State and Medical Center travel regulations, including the prior approval process.

C. Objective

The primary objective of the "Code of Governmental Ethics" is to protect the integrity of state government. Strict adherence to the provisions of the "Code" will insure that the public's confidence in the integrity of the LSU Health Sciences Center operations will be maintained.

D. Questions

If any employee has a question concerning the legality of an offer or invitation from a vendor, he or she should contact as appropriate one of the following:

The Hospital Administrator

The Assistant Vice Chancellor for Business and Reimbursements

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Communications

Cell Phones

Purpose:

To define the appropriate use of cellular phones by employees and volunteers while on duty.

Policy:

1. The use of cellular phones is prohibited in the following areas of the hospital.
 - a. MICU
 - b. SICU
 - c. PICU
 - d. NICU
 - e. OR
 - f. Recovery Room
 - g. Labor & Delivery
 - h. Burn Unit
 - i. Telemetry (7K)
 - j. Heart Cath Lab
 - k. Special Procedures
2. The use of cellular phones is limited to those times when an employee or volunteer are on break from their work assignments.
3. Cellular phones are not to be used by employees while in their work areas, including elevators, nursing stations, any patient care or diagnostic area. Phones are to be turned off when the employee is not on break.
4. Cellular phones may be used in staff lounges/break areas, the cafeteria or designated smoking areas.
Exception: Hospital drivers may utilize cellular phones in order to expedite response to requests; phones are to be used for hospital business only.

Mailboxes

Only Residents in OB/GYN, Pediatric, Internal Medicine and Internal Medicine/Pediatrics have been assigned mailbox for receiving correspondence. Mail boxes are the combination type and are located on the ground floor of the hospital. The Resident's mail box should be checked at least twice a week.

Fellows receive their mail in their assigned boxes as designated by their Training Program Director.

E-mail

The Office of Medical Education coordinates the assignment of email addresses with the Office of Computer Services for the Residents. Applications must be completed and processed.

The e-mail system is one of the primary notification systems used when communicating important and timely notices to the Residents.

Please check email messages regularly.

Pocket Pagers

The Health Sciences Center considers it essential to have certain employees readily accessible by telephone in order to affirm its mission. To facilitate this accessibility need, the Health Sciences Center maintains and operates a pocket pager system.

The pocket pagers are the property of the Health Sciences Center and, therefore, the person to whom the pager is assigned has the responsibility for its safe keeping.

If the pager is lost, or shows abuse other than normal wear and tear the Resident to whom the pager has been assigned will be responsible for bearing its replacement cost \$125.00.

How to Page

Listen for dial tone on telephone.

Dial 57007 to access paging system. Listen for instructions.

Voice pager: At sound of beep:

- Dial beeper number (Example 0081)
- Give message twice (Ex-call 5000, call 5000)
- Digital Beepers:

Voice-it will state "please dial in your number". Press your number. Press # sign followed by * sign. This procedure will let the next person/call access the system immediately.

Pager Policy:

1. All pages shall be answered within ten minutes of being received. If a page is not answered within this prescribed time frame, the individual initiating the page will follow the chain of command until contact has been made with an appropriate staff member. A variance report shall be completed by the individual initiating the page when response is not within the ten-minute time frame.
2. The pager system is owned and operated by LSU Health Sciences Center and is solely for the use of its staff. It provides a mechanism that allows for immediate access to staff facilitated by the Hospital Switchboard.
3. The Hospital Switchboard is responsible for the procurement and distribution of beepers.
 - a. Local pagers – (32 mile radius) – requesting department submits an Internal Transaction (SN 1247) to the Hospital Switchboard.
 - b. Long Range pagers – requesting department submits a memo indicating the type of pager requested and name of employee who will utilize it to **Telecommunications Office G-112.**
4. Funding for pagers and any repairs is the responsibility of the user department. There is no monthly expense to the departments for service.
5. The Hospital Switchboard is responsible for facilitating the repair of local pagers.
6. To access the LSU pager system, dial 675-7007 and follow operator's instructions. A current (updated every six months) pager list is maintained by the Switchboard.
7. Staff who has obtained pagers outside the institution is responsible for notifying the Switchboard of their pager number.

Overhead paging

Paging is by an audible voice system through the hospital switchboard. It is limited to the Hospital.

When needed, you will be paged by name. When you hear your name, go to the nearest hospital telephone and dial "0".

"House phones" are located in the dining room and snack bar and provide automatic connection with the hospital switchboard.

Personal Call Process

The Personnel Department is routinely asked to forward incoming telephone calls to employees who do not have immediate access to an office or departmental phone. The demands on the Personnel Department to locate employees have grown substantially and have diverted staff resources from more important activities.

The purpose of this policy is to insure that all employees are aware of the position which the university has taken with regard to personal telephone calls during work hours and to insure the appropriate utilization of the Medical Center's telephone system.

Policy:

1. Non-emergency telephone calls to or from employees while the employee is on duty are not permitted. Non-emergency calls should be handled during non-work periods. Employees should provide a departmental phone number to relatives or persons who may need to contact them in the event of an emergency.
2. General calls referred from the switchboard to the Personnel Department will be screened to determine the nature of the call. Non-emergency calls will not be referred. Callers will be advised that the Personnel Department will refer only emergency calls.
3. Provided the caller informs the Personnel Department that the call is of an emergency nature and is willing to describe the emergency, a message will be relayed to the employee via the department head or supervisor.
4. The caller will be asked for the telephone number the employee is to call, should a return call be necessary, and/or the appropriate department will be advised of the extent of emergency.
5. Telephone devices shall be restricted to local calling capability only. Exceptions to this restriction shall be made only upon request from the budget head and approved by the Medical Center Administrative Head responsible for the department.
6. Medical Center telephones with long distance calling capability shall be used for University business only. Failure to adhere to this policy may result in disciplinary action, up to and including termination of employment. Restitution to the University for personal long distance calls made shall be required.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Confidentiality

Policy:

To outline minimal guidelines for insuring reliable, accurate, confidential and secure information resources.

Definitions:

- A. Security: The protection of information from unauthorized alteration, addition, change, destruction, or disclosure, whether intentional or accidental.
- B. Information Resources: Includes, but is not limited to, computers, faxes, telecommunication hardware, software, storage media, computer sign on codes, medical records documentation, and information stored, printed and/or processed by a computer system.
- C. Storage Media: Includes, but is not limited to, paper, magnetic media, optical disk, film and other methods of retaining information.
- D. Integrity: Protecting information from accidental or unauthorized intentional change.
- E. Information Browsing: Viewing of information by unauthorized or legitimate user.
- F. LSUHSC Confidentiality Statement: A signed statement that verifies the individual understands the confidentiality standards and implications for inappropriate access or disclosure of information.
- G. Access: Permissions, rights and privileges to perform a set of functions.
- H. User ID/Password: Personal identification keys that authorizes a specific user to access information resources and establishes accountability for transactions.
- I. Accountability: Responsibility is assumed for actions performed when interpreting, handling, and transmitting, transcribing or reporting information.
- J. Audit or Activity Logs: Detailed documentation of events (read, write, etc.)
- K. Confidentiality: Controlling use and disclosure of personal information so that only authorized persons have access to such information.
- L. Protected Health Information (PHI): Individually identifiable health information that relates to the past, present, or future healthcare services provided to an individual.
- M. HIPPA: The Health Insurance Portability and Accountability Act of 1996 and the regulations issued pursuant to the law – Public Law 104.191:45 C.F.R. 160 and 164.

Policy:

A. Administrative Responsibilities

1. LSUHSC Human Resource Management

- a. Newly appointed faculty, staff and volunteers shall receive information regarding the facilities' standards regarding security and integrity of information and use of information resources.
- b. Newly appointed faculty, staff and volunteers shall be presented with the LSUHSC Confidentiality Statement for signature. (See Appendix A – LSUHSC Confidentiality Statement.)

c. A copy of the Confidentiality Statement will be filed in the permanent record in Human Resource Management and a copy will be given to the individual.

2. LSUHSC Department Manager/Supervisor/Head

a. Staff shall receive “department specific” orientation and periodic review of access, security and appropriate processing of information relative to their job function and role that should include, but not be limited to:

- 1). log in and sign off procedures
- 2). lawful or legitimate information browsing
- 3). release of information
- 4). security
- 5). integrity of information
- 6). access rights
- 7). processing and handling of information resources and storage media
- 8). accountability and audit logs

b. All non-compensated observers, students, vendors, or other persons conducting business with LSUHSC-Shreveport shall receive specific instructions on the principles of appropriately processing information received or observed within the facility.

c. Affiliations agreements shall require that all persons associated with the agreement be informed, understand, and comply with the standards of confidentiality and security prior to entry into the facility.

d. Departments who acquire and are responsible for maintenance of information systems shall be required to establish policies and procedures consistent with facility standards and recommended guidelines.

e. Shall be familiar with and adhere to Administrative Directive 6.7, Personal Computer Networking.

B. Access

1. System administrators shall:

- a. Define access policies and procedures, including assignment of user ID and password, for any system containing restricted, confidential or personal information.
- b. Define policies and procedures to secure and maintain integrity of the information within their systems and in accordance with facility standards.
- c. Provide mechanisms for audit purposes in accordance with facility standards.
- d. Define password expiration policies and procedures in accordance with facility standards.
- e. Shall comply with all applicable facility policies, administrative directives or memorandums that address server based systems, networks, security and integrity of data, and maintenance of systems.

2. Department administrative personnel responsible for the supervision of the individual must submit:

- a. A detailed request in writing (memo, approved access

form, email) specifying specific access requirements, suitable to the employees job role (read, write, amend, etc.), to the appropriate system administrator.

The Louisiana Revised Statute 14.73.1 et seq. and Administrative Directive 2.8.9 dictates access to information or systems without the consent of appropriate authorities constitutes illegal activity and the person(s) involved are subject to enforceable penalties that may include fine and imprisonment.

b. Review access rights periodically to ensure that the rights granted are relevant to the assigned responsibilities for that individual.

c. Notify system administrators within three (3) days:

1). of termination or resignation of personnel.

2). of transfer of personnel to another area, unit or department.

3). the authorized user shall be held accountable for:

a. Properly safeguarding data under their control and/or direction according to its level of sensitivity.

b. Maintaining the integrity of data.

c. Accessing only the data and automated functions for which s/he is authorized, in the course of normal business activity

d. Password control:

1). password not easily guessed

2). inadvertent disclosure

3). immediate change if suspected disclosure

4). report of any suspected misuse by another individual

e. Appropriate logoff from the application(s).

f. Safeguarding information and resources that is available in the course of their job duties.

C. Access Removal

1. Department administrative personnel must insure that:

a. Employees who separate from the facility complete the Employee Clearance process.

b. Appropriate system administrators receive notification of separation or termination of individuals who do not complete the Employee Clearance process or who involuntarily separate from the department. This notification shall be made as soon as possible, but no later than three working days from last date of service.

c. Appropriate system administrators receive notification when employees transfer to another unit, area or department.

d. Timely review of staff's access to systems is performed when job duties or assigned role is modified within the department.

2. System administrators shall:

a. Delete access as soon as possible after receiving notification of separation or termination or notice of transfer.

b. Shall comply with all applicable facility polices, administrative directives or memorandums that address server based systems, networks, security and integrity of data, and maintenance of systems.

D. Securing Information

1. Storage Media

a. Used to access, retrieves, and communicate confidential or sensitive information shall be maintained in accordance with facility standards. (See appropriate Chancellor Memorandums and or Administrative Directives).

b. Are safeguarded against theft, tampering, and unauthorized access.

c. Identified as confidential or sensitive information shall be labeled as “CONFIDENTIAL” and stored in areas that is restricted only to authorize personnel. Prior to discarding any CONFIDENTIAL storage media, the information shall be rendered unusable.

d. Maintained to comply with all applicable facility polices administrative directives or memorandums.

2. Request for Information/Records

a. Requests for health record information shall be made available only to those employees, medical staff members, support staff, students, etc. displaying their identification badges.

b. All requisitions for the retrieval of medical records shall contain the patient’s name, medical record number, current date/time and requesting party’s name. The requesting party’s telephone number and room number are also required for records requested for administrative purposes.

c. Telephone request for patient-identifiable information are discouraged and limited to emergency situations (emergency requests are usually generated by physicians or other ‘key’ hospital/physician office staff). Telephone request shall be handled using a ‘call-back’ procedure to verify the identity of the requesting party.

d. Release or disclosure of protected health information should be referred to the HIM department for disposition. Guidelines for disclosure are outlined in Hospital Policy #6.3 and the LSUHSC HIPAA Policies.

e. Facsimile transmission of patient information is addressed Hospital Policy 6.3.1.

f. Voice messages containing confidential information should not be left on answering machines.

g. Shall comply with all applicable facility policies, administrative directives or memorandums.

3. Patient Medical Records

a. Medical record folder displays two warnings reminding of the obligation to maintain confidentiality and security of information: “Confidential Health Information” and “This folder may not be removed from the hospital premises”.

b. Medical records are transported to patient care areas and administrative offices via the pneumatic tubes, dumbwaiter, carts and/or courier staff. All staff transporting medical records must ensure the privacy of patient-identifiable information during the transport process. Medical records and/or

carts loaded with medical records shall not be left unattended during the transport process.

c. The primary medical record and any secondary records (diagnosis and procedure cross indexes, etc) are stored in areas directly controlled and monitored by the Health Information Management Director.

d. Records are to be maintained in the patient care areas in locations that are not accessible by unauthorized individuals.

e. The original medical record shall not be removed from the hospital premises except upon receipt of subpoena duces tecum, court order or state statute.

f. Shall comply with all applicable facility policies, administrative directives or memorandums.

4. Disposing/Discarding Patient Identifiable Information

a. Copies of reports containing confidential information shall be rendered unusable (shredding) when no longer needed.

b. Labels containing patient identifiable information must be rendered illegible when discarded.

c. Shall comply with all applicable facility policies, administrative directives or memorandums.

5. Hardware and System Access

a. Personnel who are the primary user of a personal computer must maintain an approved anti-virus software package. Failure to do so will result in loss of ability to connect to the campus network.

b. Remote access to systems shall be governed in accordance with facility standards.

c. Screen savers, auto logoff, screen shields, or other means must be utilized to prevent unauthorized view of computer systems that contain sensitive or confidential data.

d. Data control and production areas shall be accessible only through a secured entrance by authorized personnel; unauthorized personnel must be accompanied by authorized personnel.

e. Shall comply with all applicable facility policies, administrative directives or memorandums.

E. Security and Privacy Violations

1. Security and Privacy violations are described in Chancellor's Memorandums, LSUHSC Confidentiality Statement, LSUHSC HIPAA policies and other applicable hospital policy resources.

2. Reported incidents:

a. Will be investigated by administrative staff to determine if the events were due to an individual's negligence, accidental mistake, improper training, or misunderstanding the information resource and or policy.

b. May result in suspension of an individual's access.

c. May result in disciplinary action up to and including termination. Violations, also, may constitute a criminal offense, Louisiana Revised Statutes 14.73.1 et seq.

d. Shall comply with all applicable facility policies, administrative directives or memorandums.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Confidentiality Policy

LSUHSC Confidentiality Agreement

Louisiana State University Health Sciences Center has a legal and ethical responsibility to safeguard the privacy of all patients and protect information that is defined as confidential. Confidential information includes oral communication, information contained in manual documentation as well as information stored in the facilities computer systems. Patient, personnel, financial and other business records contain confidential information. I understand that information regarded as confidential must be maintained in the strictest of confidence. As a condition of my affiliation with LSUHSC, I hereby agree that I will not at any time during or after my affiliation with LSUHSC, disclose any confidential information to any person, other than as necessary in the course of my affiliation with LSUHSC, and when accompanied by the appropriate, authorized personnel. I understand that I am directly responsible for the accuracy and completeness of data entries which are entered into the facilities storage media. Information in the facilities storage media may be accessed only by authorization from the Assistant Dean for Information Technology; computer system access is granted only to persons who have submitted a written application, and have been issued user identification codes. I understand that all user identification codes and passwords are confidential, and may not be shared or disclosed to any other person.

It is a crime punishable by fine and or imprisonment to reveal user identification codes or passwords (La. R.S. 14.73.1 et seq.). Using another employee's user identification code/password or giving your user identification code/password to another person may result in disciplinary action, which may include suspension and/or termination.

I understand that it constitutes a Security violation to fail to sign off when leaving the computer unattended; accessing any medical or employment record without appropriate need or approval; requesting another employee to access my employment or medical record; allowing another employee to utilize my password; accessing medical or employment records without having a legitimate reason; using another employee's access code, revealing confidential information of patients, employees or business/financial details, etc. All security violations will be reported to and investigated by the appropriate authorities. My signature below indicates I have read the Security, Confidentiality and Integrity of Information Policy and have been given the opportunity to have any questions regarding this statement explained to me, and the failure to abide by this agreement may result in disciplinary action, including dismissal from employment, according to the Civil Service Rules and Regulations, LSU System Guidelines, applicable Medical Staff By Laws and Louisiana State Law.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Customer Relations

This policy provides guidelines for the attitudes and actions of all levels of employees empowered to foster favorable relations between employees and patients, patients families, visitors, fellow employees, and the medical staff.

Philosophy:

1. Louisiana State University Health Sciences Center is a center of excellence. Every employee is both challenged and empowered to do his or her job in such a way that patient care, medical education, and research consistently and completely meet the standards outlined in the Pledge To Service and the Service Behavior Expectations. (See attached).
2. Every Louisiana State University Health Sciences Center employee, given maximum opportunity to grow as a person, a professional, and a member of our community, is committed to the Pledge To Service and Service Behavior Expectations.

Policy:

It is the policy of Louisiana State University Health Sciences Center in Shreveport to encourage and expect each person connected with the Health Sciences Center to at all times:

1. Be aware of and concerned about how his or her attitude and actions affect the customer and fellow workers.
2. Demonstrate appropriate behavior as described in the policy and as contained in the Pledge To Service and Service Behavior Expectations.

Definitions:

1. Appropriate behavior: an attitude or action in interacting with others (patients, patient's families, visitors, fellow employees, and the medical staff) that include:
 - a. Observance of the Pledge to Service and Service Behavior Expectations.
 - b. Courtesy and politeness.
 - c. Friendliness.
 - d. Concern for the customer's well being.
 - e. Sensitivity and prompt responsiveness to the customer's wants and needs.
 - f. Cooperation with and helpfulness to the patient, members of the patient's family, visitors, and co-workers.
 - g. Pride in self, job/profession, and the Health Sciences Center.
2. Favorable customer perceptions: A customer's favorable perceptions reflects the following:
 - a. He or she is treated as a welcomed guest of our Health Sciences Center.
 - b. The needs or wants of the customers are provided for with sensitivity and promptness.
 - c. All staff of the Health Sciences Center is courteous, concerned, and professionally competent.
 - d. Respect and cooperation exist between employees to ensure optimum care and support service and services.
 - e. The environment is clean, quiet, comfortable, secure, and properly

equipped.

Responsibilities:

1. It is the responsibility of each employee/supervisor to:
 - a. Ensure that his or her attitude and actions are at all times consistent with the Pledge To Service and Service Behavior Expectations as described within this policy.
 - b. Compliment a co-worker when his or her actions comply with this policy.
 - c. Remind a co-worker when his or her attitude or actions are inconsistent with these standards.
 - d. Call instances of excellence or noncompliance to the attention of the appropriate supervisor or department head.
2. It is the responsibility of each department head and supervisor to:
 - a. Ensure that each employee under his or her jurisdiction upholds the Pledge to Service and Service Behavior Expectations.
 - b. Investigate reports of and document instances of violation of the Pledge To Service and Service Behavior Expectations and take appropriate corrective actions, especially when behavior is shown to repeatedly and willfully disregard the Pledge To Service and Service Behavior Expectations. Such appropriate action may include verbal or written counseling and guidance. If disciplinary action of is warranted, it will be taken pursuant to and in conformity with applicable rules and regulations.
 - c. Commend an employee under his or her jurisdiction who upholds the Pledge To Service and Service Behavior Expectations.
 - d. Evaluate an employee's compliance with the Pledge To Service and Service Behavior Expectations as part of conducting regularly scheduled performance appraisals and at other times as may be needed for the effective operation of the work unit.
 - e. Bring to the attention of the appropriate supervisor or department head instances of behavior contrary to or consistently in excess of these standards by an employee under the jurisdiction of another supervisor or department head.

Louisiana State University Health Sciences Center in Shreveport

Team Member Pledge To Service

I _____, employee of Louisiana State University Health Sciences Center, do hereby pledge that I will demonstrate compassion and respect for the dignity of individual persons, both in serving our patients and their families and in relating to fellow employees. I will be considerate and lend assistance to all people entering the institution. I understand that I am to conduct myself in a manner that will protect the interests and safety of patients, employees and the institution. I do hereby acknowledge that any actions or conduct exhibited by an employee that brings discredit, and/or is offensive to patients or coworkers will not be tolerated. I pledge that I will not tolerate offensive behavior from other employees and will report such behavior to the appropriate supervisor. I understand that such behavior may result in disciplinary action that could result in termination of employment. I acknowledge and understand that it is my responsibility to provide a service and that I will conduct myself in a manner that will represent LSUHSC in a positive light. I understand that I am an ambassador for this institution.

I certify that I have received the LSUHSC Pledge to Service and the LSU Service Behavior Expectations. I certify that I understand that they represent mandatory policies of the organization and agree to abide by them.

Employee's Signature

Date

Manager's Signature

Date

Service Behavior Expectations

Attitude/Appearance

- Promptly welcome each patient/visitor in a friendly manner, smiling warmly and introducing yourself. Don't allow anyone to feel ignored.
- Neither patients nor their family members are an interruption of our work; they are our reason for being here.
- Every employee's attire will always be professional, tasteful, tidy and discreet.

Communication/Etiquette

- Employees will introduce themselves promptly when speaking to patients, family or visitors.
Script: Good morning, afternoon, evening. I am (first and last name) and I am from (department name) and I am here to (describe duties).
- All employees will be courteous when dealing with patients or visitors using terms such as 'please' and 'thank you' as well as showing proper respect.
- All employees will listen to any concern or complaint identified by any patient, family member, friend, or visitor showing proper concern and appropriate follow up.
- Employees will communicate with each other in a polite and respectful manner.

Telephone Etiquette

- Employees will know how to operate the telephone system in their areas. When transferring a call, first provide the caller with the correct number in case the call is lost.
- Calls must be answered as soon as possible.
- Answer all calls by identifying your department and yourself, asking 'How may I help you?' or the equivalent. Speak clearly.
- Obtain the caller's permission before putting them on hold. Thank the caller for holding when returning to the line.
- If a call is for another employee in your area, place the caller on hold and politely locate the person don't just holler down the hall.

Elevator Etiquette

- Use the elevator as an opportunity to make a favorable impression. Smile at and/or speak to fellow passengers.
- Do not discuss patients, their care or hospital business on elevators.
- When a patient is on a bed or stretcher and needs to be transported by elevator, don't allow that patient to be surrounded by other visitors or employees. Politely ask the others to wait for another elevator. Also, use only appropriate freight elevators.
- When transporting patients in wheelchairs, always face them toward the elevator door.
- Once on an elevator, make room for others and hold the door open for them.

Call Lights

- All direct patient care providers are responsible for understanding and answering any patient call light.
- Any direct patient care provider noticing an unanswered call light is to enter the room and ask the patient, "What can your nurse bring you?" Do not leave the floor until you are sure the message has been conveyed to the proper direct patient care provider.
- The nurse's station should never be left unattended. An employee should be in the nurse's station to answer the call light and telephone at all times, if at all possible.

Patient & Family Concerns/Privacy

- Use easily understood and appropriate language when providing information to the patient regarding health, special diets, tests, procedures, and medications. Avoid technical or professional jargon when communicating with patients, family members, and friends.
- Take time to educate families about the procedure that the patient is to undergo. Politely inform family members that all procedures do not begin as soon as a patient enters the appropriate area.
- Provide a comfortable atmosphere for waiting family/friends.
- The patient's family is just as important as the patient.
- Update family members periodically while a patient is undergoing a procedure.
- Reduce the unnecessary noise on patient units to provide a restful atmosphere.
- Be sure that patients know when diagnostic tests results are available and how they can obtain the results (i.e., next clinic appointment, etc.)

Confidentiality

- Information about patients and their care must never be discussed in public areas such as the cafeteria, elevators, lobbies, and waiting rooms. Likewise, hospital business should not be discussed in public areas.
- Interview patients in privacy. Close doors if available; close curtains when indicated.
- All employees shall respect the privacy of their co-workers by eliminating gossip.

Privacy

- Always knock before entering a patient's room.
- Provide the proper size gowns for patients.
- Close curtains or doors during examinations, procedures or when otherwise needed.
- Provide sheets or blankets when a patient is being transported.
- Provide a robe or second gown when a patient is ambulating or in a wheelchair.

Commitment to Co-Workers

- Keep your work area and surrounding environment clean and safe.
- Do not say, it's not my job. If you are unable to meet a request, be responsible for finding someone who can.
- Check on patients before shift change to minimize patient requests during shift change report.
- Rudeness is never appropriate. We must treat each other with courtesy and respect at all times.
- Treat every co-worker as a professional. Recognize that we each have an area of expertise.
- Welcome new or floating employees. Be supportive by offering help and setting an example of the cooperation expected in the workplace.
- Do not chastise or embarrass fellow employees.

Safety

- Report all accidents and incidents promptly.
- Identify all safety hazards and correct or if not able to correct, report it.
- Protect your back when lifting, pushing, pulling, or carrying. Get help if necessary.
- Use protective clothing and equipment when appropriate.

Any employee who notices litter should immediately pick it up and properly dispose of it. All spills must immediately be cleaned up. This will help prevent any person from slipping and falling due to debris or spillage.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Immunization Requirements

At the time of employment, all Residents and Health Sciences Center employees are required to meet with the Occupational Health Clinic representative. Proof of immunizations and other pertinent health records should be reviewed with the OHC Nurse or Medical Director at that time.

Residents must comply with all institutional on-going immunization requirements. Failure to comply may result in loss of privileges, suspension from the program and/or other disciplinary action.

Any questions regarding the immunization or other Occupational Health issues may be directed to the OHC Medical Director, your Program Director or other administrative officials.

Multicultural Office

The Health Sciences Center has a Multicultural Office located in the School of Medicine. The Multicultural Officer can be reached at telephone (318) 675-5050.

The Multicultural Office works with and coordinates on-going programs for the Health Sciences Center employees. Areas of service include but are not limited to:

Tutorial

Comprehensive Levels

Basic Evaluation Skills

Literacy Issues

Positive Image Programs

Dealing with Conflict

Sexual Harassment Issues

Telephone technique

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - SHREVEPORT
Patient Care Guidelines

Purpose: To ensure that ACGME-accredited training programs adhere to established criteria and guidelines set forth to foster optimal patient care in the hospital setting.

Policy:

- 1) Patients may be admitted to LSUHSC by faculty members of the medical staff with admitting privileges and by Residents admitting patients to the designated attending physician for their assigned service. The patient's physician shall establish the patient's condition and provisional diagnosis on admission (Hospital Policy 5.10). All patients admitted to LSUHSC shall be considered teaching patients and optimum care provided.
- 2) The institution will delegate the responsibility to each ACGME-accredited training program to develop and implement guidelines that will result in a sound educational benefit to the Residents and ensure that optimal Residents provide patient care at all times. The established guidelines must meet compliance with the responsible ACGME Residency Review Committee (RRC) and program requirements.
- 3) ACGME-accredited training programs are responsible for developing and implementing written criteria and guidelines to govern the following Resident duties:
 - a. Order writing by Residents and attending on all teaching services within their respective clinical department;
 - b. Number of admissions allowed for each Resident per each 24-hour period;
 - c. Number of admissions allowed for each Resident per 48-hour period;
 - d. Number of patients allowed under the care of each Resident at any given time on inpatient medical services (non-acute care).

Disaster Policy

LSUHSC-S is committed to assisting in reconstituting and restructuring Residents' educational experiences as quickly as possible after a disaster.

Definition of Disaster:

“An event or set of events causing significant alteration to the residency experience at one or more residency/fellowship programs. Hurricane Katrina is an example of a disaster.”

Process:

1. Following the declaration of a disaster, the Chancellor, Senior Associate Dean for Clinical Affairs/Medical Director, DIO, Executive Director for Medical Services, and the Director of Medical Education will determine in conjunction with the Program Directors, whether existing educational and training programs can continue with or without restructuring in the Sponsoring institution; or whether temporary or permanent transfer of Residents to another institution will be necessary. The DIO shall communicate to the ACGME the declaration of a disaster has been made and request the assistance of the ACGME. In the absence of the DIO, the Executive Director for Medical Services will serve as the liaison between ACGME and the Program Directors

2. Resident Transfers and Program Reconfiguration:

In the event, or set of events, causing significant alteration to the residency experience at one or more residency programs, the ACGME Executive Director will make a declaration of a disaster and a notice will be posted to the ACGME website with information relating to the ACGME response to the disaster. Within 10 days after the declaration of a disaster, the DIO will contact the ACGME to discuss and establish due dates for the following:

- a). deadlines to submit program reconfiguration requests to ACGME and
- b.) deadlines to inform each program's Residents of the plans.

The deadlines shall be no longer than 30 days after the disaster, unless other due dates have been approved by the ACGME.

3. ACGME Website:

The ACGME website (www.acgme.org) will provide, and periodically update, information relating to the disaster.

1. Communication:

- a). It is the responsibility of every individual (faculty, staff, and Residents/fellows) to ensure that his/her personal contact information is current and on-file with the residency program and the GME Office. This

includes cell phone number, emergency contact person, and outside e-mail address if possible.

b.) In the event of a disaster involving LSUHSC-S Sponsoring Institution and its residency programs, each individual has the responsibility to monitor the LSUHSC website, www.lsuhs.edu for specific instructions.

c.) The ACGME website, www.acgme.org will provide phone numbers and email addresses for emergency and other communication with the ACGME from disaster affected institutions and programs. The ACGME website will provide instructions for changing Residents email information on the ACGME Web Accreditation Data System (ADS).

2. Institutions Offering to Accept Transfers:

Institutions offering to accept temporary or permanent transfers from programs affected by a disaster must complete a form found on the ACGME website. Upon request, the ACGME will give information from the form to affected programs and Residents. Subject to authorization by an offering institution, the ACGME will post information from the form on its website.

The ACGME will expedite the processing of Residents for increases in Resident complement from non-disaster affected programs to accommodate Resident transfers from disaster affected programs. The Residency Review Committees will expeditiously review applications, and make and communicate decisions.

2. Changes in Participating Sites and Resident Complement:

The Program Director must request permission from the DIO before contacting the ACGME. The DIO shall coordinate the Program Director's request for submission of changes in sites and complement. The ACGME will establish a fast track process for reviewing (and approving or not approving) submissions by programs relating to program changes to address disaster effects, including, without limitation:

- a.) the addition or deletion of a participating site;
- b.) change in the format of the educational program; and
- c.) change in the approved Resident complement

3. Temporary Resident Transfer:

At the outset of a temporary Resident/fellow transfer, LSUHSC-S Program Directors must inform each transferred Resident of the minimum duration and the estimated actual duration of his/her temporary transfer, and continue to keep each Resident informed of such durations. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency fellowship year, it must be inform each such transferred Resident/fellow.

4. Site Visits:

Once information concerning a disaster-affected program's condition from the DIO is received, ACGME may determine that one or more site visits is required. Prior to the

visits, the designated institutional official(s) will receive notification of the information that will be required. This information, as well as information received by ACGME during these site visits, may be used for accreditation purposes. Site visits that were scheduled prior to a disaster may be postponed.

LOUISIANASTATEUNIVERSITYHEALTHSCIENCESCENTER
1and Affiliated Hospitals
1501 Kings Highway/P. O. Box 33932
Shreveport, Louisiana 71130-3932

Agreement for Post Graduate Training

I, _____, M.D., the undersigned, do hereby accept the appointment as a Resident, postgraduate year level __ in the specialty of _____ at Louisiana State University Health Sciences Center (Shreveport) and Affiliated Hospitals, for the period _____ through _____.

My responsibilities will include, but will not be limited to, care of inpatients and outpatients of _____; my responsibilities may also include the performance of appropriate laboratory, microbiologic, radiological and/or pathologic examinations (clinical service or all clinical services). The Department Chairman and/or the Residency Program Director of my department will determine specific responsibilities.

For the duty and the time period specified in this agreement during which full-time residency work is being performed, I will be paid \$ _____ (based on twelve months).

I will also be eligible for all employee benefits for Residents as set forth in LSUHSC-S policy.

I will be responsible for educational and patient care duties as assigned by the Program Director and Department Chairman and I am expected to keep charts, records and reports up to date and signed at all times in accordance with the Medical Records Completion Policy. I further agree that I will abide by all hospital policies.

I must obtain a current permit or license from the Louisiana State Board of Medical Examiners and pursue appropriate examinations as required to maintain current license or permit. I must obtain and pursue appropriate certification(s) for BLS, ACLS, and PALS training as applicable. I must meet all pre-employment requirements, including a drug screen, prior to beginning employment at LSUHSC-S. I understand that I may be required to pass a drug screen on demand for cause at any time.

The State of Louisiana provides malpractice insurance coverage in accordance with LRS 43:1299.39 when providing healthcare only on behalf of the State of Louisiana. Any work outside the Residency Program requirements is considered to be moonlighting. Moonlighting shall not be allowed to interfere with my duties at LSUHSC-S; in no case shall I moonlight during LSUHSC-S full-time residency duty hours. Moonlighting done within the LSU System is considered internal moonlighting and shall be monitored through reports obtained by the Office of Graduate Medical

Education from the Payroll system. Moonlighting shall be in accordance with the ACGME Institutional Requirements, III.D.1.k.2, which were effective July 1, 2003.

My Residency Program Director and/or my Department Chairman must approve any professional activity, including outside practice that is not a required part of my residency-training program, in advance.

Any clinical services which I may provide to the LSU Health Sciences Center - Shreveport that are considered outside and beyond the scope of my approved training program, (i.e. "moonlighting"), will be recompensed at an hourly rate of pay that will be

separate from my regular Resident salary. As a non-credentialed practitioner, I will always function under the auspices of a credentialed member of the Medical Staff.

Medical care for my immediate dependents and myself is **not** provided free of charge. It is mandatory that I obtain health insurance; I have the option to purchase health insurance from LSUHSC-S, which offers several health insurance options, or from agencies outside LSUHSC-S. LSUHSC-S provides disability insurance at no cost.

First-year Residents are allowed three weeks (15 weekdays) vacation with pay, and second through sixth year Residents are allowed four weeks (20 weekdays) vacation with pay, except where prohibited by specialty board regulations. I understand that it is recommended to make vacation requests in increments of at least one week [five (5) days] and that when a vacation request is made for five days (Monday – Friday) it is expected that I will also be free of duty for one of the adjoining weekends (and, the adjoining weekend will not be charged to my leave).

Vacation leave is non-cumulative - it must be used during the year earned and cannot be carried forward.

A written evaluation of my performance will be completed no less than every six months and reviewed with the Program Director, Clinical Chief or Departmental designee(s). I will be entitled to file an appropriate grievance and receive an appropriate investigation and due process hearing if I feel that I have been unfairly treated, sexually harassed, discriminated against or forced to work in a hostile environment. These investigations and hearings shall be conducted in accordance with University Policy and filed with the Office of Legal Affairs.

Work hours will be in accordance with maximum limits set by the ACGME Program Requirements for each specialty. Structure of duty hours and on-call schedules must focus on the needs of the patient, continuity of care, and my educational needs. The Residency

Program Director and/or the Department Chairman will determine assignment of duty hours, call and other schedules.

Should my program be closed for any reason, I shall be notified of the projected closing as early as possible. LSUHSC-S will assist in finding a new residency program and pay salary and benefits until the conclusion of this agreement. Residency education records will be made available to me and to programs to which I apply.

I will be issued a meal card at a cost of \$10.00 per bi-weekly pay period. I will use the meal card to obtain food from the LSUHSC-S cafeteria or deli for myself only in accordance with University Regulations. Any violation of rules and regulations of the meal plan is subject to termination of meal privileges and/or other disciplinary action.

Three (3) white lab coats and two (2) sets of blue scrub suits will be issued to me, and it is my responsibility to maintain them. I will have access to in-house call rooms while taking assigned in-house call. If I should require the assistance of confidential counseling, medical, or psychological support services or any assistance relating to physician impairment during the course of this agreement, those services shall be provided to me in accordance with “Support Services for House Staff” as reflected in the House Staff Manual.

Agreements for postgraduate training are valid for a specified period of time no greater than 12 months. Renewal of the agreement is at the discretion of the Program Director or Department Chairman and will be dependent upon available funding and/or my performance rating. Agreements may be terminated at any time for just cause that includes unsatisfactory job performance and conduct unbecoming a physician. I understand that I have the right to appeal any action of termination for cause in accordance with provisions outlined in the LSUHSC-S House Staff Manual.

All remuneration will be discontinued at the time of termination or resignation. Institutional personnel policies will determine termination of benefits.

This agreement may only be voided by mutual written consent between authorized representatives of Louisiana State University Health Sciences Center (Shreveport) and Affiliated Hospitals and myself or in accordance with due process procedures.

I understand that I am obligated to do the following:

- 1) Develop a personal program of self-study and professional growth with guidance from the teaching staff;
- 2) Participate in safe, effective and compassionate patient care under supervision, commensurate with my level of advancement and responsibility;
- 3) Participate fully in the educational activities of my Program and, as required, assume responsibility for teaching and supervising other Residents and students;
- 4) Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institutions;
- 5) Participate in institutional committees and councils, especially those that relate to patient care review activities;
- 6) Apply cost containment measures in the provision of patient care; and
- 7) Demonstrate, as defined by my program, the specific knowledge, skills, attitudes, and education experiences required for
 - a) Patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health;
 - b) 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;
 - c) 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;
 - d) Interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals;
 - e) Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population;
 - f) 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.

This agreement is contingent upon my holding a MD, DDS, DO, DMD (or equivalent) degree from an approved school of medicine, dentistry or osteopathy and qualifying for a Louisiana medical license, PGY I Permit, PGY II Permit, or Graduate Education Temporary Permit, whichever is appropriate.

Thus done and signed this ____ day of _____, 201__.

Resident/Fellow	Date	Witness
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Program Director/ Clinical Chief	Date	Witness
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Representative of LSUHSC-S and Affiliated Hospitals Hospital Administrator	Date	Witness
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Senior Associate Dean for Clinical Affairs/ Chief Medical Director	Date	Witness
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For Departmental Reference: A20078551001 Other;

Source of Funding Source of Funding

For Departmental Reference: A2078551002

Source of Funding

Listing of Attachments

Drug Free Workplace

(See Attachment 1 – Administrative Directive: Substance and Alcohol Abuse Policy)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/2.8.5.pdf

Fire Safety and Disaster

(See Attachment 2 – Hospital Fire Plan)

Inclement Weather

(See Attachment 3 – Administrative Directive: Emergency – Reduction of Operations and Staff/Inclement Weather)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/2.8.2.pdf

Possession of Weapons

(See Attachment 4 – Possession and Disposition of Weapons, Alcohol, or Drugs on State Property)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_2.7.0.pdf

Removal of State Property

(See Attachment 5 – Taking State Assets off Campus)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/3.9.pdf

Sexual Harassment and Harassment

(See Attachment 6 – Sexual Harassment)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/2.1.1.pdf

(See Attachment 7 – Harassment)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/2.1.3.pdf

Smoke Free Facility

(See Attachment 8 – Smoking Policy)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/hospital_policy/h_2.15.0.pdf

Residency Program Director, and any others necessary to implement corrective action.

Violence Free Workplace

(See Attachment 9 – Administrative Directive: Violence in the Workplace)

http://www.sh.lsuhs.edu/policies/policy_manuals_via_ms_word/Admin/2.1.4.pdf

Residency Application

(See Attachment 11 – Application for Residency/Fellowship Program)