

**TULANE UNIVERSITY SCHOOL OF MEDICINE**  
**RESIDENT AND STAFF GRADUATE MEDICAL EDUCATION**  
**POLICIES AND PROCEDURES**

**2008-2009**

All Graduate Students are bound by the University's policies, which can be found at  
<http://tulane.edu/administration/policies/index.cfm>

# TULANE UNIVERSITY SCHOOL OF MEDICINE RESIDENT & FELLOW POLICIES & PROCEDURES

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## **PURPOSE OF GRADUATE MEDICAL EDUCATION**

Welcome to Graduate Medical Education at the Tulane University School of Medicine, the 15<sup>th</sup> oldest medical school in the U.S. After 173 years of medical education, Tulane remains dedicated to the development of residents and fellows in their progression to become exceptional physicians and scholars, encompassing excellence in each of the core competencies.

The GME office assumes stewardship in creating a supportive and safe clinical environment that facilitates residents' professional, ethical, and personal development. The GME office ensures that each program, through curricula, evaluation, and resident supervision, ensures a residency training that enables safe and appropriate patient care.

Tulane's participating hospitals have been chosen based upon their educational merits, permitting a diverse clinical exposure. Tulane's faculty have been chosen based upon their educational, clinical and scientific prowess, enabling residents and fellows to advance their personal and professional careers. There are 40 training programs and 331 residents and fellows at Tulane. The institution provides support for each training program, as well as the educational infrastructure necessary for training in each of these programs. Residents progressively advance in their clinical responsibilities based upon assessed competency, with close supervision by Tulane's faculty at each stage of their development.

Dr. Jeff Wiese, the Associate Dean for Graduate Medical Education and DIO oversees all GME activities and is assisted by the Assistant Dean for Graduate Medical Education, Dr. Edward Newsome. Each of the institution's program directors answer directly to Dr. Wiese, and all major decisions regarding graduate medical education are brought before the Graduate Medical Education Committee (GMEC). In parallel to this committee is the Residency Congress, composed of representatives from each program elected by their peers. The Congress in turn elects resident representatives to serve on the GMEC.

If I can assist you in any way during your years of training at Tulane please do not hesitate to contact me (388-7771) or anyone in the Graduate Medical Education Office (988-5464).

Jeff Wiese, MD, FACP  
Associate Dean, Graduate Medical Education

**SECTION 1:  
POLICIES ON PROGRAM SIZE AND  
COMPLEMENT**

# I. POLICY ON RESIDENT ELIGIBILITY AND SELECTION

**A. Resident Eligibility.** To be eligible for appointment to the Tulane University residency and fellowship programs, applicants must meet one of the following qualifications :

1. Be a graduate in good standing from an allopathic medical school in the U.S. or Canada that is accredited by the Liaison Committee on Medical Education (LCME).
2. Be a graduate in good standing from a osteopathic medical school in the U.S. or Canada that is accredited by the American Osteopathic Association (AOA).
3. Be a graduate in good standing from a of medical schools outside of the U.S. or Canada who meets **both** of the following qualifications:
  - a. Have received a currently valid J-1 Visa sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG), or be a US Citizen; **and**
  - b. Have a full and unrestricted license or a Graduate Education Temporary Permit (GETP) to practice medicine in the state of Louisiana, as issued by the Louisiana State Medical Board.
4. Be a graduate in good standing from a medical school outside the U.S. who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

## B. Resident Selection

1. Tulane University Graduate Medical Education Programs select from among eligible applicants on the basis of their preparedness and ability to benefit from the program to which they are appointed. Aptitude, academic credentials, personal characteristics, and ability to communicate are considered in the selection. These characteristics are accessed by the components of the ERAS application, or the equivalent, including the following: the applicant's Dean's letter of recommendation, the applicant's letters of recommendation from faculty, the applicant's medical school transcript and grades, the applicant's NBME or COMPLEX scores, the applicant's scholarly and community service record, and the applicant's evaluation from those who interview him or her on the date of his interview with the program. The School of Medicine has as its policy to consider all candidates for graduate medical education regardless of race, sex, creed, nationality, or sexual orientation. Performance in medical school, personal letters of recommendation, official letters of recommendation, achievements, humanistic qualities, and qualities thought important to the desired specialty will be used in the selection process.
2. The Tulane University School of Medicine participates in the National Residency Matching Program (NRMP) in selecting residents for the following residency programs: Anesthesiology, Dermatology, General Surgery, Internal Medicine, Internal Medicine/Pediatrics, Internal Medicine/Psychiatry, Internal Medicine/Preventive Medicine, Neurology, Obstetrics/Gynecology, Orthopaedics, Otolaryngology, Pathology, Pediatrics, Pediatrics/Psychiatry, Psychiatry, Radiology, and Child and Adolescent Psychiatry.
3. Tulane University School of Medicine participates in the National Residency Matching Program (NRMP) in selecting residents for the following fellowships: Allergy/Immunology, Cardiology, Endocrinology, Hematology/Oncology, Infectious Diseases, Nephrology, Pulmonary Critical Care Medicine, Pediatric Cardiology.
4. Specialty programs selecting residents from organized national matching programs other than NRMP:
  - a. Specialty/Subspecialty National Program: Neurosurgery NSMP, Ophthalmology OMP
  - b. Urology American Urology Assoc.
- 5. All programs must ensure that a sample copy of the resident's contract is available upon request to all applicants. All programs must make a sample contract available on their website.**

## C. Recruiting residents and fellows outside of the match

1. Program's that participate in an organized match are bound by the conditions of the agreement with that entity. No applicant who is also a part of the organized match can be accepted into a residency program at Tulane outside of the terms of that match process.
2. Program directors that wish to add additional residents to their program during the time of the year when the match is not in effect (i.e., off-cycle) must send a formal request to the DIO, including the information contained in II: Policy on Program Expansion
3. The DIO will review the proposal and present his or her recommendation to the GME Committee. If the

GME Committee approves the increase, the request will be forwarded to the executive faculty and the Dean for final approval.

**D. Recruitment of residents and fellows between training programs at Tulane.**

1. When a position in a training program is, or becomes, vacant, the program may advertise the vacancy and its intent to fill the position after receiving approval from the DIO.
2. A resident who is interested, but who is currently under contract in another training program, may express interest as a candidate for the open position by inquiring about the open position.
3. The resident applicant must disclose to the recruiting program director any contractual obligation that currently exists to the original program. The resident must also disclose to his or her current program director the intention to pursue the open position,
4. The program director and faculty from the recruiting program must refrain from actively initiating, enticing or negotiating with the candidate until the resident's current program director has given approval for this communication,
5. A letter of intent to release the resident from his or her contractual obligation and a letter of recommendation outlining his or her performance with respect to each of the core competencies must be obtained from the current program director before a contract can be offered to the resident by the recruiting program.
6. The start date for the resident in the new program must be approved by the resident's current program director.
7. The DIO will serve as the mediator in any situation in which the two program directors cannot reach an amicable resolution to the resident wishing to switch programs..
8. Failure to abide by the above rules may result in a reduction in the program's match list for the following year.

**E. Extension of Contracts**

1. All residents who match to a GME position at Tulane will be sent a written contract outlining the terms and conditions of employment as a resident at Tulane. This contract will be mailed to the applicant within two weeks of the match results. Residents employed outside of the match or off cycle (See I.C-D) will receive a similar contract within two weeks of extending the offer for employment.
2. The contract must comply with the institutional requirements for employment. A listing of the core components of the Tulane University standard GME contract is provided below. A sample contract can be found in Appendix 3. With the exception of the start and finish date, the standard institutional GME contract cannot be modified without the express permission of the DIO.
  - a. Residents' responsibilities
  - b. Duration of appointment
  - c. Financial support
  - d. Conditions for reappointment, including criteria for non-renewal and non-promotion
  - e. Grievance procedures and due process
  - f. Professional liability insurance
  - g. Health and disability insurance
  - h. Criteria for leaves of absence
  - i. Duty Hours
  - j. Moonlighting
  - k Counseling services
  - l. Physician impairment policies
  - m. Harrassment policies
  - n. Accommodation for disabilities
  - o. Access to information related to eligibility for specialty board examinations
3. Each resident contract will require the signature of the resident, the respective program director, the departmental chair, and the DIO. Payroll will not authorize salary payment unless the DIO has approved the contract by signature.

## **II. POLICY ON EQUAL OPPORTUNITY, AFFIRMATIVE ACTION (INCLUDING VETERANS AND DISABLED INDIVIDUALS), AND DISABILITY ACCOMODATIONS**

A. Tulane University is an educational institution committed to affirmative action and equal employment opportunity, as stated in the Tulane University Mission statement, adopted by the Board of Administrators on April 30, 1992, which includes the following principle: "Tulane is strongly committed to policies on nondiscrimination and affirmative action in student admission and in employment." To accomplish this goal, Tulane's admission and personnel actions, such as, but not limited to, recruitment, employment, compensation, and promotion do not discriminate on the basis of race, color, religion, sex, national/ethnic origin, age, citizenship, marital status, sexual orientation, disability, or veteran status. Further, Tulane University is committed to a program of affirmative action that is in accordance with federal, state, local acts and regulations. Every good faith effort will be made in student admission and all levels of employment to advance individuals according to merit and avoid underutilization of qualified minorities, women, disabled and veteran individuals. Students, applicants, and employees who wish to benefit under this Affirmative Action Program should identify themselves. Implementation and the day-to-day administration of this program is the responsibility of the Office of Equal Opportunity. For additional information or questions call [862-8083](tel:862-8083) x1712 or x1729 or 587-7617.

B. By adopting the principles outlined in this statement, the Tulane University Board of Administrators reaffirms its commitment to quality education embracing the continuation of an inclusive and culturally diverse campus community and enhancing mutual respect among our University community members. We continue to recognize our responsibility to prepare our students for active roles in a multi-cultural, multiethnic world. These are enduring goals of Tulane University, and we continue to encourage the work of those persons who are committed to multi-cultural and multiethnic participation in the university community. Finally, the Board of Administrators reaffirms that quality education has always been and will continue to be the highest priority of this University, and that under this guiding principle the Board of Administrators will conscientiously adhere to the goals recited in this policy statement. Steps taken to implement this policy shall continue to follow the usual procedure of approval by the University Senate, with final approval by the Board of Administrators. (Eamon M. Kelly, President, October 18, 1996)

C. The university ensures equal opportunity in education and employment regardless of race, color, creed, religion, national origin, age, sex, sexual orientation, marital status, disability or veteran status in accordance with university policy and applicable laws. As part of equal opportunity, the university provides reasonable accommodations to otherwise qualified individuals with a disability. Contact the Office of Disability Services for information or assistance with requests for reasonable accommodations. <http://www.erc.tulane.edu/disability>

### III. POLICY ON PROGRAM CLOSURE, REDUCTION OR EXPANSION

#### A. Program Closure or Reduction:

1. Should an affiliated training location close or reduce the funding of residency positions, an attempt will be made to relocate affected residents to another affiliated training location that meets the educational requirements for the resident's training.
2. Should appropriate educational opportunities or funding not be available, and it thus becomes necessary to reduce the number of residency positions in the affected program, the affected residents will be informed as soon as possible. The DIO will work with the program director in assisting the resident in finding a training position at another institution such that their training may continue.

#### B. Program Expansion

1. Expansion of residency's complement is based upon approval by the ACGME, and upon the educational opportunities afforded by the residency program. The following requirements must be met in order to request expansion of a residency program.
2. A request must be made in writing to the Designated Institutional Official (the Associate Dean of GME). The request must include the following:
  - a. The current resident complement in the program, the ACGME residency complement cap for the program, the requested number of expansion positions, and a prospectus of the program's size for each of the future "x" number of years. "X" is defined as the duration of the residency program.
  - b. Clear delineation of educational rationale for an increase in complement. Include:
    - i. The educational opportunities (patient volume) that now exist that did not previously exist for the residents in the training program.
    - ii. The faculty supervision that now exists that did not previously exist for the residents in the training program. Include a current faculty list from the program's WebADS
    - iii. The impact the expansion, or failure to expand, will have upon current residents' education. Include commentary on how the expansion will or will not dilute the educational experience of other residents currently in the program. Also include the impact expansion may have on work hours regulations as it regards current residents.
    - iv. Include a current rotation schedule for the residents, and a prospectus of how this rotation schedule would change with additional residents.
  - c. Case Logs and Procedures. If the program is required by the RRC/ACGME to submit case logs for board certification, include the following:
    - i. Current residents case logs.
    - ii. The last set of graduating residents case logs
    - iii. Institutional data for faculty procedures (from participating sites)
    - iv. Commentary on how sufficient case logs will be fulfilled for all residents in the program with the proposed expansion
  - d. The most recent ACGME accreditation letter, including citations and your response to these citations. Include a statement of how the resident expansion will affect these citations.
  - e. The most recent ACGME resident survey.
  - f. A prospectus on how the additional resident(s) will be funded.

#### 3. Procedure

1. Completed applications will be brought before the GMEC with a recommendation from the DIO for either expansion or denial of expansion.
2. The GMEC will vote upon the proposal
3. The results of the GMEC's decision will be forwarded to the Dean for consideration by the Executive Faculty, who will make the final decision regarding expansion.
4. Requests for expansion above the RRC/ACGME resident cap will not be immediately considered. Program directors may submit the above information to the DIO's office as a proposed request to petition the ACGME for an expansion in their residency cap. If the above is approved by the DIO and the GMEC, the DIO will endorse the petition in concert with the program director to the ACGME. If the ACGME subsequently approves the increase in cap, the DIO and the GMEC will consider the proposal in line with expansion as noted in the Procedure (II.B.3) above.

#### **IV. POLICY ON DISASTER/INTERRUPTION OF RESIDENCY TRAINING**

A. Subject to Tulane University School of Medicine's policy regarding closures and reductions of training programs, in the event of a disaster or an event that causes the interruption of resident training (an "Emergency"), the Tulane University School of Medicine ("Tulane") has adopted the following policy related to its residents and fellows (collectively, "House Officers"). This policy should be read in conjunction with Tulane's Hurricane Emergency Preparedness Plan and Time Line ("Master Plan").

1. The Office of Graduate School Medical Education (the "GME Office") will annually collect/update emergency contact information from all House Officers each spring.
2. The GME office will annually send out emails to residents with emergency information.
3. The GME Office has made arrangements with Baylor College of Medicine, Houston, Texas, so that in the event of an Emergency, the GME office can re-establish communications from a remote site.
4. Tulane will continue to provide administrative support which may include continued payment of salary and benefits depending on the overall circumstances, scope and duration of the Emergency, subject to Tulane's Policy on Residency Training Program Closure or Reduction.
5. In order to ensure House Officers' safety, Tulane will implement the Master Plan, which in the case of a hurricane, goes into effect 72-96 hours before the storm's anticipated landfall.
6. In the event of an Emergency, Tulane will work closely with the ACGME and other accrediting bodies to ensure that minimal interruption occurs in a House Officer's training experience and that House Officers are transferred (if needed) temporarily or permanently, to new sites.
7. In the event of an Emergency, Tulane will assess, in consultation with the appropriate accrediting bodies, whether certain programs may need to be temporarily or permanently withdrawn in order to ensure a quality training experience.

B. Any questions about this policy should be directed to the Program Director for your residency program or to the Associate Dean of Graduate Medical Education, Tulane University School of Medicine.

## SECTION 2: POLICIES ON RESIDENT SUPPORT & CURRICULUM

## V. POLICY ON FINANCIAL & RESOURCE SUPPORT OF RESIDENTS

A. **Parking** is provided for residents assigned to MCLNO, TUHC, and VAMC NO at the downtown medical campus, and through individual affiliated training locations as specified in affiliation agreements.

B. **Pagers** are provided for the duration of the residencies. Each resident is responsible for returning the pager at the completion or termination of training; a fifty (50) dollar charge will be assessed for lost or stolen pagers. The GME Office provides each program with an adequate number of pagers; distribution is the responsibility of the program coordinators. Discounted cell-phone plans are available through the GME Office upon request.

C. **Information Technology Support.** Tulane University has a dedicated office for free informational and tech support for all resident/faculty computer questions/assistance, available through the Tulane IT office (988-5464), as well as through the Undergraduate Campus Computer Help Desk (988-8888).

1. Each resident is given an email account and password, providing twenty-four hour access to educational materials on the Tulane University website, including on-line streaming video of important lectures and the Tulane Library. Through the Tulane Library website, residents have 24-hour access to Up-to-Date, Medline, Ovid, DynaMed Program, and Exammaster. These services provide access to full-text journal subscriptions as well as other on-line medical textbooks.
2. On-line evaluation services are provided at no charge for each resident, allowing for the convenience of at-home evaluation review and completion.
3. Each resident is provided HIPPA training as a part of the orientation, and after completing this training, can receive additional training at no cost to learn how to access the electronic medical records of the two primary training locations at Tulane (MCLNO (CLIQ) and TUHC computerized medical records).
4. Each call room is to contain a telephone and a computer, to ensure 24-hour access to the medical literature and educational resources necessary for optimal learning and patient care, as well as access to the electronic medical record of the hospital in which the resident is providing patient care.

D. **Call rooms.** Each hospital in which residents perform inpatient and home-call care have call rooms that are safe, secure, clean and comfortable. Each call room has access to a computer (see V.E.4 above) and a telephone. Each facility offers 24-hour access to food for those who are on inpatient call or home-call rotations. Tulane Hospital and MCLNO each have a resident lounge.

E. **Simulation Center.** Each resident is offered access to Tulane University's six-million dollar simulation center at no additional cost.

F. **Health Insurance-** United Health Care health insurance is provided to residents at no cost. Family health coverage is available and is paid for by the residents.

G. **Optional dental insurance** is provided through Paid Dental Insurance Company and is available to residents and their families as an optional expense.

H. **Life & Disability Insurance-** A \$25,000 life insurance policy is provided at no cost to residents. Supplemental insurance may be purchased by residents. **Disability insurance** is provided at no cost to the residents.

I. **Malpractice insurance** is provided at no cost to the residents through the Office of the General Counsel. Tulane residents are included in the Self-Insurance Trust Program for professional liability coverage. It is Occurrence Coverage. Under the following circumstances, this coverage is secondary to coverage that is otherwise provided. Any questions about the below coverage can be addressed to the Director of Risk Management for Tulane University. The number is [504-865-5783](tel:504-865-5783) or [504-988-5031](tel:504-988-5031).

1. **Private Healthcare Institutions Within the State.** Under the Tulane coverage, the first \$100,000 is covered by Tulane, the remaining \$400,000 (up to the statutory limit of \$500,000) is provided through the Patients' Compensation Fund. As a safety net in case the statutory cap is removed, the Tulane Self-Insurance

Trust program provides an additional \$900,000 coverage. The coverage provided by Tulane through its Self-Insurance Trust and through the Patients' Compensation Fund is an occurrence-based policy and provides no tail exposure for residents.

2. **MCLNO Rotations.** Residents are provided coverage through the State Malpractice Program. This is statutory coverage that provides that health care providers, including residents, who treat patients at any of the state institutions are considered State employees and the State is liable for their conduct.

3. **Veterans Administration Rotation.** Those Residents on rotation within the VA system are considered covered under the Federal Tort Claims Act and therefore would be immune from any personal liability. In those situations, the federal government is obligated to provide the cost of defense and the satisfaction of any judgments and/or settlements.

4. **Out of State Rotations.** The primary coverage is determined pursuant to the affiliation agreement between Tulane and the affiliate institution. Residents would have primary coverage by the Tulane program, which includes a Self Insurance component and/or coverage under a commercial insurance policy purchased by the University.

5. **Moonlighting.** Tulane does not provide any coverage for moonlighting activities of a resident.

**J. Vacations & Educational Leave-** With the approval of the program director, educational leave is allowed in some programs as outlined in **Chapter XI: Policy on Vacation and Leave** Each resident is allowed no less than three (3) weeks of vacation per academic year. Additional weeks are at the discretion of the each residency program. **See Chapter XI: Policy on Vacation and Leave**

**K. Stipend-** 2008-2009 annual salaries for residents are as follows:

PGY I	\$42,757
PGY II	\$44,015
PGY III	\$45,620
PGY IV	\$47,463
PGY V	\$49,100
PGY VI	\$51,247

**L. Counseling Services and Physician Impairment Resources.**

Tulane University is committed to fostering an environment in which residents feel safe in identifying and correcting academic and professional deficiencies without fear of reprisal or implications to their career. Residents who wish to voluntarily enter the Self-Referral Academic or Professionalism Remediation Track may receive a no-expense evaluation by the Residents' Assistance Program. **See Chapter XIV.C: Self-Referral for Suspected Physician Impairment, and XV: Residents' Assistance Program.** Residents are not reported to licensing agencies or The Tulane Administration for this self-referral except in extenuating circumstances noted in **Chapter XIV.C.**

## **VI. POLICY ON MOONLIGHTING**

- A. Residents who wish to engage in the practice of medicine outside of their formal training program must have the explicit written approval of their program director. The program director's written permission must be included in the resident's file.
- B. All residents who engage in moonlighting activities must be fully licensed to practice medicine; have state and federal (DEA) license to prescribe; and must carry individual malpractice insurance coverage. All licenses and insurance coverage provided by Tulane University, School of Medicine or by its affiliated teaching hospitals for purposes of graduate medical education cannot be used for purposes of moonlighting.
- C. Moonlighting may be conducted only within the established institutional principles of duty hours (Chapter VIII). The program director is responsible for monitoring the effect of moonlighting on a resident's performance in the educational program. Hours devoted to internal moonlighting (moonlighting within the training facilities of Tulane University) are to be counted towards the duty hours regulations as outlined in Chapter VIII.
- D. Moonlighting is a privilege. Resident's who choose to moonlight will be monitored by their program director, and the moonlighting privilege may be revoked by the program director if he or she feels that the moonlighting is adversely affecting the resident's patient care or education, or is putting the resident at risk for work hours violation or excessive sleepiness/fatigue.
- E. Violation of this policy may result in immediate suspension or termination.
- F. No resident may be forced to moonlight.

## **VII. POLICY ON INTERACTION WITH VENDORS**

- A. Residents and fellows (collectively, "residents") of the Tulane University School of Medicine are prohibited from accepting gifts from pharmaceutical company representatives and other industry representatives that are intended to influence, or may have the effect of influencing, the residents' health care decisions. Residents should refrain from accepting gifts and participating in activities offered by industry representatives, with the exception of the generally permitted items and activities included on the list below:
1. Receipt of medical textbooks.
  2. Participation in industry-supported educational programs. Attendance at educational programs that are not accredited by an ACCME accredited provider should be approved in advanced by the Program Director and/or the Associate Dean, Graduate Medical Education, School of Medicine. Registration fees and other support for participation in educational programs should not be accepted directly by any resident from an industry representative. Questions regarding attendance at and support for educational programs should be addressed to the Tulane Center for Continuing Medical Education in conjunction with the Office of Graduate Medical Education.
  3. Individual gifts of minimal value that are related to the work of the resident, such as pens and notepads.
- B. Residents should not participate in activities or accept gifts not included on the list above without specific permission from the Associate Dean, Graduate Medical Education, School of Medicine. In addition to the Tulane University policy, Tulane residents are expected to comply with the policies on vendor interactions in effect at each hospital to which a resident rotates. Where there is discordance between the University's policy and a hospital's policy, the more stringent of the two will apply.
- C. Any questions about this policy should be directed to the Program Director for your residency program, the Tulane University Medical Group Compliance Officer or the Office of General Counsel.

## VIII. POLICY ON RESIDENTS' DUTY HOURS

A. Each residency program must be committed to and responsible for promotion patient safety and resident well-being, and to providing a supportive educational environment. Regardless of where affiliated rotations are offered, duty hours and on-call time periods must not be excessive for the residents. Duty hours must be consistent with the ACGME Institutional and Specific Program Requirements. In specific:

1. 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. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.
2. Didactic and clinical education must have priority in the allotment of residents' time and energy.
3. The learning objectives of the program must not be compromised by excessive reliance upon residents to fulfill service obligations.

B. Duty hours must comply with the following standards:

1. A resident must not work more than 80 hours per week averaged over four weeks
2. The program director is responsible for counting in-house "moonlighting" toward the 80 hours limitations noted above. (See Chapter VI. Moonlighting).
3. While the program director is not responsible for counting outside "moonlighting" toward the 80 hours limitations noted above, residents should be instructed not to exceed a total of 80 hours per week, averaged over four weeks, inclusive of moonlighting.
4. A resident must not work more than 24 hours of continuous on-site duty. Up to 6 additional hours are permitted for patient transfer and other activities as defined in RRC requirements; however no new patients may be admitted after the 24 hours of continuous duty.
5. A resident must have at least 10 hours off for rest and personal activities between duty periods and after call.
6. Residents must have at least one day off per week, averaged over four weeks. A day off is defined as 24 hours of continuous time without patient care obligations.
7. Each program is responsible for monitoring duty hours. The method of monitoring must be presented to and approved by the DIO as part of the internal review process and the annual program report.
8. In-house call may not occur more frequently than every third night.

C. Home Call

1. For residents and fellows assigned home call, the actual time spent answering calls, or delivering in-house patient care is to be counted toward the 80 hour standard.
2. A resident on home-call who is called into the hospital for an extensive period of time should be released from duty the following day. The program director is responsible for establishing a jeopardy system involving other residents or faculty, which ensures that the resident may be released from duty the following day if the previous night's requirements were excessive.
3. Residents on home-call must still have one day off in seven without holding the pager.

D. Program directors and faculty are responsible for adopting policies to prevent, monitor and counteract effects of fatigue. Program directors are responsible for ensuring a yearly in-service to educate residents and faculty on the signs, risk, and methods of counteracting fatigue.

E. Tulane University allows no exceptions to the duty hours as listed above.

## **IX. RESIDENTS' PARTICIPATION & REPRESENTATION ON INSTITUTIONAL COMMITTEES AND COUNSELS**

A. Residents must have appropriate representation on institutional committees and counsels whose actions effect their education and patient care. Residents must be aware of, and participate in, institutional programs and medical staff activities. They must be knowledgeable about, and adhere to, established practices, procedures, and policies of each institution participating in the educational experiences and activities of their training program.

B. The GME Office advocates on behalf of the Tulane Residency Programs to ensure that residents have representation on each of the following committees. During their course of training, each resident will have the opportunity to participate in one or more of the following institutional committees: as well as other similarly established institutional committees as they occur in all affiliated training institutions

### 1. Tulane University Hospital & Clinic:

- Cancer
- Critical Care Advisory
- Ethics
- Emergency Services
- Infection Control
- Information and technology committee
- Medical Records
- Operating Room
- Pharmacy & Therapeutics
- Performance Improvement
- Transfusion
- Utilization Review
- Quality Improvement Counsel, Hospital

### 2. Tulane University Medical School

- Graduate Medical Education Committee, Tulane Medical School
- Curriculum Committee
- General Clinical Research Center Oversight Committee
- Housestaff Appeals Board
- Institutional Review Board
- University Simulation Center Oversight Committee
- Program/Departmental Committees (Curriculum Review, Residency Review, Recruitment, etc)
- Residency Congress

### 3. VA Medical Center, New Orleans Executive Committee of the Medical Staff:

- Cancer
- Patient Rights/Ethics
- Infection Control
- Information and technology committee
- Medical Records
- Operative/Invasive Procedure
- Pharmacy & Therapeutics
- Performance Improvement
- Utilization Review
- Quality of Care

### 4. Medical Center of Louisiana, New Orleans (MCLNO)

- Cancer
- Ethics
- Infection Control
- Information and technology committee
- Medical Records
- Pain Management
- Performance Improvement
- Pharmacy & Therapeutics
- Quality Assurance
- Utilization Management

### 5. External Organizations

- Orleans Parish Medical Society, Local and National Specialty and Subspecialty Organizations

## **X. POLICY ON CORE CURRICULUM AND THE CORE COMPETENCIES**

**A. General Competencies:** For the purposes of promotion and graduation, all Tulane residents must demonstrate progressive competency in the areas of:

1. Patient care,
2. Medical knowledge,
3. Practice-based learning and improvement, and
4. Interpersonal and communication skills,
5. Professionalism,
6. Systems-based practice.

### **B. PATIENT CARE**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

1. Communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families.
2. Gather essential and accurate information about their patients.
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
4. Develop and enact patient management plans.
5. Counsel and educate patients and their families
6. Use information technology to support patient care decisions and patient education.
7. Perform competently all medical and invasive procedures considered essential for the area of practice.
8. Provide health care services aimed at preventing health problems and maintaining health.
9. Work with health care professionals, including those from other disciplines, to provide patient-focused care.

### **C. MEDICAL KNOWLEDGE**

Residents must be able to obtain a sufficient expertise in their field of practice, with requisite medical knowledge necessary to practice their chosen medical discipline. In specific, residents should be able to:

1. Demonstrate knowledge about established and evolving biomedical, clinical, and cognitive (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
2. Demonstrate an investigatory and analytic thinking approach to clinical medicine.
3. Know and apply the basic sciences appropriate to their discipline.

### **D. PRACTICE-BASED LEARNING AND IMPROVEMENT**

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

1. Analyze practice experience and perform practice-based improvement activities using a systematic methodology
2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
3. Obtain and use information about their population of patients and the larger population from which their patients are drawn
4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
5. Use information technology to manage information, access on-line medical information; and support their education
6. Facilitate the learning of students and other health care professionals

### **E. INTERPERSONAL AND COMMUNICATION SKILLS**

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates. Residents are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients
2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
3. Work effectively with others as a member or leader of a health care team or professional group
4. Foster the development of the profession through effective teaching strategies.

#### **F. PROFESSIONALISM**

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

1. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supercedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
3. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

#### **G. SYSTEMS-BASED PRACTICE**

Residents must 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. Residents are expected to:

1. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
3. Practice cost-effective health care and resource allocation that does not compromise quality of care.
4. Advocate for quality patient care and assist patients in dealing with system complexities.
5. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
6. Understand and be able to apply the Plan-Do-Check-Act (PDCA) method of systems improvement.

#### **H. THE RESIDENCY PROGRAM'S RESPONSIBILITIES FOR ENSURING COMPETENCY IN EACH OF THE CORE COMPETENCIES**

1. Each residency program director must ensure that the residency program curriculum addresses each of the six core competencies, and that all residents in the program are taught and evaluated in each of the six core competencies.
2. Resident evaluations must include an assessment of each of the six core competencies.
3. Resident evaluations must utilize a 360° evaluation system to ensure an accurate assessment of professionalism and communication/interpersonal skills.
4. Program directors must ensure that faculty and residents engage in at least one performance improvement project each year to teach and assess systems of care
5. Mid-year and end-of-year summary evaluations must include an assessment of each of the six core competencies.
6. Decisions for promotion or graduation must be made based upon demonstrated competency in each of the six core competencies.
7. In addition to the above requirements, procedural-based specialties must monitor procedure, operative, and case logs, and incorporate an assessment of procedural competency into mid-year/end-year evaluations and promotion and graduation decisions.
7. Program Directors must submit an annual "State of the Program" document in May of each year to the GME Office as outlined in **XX: Policy on Annual Reporting Requirements**. This document must contain a

description of how the residency program teaches and evaluates the core competencies.

#### **I. THE OFFICE OF GRADUATE MEDICAL EDUCATION'S RESPONSIBILITY FOR ENSURING COMPETENCY IN EACH OF THE CORE COMPETENCIES**

1. The Office of Graduate Medical Education must ensure that residency programs are fulfilling their obligation to ensuring that each resident develops competency in each of the six core competencies.
2. The Internal Review Process will include specific questions as to how the program's educational curriculum teaches and assesses the six core competencies. **See XXII. Policy on Internal Reviews.**
3. The Office of Graduate Medical Education will receive and review annual "State of the Program" reports from each program in May of each year.
  - a. Programs not in compliance with ensuring the teaching and evaluation of the core competencies will undergo an additional internal review to identify and correct the deficiencies in the core competency curriculum.
  - b. State of the Program reports will be compiled into the annual GME report, that will be delivered orally and by writing to: The TUHC Administrative Board, the MCLNO Executive Medical Faculty, and the Tulane Executive Faculty. A written copy will be delivered to each of the affiliated training institutions.
4. The DIO or his/her representative will meet with each group of residents (i.e., each program) at least once per year to ensure compliance with the core competencies and other RRC requirements.
5. The DIO or his/her representative will meet with each program director at least once per year to ensure that the residency program's curriculum ensures the following as it pertains to the core competencies:

## **XI. POLICY ON VACATION AND LEAVE**

**A. LEAVE OF ABSENCE.** A Leave of Absence may be granted only with written permission of the department chair and/or residency program director. Such leave may necessarily prolong the duration of residency training according to each specialty's Board requirements, and the requirements unique to programs at Tulane University. In all cases, the number of total months required to complete program requirements for graduation is to be determined by the department chair and/or program director.

### **B. MILITARY LEAVE**

Eligible employees who are members of the National Guard, Naval Militia or of a reserve component of the United States military forces and who are required to undergo annual field or periodic weekend training or active duty training shall be granted a leave of absence for such period as provided by regulation or emergency situation. The employee shall be entitled to full pay for a period of two weeks per year. This pay will be the difference between his/her regular salary and the money received from National Guard or other reserve unit. Any such hours granted will be in addition to the employee's regular vacation hours. Any remaining military obligation will be granted without pay or, if the employee wishes, he/she may use accumulated vacation time. Armory drills or multiple training assemblies do not qualify for short-term military leave with or without pay. If you enter the Armed Forces of the United States while an employee of the University, you will have certain re-employment rights, as required by Federal law, after completing your military service. Contact the Personnel Department for details.

### **C. SICK LEAVE**

A period of sick leave of two weeks is allowed per resident per year. If a resident calls in sick, it is the prerogative of the program director to ask for a doctor's excuse from the resident.

Each resident must be aware that each particular specialty allows only a certain amount of absence from training per year. Absence beyond that designated time—be it for vacation or sick leave—will extend the resident's time in training. There can be no accrual of sick leave from one year to the next; i.e., two weeks maximum sick leave are allowed per year.

### **D. LEAVE TIME ALLOWED BY SPECIALTY BOARDS WITHOUT MAKE UP\***

For leave time allowed by specialty boards without make up reference the Accreditation Council for Graduate Medical Education (ACGME)/Residency Review Committee (RRC) guidelines for training program.

### **E. MATERNITY LEAVE**

Maternity leave will be granted upon request to all pregnant residents. Maternity leave will be leave with pay for a period of up to six weeks. This time represents vacation and sick leave. All or a portion of the six weeks may be requested. Maternity leave greater than six weeks duration, except in cases of illness of mother or infant, will require approval by the chairman and is unfunded. Benefits will be provided during the six weeks of maternity leave. Benefits may be continued beyond six weeks at the resident's expense. Funding for maternity leave will be prorated by the hospitals to which the particular resident rotates during the same training year, and will be reported to the Office of Graduate Medical Education by the program director. The resident must notify the department chairman, giving him/her a four month notice that she is pregnant, a plan to begin maternity leave and when she plans to return to work. Duration of leave should not exceed that period of time defined by the resident's specialty board as a leave of absence for which time need not be made up. Upon return to work the resident will be reinstated without loss of training status, provided that her return is on the date previously approved by her chairman. If leave is requested for more than six weeks due to medical reasons, approval for return to the training program will be at the discretion of the department chairman. A doctor's certificate verifying the condition of the resident may be requested. In those cases where a resident must make up time missed due to medical reasons in order to fulfill board requirements, the resident will be paid for all hours worked and the institution will continue benefit coverage during that time. All schedule accommodations shall be made, with the chairman's approval, with reference to the needs of both the resident and also the department (including other residents) so that the requirements of training as stipulated by the specialty board may be met.

## **F. ADOPTION**

If a female resident requests leave in order to adopt a child, she too is entitled to paid leave similar to that of maternity leave described above. The resident must discuss the impending adoption with the departmental chairman in as much advance as possible and the program should make every effort to allow the resident the same leave time as provided in maternity leave if the resident should request it.

## **G. PATERNITY LEAVE**

Paternity leave of up to one month will be granted to any father during the first month after delivery or adoption of a child. Such leave should also be requested in as much advance as possible. Paternity leave will be paid and should be made up of vacation and/or sick leave; additional leave would have to be made up by extending residency training. The institution would pay salary and benefits for any extension of training if indeed the father's extra leave was considered necessary (i.e., illness of newborn or spouse). The program should also attempt to allow any father to have minimal call around the time of delivery of his child and no call while he is on leave.

## **H. BEREAVEMENT LEAVE**

If there is a death in the immediate family, a leave of absence will be granted. This leave shall not exceed three working days for a funeral that is held within a 300-mile radius of New Orleans and shall not exceed five working days for a funeral outside this radius. If additional time is required, accrued vacation may be used. For purposes of this policy, immediate family is defined as the resident's mother, father, sister, brother, children, grandparents, grandchildren, spouse and parents of spouse. A chairman or program director may request verification of the death and location of the funeral prior to approving payment for this leave.

## **I. VACATION**

The amount of vacation per academic year is at the discretion of the program director, but shall not be less than three weeks per academic year. For vacation guidelines, the resident should consult his or her residency program director.

## **J. EDUCATIONAL LEAVE**

1. It is the policy of Tulane University School of Medicine to ensure that the residents in training at Tulane University School of Medicine are allowed to attend and to participate in educational and scientific meetings that would contribute to the medical education of the resident physician.
2. Procedure
  - a. Each resident may be granted five (5) working days per year of educational leave for the purpose of attending or participating in educational or scientific meetings that contribute to the medical education of the resident physician.
  - b. Permission for and approval of the leave must be granted in writing by the departmental chairman or his/her designee.
  - c. The departmental chairman or his/her designee will be responsible for notification of the medical education official of the institution at which the resident is stationed during the period of the leave.
  - d. The departmental chairman or his/her designee will be responsible for notifying the medical education official of the institution at which the resident is stationed the name of the individual(s) who will assume the clinical responsibilities for the resident taking leave while on leave.
  - e. In those cases in which a resident is stationed at an affiliated institution during the time of the leave, the arrangements for coverage must be satisfactory to the program coordinator at the affiliated institution.
  - f. Any conflict or disagreement related to resident educational leave may be referred to the Dean or his designee. This policy does not address expenses or reimbursement of expenses as a part of education leave.

## **XII. POLICY ON IMMUNIZATION PROCEDURES & OCCUPATIONAL HAZARDS**

Residents are at high risk for developing infectious diseases from patients. Also, in some cases, infected residents are a potential hazard to patients and colleagues.

**A. Tuberculosis Testing.** Tulane provides PPD skin tests at the time of orientation. A routine PPD test will be placed on each resident at orientation, unless the resident has a history of prior positive tuberculin reactivity. Routine annual PPD testing should be done thereafter. More frequent testing may be indicated for residents at high risk for TB exposure (examples might include pulmonary and infectious diseases fellows). A baseline radiograph should be obtained on any resident with a positive PPD (or history of positive PPD) at baseline. Hepatitis B

**B. Hepatitis B Vaccination.** Any resident who has not received a series of three hepatitis B injections during medical school should have a baseline titer. Hepatitis B vaccine should be offered to any resident with a negative titer. There is evidence to suggest that titers wane after approximately five years after the series; therefore, these individuals should also obtain a titer and a booster injection if indicated.

**C. Occupational Exposures** In the event of an occupational exposure to blood or body fluids (i.e., needlestick), the resident should follow the following procedures.

1. Scrub the wound for 5 minutes with betadine, hibiclens or soap. If there is a splash of blood or body fluids to the eye, then it should be irrigated for 5 minutes with water or normal saline.
2. **REPORT IMMEDIATELY FOR MEDICAL TREATMENT AT THE ASSIGNED CLINICAL INSTITUTION WHERE THE INCIDENT OCCURRED.**
  - a. **IF THE INJURY OCCURS AT TULANE (TUHC):** Report to the Occupational Medicine/Employee Health Clinic, located in the General Internal Medicine Clinic, 15 Tulane Avenue (988-3986), Monday-Friday, 7:30 a.m. to 4 p.m. or to the Emergency Room (988-5711) after 4 p.m. on weekdays and on weekends. Complete a "Report of Occupational Injury" form.
  2. **IF INJURY OCCURS AT MCLNO/UNIVERSITY HOSPITAL:** Report to the Employee Health Department in the Emergency Room/Fast Track
3. **IF INJURY OCCURS AT AN AFFILIATED TRAINING PROGRAM THAT IS NOT TUHC OR MCLNO,** report immediately to the Emergency Department of that facility for further instruction.
4. **REPORT THE INJURY TO YOUR PROGRAM DIRECTOR.** For further assistance and counseling call the Residents' Assistance Program hotline for advice. It is anonymous. The number is (504) 588-1591.

**SECTION 3:  
SUPERVISION, EVALUATION &  
REMEDICATION OF RESIDENTS**

### **XIII. POLICY ON SUPERVISION AND EVALUATION OF RESIDENTS**

**A. The Program Director.** Each residency program must be supervised by one program director responsible for the quality of the educational experience for the training program.

1. **Qualifications of the Program Director.** The program director must:
  - a. Be board certified in the specialty of the training program.
  - b. Have requisite experience in graduate medical education deemed appropriate by the ACGME.
  - c. Have current medical licensure and the appropriate medical staff appointment at Tulane.
2. **Responsibilities of the Program Director.** The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. In specific, the program director must:
  - a. Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program.
  - b. Approve a local director at each participating site who is accountable for resident education (See **XIII.D.** below)
  - c. Approve the selection of program faculty as appropriate for supervision and education of residents
  - d. Evaluate program faculty and approve the continued participation of program faculty based on these evaluations
  - e. Monitor resident supervision at all participating sites and ensure compliance with evaluation requirements (See **XIII.C.** below).
  - f. Provide each resident with a written summary evaluation in each of the core competencies on a semi-annual basis (See **XIII.I** below). The program director or his/her designated liaison should meet in person with each resident at least twice per year to review this evaluation.
  - g. Provide an end-of-training summary letter meeting the requirements as outlined in **XIII.I**.
  - h. Prepare and submit all information required and requested by the ACGME and the GME Office, including
    - i. The program information forms prior to site visits.
    - ii. The annual program updates on Web ADS
    - iii. The Tulane annual report as outlined in **Chapter XX: Annual Reports.**
    - iv. The program information for scheduled internal reviews as outlined in **Chapter XXI: Internal Reviews.**
  - i. Ensure compliance with grievance and due process procedures as set forth **Chapter XIV: Policy on Remediation, Termination and Grievance.**
  - j. Provide verification of residency education for all residents, including those who leave the program prior to completion, and those that enter the program as outlined in **Chapter I: Policy on Resident Eligibility and Selection.**
  - k. Ensure compliance with policies and procedures for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents **Chapter I: Policy on Resident Eligibility and Selection.**
  - l. Implement and ensure compliance with policies and procedures regarding the duty hours and the working environment, and moonlighting as outlined in **Chapter VIII: Policy on Residents' Duty Hours, and Chapter VI: Policy on Moonlighting.**
    - i. Distribute these policies and procedures to the residents and faculty.
    - ii. Monitor resident duty hours with a frequency sufficient to ensure compliance with ACGME requirements
    - iii. Adjust schedules as necessary to mitigate excessive service demands and/or fatigue
    - iv. If applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue
  - m. Ensure compliance with **Chapter XXII: Policy on ACGME Communications**, by obtaining approval of the sponsoring institution's DIO before submitting information to the ACGME.

#### **B. Faculty.**

1. Supervision of Patient Care: Proper supervision of residents is expected in all areas of all affiliated

institutions to assure consistently high standards of patient care. The overall responsibility for the treatment of each patient lies with the faculty to whom the patient is assigned and who supervises the resident physician.

- a. All inpatients and outpatients will have one faculty listed as the physician in charge of the patient's medical treatment, and the name of this practitioner will be clearly designated on each patient's medical record.
  - b. The faculty will be involved in the care of the patient to the extent necessary to assure consistently high standards of patient care. This faculty will be responsible for, and must be familiar with, the care provided to the patient, and is expected to fulfill this responsibility, at a minimum, in the following manner:
    - i. **Direct the care of the patient** and provide the appropriate level of supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, the experience and judgment of the resident being supervised and within the scope of the approved clinical privileges of the staff practitioner.
    - ii. **Document this supervision** via admission, operative, procedure or progress notes, or an acceptable linking-note to the resident's documentation. The faculty member's involvement in the patient's care and supervision of the resident should be reflected in both the resident's note and the faculty's addendum.
    - iii. Assure that all technically complex diagnostic and therapeutic procedures which carry a significant risk to the patient are: medically indicated, fully explained to and understood by the patient to meet informed consent criteria, properly executed, correctly interpreted, and evaluated for appropriateness, effectiveness and required follow-up. Evidence of this assurance should be documented.
    - iv. **Direct appropriate modifications of care** as indicated in response to significant changes in diagnosis or patient status. Evidence of this assurance should be documented.
2. Educational Responsibilities: Faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents. Faculty must:
- a. Actively participate in attending (teaching and management) rounds on a daily basis.
  - b. Review the goals and objectives of the rotation with the resident at the outset of the clinical rotation.
  - c. Administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas, as outlined in **Chapter X. Policy on Core Curriculum and the Core Competencies**.
  - d. Administer and maintain an educational environment that is compliant with all duty hours and work environment requirements, as outlined in **Chapter VIII. Policy on Residents' Duty Hours**
3. Evaluation Responsibilities.
- a. Provide oral evaluations of the resident's performance at the mid-point of the rotation assignment. This evaluation should provide feedback on the resident's performance in each of the core competencies.
  - b. Faculty are responsible for the timely completion of all resident evaluations, as outlined in the Evaluation requirements below (**Chapter XIII.C**)
4. Faculty Qualifications
- a. The physician faculty must have current board certification in their specialty
  - b. Possess current medical licensure and appropriate medical staff appointment
  - c. Be appointed to their teaching responsibilities by the program director, based upon their educational abilities.
5. Non-physician faculty: Non-physician faculty may play a valuable role in the education of residents. The use of non-physician faculty must comply with the following standards:
- a. Non-physician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.
  - b. Non-physician faculty must not be responsible for the direct supervision of resident physicians providing patient care.
6. Faculty Responsibilities as a Whole

- a. Participate in organized clinical discussions, rounds, journal clubs, and conferences.
- b. Establish and maintain an environment of inquiry and scholarship with an active research component. Faculty should encourage and support residents in scholarly activities.
- c. Some members of the faculty should also demonstrate scholarship by one or more of the following:
  - i. publication of original research or review articles in peer-reviewed journals, or chapters in textbooks
  - ii. publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings
  - iii. participation in national committees or educational organizations.

## C. Evaluations

### 1. Faculty-of-Resident Evaluations.

- a. This evaluation must be conducted monthly. For rotations that are longer than one month, this evaluation must be conducted at the midpoint of the rotation, and again at the conclusion of the rotation.
- b. The evaluation should consist of both a numerical score and written comments.
- c. The evaluation should evaluate each of the core competencies (**See Chapter X: Policy on Core Curriculum and the Core Competencies**) and the components of the job description for the resident's level of training (**See XIII: E below**).
- d. The evaluation should be conducted electronically such that residents have immediate and 24 hour access to reviewing the evaluation.
- e. The evaluation should be discussed in person with the resident prior to the conclusion of the rotation.
- f. Collectively, data from these evaluations should be used by the program director in making the determination for promotion or graduation.

### 2. Resident-of-Resident Evaluations

- a. In rotations where residents are routinely supervising other residents (i.e., a resident supervising an intern), both residents should be given the opportunity to evaluate each other.
- b. The evaluation should consist of both a numerical score and written comments.
- c. The evaluation should evaluate each of the core competencies (See Chapter X: Policy on Core Curriculum and the Core Competencies) and the components of the job description for the resident's level of training (See XIII: F below).
- d. The evaluation should be conducted electronically such that residents have immediate and 24 hour access to reviewing the evaluation.
- e. Collectively, data from these evaluations should be used by the program director in making the determination for promotion or graduation.

### 3. Student-of-Resident Evaluations

- a. In rotations where residents are routinely supervising students, students must be given the opportunity to evaluate the resident.
- b. The evaluation should consist of both a numerical score and written comments.
- c. The evaluation should evaluate at a minimum the resident's teaching, communication, interpersonal skills, professionalism and patient care skills.
- d. The evaluation should be conducted electronically such that residents have immediate and 24 hour access to reviewing the evaluation.
- e. Collectively, data from these evaluations should be used by the program director in making the determination for promotion or graduation.

### 4. Patient-of-Resident Evaluations

- a. In rotations where residents routinely provide patient care, patients must be given the opportunity to evaluate the resident overseeing his or her care.
- b. While not every patient needs to evaluate the resident, at least one patient evaluation should be solicited during each of the clinical rotations that the program director designates as core clinical

rotations.

d. . The evaluation should evaluate at a minimum the resident's communication, interpersonal skills, professionalism and patient care skills.

d. The evaluation may be collected by paper or in person by a supervisor, but should eventually be converted to an electronic format such that the resident has immediate and 24 hour access to reviewing the evaluation.

e. Collectively, data from these evaluations should be used by the program director in making the determination for promotion or graduation.

#### **5. Nurse/Allied Health Provider-of-Resident**

a. In rotations where residents routinely provide patient care, nursing and ancillary staff (i.e., OR staff, respiratory therapy, etc) must be given the opportunity to evaluate the resident with whom they have worked during the rotation.

b. While not every staff needs to evaluate the resident, at least one nurse evaluation should be solicited during each of the clinical rotations that the program director designates as core clinical rotations.

d. . The evaluation should evaluate at a minimum the resident's communication, interpersonal skills, professionalism and patient care skills.

d. The evaluation may be collected by paper or in person by a supervisor, but should eventually be converted to an electronic format such that the resident has immediate and 24 hour access to reviewing the evaluation.

e. Collectively, data from these evaluations should be used by the program director in making the determination for promotion or graduation.

#### **5. Resident-of-Faculty.**

a. Evaluations of faculty must be conducted monthly, or, for rotations that are longer than one month, at the conclusion of the rotation.

b. The evaluation should consist of both a numerical score and written comments.

c. The evaluation should evaluate the faculty on his or her effectiveness in teaching, commitment to the educational program, clinical knowledge, and professionalism.

d. The evaluation should be conducted electronically, and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal. It is recommended that programs use an electronic evaluation system that prevents faculty from seeing their evaluations until at least five residents or students have evaluated the faculty.

e. The results of these evaluations should be used by the program director in deciding which faculty are invited to continue to supervise residents on clinical rotations.

#### **6. Resident-of-Rotation.**

a. This evaluation must be conducted monthly, or, for rotations that are longer than one month, at the conclusion of the rotation.

b. The evaluation should consist of both a numerical score and written comments.

c. At a minimum, the evaluation should evaluate the following components

i. The call rooms (if applicable)

ii. The nurses and ancillary staff involved in the clinical rotation

iii. The safety of the rotation (parking, secure place for personal belongings)

iv. The communication infrastructure of the rotation (access to medical records and patient data, access to educational resources).

v. The balance between education and service of this rotation.

vi. The rotation's compatibility with work-hours requirements.

d. The evaluation should be conducted electronically, and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.

e. Collectively, data from these evaluations should be used by the program director in making the determination for continuation of a clinical rotation.

## **7. Resident-of-Program.**

- a. This evaluation must be conducted at least once per year.
- b. The evaluation should consist of both a numerical score and opportunity for written comments.
- c. At a minimum, the evaluation should evaluate the following components
  - i. The goals and objectives of each clinical rotation, including the balance between education and service of each rotation
  - ii. The curriculum and core educational conferences.
  - iii. The supervision by the faculty, and the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.
  - iv. The effectiveness of faculty in providing meaningful evaluations to the residents.
  - v. The effectiveness of the program director.
  - vi. The program's compliance with work-hours requirements and other program policies
- d. The evaluation should be conducted electronically, and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.
- e. Collectively, data from these evaluations should be used by the program director in making adjustments in the residency program. The results of these evaluations must be included in the annual report.

## **8. Resident-of-Self.**

- a. This evaluation must be conducted at least twice per year.
- b. The evaluation should consist of both a numerical score and opportunity for written, self-reflection comments.
- c. At a minimum, the evaluation should allow the resident to evaluate the following components
  - i. A self-evaluation in each of the six core competencies areas
  - ii. A listing of medical errors from the previous six months, and self-reflection on how these errors could have been prevented.
  - iii. A reflection on the resident's progress in professional/career goals
  - iv. A reflection on the resident's progress in personal goals.
- d. The evaluation should be conducted electronically, and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.

## **D. Affiliated Training Locations.**

1. All clinical training sites must be certified by JCAHO, and judged to be satisfactory by the DIO in meeting the educational needs of the Tulane resident.
2. Master Affiliation Agreements must exist between the University and each affiliated training site, and individual program letters of agreement must exist between individual programs that send residents to a training site. Master Affiliation Agreements must be updated at least every five years. Program Letters of Agreement must be updated on an annual basis, reflecting the ACGME institutional, training location, and common program requirements.
3. At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location, as outlined in **XIII.B** above.
4. Each clinical site must have a liaison with the Office of Graduate Medical Education. The DIO is responsible for meeting with each liaison at least once per year. During these meetings, the DIO will tour the learning environment (call rooms, meal availability, computer access, patient care venues, conference space) and review and confirm the affiliation agreement with the training site's liaison. The DIO will ensure compliance with the University and ACGME requirements contained within the Master Letters of Affiliation and individual program letters of agreement.
5. The individual program director is responsible for compliance with all Tulane and ACGME policies at all affiliated training locations in which his or her residents rotate. The program director must have a designated liaison with each affiliated training location. This person is responsible for ensuring compliance with all program, University, and ACGME policies and procedures. The training site liaison should be in regular communication with the program director, and the two should meet in person at least twice per year. The affiliated training site liaison should provide an assessment of the training location, as it regards compliance with program, University, and ACGME policies and procedures, and this input should be documented in the

annual report of the program.

6. Each program must have a Program Letter of Affiliation with the training institution. The PLA must be approved by the DIO, and must:

- A. Identify the faculty who will assume both educational and supervisory responsibilities for residents;
- B. Specify the faculty's responsibilities for teaching, supervision, and formal evaluation of residents
- C. Specify the duration and content of the educational experience; and,
- D. State the policies and procedures that will govern resident education during the assignment.

#### **E. Job Descriptions and Graduated Levels of Responsibility:**

1. The program director is responsible for developing a job description for the residency program. This job description should outline the physical and mental requirements of the job. No candidate who is able to perform the physical and mental components contained within the job description can be discriminated against based upon a disability (See **Chapter II: Policy on Equal-Opportunity, Affirmative Action, & Disabilities**).
2. The program director must establish an outline of progressive levels of responsibility for each training level within the residency program. Residents who advance in the training program should incur progressively greater levels of responsibility and independent practice.
3. Assignment of the level of responsibility must be commensurate with the resident's performance in the core competencies, and this should be documented in the resident's end-of-the-year promotion letter. Residents who fail to meet expected competency should not be promoted.

#### **F. Case Logs**

In programs that require minimum numbers of procedures to ensure promotion, graduation, or eligibility for certifying examinations (i.e., board licensure), a case log must be compiled and updated on at least a semi-annual basis. The case log should be reviewed with the resident at each semi-annual meeting with his or her program director.

**G. Supervision of Residents Performing Invasive Procedures or Surgical Operations.** The inherent risks associated with all types of surgery and invasive procedures require that staff practitioners provide appropriate levels of supervision of all residents performing such procedures. Faculty supervising residents will review the indications for the performance of each procedure which should be documented by a written notation in the patient's medical record stating their concurrence with both the performance and with the interpretation of the results and complications, if any. Residents must have the approval of a Faculty practitioner prior to surgery or an invasive procedure and so document in the patient's medical record. Faculty practitioners will closely supervise the evaluation of patients, scheduling of cases, assignment of case priorities, the preoperative preparation, and the intra-operative and postoperative care of surgical patients and patients undergoing invasive procedures. This supervision must be reflected in progress notes made by Faculty practitioners at appropriate times in the course of each patient's hospitalization. The surgical/invasive procedure schedule will be approved by the appropriate clinical service chief, or his/her designee. As residents advance in their education and training, they may be given progressively increasing levels of responsibility. The degree of responsibility will depend upon the individual's general aptitude, demonstrated competence, prior experience with similar procedures, the complexity and degree of the risks involved in the anticipated surgical/invasive procedure. An important aspect of a resident's learning experience is the opportunity of a senior resident to supervise more junior residents. As a general rule, senior residents, when acting in the role of a teaching assistant to less experienced residents, may supervise the performance of surgical/invasive procedures of lesser or more routine complexity. This, however, does not release the Faculty practitioner's responsibility for the oversight of the patient's care. Documentation of a resident's assigned level of responsibility will be filed in the resident's record and will include: a specific statement identifying the evidence on which such a determination is made; the types of diagnostic or therapeutic procedures the resident may perform and those for which the resident may act as a teaching assistant; and the concurrence of the service chief. When a resident is acting as a teaching assistant, the staff practitioner remains responsible for the quality of care of the patient, providing supervision and meeting medical recorded documentation requirements as defined within this policy.

## H. Access to Evaluations

The Family Educational Rights and Privacy Act, requires educational agencies or institutions to provide access to educational records with certain limitations. Resident and fellow education records, other than publicly available directory information, are private and shall not be disclosed except as appropriate to the following:

1. The resident or fellow, who may review his or her record with supervision
2. The Administrator in the Dean's Office responsible for student affairs (e.g., the Associate Dean for Graduate Medical Education);
3. Persons specifically authorized by the resident or fellow in writing to receive the information;
4. Other educational institutions in which the resident or fellow seeks to enroll or obtain employment, with permission of the resident or fellow, provided the disclosure is limited to official copies of resident or fellow's transcripts from the appropriate University office;
5. Other organizations conducting educational research studies provided the studies are conducted in a manner that does not permit identification of residents or fellows and provided the information will be destroyed when no longer needed for the specified purpose;
6. Persons in compliance with a court order or lawfully issued subpoena provided that a reasonable attempt is made to notify the resident or fellow where required prior to release;
7. Appropriate members of the court system when legal action against the University is initiated by the resident or fellow and the disclosure is part of the University's defense;
8. Appropriate persons during an emergency, provided the information is necessary to protect the health or safety of the resident or fellow or other individuals;
9. Accrediting organizations and state or federal education authorities using information for auditing, evaluating, or enforcing legal requirements of educational programs, provided the data is protected to prohibit the identification of the resident or fellow and all personally identifiable information is destroyed when no longer needed; and
10. Appropriate persons or agencies in connection with a resident or fellow's application for or receipt of financial aid to determine eligibility amount, or conditions of financial aid and to enforce the terms and conditions of the aid.

## I. Promotion and Graduation

1. Resident must receive a written summary of their performance, based upon the core competencies, at least twice per year. The summary letter must contain a numerical average of their assessment from their monthly evaluations as well as written commentary on their level of performance.
2. **Mid-Year Evaluation Summaries.** The program director or his or her designee must meet with each resident in person to review the mid-year evaluation. The summary letter must contain a numerical average of the resident's assessments from their monthly evaluations as well as written commentary on his or her level of performance. If the resident is at risk for not being promoted based upon this evaluation, this should be discussed with the resident at this time.
3. **End-of-Year Evaluation Summaries.** The program director or his or her designee must meet with each resident in person to review the end-of-year evaluation. The summary letter must contain a numerical average of the resident's assessments from their monthly evaluations as well as written commentary on his or her level of performance.
  - a. If so warranted, the promotion letter to the next year of training should be given to the resident at this time, and the letter must clearly state that the resident is being promoted to the next year of training. The letter must be accompanied by a description of the progressive level of responsibility commensurate with the PGY level to which he or she is being promoted.
  - b. If the resident is not to be promoted, a description of the rationale, referencing failure to meet satisfactorily the core competencies, should be included in this letter. If the resident is at risk for not terminated from the University based upon this evaluation, this should be discussed with the resident at this time.
4. **End-of-Training Evaluation Summaries.** The program director or his or her designee must meet with each resident in person to review the end-of-training evaluation. The summary letter must contain a numerical average of the resident's assessments from their monthly evaluations as well as written commentary on his or her level of performance. **This evaluation should document the resident's performance during the final period of education.**

- a. If so warranted, the graduation letter should be given to the resident at this time, and the letter must clearly state that the resident has completed the training program and ***“The program director, in consultation with the program’s faculty, has deemed the resident sufficiently competent to enter practice in “x” without direct supervision.”*** Where “X” is the field of the resident’s training program.
- b. If the resident is not to be graduated, a description of the rationale, referencing failure to meet satisfactorily the core competencies, should be included in this letter. If the resident is at risk for not terminated from the University based upon this evaluation, this should be discussed with the resident at this time.

## XIV. POLICY ON REMEDIATION, SUSPENSION, TERMINATION AND GRIEVANCE

### A. Definitions:

#### 1. PERSONNEL

- a. **Resident** – refers to all interns, residents and fellows participating in a Tulane University School of Medicine post-graduate training program.
- b. **Residency Program** – refers to a residency or fellowship educational program.
- c. **Program Director**- refers to the Director of the Residency Program.
- d. **DIO**- refers to the **Designated Institutional Official**, also known as the Associate Dean of Graduate Medical Education.
- e. **Administrative Personnel**- program directors, departmental chairs, and CEO's of affiliated training locations.
- f. **The Residency Assistance Director**- A psychiatrist on contract with Tulane University for the purposes of providing assistance for impaired resident physicians at Tulane (Self-Referral Pathway), and for providing an assessment of fitness-for-duty (Administrative Pathway) for referred resident physicians. The residency assistance director for 2007-2008 is Dr. Douglas Greve.
- g. **The Physician's Health Foundation**- An independent foundation that evaluates and makes referrals for impaired physicians due to psychiatric illness or substance abuse.

#### 2. TYPES OF REMEDIATION TRACKS

- a. **Academic Remediation Track** – the act or process of remedying or correcting an academic deficiency. Academic Remediation is used to correct academic deficits, including, but not limited to, deficits in medical knowledge, time management/ organizational abilities, communication skills, patient interaction skills, attitude and motivation, interpersonal/team skills, and procedural skills.
- b. **Professional Remediation Track**- the act or process of remedying or correcting a professional deficiency. Professional remediation is used to correct professional deficits, including, but not limited to deficits in substance abuse, and psychiatric health.

#### 3. TYPES OF REMEDIATION PROCEDURES

- a. **Self-Referral Remediation Pathway**- The pathway for voluntarily referral by a resident for assistance in academic or professional remediation.
- b. **Administrative-Referral Remediation Pathway** - The pathway for non-voluntary referral of a resident by Administrative Personnel for assistance in academic or professional remediation.

#### 4. REMEDICATION ACTIONS

- a. **Probation** – a formal level of academic or professional discipline in which the resident may still engage in his or her training within the confines of the probationary plan.
- b. **Suspension**- a formal level of academic or professional discipline in which the resident may temporarily no longer engage in his or her training program.
- c. **Termination** – the act of severing employment prior to the expiration date of the resident's contract.
- d. **Non-Renewal** – a decision to not renew a house officer's participation in a residency program. Such a decision is to be made prior to March 1st of each year. Termination for cause after this date remains a departmental option.
- e. **Grievance**- a formal process of contesting the decision made by the evaluation and remediation procedure.

### B. General Principles of Evaluation and Remediation:

1. Residents are expected to meet and adhere to all academic, clinical and professional standards set forth in the Institutional, Departmental, and residency program requirements. Inadequate performance is grounds for evaluation, remediation or termination.
2. Inadequate performance should be clearly communicated, in writing, to the resident as early as possible.
3. If a resident identifies an academic or professional deficiency, he or she may self-refer himself/herself for academic or professional remediation as outlined in **XIV.C: The Self-Referral Remediation Pathway**.

4. If Administrative Personnel identify that a resident has an academic or professional deficiency, they may require that the resident undergo evaluation, remediation, or termination as outlined in **XIV.D: The Administrative-Referral Remediation Pathway**.

### **C. THE SELF-REFERRAL REMEDIATION PATHWAY**

1. A resident may voluntarily self-refer himself/herself for remediation of either academic or professional deficiencies through the Academic Remediation Track or the Professional Remediation Track.
2. Tulane University is committed to fostering an environment in which residents feel safe in identifying and correcting academic and professional deficiencies without fear of reprisal or implications to their career. Residents who have voluntarily entered the Self-Referral Academic or Professionalism Remediation Track are **not** reported to Administrative Personnel unless:
  - a. The resident's deficiency is determined to be of risk to self or others, including patient care and the learning environment (i.e., other residents). Should this occur, the DIO will be notified, and the resident will cease to be in the Self-Referral Pathway. The resident will be transferred to the Administrative Pathway for remediation, as outlined in **XIV.D: The Administrative Remediation Pathway**.
  - b. The resident is independently referred by Administrative Personnel to the Administrative Remediation Pathway. Should this occur, the DIO will be notified, and the resident will cease to be in the Self-Referral Pathway. He or she will be transferred to the Administrative Pathway for remediation, as outlined in **XIV.D: The Administrative-Referral Remediation Pathway**.
3. **The Self-Referral Academic Remediation Track.**
  - a. A resident may request referral for Academic Remediation by contacting either his or her Program Director, the DIO, Residency Assistant Director, Dr. Douglas Greve, or the Tulane Ombudsman, Don Owens.
  - b. Academic Remediation refers to educational deficits, such as deficits in medical knowledge, time management, organizational abilities, communication skills, and procedural skills.
  - c. The resident will be evaluated and undergo remediation, if necessary, as outlined in the Academic Remediation Track. See **(XIV.H.): Academic Remediation**.
4. **The Self-Referral Professional Remediation Track.**
  - a. A resident may request referral for Professional Remediation by contacting the Residents' Assistance Director, Dr. Douglas Greve, or the Tulane Ombudsman, Father Don Owens.
  - b. Professional Remediation refers to professional deficits, including, but not limited to substance abuse and psychiatric health.
  - c. The resident will be evaluated and undergo remediation, if necessary, as outlined in the Professional Remediation Track. See **(XIV.I.): Professional Remediation**.

### **D. THE ADMINISTRATIVE-REFERRAL REMEDIATION PATHWAY**

1. Any resident whose performance is assessed to be unsatisfactory by Administrative Personnel, may be referred for evaluation and remediation through the Administrative-Referral Remediation Pathway.
2. A formal, written, request must be made by the Administrative Personnel to the DIO. The DIO himself/herself may initiate the Administrative Referral process.
3. Upon receiving or initiating the request, the DIO will conduct an investigation that may include a review of the resident's file, police (NOPD and Tulane) reports, interviews with the resident and/or any member of Tulane University.
4. After review, the DIO will render one of three decisions. The Program Director, the DIO, and the involved resident will meet in person to be informed of the DIO's decision. The resident will be given a copy of the grievance policy, and be required to sign an acknowledgment of receipt of this policy.
  - a. **The resident requires no remediation.** The resident will be re-instated. The program director and the Administrative Personnel who made the referral will be informed.
  - b. **The resident be referred for evaluation as to fitness for duty.** The resident will be placed on institutional suspension and will be required to sign a release permitting communication of the results of the DIO's investigation to the Residents' Assistance Director. Within five days, the resident will be required to either schedule a meeting with the Residents' Assistance Director to initiate the evaluation and remediation process, or file a grievance. See **(XIV.G.): Grievance Policy**.

- c. **The resident be terminated from the University.** This decision is reserved for professional misconduct that, in the judgment of the DIO, is egregious and unremediable. The resident will be informed of the decision. He or she will have five days to file a grievance. See (XIV.G.): Grievance Policy
5. If the resident is referred for evaluation, the Residents' Assistance Director will evaluate the resident as to his or her fitness for duty. The Residents' Assistance Director will render one of the following decisions and communicate this decision to the DIO. The resident may file a grievance as to the Residents' Assistance Director's decision within five days. See (XIV.G.): Grievance Policy
- Fit for Duty; No need for academic remediation.** The DIO will re-instate the resident, and will inform the resident, the program director and the Administrative Personnel who made the referral.
  - Fit for Duty; Academic remediation required.** The DIO will lift the suspension and put the resident on probation See (XIV.E): Probation Policy. The DIO will inform the resident, the program director and the Administrative Personnel who made the referral.
  - Not Fit for Duty; Professional remediation required.** The Residents' Assistance Director will make the referral to the Physicians' Health Foundation.
6. If the resident is referred for evaluation, The Physician's Health Foundation will evaluate the resident and recommend appropriate therapy.
- The resident must comply with all recommendations as established by the Physician's Health Foundation. Failure to comply with the the Physician's Health Foundation recommendations will result in immediate termination from the University. Failure to successfully complete the therapy as outlined by the Physician's Health Foundation will result in immediate termination from the University. This decision cannot be grieved.
  - Upon successful completion of the Physicians' Health Foundation's recommendations, the Physicians' Health Foundation will inform the Tulane Residents' Assistance Director.
  - The Tulane Residents' Assistance Director will re-assess the resident and review his or her after-care program. The Residents' Assistance Director will communicate the findings from his or her fitness-for-duty assessment, as well as the terms of the resident's after care program, to the DIO. If favorable, the resident will be re-instated on probationary status (see XIV.E: Probation) until completion of the after-care program prescribed by the Physician's Health Foundation. The program director and the Administrative Personnel who made the referral will be informed.
  - The Residents' Assistance Director will remain in contact with the Physicians' Health Foundation to ensure appropriate compliance with the after-care program. The Residents' Assistance Coordinator will continue to be responsible for documentation of compliance in following details of the aftercare program. Failure to maintain compliance with a prescribed after-care program is grounds for immediate termination.
7. If, after successful completion of the aftercare program, the resident subsequently redevelops a chemical or psychiatric impairment, termination from residency will be recommended unless there are extenuating circumstances. The final decision shall rest with the Associate Dean for Graduate Medical Education at the Tulane University School of Medicine.
8. Should a resident leave Tulane prior to completing his or her after-care program, The Impaired Physicians' Program of the state to which the resident is moving will be notified by the Residents' Assistance Coordinator

## E. PROBATION

- Probation is a formal level of discipline in which the resident may still engage in training within the confines of the probationary plan. There are two types of probation: academic and professional.
- Academic probation refers to probation in concert with Academic Remediation to correct academic deficits that include, but are not limited to, deficits in medical knowledge, time management/ organizational abilities, communication skills, patient interaction skills, attitude and motivation, interpersonal/team skills, and procedural skills. See (XIV.H.): **Academic Remediation**.
- There are two types of professional probation:
  - Professional probation may be used to monitor the on-going after-care plan following the Administrative-Referral Pathway. See (XIV.D.): **Administrative-Referral Remediation Pathway**.
  - Professional probation may also be used to ensure that egregious unprofessional conduct does not

occur. Selected, but not inclusive, examples of unprofessional behavior are listed in (XIV.I: Professional Remediation).

4. The Office of Graduate Medical Education, in concert with the resident's program director, oversees all probations.
5. Failure to comply with the requirements of a probational agreement will result in immediate termination from the University. In such an instance, the resident will be provided a copy of the Grievance and Fair Hearing Policy, and be asked to sign an acknowledgement of receipt. See (XIV.G.): Grievance and Fair Hearing Policy.
6. Probationary actions will not be reported to entities outside of Tulane University unless the probation is unsuccessfully met. See (XIV..J.): Reporting to External Entities.

## **F. SUSPENSION-**

1. Suspension is a formal level of academic or professional discipline in which the resident may temporarily no longer engage in his or her training program.
2. Residents who are suspended will receive pay and benefits unless designated by the DIO.
3. Institutional suspensions can only be reversed by the DIO or the Dean.
4. Because suspected impairment may put patient care at risk, a resident may not be cleared of a suspension until a favorable fitness for duty evaluation has been established.
5. At the time of suspension, the resident will be provided a copy of the Grievance and Fair Hearing Policy, and be asked to sign an acknowledgement of receipt. See (XIV.G.): Grievance and Fair Hearing Policy.

## **G. GRIEVANCE & FAIR HEARING COMMITTEE**

The Grievance-Fair Hearing procedure is used in the adjudication of all actions resulting in suspension, probation, termination, or non-renewal. The Grievance-Fair Hearing procedure is to be followed as below:

1. A resident may request a Grievance-Fair Hearing for any of the following administrative decisions: suspension, probation, termination, or non-renewal.
2. Contesting evaluations, letters of recommendation, documentation of performance, Academic Remediation are not grounds for a Grievance-Fair Hearing. While a decision to suspend can be grieved, a suspension cannot be grieved if the resident has agreed to participate in professional remediation. Because a suspicion of physician impairment may put patient care at risk, all residents who are undergoing Professional Remediation will be suspended until a fitness for duty evaluation has cleared the concern for being impaired.
3. A Grievance-Fair Hearing must be filed in writing within five business days of the decision being grieved, addressed to the Office of the Graduate Medical Education.
4. The purpose of the Grievance-Fair Hearing is to ensure that the house officer's due process rights have been met.
5. A resident may be removed from clinical responsibility pending the Grievance-Fair Hearing, if the DIO determines that patient care may be compromised.
6. Once the request has been received, the DIO will assure that a Grievance-Fair Hearing is an appropriate means for adjudicating the complaint (see XIV.F.1 & 2). If the request is not appropriated for a Grievance-Fair Hearing, the resident will be notified.
7. If the DIO deems the Grievance-Fair Hearing request is an appropriate means for adjudicating the complaint, he or she will convene the Grievance-Fair Hearing board as outlined below. Subject to the availability of all parties, the first meeting of the Fair Hearing Board will occur within 30 days of the written request.
8. The Fair Hearing Board will consist of the following five voting members, appointed by the DIO or his or her designee in cases of conflict of interest or inability to attend. The chair will be a nonvoting member.
  - a. Three (3) faculty members from programs not directly associated with the resident who has filed the Grievance-Fair Hearing.
  - b. Two (2) house officers from programs not directly associated with that of the resident who has filed the Grievance-Fair Hearing.
9. Neither the house officer nor the institution shall be represented by legal counsel at the proceeding. However, each may produce witnesses and documentation on their behalf.

10. At the conclusion of the Grievance-Fair Hearing, written findings and recommendations will be forwarded within ten (10) working days to the Dean of the School of Medicine who will make the final decision. At this time, the house officer or the department chair has the right to request a meeting with the Dean to review these issues. The Dean will render his final decision within ten (10) working days of receipt of the Fair Hearing written findings and recommendations
11. All proceedings and decisions of the Fair Hearing Board and the Dean of the School of Medicine shall be reported to the Graduate Medical Education Committee and the applicable program director in a confidential manner.

**H. GRIEVANCE AND FAIR HEARING PROCEDURE.** Unless otherwise specified, the following procedures are to be used in all Fair Hearing Procedures. All capitalized terms shall have the meaning as set forth in the Tulane University School of Medicine: Resident and Fellow, Policies and Procedures.

1. The first meeting of the Fair Hearing Board will occur within 30 days of the Resident's written request for a Fair Hearing-Grievance, subject to the availability of all parties.
2. The Chair of the Fair Hearing Board, along with the committee members, will be identified at least three weeks prior to formally convening the Fair Hearing Board. The resident then has 4 business days to formally submit an objection to one or all of the committee member's participation.
3. At least 5 business days before the hearing date, both the Resident and the Institution shall submit witness lists and documents to be presented at the Fair Hearing-Grievance. These items shall be delivered to the Chair of the Fair Hearing Board.
4. A Resident who fails to appear after proper written notice will be deemed to have waived his/her right to contest the Institution's decision. If the Resident fails to appear, hearings will proceed in absentia.
5. Neither the Resident nor the Institution shall be represented by counsel at the hearing. The Resident and the Institution may have an advisor present at the Fair Hearing-Grievance (which may include counsel) but the advisor may not participate in the proceedings except to advise the Resident or the Institution.
6. All persons shall be asked to affirm that their testimony is truthful. Furnishing false information to the University may result in formal charges.
7. Both the Resident and the Institution shall be offered the opportunity to present their witnesses and to question the other's witnesses.
8. Prospective witnesses shall be excluded from the Fair Hearing-Grievance during the testimony of other witnesses. All parties and witnesses shall be excluded during deliberations of the Fair Hearing Board.
9. The burden of proof shall be on the Resident, who must establish that the Institution's decision was in error by preponderance of the evidence. Formal rules of evidence shall not be applicable, nor shall harmless or technical procedural errors be grounds for appeal. All evidence reasonable people would accept in making decision about their own affairs is admissible. Irrelevant or immaterial evidence will be excluded.
10. Final decision of the Fair Hearing Board shall be by the majority vote of all members of the Board present and voting.
11. Written findings and recommendations of the Fair Hearing Board will be forwarded to the Dean of the Tulane School of Medicine within 10 working days of the Fair Hearing-Grievance. At this time, either the Resident or Department Chair has the right to request a meeting with the Dean to review these issues.
12. The Dean will render his final decision within ten (10) working days of receipt of the Fair Hearing written findings and recommendations or ten (10) working days after meeting with the parties.

13. All hearings of the Fair Hearing Board will be taped for use in deliberation by the Fair Hearing Board although the Fair Hearing Board deliberations will not be taped. Any tape recording may only be made by the Chair of the Fair Hearing Board and shall be private and used for Fair Hearing deliberations only.

**I. ACADEMIC REMEDIATION.** Academic Remediation is used to correct academic deficits, including, but not limited to, deficits in medical knowledge, time management, organizational abilities, communication skills, and procedural skills.

1. Administrative-Referral Policy. The Procedure for Administrative-Referral Procedure is noted above; See **(XIV.D): Administrative-Referral Remediation Pathway**. All components of the following policy in **XIV.H.3** are to be a part of the Administrative-Referral Academic Remediation. Probation is an understood part of the Administrative-Referral Remediation Pathway.
2. Self-Referral Academic Remediation. Tulane encourages residents to self-identify weaknesses and shore up these deficits in a proactive way. Any resident may request voluntary remediation for recognized deficits. In the following policy, **XIV.H.3.e-f** will apply; other components will not apply unless the remediation is later converted to an Administrative-Referral Remediation.
3. Guidelines for Academic Remediation. An academic remediation program will be developed by the program director, in concert with members of the faculty from the residency program. The remediation program will have the following components:
  - a. Documentation of deficiencies. Except in extenuating circumstances, formal remediation should not be evoked for a one-time event. A pattern of deficiency should be documented in the resident's file.
  - b. Formal and explicit presentation of the deficiency. The will be presented a written account of the deficiency.
  - c. The remediation program will have a defined time-line, no less than 3, but not more than 12 months.
  - d. The remediation program will have an a priori end-point(s) that will define the success or failure of the remediation effort. The remediation program's end-points must be achievable within the time-frame outlined in the program.
  - e. The focus of the remediation effort will match the deficiency.
    - i. Medical Knowledge
    - ii. Time Management & Organization
    - iii. Clinical Reasoning
    - iv. Communication
    - v. Patient Interaction
    - vi. Attitude & Motivation
    - vii. Inter-personal and Team Skills
    - viii. Procedural Skills
  - f. The program director will design the remediation and have the remediation plan reviewed by the DIO prior to confronting the resident.
  - g. The remediation program will include efforts by the program director or the program faculty to help the resident improve. While the resident is ultimately accountable for improvement, the program and the program director are responsible for helping the resident to improve.
  - h. The accounts of the remediation program will be documented, with at least one min-point evaluation that will be communicated to the resident.
  - i. The consequences of failure to successfully complete the remediation program will be clearly outlined.
  - j. Upon successful completion of Academic Remediation, the resident will be removed from this status. Documentation will remain part of the resident's permanent file, but will only be disclosed upon written authorization of the house officer or through legal process.
  - k. Upon failure to successfully complete the remediation, the resident will be asked to either repeat training, extend training, non-renewal or termination. The remediation may be extended for a period not to exceed six (6) months, at the program director's discretion. For

all of these actions, the resident will be provided a copy of the grievance and fair hearing policy, and will sign acknowledgment of receipt of this document. See (XIV.G.): Grievance and Fair Hearing Policy.

4. Academic Remediation is not considered to be a disciplinary action. Assignment of Academic Remediation is not grounds for a house officer to request a Fair Hearing.

#### J. PROFESSIONAL REMEDIATION

1. **Statement of Professionalism.** Realizing that it is a privilege and an honor to be a medical professional, Tulane believes in the following ideals:

- a. Patient welfare is our primary concern, for only by this commitment do we justify the trust placed in us by patients and the community at large.
- b. Relationships with our colleagues, faculty and staff are an essential part of professional conduct.
- c. Integrating personal growth into our professional development is essential to our commitment to medicine.
- d. As medical professionals, we shall strive to be responsible citizens.

2. **Definition.** Unprofessional Behavior is defined as behavior that violates the ideals in XIV.I.1. These behaviors include, but are not limited to, acting improperly towards patients, supervisors and/or peers; disrespect for faculty, patients, supervisors and/or peers; dishonest, unethical and/or illegal behavior; failure to meet clinical responsibilities; and failure to correct deficiencies in academic performance in a responsible and timely fashion.

3. **Professional remediation** is used to correct unprofessional behavior.

a. **Administrative-Referral Professional Remediation** will be handled by the Physician's Health Foundation, as noted above; See (XIV.D): **Administrative-Referral Remediation Pathway**.

b. **Self-Referral Professional Remediation.** It is the policy of Tulane University School of Medicine to ensure that the highest quality physicians are practicing medicine in the hospitals and clinic. The Residents' Assistance Program is intended for the identification and treatment of resident physicians with psychiatric problems and resident physicians who are impaired, in efforts to reduce public risk, as well as restore the physician to health and effective practice. Tulane encourages residents who feel that they may have a psychiatric or substance abuse problem to see confidential assistance with the Residents' Assistance Program. See **XV: Residents' Assistance Program**.

#### K. REPORTING TO EXTERNAL ENTITIES: FUTURE EMPLOYERS, FUTURE TRAINING PROGRAMS, STATE BOARDS AND THE NATIONAL PRACTITIONER DATA BANK

1. Successful academic probation and remediation will not be reported to external entities, nor will it be disclosed upon graduation to residency verification questionnaires.
2. Successful completion of professional remediation will not be reported to external entities, nor will it be disclosed upon graduation to residency verification questionnaires.
3. Failure to complete academic remediation will be reported to external entities upon inquiry from these entities.
4. Failure to complete professional remediation will be reported proactively to appropriate external entities as required by law.

## **XV. RESIDENTS' ASSISTANCE PROGRAM: (504) 588-1591**

A. It is the policy of Tulane University School of Medicine to ensure that the highest quality physicians are practicing medicine in the hospitals and clinic. The Residents' Assistance Program is intended for the identification and treatment of resident physicians with psychiatric or substance abuse impairment, in efforts to reduce public risk, as well as restore the physician to health and effective practice.

B. An impaired resident physician means a physician involved in training or research, licensed to practice medicine in the State of Louisiana who is unable to practice medicine with reasonable skill and safety to patients because of a mental disorder, physical illness, and/or excessive use or abuse of drugs, including alcohol.

C. Self-Referral. Tulane encourages residents who feel that they may have a psychiatric or substance abuse problem to seek confidential assistance with the Residents' Assistance Program. A resident who feels that he or she may have a problem, may contact the Residents' Assistance Program Director, Dr. Doug Greve, by calling (504-988-1591), or the Ombudsman, Don Owens.

1. Upon self-referral, The Residents' Health Director will evaluate the resident and make one of the following recommendations.

- a. The resident needs no further therapy or evaluation.
- b. The resident remain in a therapeutic relationship with the Residents' Assistance Director or one of his or her staff.
- c. The resident be referred to another physician or therapist.
- d. The resident be referred to the Physicians' Health Foundation for further evaluation and treatment.

2. Tulane University is committed to fostering an environment in which residents feel safe in identifying and correcting conditions that may impair their personal and professional performance, without fear of reprisal or implications to their career. Residents who have voluntarily entered the Self-Referral Professionalism Remediation Track are **not** reported to Administrative Personnel unless:

- a. The resident's deficiency is determined to be of risk to self or others, including patient care and the learning environment (i.e., other residents). Should this occur, the DIO will be notified, and the resident will cease to be in the Self-Referral Pathway. The resident will be transferred to the Administrative Pathway for remediation, as outlined in **XIV.D: The Administrative Remediation Pathway**.
- b. The resident is independently referred by Administrative Personnel to the Administrative Remediation Pathway. Should this occur, the DIO will be notified, and the resident will cease to be in the Self-Referral Pathway. He or she will be transferred to the Administrative Pathway for remediation, as outlined in **XIV.D: The Administrative-Referral Remediation Pathway**.

D. Administrative Referral. The Residents' Assistance Program plays an important role in the evaluation of residents suspected of being impaired physicians. The policies and procedures for Administrative-Referral for Professional Remediation is noted above; See (XIV.D.): THE ADMINISTRATIVE-REFERRAL REMEDIATION PATHWAY

## **XVI. POLICY ON SUBSTANCE ABUSE**

A. The abuse of alcohol and other drugs can seriously damage physical and mental health, and may jeopardize safety and the safety of others. Whenever use or abuse of any mood altering or other controlled substance (such as alcohol or other drugs) interferes with a safe workplace, appropriate action will be taken.

B. According to the provisions of the Drug-Free Workplace Act of 1988, and the Drug- Free Schools and Communities Act amendments of 1989, the unlawful manufacture, distribution, sale, possession or use of controlled substances in the workplace is prohibited. Residents may not report to work under the influence of alcohol or other drugs. Residents who violate this policy will be sanctioned in accordance with Tulane policy and federal and state law.

D. Residents convicted of illegal drug activity in the workplace must notify Tulane within five (5) business days of conviction. Failure to do so is grounds for immediate termination.

E. Residents are encouraged to take advantage of the diagnosis, counseling and treatment services that are available through the Office of Graduate Medical Education's Residents' Assistance Program. **See (XV): Residents' Assistance Program.** All self-referred counseling is strictly confidential.

## **XVII. POLICY ON ARREST**

A. The Tulane University Health Sciences Center Police Department will make reasonable efforts to help in arranging for release of that individual but there may be occasions for reasons beyond the control of Tulane University Health Sciences Center Police Department that efforts to secure the release cannot be arranged.

B. Normally the release will be accomplished by contacting persons who have parole powers designated by state law. There are times when the seriousness of the crime may be such when this cannot be accomplished. The plan is as follows:

1. The person arrested or an acquaintance must notify the Tulane University Health Sciences Center Police Department at 988-5531. The information needed will be the name of the individual arrested, the program he/she is in such as surgery, or medicine, also a listing of the charges and the jail or parish prison at which the individual is being detained.
2. The Crime Prevention Coordinator or his/her designee shall either be called or paged by the Tulane University Health Sciences Center Police Department. The Crime Prevention Coordinator will have a listing of persons with parole powers. A call will be placed by the Crime Prevention Coordinator to that individual, and that person will be provided with the necessary information to help in obtaining the release.
3. In the event that the seriousness of the crime is beyond the scope of parole powers, a call will be place to the University's Attorney-at-Law, or a designee. This office will then provide legal counsel to that person as to his/her rights or to an appropriate bail agency unless that individual chooses to obtain other counsel which is his/her option.
4. The Crime Prevention Coordinator will then notify the respective section head, such as the Associate Dean for Graduate Medical Education, the chair of the department, or the program director. A report of what has occurred will be provided with as much information as possible.
5. Should the individual arrested be in need of transportation from the jail or parish prison, the Crime Prevention Coordinator will arrange for transportation to either the health sciences center or his/her residence.
6. Once the individual is returned to his/her residence, a confidential report will be compiled and forwarded to the appropriate section head.
7. The arrested individual will also be provided with the office number of a University attorney, should that individual wish to find out answers to any legal questions. The arrested individual is not obligated to accept the assistance of the Tulane University Health Sciences Center Police Department, Tulane University School of Medicine or any representatives of the University. The individual is also free to contact any lawyer of his/her choice or make other arrangements for release.
8. In the event that a signature bond is imposed (a signature bond guarantees the appearance of the individual), it will not be the responsibility of the Tulane University Health Sciences Center Police or its representative to sign the bond. A friend, faculty member, program coordinator or other responsible person can sign the bond which will secure the release of the individual. The person signing the bond personally guarantees that the arrested person will make all court appearances.

## **XVIII. POLICY ON SEXUAL HARASSMENT**

### **A. Statement of Philosophy**

Tulane University is committed to creating and maintaining a campus environment where all individuals are treated with respect and dignity and where all are free to participate in a lively exchange of ideas. Each student has the right to learn and each employee has the right to work in an environment free of sexual and other forms of harassment and one in which ideas may be freely expressed. At Tulane University, harassment, whether verbal, physical, written, or visual, is unacceptable and will not be tolerated. Harassment is unlawful and hurts all members of the educational community. Each incident of sexual harassment contributes to a general atmosphere in which other members of the victim's sex suffer the consequences and in which all students and employees may feel that their safety and equality are compromised. Other forms of harassment have a similarly negative effect on members of the community. Harassment has no legitimate educational purpose. Any employee or student, male or female, who engages in conduct prohibited by this policy shall be disciplined as provided by law, University policies, and applicable employment agreements. Tulane will not tolerate any harassment of anyone affiliated with the University (including non-employees, such as vendors and independent consultants), and will not tolerate adverse academic or employment actions, including but not limited to termination of anyone reporting harassment or providing information related to such a complaint.

### **B. Principles**

Tulane University recognizes the tension between protecting all members of the University community from harassment and protecting academic freedom and freedom of expression. It is the policy of the institution that no member of the community may harass another. Conduct that reasonably serves a legitimate educational purpose, including pedagogical techniques, does not constitute harassment. In the educational setting within the University, wide latitude for professional judgment in determining the appropriate content and presentation of academic material is required. Those participating in the educational setting bear a responsibility to balance their rights of free expression with a consideration of the reasonable sensitivities of other participants. Therefore, this policy against harassment shall be applied in a manner that protects academic freedom and freedom of expression within the University. Academic freedom and freedom of expression include but are not limited to the expression of ideas, however, controversial, in the classroom setting, academic environment, University recognized activities, or on the campus. Nothing contained in this policy shall be construed to limit the legitimate exercise of free speech, including but not limited to written, graphic or verbal expression that can reasonably be demonstrated to serve legitimate educational or artistic purposes, nor shall this policy be construed to infringe upon the academic or artistic freedom of any member of the University. Artistic expression in the classroom, studio, gallery and theater merits the same protection of academic freedom that is accorded to other scholarly and teaching activities.

### **C. Policy Coverage**

All faculty, administrators, staff, students, and individuals affiliated with Tulane University by contract (including non-employees, such as vendors and independent contractors) are bound by this policy. This policy protects men and women equally from harassment, including same-sex harassment, and protects students from harassment by other students.

**D. Definition of Sexual Harassment.** Sexual harassment is unwelcome behavior of a sexual nature by faculty, administrators, staff, students, and individuals affiliated with the University by contract (including nonemployees, such as vendors and independent contractors) or by anyone with whom one interacts in order to pursue educational or employment activities at the University. For the purposes of this policy, sexual harassment is defined as unwelcome advances, request for special favors, and any other verbal, written, physical or other conduct of a sexual nature when:

1. Submission to such conduct by an individual is implicitly or explicitly made a condition of an individual's employment or educational status or participation in University programs or activities;
2. Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's ability to learn or participate in school activities, or in hiring, evaluation, retention, promotion, or any other aspect of employment; or
3. Such conduct would be objectively regarded by a reasonable person as substantially interfering with an

individual's ability to learn or work or participate in University programs or activities by creating an intimidating, hostile, or offensive school or work environment even if the person engaging in the conduct does not intend to interfere, intimidate, or be hostile or offensive. For purposes of this subparagraph 3, the conduct must be sufficiently severe, persistent, or pervasive that it creates a hostile or abusive educational or working environment. For a one-time incident to rise to the level of harassment, it must be severe.

**E. Examples of Sexual Harassment.** Sexual harassment may include, but is not limited to, the following:

1. Physical assaults of a sexual nature, such as rape, sexual battery, molestation, or attempts to commit these assaults; and intentional physical conduct that is sexual in nature such as touching, pinching, patting, grabbing, poking, or brushing against another individual's body.
2. Offering or implying an employment-related reward (such as promotion, raise, or different work assignment) or an education-related reward (such as a better grade, a letter of recommendation, favorable treatment in the classroom, assistance in obtaining employment, grants or fellowships, or admission to any educational program or activity) in exchange for sexual favors or submission to sexual conduct.
3. Threatening or taking a negative employment action (such as termination, demotion, denial of an employee benefit or privilege, or change in working conditions) or negative educational action (such as giving an unfair grade, withholding a letter of recommendation, or withholding assistance with any educational activity) or intentionally making the individual's job or academic work more difficult because sexual conduct is rejected.
4. Unwelcome sexual advances, requests for a romantic or sexual relationship to an individual who indicates or has indicated in any way that such conduct is unwelcome, propositions, or other sexual comments, such as sexually-oriented gestures, noises, remarks, jokes, questions, or comments about a person's sexuality or sexual experience directed at or made in the presence of any individual.

**F. Other Forms of Harassment.** Harassment, other than sexual harassment, is verbal, physical, written, or other conduct that denigrates or shows hostility or aversion to an individual on the basis of gender, race, color, religion, age, national origin, ethnicity, disability, veterans status, sexual orientation, marital status, or any basis prohibited by law when from the objective standpoint of a reasonable person such conduct substantially interferes with an individual's work or school performance, creating an intimidating, hostile or offensive working or learning environment even if the person engaging in the conduct does not intend to interfere, intimidate, or be hostile or offensive. Harassment based on any of the characteristics listed above is strictly prohibited by this policy. The conduct must be sufficiently severe, persistent, or pervasive that it creates a hostile or abusive educational or working environment. A one-time incident may rise to the level of harassment. However, such conduct must be severe. Complaints of harassment will be investigated and resolved in accordance with the terms of this policy.

**G. Retaliation.** No member of the University community will be disciplined for refusing sexual advances, objecting to sexual, racial, or other forms of harassment, or making a good faith report of harassment. Retaliatory or intimidating conduct against any individual who has made a good faith harassment complaint or who has testified or assisted in any manner in an investigation is specifically prohibited and shall provide grounds for a separate complaint. Examples of such retaliatory or intimidating conduct include disciplining, changing working or educational conditions, providing inaccurate information to or about, or refusing to cooperate or discuss work- or school-related matters with any individual because that individual has complained about or resisted sexual harassment. The initiation of a good faith complaint of harassment by a student will not reflect negatively on that student nor will it affect the student's academic standing, rights, or privileges. Likewise, the initiation of a good faith complaint by an employee will not reflect negatively on that employee nor will it affect the employee's working conditions, rights, or privileges.

**H. Confidentiality.** Confidentiality will be maintained throughout the entire investigatory process to the extent practicable and appropriate under the circumstances to protect the privacy of persons involved. The persons charged with investigating the complaint must discuss the complaint or the underlying behavior only with persons involved in the case who have a need to know the information, which must include the complainant and the accused harasser. The University is required by law to investigate any complaint of harassment and will strive to protect, to the greatest extent possible, the confidentiality of persons reporting or accused of harassment. However, the University cannot

guarantee complete confidentiality where it would conflict with the University's obligation to investigate. Individuals who desire to discuss possible claims of harassment in a more confidential setting to clarify whether to proceed with a complaint may want to consult with a counselor, therapist or member of the clergy, who is permitted by law to assure greater confidentiality.

**I. Complaint Procedures.** All are encouraged to promptly report harassment so that any appropriate action can be taken. The complaint procedures are designed to ensure the rights of the complainant while at the same time according due process to both parties.

1. Form of Complaint. Complaints of harassment will be accepted orally or in writing. Anonymous complaints will be accepted and investigated to the extent possible. Complaint forms are available in several locations, including the Office of Institutional Equity, the Office of the Vice President for Student Affairs, and on the Office of Institutional Equity's web site at [www.institutionalequity.tulane.edu](http://www.institutionalequity.tulane.edu). A complaint need not be made on an official form in order for the University to accept it.

2. Content of Complaint. Any individual who believes he or she is being harassed or has been harassed in violation of this policy should promptly file a complaint including the following information, if known to the complainant: the name of the complainant, a brief description of the offending behavior including times, places, and the name of or identifying information about the alleged perpetrator, and the names or descriptions of any witnesses to the harassment.

3. Reporting the Complaint. It is not necessary to first confront the harasser prior to instituting a complaint under this policy. However, it is appropriate to promptly report a complaint so that a full and complete investigation is possible. Any person designated to receive complaints from students, employees, or faculty must notify the Office of Institutional Equity within twenty-four (24) hours of receiving a harassment complaint.

a. Complaints by Students. A student who believes she or he has been harassed or is being harassed may report the alleged harassing behavior to any of the following individuals or agencies:

- Dean or Dean of Students (or person designated by same) of school with which complaining student is affiliated
- Vice President for Student Affairs (or person designated by same), 865-5180
- Associate Dean for Student Affairs, Tulane University Health Sciences Center, 9885668
- Office of Institutional Equity, 862-8083
- Tulane Department of Public Safety, 865-5381
- Tulane University Health Sciences Center Security Services, 988-5531

b. Complaints by Staff. An employee who believes she or he is being harassed or has been harassed in violation of this policy may report the alleged harassing behavior to any of the following individuals or agencies:

- Direct supervisor
- Dean (or person designated by same) with which complaining employee is affiliated
- Vice President for Human Resources, 865-5280
- Office of Institutional Equity, 862-8083
- Tulane Department of Public Safety, 865-5381
- Tulane University Health Sciences Center Security Services, 988-5531

c. Complaints by Faculty. A faculty member who believes she or he is being harassed or has been harassed in violation of this policy may report the alleged harassing behavior to any of the following individuals or agencies:

- Department Chairperson
- Dean (or person designated by same) of the school with which complaining faculty member is affiliated
- Senior Vice President for Academic Affairs, 865-5261
- Senior Vice President for Health Sciences, 988-5295
- Office of Institutional Equity, 862-8083
- Tulane Department of Public Safety, 865-5381
- Tulane University Health Sciences Center Security Services, 988-5531

## **J. Investigation and Informal Resolution of Harassment Complaints**

1. Initial Investigation. After receiving a complaint of harassment directly from a student, faculty member, staff member, or administrator, or indirectly from a person designated to receive complaints, the Office of Institutional Equity shall promptly conduct an initial investigation.
2. Informal Process. The University has an informal process to provide those who believe they are being harassed with a range of options designed to bring about a resolution of their concerns. Depending on the nature and severity of the complaint and the wishes of the person(s) claiming harassment, informal resolution may involve one or more of the following or other appropriate actions:
  - a. Advising the person(s) about how to communicate the unwelcome nature of the behavior to the alleged harasser;
  - b. Distributing a copy of the sexual harassment policy as a reminder to the department or area with which the alleged harasser is affiliated;
  - c. If both parties agree, arranging and facilitating a meeting between the person(s) claiming harassment and those accused of harassment to work out a mutual resolution. Students are also encouraged to seek advice or counseling from Educational Resources and Counseling, 865-5113, whether or not they decide to pursue a formal complaint. Informal resolution may not be appropriate in certain circumstances. While dealing informally with a problem of harassment may be preferable to the complainant, a formal grievance procedure must be followed in order for the University to impose any kind of discipline on the offender. The University will proceed with the investigation and formal resolution process when deemed appropriate by the Office of Institutional Equity.

## **K. Investigation and Formal Resolution of Harassment Complaints**

1. Formal Investigation. If the complaint cannot be informally resolved after the initial investigation, the Office of Institutional Equity shall continue the investigation or designate someone to promptly conduct further investigation of the complaint, which may in some circumstances be an outside neutral third party. In many instances, the Office of Institutional Equity will designate the individual or committee within the school or department where the complaint arises to investigate complaints. The persons charged with investigating the complaint must discuss the complaint or the underlying behavior only with persons involved in the case who have a need to know the information, including the complainant and the accused harasser. In the case of a complaint against a faculty member, the grievance committee of his or her school within the University shall be the committee to investigate harassment complaints. The committee chair shall notify the Office of Institutional Equity in writing of the findings as well as any action taken or recommendations made by the committee based on those findings. In the case of a complaint against a student, the Office of Institutional Equity will investigate, or will designate the University's Department of Public Safety to investigate. In all cases the Office of Institutional Equity shall notify the Office of Student Affairs in writing of the findings of the investigation. In the case of a complaint against a staff member or nonemployee individual affiliated with the University (including vendors and independent contractors), the Office of Institutional Equity shall investigate and make recommendations to the appropriate supervisor as to any action to be taken.
2. Resolution within Thirty (30) Days. Within thirty (30) working days of receiving the complaint, the Office of Institutional Equity or its designee, including the appropriate school grievance committee, shall make a finding of whether harassment occurred. If the investigation cannot be concluded within that time, the Office of Institutional Equity shall notify the complainant and the University's General Counsel, who shall designate the appropriate person or faculty committee to promptly conclude the investigation.
3. Objectivity. The complainant and the accused are entitled to an investigation conducted by an impartial investigator. Thus, if the person(s) charged with overseeing or investigating harassment complaints are implicated in the complaint, or have any personal issue that would cause a conflict of interest, the committee member or members shall recuse themselves from the proceeding. Alternatively, the Institutional Equity Officer shall conduct the investigation and make findings or shall designate someone impartial to do so, which may in some circumstances be an outside neutral third party.

4. Notice of Outcome. Complaints Against Faculty, Staff and Non-Employee Individuals Affiliated with the University. No more than five (5) working days after a decision has been reached, the Institutional Equity Officer shall notify the parties to the proceeding in writing of the findings and the outcome of the investigation. Complaints Against Students. No more than five (5) working days after a decision has been reached, the Office of Student Affairs shall notify the parties to the proceeding in writing of the findings and the outcome of the investigation.

5. Sanctions. Individuals found to have engaged in harassment shall be disciplined appropriately. Appropriate sanctions, ranging from a warning to dismissal, will be determined based on the severity of the conduct and in accordance with the provisions of applicable statutes, employment contracts, University policies, disciplinary procedures for faculty as described in the Faculty Handbook, disciplinary procedures for staff as described in the Staff Handbook, and disciplinary procedures for students as described in the Code of Student Conduct and other student discipline codes.

#### **L. Appeals**

An appeal by either the complainant or the accused must be filed in writing with the Office of Institutional Equity within ten (10) working days of receiving written notice of the outcome of the investigation. Responsibility for reviewing appeals will depend on the identity of the accused. Where the accused is a student, the appeal shall be reviewed in accordance with appeals procedures described in the Code of Student Conduct. Where the accused is a staff member, the Vice President for Human Resources will review appeals. Where the accused is a faculty member, the Faculty Tenure Freedom and Responsibility Committee of the University Senate will review appeals in accordance with the grievance procedures described in the University Senate Constitution, By-Law III: Standing Committees, Section 1: Committee Functions, Committee on Faculty Tenure, Freedom and Responsibility: Functions. In exceptional circumstances, except in cases involving faculty, an appeal may be reviewed by an outside neutral third party.

#### **M. Other Legal Resources**

The procedures above apply to internal complaints of harassment. In addition to this internal complaint procedure, victims of harassment may file a complaint with an appropriate government agency or, where allowed, file a civil lawsuit. Federal and state laws contain statutes of limitations barring claims filed outside of the applicable limitations period.

1. Office for Civil Rights. The Office for Civil Rights (OCR) is charged with investigating complaints of harassment under Title IX, a federal law that governs harassment of students by teachers or other students. Prior to filing a lawsuit, a charge should be filed with the OCR within the time period designated by law. A student wishing to file an administrative complaint should contact:

Office for Civil Rights – Dallas Office  
U.S. Department of Education  
1999 Bryan Street, Suite 2600  
Dallas, TX 75201  
(214) 880-2459

or

Coordination and Review Section  
Civil Rights Division  
U.S. Department of Justice  
950 Pennsylvania Avenue, N.W  
Washington, D.C. 20530  
(202) 307-2222

2. Equal Employment Opportunity Commission. The Equal Employment Opportunity Commission (EEOC) is charged with investigating complaints of harassment under Title VII, a federal law that governs harassment of faculty members and staff. Prior to filing a lawsuit, Title VII requires that a charge be filed with the EEOC within the time period designated by law. An employee wishing to file an administrative complaint should contact: Equal Employment Opportunity Commission

Regional Office  
701 Loyola Avenue, Suite 600  
New Orleans, LA 70113-9936  
(504) 589-2329

**N. Dissemination of Policy**

This policy will be distributed to all faculty, staff, students and administrators, and will be made available to anyone else connected with the University. All University employees and students who subsequently become part of the educational community shall be informed of this policy during their orientation. This policy may be revised from time to time and such revisions will be posted on the University's web site. Any incident reported under this policy will be governed by the policy in effect at the time of the incident.

**O. Revisions to Policy**

Proposed revisions to this policy will be presented to the University Senate for approval or disapproval.

**P. False Accusations Forbidden**

While we encourage all to report good faith claims of harassment, false accusations of any harassment can have a serious effect on innocent people. If an investigation results in a finding that an accusation of harassment was maliciously or recklessly made, the accuser will be disciplined appropriately. Appropriate sanctions, ranging from a warning to dismissal, will be determined based on the severity of the conduct and in accordance with the provisions of applicable statutes, employment contracts, University policies, disciplinary procedures for faculty as described in the Faculty Handbook, disciplinary procedures for staff as described in the Staff Handbook, and disciplinary procedures for students as described in the Code of Student Conduct and other applicable student discipline codes.

**SECTION 4:  
INSTITUTIONAL POLICIES &  
ORGANIZATIONS AS IT RELATES TO GME**

## **XIX. The Office of GME & the GMEC: Composition, Mission, and Responsibilities**

### **A. Composition of the Office of Graduate Medical Education Office**

The GME Office is located on the 10<sup>th</sup> floor suite at 1555 Poydras, empowered with a budget that is derived directly from the Dean of the School of Medicine. The funding of the GME Office occurs on an annual basis, with a budgeting process that allows for periodic needs assessment throughout the year and allowances as needed for both salary and general operating supply increases. The Graduate Medical Education Office is composed of:

1. **The Associate Dean of Graduate Medical Education (Designated Institutional Official, DIO).**

Currently, the DIO is Dr. Jeff Wiese.

- a. The DIO's primary responsibility is to **assure a safe, effective and educational work environment** for the residents at Tulane.
- b. The DIO is also responsible for **ensuring institutional compliance with all ACGME regulations**, as well as assuring that each residency program is in compliance with the Common Requirements and their respective specialty and subspecialty requirements.
- c. All program directors at Tulane answer directly to the DIO. All correspondence from the program directors to the ACGME, and all communication to the University's governance body, are approved by the DIO.
- d. **All financial matters, compliance issues, and major educational decisions**, including sites for training, that affect residents and fellows are supervised and approved by the DIO.
- e. **All remediation, probation, suspension and termination** issues (See Chapter XIV) must be approved by the DIO.
- f. The DIO is responsible for **chairing the Graduate Medical Education Committee** (See XIX B below) as well as the **Tulane Educational Compliance Committee**, which oversees all aspects of education as it relates to compliance with their respective accrediting bodies (LCME, GME, CME).
- g. The Associate Dean of Graduate Medical Education is a member of the Executive Medical Faculty and reports directly to the Dean of the School of Medicine.
- h. The DIO is responsible for **preparing an annual report** on the State of GME at Tulane University, to be delivered to the GMEC, the Executive Faculty (the Organized Medical Staff), and the Administrative Boards of Tulane and MCLNO. A written copy of the report is to be delivered to each of the liaisons at the affiliated training locations. The report is to include updates on the current GME training environment as it relates to:
  - i. Resident supervision
  - ii. Resident responsibilities
  - iii. Resident evaluations
  - iv. Compliance with duty-hour standards
  - v. Resident participation in patient safety and quality of care education.
- j. **Conducting Internal Reviews** of all programs at the mid-point in their accreditation cycle, or additionally as he or she sees them to be warranted.
- k. **At least 50% of the DIO's professional efforts must be devoted to the role of being the DIO; compensation is commiserate with this effort.**

2. **The Assistant Dean of Graduate Medical Education.** Currently, the Assistant Dean of GME is Dr. Edward Newsome. The Assistant Dean is responsible for assisting the DIO in all of the above responsibilities, and in the event of the DIO's absence, to fulfill all duties as they relate to the DIO's position, including supervision of the training programs, reviewing and co-signing program information forms and correspondence with the ACGME and affiliated training sites.

3. **Senior Department Administrator.** Currently, the Senior Department Administrator is Danny Schieffler. The Senior Department Administrator is responsible for the business and general operations of the GME Office, including assisting the DIO, Assistant Dean, and the financial manager to ensure optimal operation of the GME office.

4. **GME Project Manager.** Currently, the Program Manager is Helen Weisler. The Program Manager is responsible for ensuring accurate payroll for each resident at Tulane, as well as benefits.

5. **Credential Manager.** The Credential Manager is responsible for ensuring accurate attestation of credentials for inquiries regarding past graduates of the Tulane Medical School and the Tulane GME programs.

6. **Executive Secretary.** Currently, the Executive Secretary is Joell Lee. The Executive Secretary supports the administrative functions of the office.

7. **The Office of the University's Legal Counsel** (Sarah Gorham, Tori Johnson, Stefanie Alweiss) works directly with the GME Office, providing guidance for all issue that may involve legal considerations.

8. The GME Office also works closely with the University-funded **Physicians' Assistance Program**, including Dr. Doug Greve and Don Owens. These individuals provide support for resident counseling and referral, either voluntary or administrative, and assist with all matters related to remediation and discipline, as outlined in the GME Policies and Procedures (See XV: Policy on Remediation, Suspension, Termination and Grievance).

## **B. Composition of the Graduate Medical Education Committee**

1. **Mission:** The Graduate Medical Education Committee (GMEC) governs all activities related to the compliance and strategic mission of all residency programs at the Tulane University School of Medicine.

2. **Composition:** The GMEC is composed of:

1. The Associate Dean of Graduate Medical Education who shall serve as the chair.

2. The Assistant Dean of Graduate Medical Education who shall serve as the vice-chair.

3. The program director from each residency and fellowship program. Each program director shall have one vote. Votes are transferable only to associate program directors or departmental chairs.

4. Resident representatives as elected from their peers through the Residency Congress.

5. Program administrators as elected from their peers through the Program Administrators Council

3. **Institutional hierarchy:** The decisions of the GMEC are reported through the DIO to the Executive Medical Faculty, of which the Dean of Medicine, Dr. Benjamin Sachs is the Chair. The Executive Faculty serves as the primary governing body of the Medical School in all matters academic and administrative. In turn, their decisions are reported through the Dean to the Provost of the University. The Provost answers directly to the President of the University, Dr. Scott Cowen. The President answers to the Administrators of the Tulane Educational Fund that has full governing authority of the University. An organizational chart is displayed below.

## **C. Responsibilities of the GMEC.** The GMEC convenes monthly, and has the following responsibilities:

1. Stipends and position allocation. The committee will review and provide recommendations regarding resident stipends, benefits, and funding for resident positions, as outlined in **Chapter III: Policy on Residency Program Closure, Reduction, or Expansion**, and **Chapter V: Policy on Financial & Resource Support of Residents**

2. Program Supervision. The GMEC is responsible for ensuring that each Tulane program is in compliance with all ACGME Common and Program-Specific requirements, and Tulane University rules and regulations. The GMEC, through review of Annual Reports, Internal Review Reports and ACGME site visit reports, will ensure that each program maintains:

a. **Effective communication and appropriate oversight** between Tulane program directors and the site directors at each participating site for their respective programs.

b. **Compliance with resident duty hours** for each residency program as outlined in **Chapter VIII: Policy on Residents' Duty Hours.**

c. Resident supervision, including supervision that enables and ensures safe and effective patient care, educational needs of residents, and progressive responsibility appropriate to residents' level of education, competence, and experience, as outlined in **Chapter XIII. Policy on Supervision & Evaluation of Residents**

d. Curriculum and evaluation that enables residents to demonstrate achievement of the ACGME general competencies as defined in **Chapter X: Policy on Core Curriculum and the Core Competencies** and as noted in the ACGME Common and Specialty-specific Program Requirements.

e. Selection of residents in compliance with **Chapter I: Policy on Resident Eligibility and Selection**, and **Chapter II: Policy on Equal-Opportunity, Affirmative Action, & Disabilities**,

f. Evaluation, promotion, and transfer or residents in compliance with **Chapter I.C. & D. Policy on**

**Resident Eligibility and Selection, and Chapter XIII: Policy on Supervision & Evaluation of Residents.**

g. Discipline, and/or dismissal of residents in compliance with **Chapter XIV: Policy on Remediation, Suspension, Termination and Grievance**

h. Oversight of program accreditation, including a review of all ACGME program accreditation letters of notification and monitoring of action plans for correction of citations and areas of noncompliance.

i. Oversight of all program changes, including reviewing and authorizing all communications with the ACGME, in compliance with **Chapter XXII: Policy on ACGME Communications: Site Visits and Reports**

j. Oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements, in compliance with **Chapter XXII: Policy on ACGME Communications: Site Visits and Reports**

3. Oversight of functionality and effectiveness of the Residency Congress, as outlined in **Chapter XXIII: The Residency Congress**, and resident representation on Hospital and University committees, as outlined in **Chapter IX: Residents' Participation on Institutional Committees.**

4. Oversight of all processes related to reductions and closures of individual programs, participating sites and the Sponsoring Institution, as outlined in **Chapter III: Policy on Residency Program Closure, Reduction, or Expansion** and **Chapter IV: Policy on Disaster/Interruption of Resident Training**

5. Vendor interactions between vendor representatives/corporations and residents/GME programs as outlined in **Chapter VII: Policy on Interacting with Vendors.**

6. Approval of the DIO's Annual Report to the Organized Medical Staff as outlined in **Chapter XX: Policy on Annual Reporting Requirements.**

7. **Management of institutional accreditation**, including review the ACGME institutional letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance.