LSU Health SHREVEPORT



HOUSE STAFF MANUAL

GENERAL INFORMATION
&
POLICIES AND PROCEDURES

2025-2026

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Mission

The primary mission of Louisiana State University Health Shreveport is to TEACH, HEAL and DISCOVER in order to advance the wellbeing of the region and beyond. LSU Health

Shreveport encompasses the Schools of Medicine, Graduate Studies, and Allied Health Professions in Shreveport. In implementing its mission, LSU Health Shreveport is committed to:

- Educating physicians, basic scientists, residents, fellows and allied health professionals based on state-of-the-art curricula, methods, and facilities, preparing students for careers in health care service, teaching or research.
- Providing state-of-the-art clinical care, including a range of tertiary special services, to an enlarging and diverse regional base of patients.
- Achieving distinction and international recognition for basic science and clinical research programs that contribute to the body of knowledge and practice in science and medicine.
- Supporting the region and the State in economic growth and prosperity by utilizing research and knowledge to engage in productive partnerships with the private sector.

DEFINITIONS

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

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

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

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

LSU Health Shreveport School of Medicine
1501 Kings Highway
Center for Medical Education, Suite 2800
Shreveport, LA 71130

Code of Conduct

LOUISIANA STATE UNIVERSITY HEALTH SHREVEPORT
CODE OF CONDUCT

The Code of Conduct of LSU Health Shreveport provides guiding standards for the decisions and actions of employees and affiliates. Although this Code can neither cover every situation in the daily conduct of the many varied activities nor substitute for common sense, individual judgment or personal integrity, it is the duty of each employee and affiliate of LSU Health Shreveport to adhere, without exception, to the principles set forth herein, and comply with the terms of this Code of Conduct.
Employees shall conduct all activities in a manner that will promote integrity and compliance while practicing sound ethical and professional judgment. Employees shall abide by regulations set forth by state and federal healthcare programs and their appointed agents in conjunction with the policies and procedures established by LSU Health Shreveport.
Employees shall prepare and complete accurate medical records, student records, financial information, and bills. Employees are directly responsible for the accuracy and completeness of data entries which are entered into LSU Health Shreveport computer systems.
Employees shall report suspected non-compliant behavior that violates any statute, regulation, or guideline applicable to a state or Federal healthcare program or policy. Employees have the right to remain anonymous when reporting and all reports are confidential. Employees and/or affiliates will not be retaliated against for reporting suspect behaviors in any form or fashion.
Employees shall disclose to the compliance officer any information received from state or federal healthcare programs or their agents upon receipt. Employees will participate in any reviews, investigations, or audits whether conducted by an internal or external agency.
Employees shall refuse any type of illegal offers, remuneration, or payments to induce referrals or preferential treatment from a third party.
LSU Health Shreveport has a legal and ethical responsibility to safeguard the privacy of all patients and students and protect information that is defined as confidential. Confidential information includes information contained in manual documentation as well as information stored in the facilities' computer systems. Patient, student, personnel, financial, and other business records contain confidential information. Employees must maintain confidential information in the strictest of confidence. Release of information must be provided by the appropriate, authorized personnel. Employees shall not disclose confidential information to any person, other than as necessary during their affiliation with LSU Health Shreveport.

Graduate Medical Education Committee

The Graduate Medical Education Committee welcomes you as a new employee. The future development of this campus depends on each employee, their pride, and a continued development of productive effort. The Graduate Medical Education Committee (GMEC) recognizes that communication plays a vital role toward your development. Toward that goal, the following responsibilities have been outlined to communicate your responsibility in maintaining LSU Health Shreveport (LSU HEALTH SHREVEPORT) a center of excellence in providing patient care, teaching and learning. The following guidelines will be reviewed with you during orientation and may be re-emphasized by your assigned training program.
As a Resident of LSU Health Shreveport (LSU HEALTH SHREVEPORT) you have the responsibility to:

- Participate in safe, effective, and compassionate patient care under the appropriate level of supervision and at the level of advancement and responsibility assigned by your home training program. The level of required supervision is provided in your assigned training program's goals and objectives. Further, the GMEC recommends that if a Resident does not understand what level of supervision is required in providing patient care that is his/her responsibility to seek appropriate clarification from the Program Director or Department Chairman.

- Comply and follow Hospital policies, EEO guidelines, mandated compliance programs, the Medical Staff rules, regulations and bylaws for the Medical Staff; also, to comply with the Joint Commission on Accreditation for Healthcare Organizations standards emphasizing the appropriate documentation of patient care including compliance with timely chart completion, clinical pertinence, etc.
- Attend and participate in appointed institutional committees and councils whose actions affect future education and/or patient care.
- Report to assigned patient care areas in a timely and efficient manner, notifying the direct supervising physician.
- Provide an annual "confidential" evaluation of the educational experience of your assigned training program and of the faculty to the Program Director.
- Attend and participate fully in Department or Institution specific educational and scholarly activities, which shall include the responsibility of teaching and supervising other students and residents in training. The requirements will vary from one resident to another, but each resident is expected to comply with the program's requirements. Examples may include but are not limited to special case presentations, research, attendance at conferences and grand rounds, participation in lectures, teaching of other residents, students, written publications, etc.
- Follow and adhere to other policies and procedures of the institution, such as Safety, Infection Control, Medical Records, Confidentiality, Information Management, and the use of support services in a cost effective and useful manner.
- Comply with Federal laws and regulations, such as billing compliance, conditions of Medicare Participation, EMTALA/COBRA, etc. Maintain compliance with the ethics of the institution in providing safe and efficient patient care in a protected environment to assure the wellbeing of all patients.
- Adhere to patient confidentiality and other institutional requirements for the security of patient information.

Purpose of GMEC

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

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

The Graduate Medical Education Committee (GMEC) is responsible for monitoring and supervising all aspects of residency/fellowship education. The GMEC meets monthly. Minutes are maintained in the Office of Graduate Medical Education.

Membership

The GMEC includes the following voting members:

- The DIO
- A representative sample of program directors from its ACGME-accredited programs
- A minimum of two peer-selected residents/fellows from among its ACGME-accredited programs (current Resident Council members)
- A quality improvement or patient safety officer or designee

In order to carry out portions of the GMEC's responsibilities, the following subcommittees exist:

- Institutional Review Subcommittee
- GME Policy Subcommittee

Roles and Responsibilities

The GMEC responsibilities must include oversight of:

- ACGME-accreditation and recognition statuses of the Sponsoring Institution and its ACGME-accredited programs
- The quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites
- The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements
- The ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies)
- All processes related to reductions and/or closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution
- The provision of summary information of patient safety reports to residents, fellows, faculty members, and other clinical staff members. At a minimum, this oversight must include verification that such summary information is being provided.

The GMEC must review and approve:

- Institutional GME policies and procedures
- GMEC subcommittee actions that address required GMEC responsibilities
- Annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits
- Applications for ACGME accreditation of new programs
- Requests for permanent changes in Resident/Fellow complement
- Major changes in ACGME-accredited programs' structure or duration of education, including any change in the designation of a program's primary clinical site
- Additions and deletions of each of its ACGME-accredited programs' participating sites
- Appointments of new program directors
- Progress reports requested by a Review Committee
- Responses to Clinical Learning Environment Review (CLER) reports
- Requests for exceptions to duty hours requirements
- Voluntary withdrawals of ACGME program accreditation or recognition
- Requests for appeal of an adverse action by a Review Committee

- Appeal presentations to an ACGME Appeals Panel
- Exceptionally qualified candidates for resident/fellow appointments who do not satisfy the Sponsoring Institution's resident/fellow eligibility policy and/or resident/fellow eligibility requirements in the Common Program Requirements

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditations through an Annual Institutional Review (AIR). The following institutional performance indicators for the AIR must include, at a minimum, the following:

- The most recent ACGME institutional letter of notification
- Results of the ACGME surveys of residents/fellows and core faculty members
- Each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations

The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include:

- A summary of institutional performance indicators for the AIR
- Action plans and performance monitoring procedures resulting from the AIR

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process (GME 20.1.a) that establishes a variety of criteria for identifying underperformance that includes program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies. The Special Review process must include results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

Accreditation Council for Graduate Medical Education

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

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

- **ACGME Six Competencies:**
  1) **Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

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

3) Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

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

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

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

Office of Graduate Medical Education

The Office of Graduate Medical Education is located on the 2nd floor of the C-Building in the Medical School (Room 2-436). The Office serves as the central contact point for all House Officers in the Training Programs. That point of contact begins at the time of their selection to a residency or fellowship training program and continues throughout their training period until completion of that educational requirement of their professional career. The Resident's permanent record remains in the Graduate Medical Education Office. The office hours are 7:30 a.m. to 4:30 p.m., Monday through Friday, the telephone numbers are 675-7629 or 675-5054, and the fax number is 675-5069.

Human Resources

1.Benefits (GME 22.1)

a. Malpractice Insurance

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

b. Disability Insurance

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

Unum Provident Representative:
Robert Redstone
318-213-2500

c. Health Care Insurance

It is required that proof of Health Care Insurance be presented at the beginning of each contract year. It is mandatory that all house officers obtain health insurance while in training. The institution does not offer free health care to house officers. The institution offers a variety of Health care insurance coverage benefit options for its employees. House Officers may purchase health care insurance as part of the benefits package.
The U.S. Code of Federal Regulations (22 CFR § 62.14) mandates that all J-1 exchange visitors and accompanying J-2 dependents secure comprehensive health insurance effective on the program start date indicated on Form DS-2019 and maintain coverage, without interruption, for the full duration of stay in the United States in J-1 status. Any J-1 exchange visitor who willfully refuses to comply with insurance requirements will be in violation of his/her status and subject to termination from the J-1 program.

d. Deferred Compensation

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

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

If the Resident does not wish to participate, the normal withholdings will be processed by the Payroll Office and submitted to FICA/Social Security.

Questions regarding Health Care Insurance or Deferred Compensation should be directed to the Benefits Section of Human Resources located on the first floor of the Administration building.

Benefits Office Room 106 Administration Building	
318-675-5632	
318-675-7990 (fax)	
shvbenefits@LSU Health Shreveport.edu	
Hours of Operation	
Monday – Friday	8:00am – 4:30pm

2. Leave

a. Family and Medical Leave Act

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

- For a serious health condition that makes the employee unable to perform the employee's job.
- the birth of a son or daughter and to care for the child.
- the placement of a son or daughter by adoption or foster care.
- to care for a spouse, son, daughter or parent if the family member has a serious health condition.

The University shall require thirty (30) days advance notice of the request, whenever reasonable. Certification as to the authenticity of the precipitating event will be required. Employees must substitute any applicable accrued paid leave for the 12 weeks of unpaid leave.
The University's portion of employee health coverage will be maintained while the employee is on leave without pay and as long as the employee's portion is paid. LSU HEALTH SHREVEPORT will not contribute to other benefit plans during periods of unpaid leave.
Requests for leave along with pertinent certification documents should be forwarded by the employee's supervisor and Department Director to the Employee Relations Section of the Human Resource Management Department. The Human Resource Management Department will determine the employee's eligibility under the Family and Medical Leave Act.
Employees returning to work from Family and Medical Leave will be restored to the same jobs held before going on leave, or to equivalent positions with the same pay, benefits, and other terms and conditions of employment.

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

1) Active Duty Family Leave – Employees with a spouse, parent, or child who is on or has been called to active duty in the Armed Forces may take up to 12 weeks of FMLA leave when they experience a "qualifying exigency".
2) Injured Service member Leave – Employees who are the spouse, parent, child, or next of kin of a service member who incurred a serious health or illness on active duty in the Armed Forces may take up to 26 weeks of leave in a 12-month period (including regular FMLA leave).

Employees may take "injured service member leave" intermittently but must use it up within 12 months. More information on the new leave requirements will be forthcoming once guidelines have been issued by the Department of Labor.
You may contact Kimberly Green in Human Resource Management at 675-5614 with your questions or concerns.

b. Funeral
In accordance with the LSU HEALTH SHREVEPORT Employee Policy on Funeral Leave, funeral leave may be given to Residents without loss of pay or required use of annual leave or sick leave to attend the funeral or burial rites of an immediate family member when such rites occur on a scheduled workday.
"Immediate family" is defined as father, mother, stepfather, stepmother, sister, stepsister, brother, stepbrother, husband, wife, child, stepchild, mother-in-law, father-in-law, grandchild and grandparents. Maximum funeral leave granted cannot exceed two (2) days.

c. Approved Parental and Caregiver Leave
The Resident is required to notify Human Resources, the Medical Education Office and their Program Director as soon as pregnancy has been confirmed.
Residents/Fellows are allowed a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. Residents/Fellows granted six weeks of approved medical, parental, and caregiver leave(s) of absence will be provided 100 percent of their

salary for the first six weeks of first approved medical, parental, or caregiver leave(s) of absence taken. Continuation of health and disability insurance will be covered during six weeks of approved medical, parental, and caregiver leave(s). If leave is taken beyond six weeks and resident/fellow is placed on leave without pay, resident/fellow must coordinate with the HR Benefits office and Payroll office to continue payment for coverage.

If a resident/fellow takes six weeks of the first approved medical, parental, or caregiver leave(s) of absence, resident/fellow will only be allowed one additional week of paid time off outside the six weeks of approved medical, parental, or caregiver leave(s) during the same academic year. Leave taken beyond approved six weeks approved medical, parental, and caregiver leave and additional one week of paid leave in one academic year will be regarded as leave without pay.

Programs will be responsible for providing residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

Process to request medical, parental and caregiver leave(s)

1. Resident/Fellow will notify Program Director and Program Administrator of requested leave and submit House Officer leave request form with dates for approval by Program
2. Resident/Fellow will submit FMLA paperwork to Human Resources if eligible (must be employed for at least one year to be approved for FMLA).
3. Program will submit approved leave request form to the GME office.

d. Leave of Absence

The Graduate Medical Education Committee (GMEC) supports the policy for Leave of Absence as referenced by the Presidential Memorandum PM 20, "Leave Policies for Academic and Unclassified Employees and Classified Personnel". Once all sick and annual leave has been exhausted the house officer may request Leave Without Pay in writing. To be eligible for the Family Medical Leave Act (FMLA) a house officer must have worked for at least one year and for 1,250 hours over the previous twelve months.

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

The leave of absence shall not exceed the house officer's current contract. When leave is taken, the House Officer must submit an official certificate from the physician stating the anticipated date of return as well as identify the length of time the period of training will need to be interrupted. A medical release from your physician must be provided to the programs and the Medical Education departments before being able to return to training.

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

Agreements for postgraduate training are valid for a specified period of time no greater than 12 months. Renewal of the agreement is at the discretion of the Program Director or Department Chairman and will be dependent upon available funding and/or my performance rating. Agreements may be terminated at any time for just cause that include unsatisfactory job performance and conduct unbecoming a physician.

Application and Eligibility

National Resident Matching Program

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

The institutional administrator registers LSU HEALTH SHREVEPORT each year for participation in the NRMP. Each participating program director must register for participation in the NRMP via the NRMP website by agreeing to abide by the match agreement.
Changes in quotas and other program data must be submitted to the Office of Graduate Medical Education for submission to NRMP.

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

VISA Eligibility and Requirements

The Office of Legal Affairs serves as the liaison for all immigration issues involving Residents. The institution accepts applicants on a J-1 visa status to participate in training programs. The Educational Commission for Foreign Medical Graduates (ECFMG) should be contacted for application materials (www.ecfmg.org). It is the responsibility of the applicant to initiate the visa process.

The U.S. code of Federal Regulations governing the alien physician category of the J-1 Exchange Visitor Program strictly forbids the performance of activities outside the primary objective of clinical training covered by the resident contract and is considered unauthorized employment. An exchange visitor who is found by ECFMG to engage in unauthorized employment is in violation of program status and may be terminated. In addition, the consequences of allowing unauthorized employment could result in a loss of federal grants and contracts for LSU HEALTH SHREVEPORT. The Resident is responsible for the continuity of his/her sponsorship or employment authorization to continue as a Resident at this institution.

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

Employment

Terms of Employment

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

Programs must provide a Resident with a written notice of intent when that resident's agreement will not be renewed, when that Resident will not be promoted to the next level of training, or when that resident/fellow will be dismissed. Any Resident receiving notice of intent to not renew his/her contract may request a hearing as outlined in the Due Process and Appeals Policies located in the Resident Manual.

House Officer Salaries	
Level	**Annual**
H.O. I	$56,812.09
H.O. II	$58,717.04
H.O. III	$60,725.52
H.O. IV	$63,067.37
H.O. V	$65,735.34
H.O. VI	$68,584.48
H.O. VII	$81,200.00

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

ADVERSE ACTIONS/DISCIPLINARY POLICY

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

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

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

Salary Guidelines for House Officers

House Officers are paid biweekly. There are 26 paydays in our fiscal year. House Officer salaries are based on the University's policies and procedures for determining the level of compensation. Factors used to determine salaries include:

a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)

b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)

c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:

1. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates or

2. Have a full and unrestricted license to practice in a U.S. licensing jurisdiction.

d. All applicants must satisfy any requirements for prerequisite residency/fellowship training, as established by the relevant Residency Review Committee and/or certifying board for the specialty.

e. House officers changing specialties may receive advance credit but not additional compensation. f. Additional years of training, special background and experience beyond a traditional residency or fellowship, is not a prerequisite for training, thus additional compensation will not be granted.

Resident Responsibilities and Policies

Orientation

1. Pre-Employment Processing

LSU Health Shreveport (LSU HEALTH SHREVEPORT) consists of the School of Medicine and campuses of two other professional schools, the School of Graduate Studies and the School of Allied Health Professions. The Graduate Medical Education Committee supports the University's pre-employment requirements, which include a drug screen and full background review, including a review of any questions which may be raised concerning the application. The signature of the applicant on the application gives the Institution approval to verify any information pertaining to the application involving inquiries.

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

Individuals who fail to comply with the pre-employment requirements may not be eligible for employment at LSU HEALTH SHREVEPORT. Human Resources Management shall notify the appropriate individual (s) as soon as feasible

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

2. Incoming House Officer Orientation

The Office of Graduate Medical Education hosts a mandatory Annual Orientation for incoming House Officers in June. The House Officer Orientation includes a number of required orientation topics. Also required of Incoming House Officers is the Graduate Medical Education online orientation. Incoming House Officers must complete this online orientation before they can begin work.

3. Departmental Orientation

Each department has its own orientation program to familiarize their House Officers with the practices and policies of each individual program.

4. New Employee Orientation

LSU HEALTH SHREVEPORT conducts online new employee orientations throughout the year. House Officers unable to attend the House Officer Orientation in June will be required to complete new employee orientation when they begin training.

Annual CED, Compliance and Quarterly Safety Training (GME 24.1)

House Officers are required to complete yearly and quarterly training modules as assigned in the online learning management system through LSU Health Shreveport (LSU HEALTH SHREVEPORT). A report of compliance for required training modules is reported each month

at GMEC. Programs are responsible for monitoring and ensuring compliance of their residents/fellows for the trainings listed below and any other mandatory trainings by their assigned due date.

Annual CED Training
Human Resources administers the annual Campus Education Day (CED) Training. Campus Education Day (CED) is a review of annual mandatory training requirements required by various federal, state, and institutional mandates. This training covers HR policies and procedures, and sexual harassment, among other topics.

Annual Compliance Training (HIPAA/Ethics)
This annual mandatory training is administered by the Compliance Department.

Quarterly Safety
Quarterly training modules covering various safety topics are administered by the Safety Office.

To access online trainings above, go online to http://training.LSU Health Shreveport.edu. Username is the house officer's 7-digit Employee ID Number. By default, the password is their birthdate (mmddyyyy). However, if the password has been previously changed, the password will be the one selected.

Identification Badge/ Access Card
All House Officers will be issued identification badges/access cards. One card will authorize access to LSU Health campuses, and a separate card will authorize access to OLHS areas on campus. Both cards allow access to those areas that require controlled access/entrance after hours or may be considered restricted areas during regular work hours. The access cards also authorize entrance to House Officer assigned parking in the R lot. Please do not allow others to use your cards.

Identification badges are issued as part of the Orientation process only after all required paperwork and training has been completed. The cards are property of LSU Health Shreveport and Ochsner LSU Health Shreveport respectively, and loss of card will result in a replacement fee up to $25 per card to be paid by the House Officer. The cards are returned to LSU HEALTH SHREVEPORT GME Office when the sign out process occurs.

Licenses and Certifications (GME 23.1)
1. Louisiana State Medical License
Intern (PGY I) Registration
U.S. Medical School graduates who are first year Residents may serve the PGY I (Internship) year with an INTERN REGISTRATION issued by the Louisiana State Board of Medical Examiners. If you took the NATIONAL BOARDS or USMLE you will be granted Intern Registration on that basis, and a copy of the test results must be furnished to the Medical Education Office (National Boards/USMLE).

Graduate Education Temporary Permit
International graduates who are not eligible for a full license will be processed for Licensure of the Graduate Educational Temporary Permit outlined by the Louisiana State Board of Medical Examiners (LSBME). Graduates may request the license application form from the LSBME at their website: www.lsbme.louisiana.gov.

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

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

Residents (PGY II and beyond)

Residents (PGY II and beyond) are eligible, but not required, to apply for full Louisiana license with the Louisiana State Board of Medical Examiners, with the following exceptions:

- Any Attending Fellow acting as an Attending in their primary area must obtain a full license
- Any Resident engaging in external moonlighting

These exceptions must obtain a full Louisiana license with the LSBME.

Residents (PGY II and beyond) not requiring a full Louisiana license may apply for a temporary permit issued by the LSBME while participating in a residency program beyond postgraduate year one.

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

USMLE

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

2. Drug Enforcement Administration (DEA) License Policy

Institution issued DEA numbers

- House Officers are issued an institutional specific DEA while in training. The institution issued DEA is to be used when treating patients seen through Ochsner LSU Health only (inpatient, clinic, ER, etc.).
- House Officers rotating to other facilities should use the responsible attending's DEA# on all prescriptions unless they have applied and received their own personal DEA# (linked to LSU).
- Facility specific DEA numbers may not be used at other sites or for non-patients such as fellow residents, family members and friends. If that facility does not have an institutional DEA number, prescriptions should be written under their supervising physician (see above).

Personal DEA numbers

- Personal/Individual DEA numbers may be obtained when the provider has a full license granted by the Louisiana State Board of Medical Examiners (LSBME) or Louisiana State Board of Dental Examiners (LSBDE).

LSBME

- After completing one year of training and passing USMLE Step 3, U.S. graduates may apply for and may be granted full LA State Medical licensure by the LSBME. House Officers that have a full LA Medical license may apply for their own DEA after obtaining a personal CDS license.
- House Officers seeking their own DEA while in training may apply and be exempt from the application fee.

LSBDE

- Oral & Maxillofacial Surgery residents holding a restricted or full dental license should follow the requirements of the LSBDE regarding CDS and DEA licensure.

Any House Officer eligible and seeking to moonlight must obtain a full license and their own DEA number. Any House Officer with a personal DEA number must provide the GME office with a copy of their DEA license.

Programs may have their own departmental specific policies/requirements regarding LA Medical, CDS, and DEA licensure for their House Officers in training.

3. Louisiana Controlled Dangerous Substance (CDS) License & Physician Monitoring Program (PMP)

The Louisiana Board of Pharmacy requires that all Residents and Fellows are to apply and receive their own CDS License. The application fee is $45.00 and must be renewed annually. Residents are also required to register for the Physician Monitoring Program (PMP). Medical interns and residents seeking PMP access privileges must first acquire a Louisiana CDS license. Once the CDS license has been issued, the intern must then apply for PMP access privileges.

4. Medicaid ID Number

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

5. National Provider Identifier (NPI)

NPI numbers are issued to each House Officer by the National Plan & Provider Enumeration System (NPPES). The Graduate Medical Education Office orders NPI numbers for incoming house officers prior to their start date. House Officers without a US Social Security will not have an NPI number until their US SSN is issued. House Officers that have been issued an NPI number prior to training at LSU HEALTH SHREVEPORT will need to update their information on the NPI website to reflect their training at LSU HEALTH SHREVEPORT. The NPI number will also be pre-printed on the House Officer Prescription pad.

6. Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS) and other Certifications

House Officers are to check with their specific program regarding any certification requirements including ACLS, BLS, PALS, etc. It is the responsibility of the house officer to obtain their required certifications per the direction of their program prior to their start date. Proof of certification is required and must be American Heart Association approved.

All house officers requiring ACLS and BLS recertification during their training will be automatically enrolled in the **RQI1Stop Quarterly Program**, ensuring a seamless renewal process. This aligns our institution with the same certification system already in place for LSUHS medical students and Ochsner LSUHS staff. Faculty members who need to renew their ACLS and/or BLS certification can do so by emailing **shvrqi@lsuhs.edu** for assistance. This transition helps streamline certification maintenance across our clinical teams, reinforcing our commitment to high-quality patient care and continuous professional development.

7. CMS 8550

Each House Officer is required to submit a CMS 8550 (Medicare Enrollment Application - Registration for Eligible Ordering and Referring Physicians and Non-Physician Practitioners).

House Officers will be required to complete and submit the application to the GME office for submission to Medicare. A copy validating their completion and submission will be placed in their file in the GME Office.

Immunization Requirements (GME 21.1)
At the time of employment, all House Officers and LSU Health Shreveport employees are required to meet with the Occupational Health Clinic representative. Proof of immunizations, titers, TB status, and other pertinent health records should be reviewed with the OHC Nurse or Medical Director at that time.

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

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

Prescription Pads
All House Officers are required to use preprinted prescription pads or use the designated printers in the clinics when writing prescriptions. House Officers are required to use their own preprinted prescription pads. The initial issue of preprinted prescription pads is four pads of 100. Requests for additional prescription pads should be made via the Graduate Medical Education office or call 675-5053.

House Officers are responsible for safeguarding their prescription pads at all times, to prevent unauthorized use of them. Each House Officer must pick up his or her prescription pads in person only in the Graduate Medical Education Office.

Uniforms

1. **White Coats**
   The Graduate Medical Education Office will order three (3) new lab coats for interns in their initial PGY-I year. Graduate Medical Education will order coats for PGY-II or first-year fellows with name, degree and department monogrammed on the coats.

2. **Scrub Suits**
   Purple Scrub Suits will be ordered for interns in their initial PGY-I year and for new first-year fellows. These scrub suits may be worn on the LSU HEALTH SHREVEPORT and OLHS campuses except in the restricted areas per hospital policy.

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

3. **Dress Code**
   House Officers are encouraged to dress appropriately as medical professionals. Individuals are reminded that personal hygiene is also an aspect of a physician's professionalism. Individual departments may establish more specific guidelines for dress.

Communications

1. Cell Phones

The use of cellular phones is prohibited in the following areas of the hospital.

- MICU
- SICU
- PICU
- NICU
- OR
- Recovery Room
- Labor & Delivery
- Burn Unit
- Telemetry (7K)
- Heart Cath Lab
- Special Procedures

The use of cellular phones is limited to those times when an employee or volunteer are on break from their work assignments. Cellular phones are not to be used by employees while in their work areas, including elevators, nursing stations, any patient care or diagnostic area. Phones are to be turned off when the employee is not on break. Cellular phones may be used in staff lounges/break areas, the cafeteria or designated smoking areas.

Exception: Hospital drivers may utilize cellular phones in order to expedite response to requests; phones are to be used for hospital business only.

2. E-mail

The Office of Graduate Medical Education coordinates the assignment of email addresses with the Office of Information Technology Group for the House Officers. The e-mail system is one of the primary notification systems used when communicating important and timely notices to the House Officers. It is the responsibility of the House Officers to check email messages regularly.

3. Pagers

LSU HEALTH SHREVEPORT and OLHS consider it essential to have certain employees readily accessible by telephone in order to affirm its mission. To facilitate this accessibility, need, there is a pocket pager system in place. The pocket pagers are the property of OLHS and, therefore, the person to whom the pager is assigned has the responsibility for its safekeeping. If the pager is lost or shows abuse other than normal wear and tear the House officer to whom the pager has been assigned should contact the Switchboard to seek a replacement pager.

1. All pagers/beepers shall be answered within ten minutes of a message being received. If a pager/beeper is not answered within this prescribed time frame, the individual initiating the page/beep will follow the chain of command until contact has been made with an appropriate staff member. A variance report shall be completed by the individual initiating the page/beep when response is not within the ten-minute time frame.
2. The Hospital Switchboard is responsible for the procurement and distribution of local pagers/beepers.
3. Telecommunications is responsible for the procurement and distribution of long-range pagers/beepers. To obtain long range pagers/beepers– requesting department submits a memo indicating the type of pager/beeper requested and name of employee who will utilize it to **LSU HEALTH SHREVEPORT Telecommunications Office G-112**.
4. The Switchboard is responsible for facilitating the repair of local pagers/beepers.
5. LSU HEALTH SHREVEPORT Telecommunications is responsible for facilitating the repair of long-range pagers/beepers.

6. To access the hospital pager/beeper system, dial 675-7007 and follow the recorded prompts. A current pager/beeper list is maintained by the Switchboard.
7. Departments reassigning a previously issued pager/beeper to another person shall notify the Switchboard immediately of the reassignment by memo or email. The memo or email shall contain the pager/beeper number, the persons' name and office/contact telephone number. If the person will at any time be required to be on-call, a home or cellular contact number is required.

4. Overhead Page

Paging is by an audible voice system through the hospital switchboard. It is limited to the Hospital. When needed, you will be paged by name. When you hear your name, go to the nearest hospital telephone and dial "0". "House phones" are located in the dining room and snack bar and provide automatic connection with the hospital switchboard.

5. Personal Call Policy

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

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

Policy:

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

Service Behavior Expectations

Attitude/Appearance

• Promptly welcome each patient/visitor in a friendly manner, smiling warmly and introducing yourself. Don't allow anyone to feel ignored.

• Neither patients nor their family members are an interruption of our work; they are our reason for being here.

• Every employee's attire will always be professional, tasteful, tidy and discreet.

Communication/Etiquette

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

Telephone Etiquette

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

Elevator Etiquette

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

Call Lights

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

Patient & Family Concerns/Privacy

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

Confidentiality

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

Privacy

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

Commitment to Co-Workers

• Keep your work area and surrounding environment clean and safe.
• Do not say, "It's not my job. "If you are unable to meet a request, be responsible for finding someone who can.
• Check on patients before shift change to minimize patient requests during shift change report.
• Rudeness is never appropriate. We must treat each other with courtesy and respect at all times.
• Treat every co-worker as a professional. Recognize that we each have an area of expertise.
• Welcome new or floating employees. Be supportive by offering help and setting an example of the cooperation expected in the workplace.
• Do no chastise or embarrass fellow employees.

Safety

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

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

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

Completion of Training (GME 19.1)

The program director, or designated program personnel, is responsible for completing any appropriate personnel form for each Resident completing a program and leaving the employment of LSU Health Shreveport or being appointed to another position, such as a faculty or fellowship position. A forwarding address must be provided for the Resident, and the appropriate personnel form routed to the Office of Graduate Medical Education.

The program director shall complete and submit to the Office of Graduate Medical Education a final, written summative evaluation for each Resident completing the program, which will be maintained in the institution's permanent records.

Each Resident is required to complete the Graduate Medical Education clearance form by their last day of work. The Resident must have all appropriate departments complete the form and return it to the Graduate Medical Education Office before a certificate or final check will be released. Once all Resident responsibilities are completed, a certificate of training will be issued to each Resident completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program director to certify a Resident as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.

Any requests for duplicate certificates of training will incur a cost of $25 per certificate.

Services and Programs

Meal Program Offerings (GME 25.1)

The LSU HEALTH SHREVEPORT Meal Card for House Staff participating in the Meal Program is valid throughout one's Residency/Fellowship training at LSU HEALTH SHREVEPORT. One of the three food plan options may be selected; the plan will be in effect for one contract year. Plans cannot be changed until the time of contract renewal. Deductions will be taken from the House Officer's check each pay period, and the corresponding amount credited to the meal plan per month. House Officers may also choose to opt out and not receive the discounted meal plan. Please refer to House Officer Food & Nutrition Services Meal Plan Policy for more detailed information.

1. Ochsner LSU Health Shreveport Cafeteria

The cafeteria is located on the ground floor of the main hospital across the hall from the credit union. For breakfast the cafeteria provides an extensive variety of hot & cold breakfast items to choose from. For lunch & dinner the cafeteria provides a variety of entrees & vegetables from the main serving lines.

Cafeteria Hours of Operation	
Everyday	6:15am – 10:30am
Monday – Friday	11:00am – 9:00pm
Monday – Friday	11:30pm – 4:00am
Weekends & Holidays	11:00am – 7:30pm

2. **WOW Café**

The WOW Café is located on the ground floor of the Medical School. It is open for breakfast and lunch with a variety of sandwiches, wraps, and salads, including vegetarian options, and a full-scale coffee bar. There are also vending machines in the café that are available 24/7.

WOW Café Hours of Operation	
Monday-Friday	Breakfast 6:15am – 10:30am
	Lunch 11:00am – 2:00pm
	Dinner 2:00pm – 9:00pm

3. **Café Dubois at St. Mary Medical Center**

Residents rotating to SMMC can utilize their meal cards at Café Dubois while on

rotation at SMMC.
Café Dubois offers a variety of meal options, including freshly prepared hot entrées, a salad bar, made-to-order grill items, deli sandwiches, and grab-and-go selections. A cook-to-order omelet and waffle station are available during breakfast hours.

Café Dubois Hours of Operation	
Monday – Friday	Breakfast 6:00am – 9:30am
	Lunch 11:00am – 1:30pm
	Dinner 5:00pm – 8:00pm
Saturday – Sunday	Breakfast/Lunch 6:00am – 2:00pm

4. **Ochsner LSU Health - Monroe**

Residents housed or rotating to OLH-M can utilize their meal cards in the cafeteria located at OLH-M.

Medical Library

LSU Health Shreveport has an excellent medical library located in the school adjacent to the hospital. The library is staffed with qualified medical library professionals who are available to assist Residents with any query they may have. In addition, there are many online resources available to the Residents and/or their clinical departments. The library also houses two computer labs, scanners and copy machines.

Library Hours	
Monday – Friday	7:30 am- 11:00 pm
Saturday	9:00 am – 11:00 pm
Sunday	1:00 pm- 11:00 pm

For more information and services about the library please visit https://LSU Health Shreveport.tdnetdiscover.com/.

On-Call Quarters (GME 27.1)

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

Medical Records, Radiology Films and other patient documents should not be left in the on-call rooms. Periodic room inspections are conducted, and items may be removed and returned to their appropriate location. Hospital owned scrub suits should be returned to the appropriate designated area. Residents have a responsibility of removing their personal items as deemed appropriate to allow proper cleaning of the on-call room. Any problems with the on-call rooms should be reported to GME Office for follow-up. If a problem occurs during the weekend, the House Manager should be contacted.

<u>Resident Lounge</u>

The Resident Lounge is also located on 9th Floor (Room 9H-9). The lounge has seating, microwave, TV, telephone and a refrigerator. The Lounge is a safe, quiet, clean, and private sleep/rest facility available and accessible for residents. A computer is also provided for access for residents/fellows to use. Residents/Fellows should be sure to log off the computer after every use. Access to the lounge is for current Residents/Fellows in training. Door combination code will be distributed to programs for access. Any issues with access should be brought to the attention of the GME office.

After-Hours meal service is made available through the cafeteria for residents/fellows on-call. Only those on-call residents/fellows should utilize the foods provided in the Resident lounge after hours. Abuse of the service could result in termination of the service.

Residents/Fellows are to clean up after themselves and be respectful of all furnishings in the Resident Lounge and call rooms. Damages caused due to inappropriate use will not be tolerated.

Counseling Services

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

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

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

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

In the event that a Residency Training Director believes that a psychiatric evaluation is necessary for training to continue, the Residency Training Director will request an evaluation by Dr. Mark A. Cogburn, DrNP, PhD or another psychiatry faculty member in writing. This request will also list specific information as to why the evaluation is warranted. Dr. Cogburn will request the Resident to sign a release of information in order to notify the Residency Training Director of the diagnosis, treatment recommendations, and if the recommendations are followed. If the Resident does not agree with the above, he has access to the due process procedure as outlined in the Resident Manual. Any Resident who needs psychiatric care may contact Dr. Cogburn or a psychiatry faculty member Dr. Cogburn is available for confidential evaluation and referral if necessary. The Resident may also request short term counseling from the Employee Assistance Program.

1. Employee Assistance Program

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

Because of the nature of their work, many health care professionals are subject to considerable job stress. The life and death responsibilities of hospital work and the need to be always caring and concerned can create substantial stress and strain on an employee's emotional life. Also, the disruption in an employee's routine caused by rotating shifts, weekend work, and on-call duties can magnify personal problems. Stressful work situations can often exacerbate existing problems. The impact of personal problems on health care workers can have more serious and lasting consequences than in some other occupations. An impaired health care worker can cause direct harm to patient through carelessness, mismanagement of medication, or failure to communicate the patient's requirements.

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

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

If you feel you have a problem, you can simply call the EAP office at 675-7397; or if your performance has declined, your supervisor may recommend on a formal or informal basis that you call the EAP consultant to discuss your problem. The EAP guidance and referral services are free of charge to LSU HEALTH SHREVEPORT employees.

a. Frequently Asked Questions:

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

It is in your best interest to seek early counseling through the EAP program.

Even if management has talked to you about a possible problem, you may voluntarily seek treatment and counseling by stepping forward and accepting the help that is available.

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

How confidential is the program?

The Employee Assistance Program goes to great lengths to respect your right to privacy. Like all medical files, EAP records and discussions regarding the nature of personal problems will

be handled in strict confidence. EAP records will be maintained separately from personnel files by the Director of the EAP. EAP ensures that employees at all levels have the opportunity to obtain the best professional help in an atmosphere of understanding and privacy.

My problems are private. What right does LSU HEALTH SHREVEPORT have to interfere with my personal life?
You're right! Your problems are personal, until they begin to have a detrimental effect on your work performance. Then personal problems affect more than just you; they affect your co-workers and the productivity of your team.

How do I get started in the program?
There are two ways to get started in the program. (1) If you feel you have a problem, you can simply call the EAP Office at 318-675-7397. (2) Or, if your performance has declined, your supervisor may recommend on a formal or informal basis that you call the EAP consultant to discuss your problem.

Can I participate if job performance has not been affected?
Absolutely! LSU HEALTH SHREVEPORT hopes that awareness of the EAP and understanding of its principles will encourage employees to seek help on their own before problems impact job performance.

Who will pay for the cost of the counseling, or for other recommended assistance?
The EAP guidance and referral services are free. Diagnosis and treatment cost outside Employee Health Services will, to the extent they are covered by regular group health insurance, be paid for by your insurance.

How long does it take to get help?
It's LSU HEALTH SHREVEPORT's goal to have all employees receive the help they need as soon as they contact the EAP director. Once the medical/emotional problem is evaluated, you will be counseled and offered referral to an appropriate treatment source.

Payroll Services

The Shreveport Payroll Center's mission is to administer and facilitate payroll services in a timely, accurate and professional manner, and to provide quality service to our employees, vendors and governmental agencies.

The Payroll Professionals will assist any employee with questions, concerns and problems regarding paycheck issues. Please call or go by the Payroll Department where "Quality Service" matters.

3rd Floor Administration Building Rm. 311.
Ph: 318-675-5251
Office hours 8:00am to 4:30pm Monday – Friday

Residents are paid biweekly. Supplemental pay will be included on the last payday of the month. If you have any questions regarding your check, please contact the Office of Medical Education immediately or the Payroll Office.

Employees must complete a Direct Deposit Authorization Form as part of the hiring process. The completed form must be submitted prior to the employee's date of hire. Failure to submit this form in a timely manner may delay the start of employment. The direct deposit may take

one to two pay periods to take effect, and the employee will receive a physical check during this period of time. (See AD 6.13)

All Payroll Forms can be found on the Payroll website at:
https://inside.LSU Health Shreveport.edu/departments/payroll

Parking

House Staff are currently assigned to "R" parking lot, with "P" lot serving as an overflow lot, free of charge. However, all House Officers must register to park with the Parking office located on the 1st floor of the Administration Building, Room 123. Emergency (call-back) parking should not be in designated fire lanes. If you require an escort after hours, please notify University Police. Adherence to the University Parking Rules and Regulations is expected. Violations may result in fines and/or towing of your vehicle.

LSU Health Shreveport Parking Portal
You may use the parking portal to pay or appeal parking citations, register your vehicle, and request a parking pass. Please register your vehicles and select your current parking location by following the steps at https://LSU Health Shreveport.t2hosted.com/Account/Portal.

Fatigue Mitigation Transportation (GME 34.1)

In the event a House Officer is too fatigued to drive home safely at the end of a shift the House Officer has the following options:

1. Sleep in an available call room until able to drive safely (GME 27.1); or
2. Utilize an app-based transportation service (such as UBER or LYFT) for round-trip transportation to their verifiable home address from a rotation site and submit receipts to the Graduate Medical Education (GME) Office for reimbursement.

Using the Fatigue Mitigation Transportation Reimbursement Request Form, the House Officer must submit both receipts within ten days of receipt, including the following information:

1. **Pickup location** – must be a designated participating site or elective site of the House Officer's training program
2. **Drop off Location** – must either be House Officer's home address that is on file with the GME office, or, if the House Officer is on an away rotation, the designated housing address for that rotation
3. **Timestamp**
4. **Total cost**

The form will first route to the House Officer's training program for verification of shift worked. Then, the GME Office will review the request that all information is included and accurate, and the home address/ drop-off locations are verified. Final approval will be signed by the Vice Chancellor of Administration and Budget. Reimbursement may take 4 to 6 weeks to process.

The form can be found on the GME intranet webpage:
https://inside.lsuhs.edu/fatigue-mitigation-transportation-request .

POLICIES AND PROCEDURES *Please note all policies are subject to revision and updates. Please ensure you are reviewing the most recent version when referring to any policy.

GMEC POLICIES

Resident/Fellow Eligibility Requirements for Training (GME 1.1)

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

- Physical Examination: All newly appointed Residents must complete and pass a pre-employment physical examination, which includes a drug screen and background check for any felony convictions. All activities are coordinated by the Human Resources Department.
- United States Medical Licensing Examinations (USMLE) or Comprehensive Osteopathic Medical Licensing Examination (COMLEX): All Residents must comply with the requirements for passing USMLE Steps 2 and 3 or COMPLEX Levels 2 and 3 as required.
- Louisiana Medical License: It is the responsibility of all Residents to obtain an unrestricted Louisiana license to practice medicine as soon as they meet the minimum postgraduate training requirements stipulated by the Louisiana Board of Medical Examiners.
- **Entry of Foreign-Born Medical Graduates to the United States**: The entry of foreign-born graduates of non-U.S. medical schools to the United States is governed by the U.S. Immigration and Nationality Act, as amended, which is administered by the US Citizenship and Immigration Services (USCIS). It is a violation of federal law to provide employment to a non-U.S. citizen who does not hold an appropriate visa or other appropriate work authorization documents from the USCIS.
    - Residency/Fellowship program directors considering foreign-born applicants should carefully review the applicant's visa status to ensure the applicant holds a visa valid for graduate medical education [exchange visitor (J-1), or immigrant visa]. International medical graduates must also hold a currently valid Standard Certificate of the Educational Commission for Foreign Medical Graduates (ECFMG).
    - The Office of Legal Affairs must be notified of all non-US citizens accepted for residency training. Legal Affairs will ensure the Resident/Fellow holds an appropriate visa and assist in processing the paperwork required for visas for residency training at LSU Health Shreveport.
- Residency/Fellowship training programs may not appoint more residents/fellows than approved by the Review Committee.
    - All complement increases must be approved by the Review Committee.

Resident Eligibility Requirements

- Only applicants who meet one of the following qualifications to be eligible for appointment to an ACGME-accredited program:
    - Graduation from a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME)

    - Graduation from a college of osteopathic medicine in the United States accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation (AOACOCA)
    - Graduation from a medical school outside the United States or Canada and meeting one of the following additional qualifications:
        - Holding a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment
        - holding a full and unrestricted license to practice medicine in the United States licensing jurisdiction in which the ACGME-accredited program is located
- All applicants must satisfy any requirements for prerequisite residency training, as established by the relevant Residency Review Committee and/or certifying board for the specialty. All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited residency programs must be completed in ACGME-accredited residency programs, AOA-approved residency programs, or in Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC) - accredited residency programs located in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation
    - Residency programs must receive verification of each resident's level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation.
    - A physician who has completed a residency program that was not accredited by ACGME, AOA, RCPSC, CFPC, or ACGME-I (with Advanced Specialty Accreditation) may enter an ACGME-accredited residency program in the same specialty at the PGY-1 level and, at the discretion of the program director of the ACGME-accredited program and with approval by the GMEC, may be advanced to the PGY-2 level based on ACGME Milestones evaluations at the ACGME accredited program. This provision applies only to entry into residency in those specialties for which an initial clinical year is not required for entry.
- Resident Eligibility Exception
    - The Review Committee for the appropriate program will allow the following exception to the resident eligibility requirements:
    - An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed but who does meet all of the following additional qualifications and conditions:
        - evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and
        - review and approval of the applicant's exceptional qualifications by the GMEC; and
        - verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification
    - Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

Fellow Eligibility Requirements

- Fellowship Review Committees choose one of the following:

- Option 1: All required clinical education for entry into ACGME accredited fellowship programs must be completed in an ACGME accredited residency program, an AOA-approved residency program, a program with ACGME International (ACGME-I) Advanced Specialty Accreditation, or a Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency program located in Canada.
    - Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME, ACGME-I, or CanMEDS Milestones evaluations from the core residency program.
- Option 2: All required clinical education for entry into ACGME accredited fellowship programs must be completed in an ACGME accredited residency program or an AOA-approved residency program.
    - Fellowship programs must receive verification of each entering fellow's level of competence in the required field, upon matriculation, using ACGME Milestones evaluations from the core residency program.

- Fellow Eligibility Exception (Review Committees that selected Option 1 will decide whether to allow this exception. This exception does not apply for those that do not allow and for Review Committees that selected Option 2.)
    - The Review Committee for the appropriate program will allow the following exception to the resident eligibility requirements:
        - An ACGME-accredited fellowship program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements but who does meet all of the following additional qualifications and conditions:
            - Evaluation by the program director and fellowship selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of training in the core specialty
            - review and approval of the applicant's exceptional qualifications by the GMEC
            - verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification.
                - Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation.

Fellowship Eligibility			
Review Committee	**Option 1**	**Option 2**	**Allows Fellowship Eligibility Exception (not permitted with Option 2)**
Anesthesiology	X		Yes
Dermatology	X		Yes
Emergency Medicine	X		Yes
Family Medicine	X		Yes
Internal Medicine	X		Yes
Medical Genetics and Genomics	X		Yes
Neurological Surgery		X	Exceptions not available with Option 2
Neurology	X		Yes

Obstetrics and Gynecology	X		No
Ophthalmology	X		Yes
Orthopaedic Surgery	X		Yes
Otolaryngology - Head and Neck Surgery	X		Yes
Pathology	X		Yes
Pediatrics	X		Yes
Physical Medicine and Rehabilitation	X		No
Plastic Surgery	X		Yes
Preventive Medicine	X		Yes
Psychiatry	X		Yes
Radiation Oncology	X		Yes
Radiology	X		Yes
Surgery	X		No
Thoracic Surgery	X		No
Urology	X		No

Resident Eligibility Exception	
Review Committee	**Allows Resident Eligibility Exception**
Allergy and Immunology	Yes
Colon and Rectal Surgery	No
Nuclear Medicine	Yes
Preventive Medicine	Yes

Resident Recruitment and Selection (GME 1.1.a)

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

- Each Program is required to establish criteria for specific program recruitment and selection.
- The program director, in conjunction with the program's Education Committee and/or teaching faculty, reviews all applications, and personal interviews are granted to those applicants thought to possess the most appropriate qualifications, as determined by guidelines established by the program.
- Each applicant must be informed in writing of any accreditation issues of the department as required by the Accreditation Council for Graduate Medical Education (ACGME).
- Each applicant who is invited for an interview must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of their eventual appointment. Information that is provided must include: financial support; vacation; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their dependents.
- An offer for residency training is extended directly to the applicant by the program director or his/her designee, through a letter of offer. All programs will have an established protocol for the recruitment and selection of their Residents.

- When selecting a Resident, programs may also consider the medical school class standing and other honorary academic status. However, Residents selected must meet the requirements as established for licensure/permit as outlined by the Louisiana State Board of Medical Examiners (LSBME).
- Immediately following receipt of the results of the Match or the acceptance of an offer for residency training, the program director is responsible for notifying the Graduate Medical Education Department of all candidates accepted and providing a copy of each applicant's file for the Institution's permanent record. Each Resident's file must include the following:
  - Copy of the completed "Application for Graduate Medical Education"
  - Documentation of completion of medical school (copy of medical school transcript, dean's letter, etc.)
  - Documentation of any previous residency training (copy of certificate issued, letter of recommendation from program director)
  - Copies of three letters of recommendation
  - Copy of Louisiana medical or dental license (if applicable)
  - Current mailing address
  - Inclusive dates of appointment
  - Postgraduate year of appointment
  - Salary source

Resident/Fellow Transfers (GME 1.1.b)

Policy
The program must obtain verification of previous educational experiences and a summative competency-based performance evaluation prior to acceptance of the transferring resident, and Milestones evaluations upon matriculation.

If a House Officer in a training program intends to leave a program prior to his completion to accept an appointment in another graduate training program within the institution, the House Officer's intentions should be made known to the Program Director in which he is presently serving at least 90 days before the end of his contract period.

Definition:
Residents are considered as transfer residents under several conditions including:
a. moving from one program to another within the same or different sponsoring institution;
b. transferring to another program, in the same or different specialty, in the same or a different sponsoring institution
c. entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school).

Procedure
<u>Requirements of "Receiving Program"</u>
Before accepting a transfer resident, the program director of the 'receiving program' must use the "Requesting info on Transferring in Resident Template" in order to:
a. obtain verification of previous educational experiences

1. Examples could include a list of rotations completed, evaluations** of various educational experiences, procedural/operative experience.
b. obtain a summative competency-based performance evaluation from the current program director.
c. obtain a letter of good standing from the current program director.

Requirements of "Sending Program"

The "sending" program must use the "Transferring out of LSU HEALTH SHREVEPORTC Template" in order to provide the "receiving" program a statement regarding:
a. resident's current standing as of one-two months prior to anticipated transfer
b. a statement indicating when the summative competency-based performance evaluation will be sent to the "receiving" program.

Additional information you may want to consider when you are reviewing transfer letters

1. Any gaps in training or time away from the program.
2. Did the overall evaluation include evaluative information helpful to your program?

Requesting info on Transferring in Resident Template

January 1, 2017

To whom it may concern:

Dr. RESIDENT NAME has applied for a PGY X position in our PROGRAM NAME residency program, starting XX/XX/XXXX. In accordance with the ACGME's requirements to verify previous educational experience and a summative competency-based performance evaluation on all transferring residents, I would appreciate your assessment of this candidate.

For the period XX/XX/XXXX – XX/XX/XXXX, RESIDENT NAME, MD demonstrated to my satisfaction attainment of program objectives for the PROGRAM NAME level of PGY X in the competency domains of:

COMPETENCY	YES	NO	IF "NO," EXPLAIN
Patient Care			
Medical Knowledge			
Professionalism			
Interpersonal/Commun.Skill			
Practice-based Learning			
Systems-based Practice			

Did RESIDENT NAME demonstrate sufficient competence on all evaluations to receive credit for all required rotations and other major educational activities?

_____YES _____NO (If, "no", please provide explanation.)

Please attach a record of:

_____Rotations completed, by year of training

_____Summary of procedural/operative experience

_____ Letter of good standing

Please provide any additional information pertinent to the specialty or resident.

_____
_____
_____
_____
_____
_____

If you have any questions or wish to discuss any information in this letter, please feel free to contact me at (318) XXX-XXXX, or XXXXXX@lsuhsc.edu.

Thank you,

PROGRAM DIRECTOR'S NAME
Program Director, PROGRAM NAME
LSU Health Sciences Center-Shreveport

Transferring out of LSU HEALTH SHREVEPORTC Template

TEMPLATE TO BE USED WHEN AN LSUHSC-S RESIDENT
IS TRANSFERRING TO ANOTHER PROGRAM

Januart 1, 2017

To whom it may concern:

RESIDENT NAME, MD is currently a PGY X resident in good standing in the PROGRAM NAME program at Louisiana State University Health Sciences Center in Shreveport. S/he has satisfactorily completed all rotations to date, and we anticipate s/he will satisfactorily complete her/his PGY X year on XX/XX/XXXX. A written or electronic verification of previous educational experiences, rotations by year of training and a summative competency-based performance evaluation will be sent to you by XX/XX/XXXX.

I am taking the liberty to include an assessment of the resident as of this date.

For the period XX/XX/XXXX – XX/XX/XXXX, Dr.RESIDENT NAME demonstrated to my satisfaction attainment of program objectives for the PROGRAM NAME level of PGY X in the competency domains of:

COMPETENCY	YES	NO	IF "NO," EXPLAIN
Patient Care			
Medical Knowledge			
Professionalism			
Interpersonal/Commun.Skill			
Practice-based Learning			
Systems-based Practice			

Dr. RESIDENT NAME demonstrated sufficient competence on all evaluations to receive credit for all required rotations and other major educational activities?

_____YES _____NO (If, "no", please provide explanation.)

ADDITIONAL COMMENTS

If you have any questions, please feel free to contact me at (318) XXX-XXXX, or XXXXXX@lsuhsc.edu.

Thank you,

PROGRAM DIRECTOR'S NAME
Program Director, PROGRAM NAME
LSU Health Sciences Center-Shreveport

Certification of Post-Graduate Training (GME 1.1.c)
Policy
Residency and Fellowship programs must receive verification of each applicant's level of competency in the required field using ACGME or CanMEDS Milestones assessments or ACGME equivalent assessments from the prior training program. To comply with ACGME or ACGME equivalent accreditation body requirements for the eligibility and selection of residents/fellows, training programs must follow the procedure outlined below to obtain verification of post-graduate training. Programs must send the GME Certification of Post-Graduate Training form to applicants' prior training programs to verify any post-graduate training.

Procedure
- Residency Programs
  - All prerequisite post-graduate clinical education required for initial entry or transfer into ACGME-accredited/CODA-accredited residency programs must be completed in ACGME-accredited/ACGME equivalent residency programs.
  - Any post-graduate training that is not a prerequisite for entry into a residency program should be verified.
  - Upon offering a position to an applicant that has received any post-graduate training, the residency program must request verification from that training program using the GME Certification of Post-Graduate Training form.
- Fellowship Programs
  - All required clinical education for entry into ACGME-accredited/CODA accredited fellowship programs must be completed in an ACGME-accredited/ACGME equivalent residency program, or in an ECPSC-accredited or SFPC-accredited residency program located in Canada.
  - Upon offering a position to an applicant, the fellowship program must request verification from that training program using the GME Certification of Post-Graduate Training form.

Returned GME Certification of Post-Graduate Training forms are to be forwarded to the GME office to be filed in house officer's GME record. Programs should also keep a file of the returned GME Certification of Post-Graduate Training forms and documentation of any requests of verifications sent.

Program Interview/Application Requirements (GME 1.2)
Purpose
The GME office is responsible for ensuring all applicants invited to interview for a resident/fellow position must be informed, in writing or by electronic means, of the terms, conditions, and benefits of appointment to the ACGME-accredited program, either in effect at the time of the interview or that will be in effect at the time of his or her eventual appointment.

Policy
To comply with ACGME requirements for the eligibility and selection of residents/fellows, training programs must follow the procedure outlined below. Programs must provide applicants with the required information and obtain all GME required documentation and submit to the GME office by the designated date set by the GME office prior to the hire of house officers.

Procedure

1. Any applicant interviewed for a resident/fellow position must be provided information on the following:
(https://www.LSU Health Shreveport.edu/admissions/graduate-medical-education/application-information)

- Sample Contract
- Financial Support
- Vacation/Sick and other leaves of absences
- Professional Liability
- Hospitalization/Health/Disability and other insurance accessible to residents/fellows and their eligible dependents (https://www.lsuhs.edu/about/employment/benefits)
- Certifications that will be required prior to start per department specific requirements (BLS, ACLS, etc.)
- Program's aims
- Eligibility for Specialty/Subspecialty Board Examination

2. Applicants must sign LSU HEALTH SHREVEPORT acknowledgement statement.

3. Any applicant that will need J-1 Visa sponsorship should be informed of the process and requirements to obtain keep J-1 Visa sponsorship. H1-Bs are not accepted for residency/fellowship programs. (ECFMG website: www.ecfmg.org)

4. Applicants must fill out the GME 2 page application. Programs will be responsible for submitting the 2 page application for all residents/fellows offered positions to the GME office at the time of match.
(https://resources.finalsite.net/images/v1597874292/lsuhscshreveportedu/c6ip4zgfriq1ao4cqdd8/PreMatch2PageApplication2020.pdf)

Online/Virtual Interview Process (GME 1.2.a)

Purpose

The Graduate Medical Education office is responsible for ensuring all applicants invited to interview for a resident/fellow position receive equal opportunity to be interviewed and considered for a residency/fellowship position. In response to the COVID-19 pandemic, all programs must utilize online interviewing/virtual visit capabilities for all applicants, including local students, and in-house residents/fellows. Implementation of a digital interviewing experience should be enforced within all programs for potential applicants. Programs will receive institutional support and resources to ensure an optimal online/virtual experience is offered.

Policy

Programs will commit to online interviews and virtual experiences for all applicants, including local students enrolled in medical school in order to allow fair consideration for positions. Programs must provide applicants with the required information and obtain all GME required documentation and submit it to the GME office by the designated date set by the GME office prior to the hire of house officers. Programs will offer online interviews and virtual visits for all applicants in place of in-person interviews and visits. Programs will coordinate within their department to ensure participation of faculty, staff and residents/fellows to promote their individual program.

Procedure

1. Any applicant interviewed for a resident/fellow position must be provided information on the following in regard to the terms, conditions, and benefits of an appointment to a training program:

- Sample Contract
- Financial Support
- Vacation/Sick and other leaves of absences
- Professional Liability
- Hospitalization/Health/Disability and other insurance accessible to residents/fellows and their eligible dependents
- Certifications that will be required prior to start per department specific requirements (BLS, ACLS, etc.)
- Program's aims
- Eligibility for Specialty/Subspecialty Board Examination

2. Applicants must sign the LSU HEALTH SHREVEPORT acknowledgement statement.

3. Any applicant that will need J-1 Visa sponsorship should be informed of the process and requirements to obtain keep J-1 Visa sponsorship. H1-Bs are not accepted for residency/fellowship programs. (ECFMG website: www.ecfmg.org)

4. Applicants must fill out the GME 2-page application. Programs will be responsible for submitting the 2-page application for all residents/fellows offered positions to the GME office at the time of match.

5. Applicants & a Program Representative must sign a Confidentiality Agreement regarding the virtual interview process acknowledging they are to refrain from recording audio, recording video, taking pictures, screenshots, etc. during the interview process.

- Agreement will be kept on file in the program for a minimum to one year

Resident Appointment (GME 1.3)

An "Initial Resident Agreement" must be completed for all Residents upon entry into a residency program and a "Resident Renewal Agreement" for each year of training thereafter. The agreement must be signed by the Resident/Fellow, Program Director, and the Designated Institutional Official and the original agreements must be maintained as part of the institution's permanent records.

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

Any Resident who elects to not renew his contract for residency training must provide the program director with written notice four months prior to the end of the current contract year. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal.

1. Initial Resident/Fellow Appointment

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

- The appointment of a physician to a residency/fellowship program shall be for the sole purpose of pursuing postgraduate medical education.
- The initial appointment shall be for one year and is made upon recommendation of the program director with approval of the Designated Institutional Official.
- A Resident shall be responsible for taking USMLE Step 3 before completion of their PGY-1 training.
- A Resident shall be responsible for taking and passing USMLE Step 3 before completion of their PGY-2 training. Failure to obtain a passing score before completion of their PGY-2 training will result in termination and non-renewal of contract.
- The Resident/Fellow must be appointed to the postgraduate year for which he/she is qualified as specified by the certifying board of the specialty. Previous postgraduate training in another specialty will not be taken into consideration unless such training is credited by the certifying board of the specialty of enrollment. The Graduate Medical Education Department must be provided with a letter from the certifying board which indicates the number of months or year's credit that will be given before a Resident's postgraduate year can be adjusted.
- The program director, or his/her designee, is responsible for communicating to the Graduate Medical Education Office an appointment of a Resident/Fellow. The program must submit a completed application and a completed, signed letter of offer to the Resident/Fellow. The Medical Education Office will then complete a personnel form, PER-1 form, and Resident/Fellow contract ("Initial Resident/Fellow Agreement") and coordinate the appropriate approvals. A Resident/Fellow's appointment is contingent upon receipt of a completed Resident/Fellow Agreement and Resident/Fellow Compliance with requirements outlined in the Resident/Fellow Eligibility and Requirements for Residency/Fellowship Training Policy and Resident/Fellow Responsibilities and Conditions of Appointment Policy located in the House Officer Manual.
- An international medical graduate (IMG) appointed to a residency/fellowship position must meet all applicable educational requirements, possess a visa, if required, which permits participation in a graduate medical education program, and if applicable possess a valid ECFMG certificate, and meet the licensure requirements of the State of Louisiana. These documents must be reviewed and found to be in order by the Graduate Medical Education Department prior to the commencement of any medical activity within the hospital.

USMLE Step 3/COMLEX Level 3 Requirements (GME 1.3.a)

According to the Louisiana State Board of Medical Examiners, for a resident to be issued a license beyond their PGY1 or PGY2 permit, they must have taken and passed USMLE Step 3/COMLEX Level 3. An applicant who has not taken and passed the USMLE Step 3/COMLEX Level 3 prior to the expiration of the PGY1 or PGY2 permit may not be licensed by the LSBME until such time that the applicant has taken and passed the USMLE Step 3/COMLEX Level 3.

Upon initial appointment as a resident, all residents are required to sign the USMLE STEP 3/COMLEX Level 3 Acknowledgement Form. The form states that all residents shall be responsible for taking USMLE Step 3/ COMLEX Level 3 before completion of their PGY-1 training. A Resident shall be responsible for taking and passing USMLE Step 3/ COMLEX Level 3 before completion of their PGY-2 training. Failure to obtain a passing score before completion of their PGY-2 training will result in termination and non-renewal of contract.

<u>Applicant Who Does Not Take and Pass USMLE Step 3</u>

The applicant who does not take and pass the USMLE Step 3 may apply for a PGY2 permit for up to 12 months. This has the effect of providing applicants with a 24-month period during the PGY1 and PGY2 years to take and pass the USMLE Step 3. The applicant who has not taken and passed the USMLE Step 3 prior to the expiration of the PGY1 or PGY2 permit may not be licensed by the LSBME until such time that the applicant has taken and passed the USMLE Step 3. The LSBME does not issue a PGY3 permit in these cases. As such, there is generally no permit or license issued and immediately available to the applicant who has not taken and passed the USMLE Step 3 when the PGY2 permit expires.

Four Strikes and You're Out (applies to USMLE Steps 2 and 3)
Applicants are limited to 4 attempts to take and pass the USMLE Step 2. Applicants are limited to 4 attempts to take and pass the USMLE Step 3. An applicant who fails USMLE Step 3 after the third attempt must take 6 months of approved training before permitted to take Step 3 for the fourth and final time. This applies to all examinations (FLEX, SPEX, NBME, NBOME, COMLEX-USA, or a combination thereof).

The acknowledgement Residents are required to sign states:

I acknowledge that I have been notified of the requirements of taking and passing USMLE Step 3/COMLEX Level 3 as indicated in the Initial Resident/Fellow Appointment Policy (GME 1.3).

I understand that I am to abide by the following requirements regarding USMLE Step 3/ COMLEX Level 3:

- *A Resident shall be responsible for taking USMLE Step 3/ COMLEX Level 3 before completion of their PGY-1 training.*
- *A Resident shall be responsible for taking and passing USMLE Step 3/ COMLEX Level 3 before completion of their PGY-2 training. Failure to obtain a passing score before completion of their PGY-2 training will result in termination and non-renewal of contract.*
- *A Resident shall be responsible for providing LSBME with an official transcript of all scores directly from the examination board as required by LSBME. (Fee may be required to have scores sent.)*
- *All Programs shall be compliant with the above stated policy; however, departments may require successful completion of USMLE Step 3/ COMLEX Level 3 earlier than their PGY-2 training if indicated in their departmental policy manual.*

Resident Promotion/Advancement (GME 2.1)
The promotion/advancement of a Resident from one postgraduate level to another in a graduate medical education program generally occurs following the satisfactory completion of each 12-month period of graduate medical education.

Such promotion/advancement is made upon recommendation by the program director and is regarded as the same process as the initial appointment award.

Any Resident who is not to be reappointed at the end of the contract year should be so notified in writing by the program director at least four months in advance. However, if the primary reason for the non-renewal or non-promotion occurs within four months prior to the end of the agreement/contract, the notice of non-renewal must be provided as soon as circumstances will reasonably allow. Any Resident receiving notice of intent to not renew his/her contract may

request a hearing as outlined in the Due Process and Appeals Policies located in the Resident Manual.

Any Resident who elects to not renew his contract for residency training must provide the program director with written notice four months prior to the end of the current contract year. However, if the primary reason for the nonrenewal occurs within the four months prior to the end of the agreement, the notice of nonrenewal may be sent less than four months in advance of the nonrenewal.

For each Resident advanced, the program director is responsible for notifying the Graduate Medical Education Office which will coordinate the completion of the appropriate personnel form indicating the change in postgraduate year, dates of appointment, and adjustment in salary. A Resident contract ("Agreement for Post Graduate Training") signed by the Resident, Program Director, and Representative of LSU HEALTH SHREVEPORTC-S/DIO must be completed prior to the Resident being advanced.

House Officer Dismissal/Non-Renewal of Contract (GME 2.1.a)
Policy
In all cases in which revocation of a House Officer's appointment has been recommended by the program director of a clinical department, the House Officer and the Designated Institutional Official (DIO) shall be notified in writing by the program director. Any House Officer who is not to be reappointed at the end of the contract year should be so notified in writing by the program director at least four months in advance. However, if the primary reason for the non-renewal occurs within the four months prior to the end of the agreement, the notice of non-renewal may be sent less than four months in advance of the non-renewal.

If the House Officer wishes a hearing, he/she must submit a written request to their specific Department Chairman within ten (10) days after receipt of the notification letter. Otherwise, the Designated Institutional Official will act upon the program director's recommendation and coordinate the Resident's dismissal.

Procedure
If at any time the Program Director determines dismissal is warranted, the program director shall notify the House Officer, the DIO and the Graduate Medical Education office in writing. The Program Director shall also provide any written documentation leading to dismissal. Once the GME office receives notification, the GME office will notify the Human Resources department of the termination and the effective date.

Immediate dismissal may occur at any time without prior notification in instances of gross misconduct or illegal conduct.

Dismissal of a House Officer may occur for but are not limited to any of the following:

- Failure to meet the performance standards of the training program
- Failure to comply with the policies and procedures of the training program, GMEC, Ochsner LSU Health Shreveport, or other participating sites
- Failure to comply with regulations of the Louisiana State Board of Medical Examiners
- Failure to obtain appropriate visa or other appropriate work authorization documents
- Inability to pass the requisite examinations for license to practice medicine in the United States

- Illegal, unethical, or unprofessional conduct
- Conduct that is detrimental to patients, self, or others

In addition to notifying the house officer, DIO and GME office, programs will also be required to report to the Louisiana State Board of Medical Examiners in writing when a physician's training has been terminated.

House Officers must complete the House Officer Clearance Form provided by the GME Office upon dismissal/termination from program. This includes returning all ID Badges, keys, and other equipment issued while in training to appropriate departments on campus and any participating sites.

Any House Officer receiving notice of dismissal or intent to not renew his/her contract may request a hearing as outlined in the Due Process and Appeals Policies located in the House Officer Manual.

Communication Elements for Disciplinary Actions (GME 2.1.b)
Probation is the formal notification to the resident/fellow that the residents/fellow's performance is not satisfactory. Written notification of probation must include the following seven elements:

1) Reason for the Extension
2) What did they not do that did not meet expectations?
3) Goals and objectives that they should meet
4) Timeframe of meeting the goals and objectives
5) Communication and/or progress report of meetings to communicate progress or lack of progress
6) What happens if they do not meet the goals and objectives?
7) Statement acknowledging the resident/fellow's right to appeal

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

House Officer Grievance Process (GME 3.1)
The grievance appeals process is the mechanism for House Staff to address complaints **that are not related to their professional performance or contract issues.** A grievance is defined as any circumstance thought to be unjust or injurious and grounds for complaint or resentment, or a statement expressing this, against a real or perceived wrong; or a complaint arising from circumstances or conditions relating to one's employment. A House Staff has several options in which to have a grievance resolved.

House Staff and Program Directors are encouraged to work within their departments to address and resolve any issues of concern to the House Staff, including concerns related to the work environment, faculty, or the House Staff performance in the program. All such concerns should be presented by the House Staff to their Program Directors for resolution. Issues or alleged violation(s) of Title IX (sexual misconduct/power-based violence) shall be referred to Office of Title IX Campus Coordinator.

A grievance procedure for all House Staff was established at Louisiana State University Health Sciences Center so that House Staff who are dissatisfied or who have a personal complaint may discuss their situation freely with appropriate personnel. All House Staff may request to receive proper consideration toward resolving the problem. The House Staff should do so without fear of reprisal from anyone for using the procedure provided the effort to resolve the problem is sincere. The policy may be found in the House Staff Manual, "Non-Academic Grievance Process" (.1a). The steps of the Grievance Procedure are as follows:

- Step 1: The House Staff shall present the grievance in writing to his/her immediate Program Director within five (5) working days beginning with the day after the occurrence of the incident which caused the employee to be aggrieved. The Program Director shall work in concert with the Section Chief, if applicable, to ensure appropriate communication and enhance decision making. The Program Director will promptly establish a meeting with the House Staff to discuss the grievance and/or will render a written answer to the grievance within three (3) working days beginning with the first working day after the grievance is presented to the Program Director.
- Step 2: If the House Staff is not satisfied with the decision of his/her Program Director and Section Chief, if applicable, he/she may, within three (3) working days, submit his/her grievance in writing to the Department Chair. The Chair will conduct an investigation within five (5) working days. If the Chair feels that, based on the facts, the employee has a valid grievance; he/she will notify the Program Director of his/her findings. If the Program Director does not concur with the Department, the Department shall render a written decision to the House Staff and the Program Director within three (3) working days after the initial response was rendered. If the Program Director and Chair are the same person, the House Staff shall submit their grievance within three (3) working days to the Designated Institutional Official (DIO). The DIO shall act as the Department Chair and follow the process as described.
- Step 3: If the House Staff is not satisfied with the decision at Step 2, he/she shall, within two (2) working days beginning with the first working day after receiving the decision submit his/her grievance in writing to the Senior In-House Counsel. The Senior In-House Counsel shall discuss the grievance with the House Staff within five (5) days and render a written decision within three (3) working days beginning with the first working day after the grievance is discussed with the House Staff.

- Decisions rendered by the Office of Legal Affairs, on behalf of the Chancellor are final within the university.

As set forth in the House Staff Manual, the Academic Due Process Policy (GME 3.1b) provides additional procedures for House Staff to request review of certain academic or other disciplinary actions taken against House Staff that could result in dismissal, non-renewal of a House Staff's agreement or other actions that could significantly threaten a House Staff's intended career development.

For due process regarding Non-Academic or Academic offenses of a resident/fellow in training, please refer to the appropriate policy described below.

Non-Academic Offenses are not relating to one's formal education or training. This includes conduct violating policies and procedures not relating to academic performance. Examples include sexual misconduct, unprofessional conduct/behavior, etc. In the instance of a non-

academic offense, the House Officer Non-Academic Disciplinary Proceedings Policy (GME 3.1a) should be followed.

Academic Offenses are directly related to one's formal education or training. This includes conduct violating policies and procedures relating to academic performance. Examples include plagiarism, cheating, collusion, copying work, inability to apply medical knowledge in a clinical/patient care environment, acquiring work and reuse of your own work, etc. When an academic offense occurs, the House Officer Academic Due Process Policy (GME 3.1b) should be followed.

House Officer Non-Academic Disciplinary Proceedings (Due Process) (GME 3.1a)
Louisiana State University Health Sciences Center Shreveport (LSUHC-S) is dedicated to providing its students, residents, faculty, staff, and patients with an environment of respect, dignity, and support. The diverse backgrounds, personalities, and learning needs of individual students must be considered at all times in order to foster appropriate and effective teacher-learner relationships. Honesty, fairness, evenhanded treatment, and respect for students' physical and emotional well-being are the foundation of establishing an effective learning environment.

As the Sponsoring Institution, LSU Health Shreveport is committed to providing a culture of professionalism that supports patient safety and personal responsibility. LSU Health Shreveport must ensure that training programs provide a professional, equitable, respectful, and civil environment that is free from unprofessional behavior, including discrimination, sexual, and other forms of harassment, mistreatment, abuse, and/or coercion of residents/fellows, other learners, faculty members, and staff members.

House Officers have rights as guaranteed by the U.S. Constitution and all appropriate federal, state, and local laws. Primary among those is the right to a fair and impartial hearing if the House Officer is accused of misconduct or violating university regulations.

HOUSE OFFICER RESPONSIBILITIES
Louisiana State University Health Sciences Center Shreveport (LSU HEALTH SHREVEPORTC-S) residents/fellows should explicitly uphold the basic principles of behavior that constitute the highest standards of academic, professional, and ethical conduct. Residents/Fellows are responsible for complying with all policies/procedures, rules and regulations and other information published by LSU HEALTH SHREVEPORTCS and those policies that have been outlined in the GME House Officer Manual and each Program specific policies.

As outlined in the Chancellor's Memoranda (CM21), residents/fellows are expected to:
- Exhibit the highest standard of personal, academic professional and ethical behavior.
- Treat faculty, staff, peers, students, clients, patients, and others with dignity and respect.
- Abide by the Code of Conduct that applies to their specific professional discipline.
- Abide by all federal, state, and local laws.

Residents/Fellows who violate any of the above when involved in any school or school-related activity/function, whether on or off campus, will be subject to disciplinary action. Any disciplinary action imposed by the school may precede or follow a course independent of any penalty imposed by any off-campus authority.

Misconduct for which residents/fellows are subject to discipline is outlined, but not limited to the categories below:

Non-Academic Offenses: not relating to formal education or training. Conduct violating policies and procedures not relating to academic performance. Examples, sexual misconduct, unprofessional conduct/behavior, etc.
Academic Offense: directly related to formal education or training. Conduct violating policies and procedures relating to academic performance. Examples, plagiarism, cheating, collusion, copying work, inability to apply medical knowledge in a clinical/patient care environment, acquiring work and reuse of your own work, etc.

DISCIPLINARY PROCESS

In the event a resident/fellow is found in violation of any of the above categories he/she will be subject to disciplinary action. The disciplinary process is outlined below:

1. Program Director receives a complaint or notification of violation.
2. Program Director will investigate complaint.
3. The Program Director will then present their findings to the Clinical Competency Committee (CCC) in which the resident/fellow is in training. The CCC will determine the category of the complaint/violation and the range of penalties which may be imposed. The CCC will make no finding of guilt or innocence with respect to non-academic offenses with a potential penalty of 10 or more days suspension, deferred suspension or expulsion.
   - If the CCC finds the alleged violation to be Academic or Non-Academic with potential penalty of less than 10 days suspension; the Program will carry out their departmental action and the Academic Due Process (GME 3.1b) policy should be followed.
   - If the CCC finds the alleged violation is Non-Academic and potential penalty of suspension of ten or more days, deferred suspension, or termination/expulsion, the disciplinary process will be conducted as outlined below.

   Notice:

   Following the CCC decision, the Program Director will provide the accused resident/fellow with a written statement (within 10 days) that must include:

   1. Notice of the charge,
   2. Notice of any and all violations of the institution's non-academic rules or policies,
   3. Notice of disciplinary proceedings or charges that will occur as a result,
   4. Notice shall include, but need not be limited to, each and every section of the institution's rules or policies that the resident/fellow or resident/fellow organization is alleged to have violated and any evidence the institution used and collected in making the charge

   A copy of the written notice will be sent to the DIO, Training Program Director, and University Legal Affairs office.

   Administrative File:

   The training program must maintain an administrative file of the disciplinary proceedings that includes:

1. All documents and evidence in its possession or control relevant to the alleged violation and the institution's investigation including but not limited to:
   a. Exculpatory Evidence,
   b. Documents submitted by any participant, and
   c. The institution's choice of a video recording, audio recording, or transcript of any disciplinary hearing ultimately held in the matter.
2. The file shall not include privileged documents or internal memorandums that the institution does not intend to introduce as evidence at any hearing on the matter.

The accused and/or alleged victim shall have reasonable continuing access to the administrative file and the ability to make copies of all evidence or documents in the file beginning at least seven business days prior to any disciplinary hearing, or sooner if otherwise specified under federal law, except that individual portions of the administrative file shall be redacted if disclosure of the evidence is required by law.

Disciplinary Hearing:

i The Designated Institutional Official (DIO) appoints three faculty members to serve as a disciplinary hearing panel.

ii The Hearing Panel will set the hearing date and provide notification to the parties at least 7 days prior to the hearing.

iii The Program Director presents the case for the program. The accused resident/fellow or their representative presents the case for the resident/fellow.

iv Each party may present opening and closing statements and conduct direct and cross-examination of all witnesses.

v The Program Director and the accused resident/fellow may present evidence to the disciplinary hearing panel in accordance with guidelines listed below.

vi At the conclusion of the hearing, the disciplinary hearing panel will determine if accused resident/fellow is guilty of the charged offense. If not guilty, no further action is required.

vii If the accused resident/fellow is found guilty of a non-academic offense, the disciplinary hearing panel will determine the appropriate penalty.

viii Program Director imposes the sanction.

Representation

Accused residents/fellows, may be represented by an attorney or non-attorney advocate at all times during the disciplinary process. The representative may fully participate during any disciplinary proceedings. The resident/fellow is responsible for payment of all cost of representation.

Conflicts of Interest

LSUHS prohibits commingling of administrative and adjudicative roles. No individual should perform more than one of the following roles:

1. Victim counselor and victim advocate
2. Investigator

3. Institutional prosecutor
4. Adjudicator
5. Appellate adjudicator

Presumption of Innocence

The accused resident/fellow is presumed innocent of the alleged violation until:

1. He/ She formally acknowledges responsibility, or
2. The conclusion of a disciplinary hearing where LSUHSC-S established every element of the alleged violation(s).

Appeals Process

Residents/Fellows may appeal a finding of guilty to the Department Chair (within 10 days) only on the following grounds:

1. New Evidence
2. Contradictory evidence, and/or
3. Evidence that the resident/fellow was not afforded due process

The Department Chair considering the appeal may consider police reports, transcripts, and the outcome of any civil or criminal proceeding directly related to the appeal.

Upon consideration of the evidence, the Department Chair may

1. Grant the appeal,
2. Deny the appeal,
3. Order a new hearing, or
4. Reduce or modify the punishment

House Officer Academic Disciplinary Proceedings (Due Process) (GME 3.1b)

The process outlined in this policy applies only to Academic offenses. The LSU Health Sciences Center-Shreveport is committed to the principle of due process. Due process is defined as allowing an individual notice of the proposed action and with the allegations and evidence against him/her, to present his/her side of the story to the decision-maker, and unless the offense is egregious, be given the opportunity for improvement. The DECISION-MAKER for the House Staff is the House Staff's Department Chair. In the case the Department Chair is the complainant, the role of DECISION-MAKER defers to the Department Chair of the next training program listed alphabetically from A-Z.

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

House Staff who are dissatisfied with departmental actions must, within five (5) working days, request in writing a review by the Departmental Chair. The decision of the chair in matters of

oral counseling, written counseling, and suspension of less than thirty (30) days will be considered final.

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

APPEALS

House Staff may appeal the Decision-Maker for any disciplinary actions involving 30 or more day's suspension, extension of residency training, or dismissal. Additionally, although not required by Louisiana law, LSUHSC-S allows appeals for contract non-renewal. The Decision of the Appeals process will be either to **UPHOLD OR NOT UPHOLD** the departmental action.

APPEALS PROCESS

House Staff training is a serious responsibility both on the part of the House Staff and the faculty responsible for imparting such training. As medicine has progressed, and specialization has become more complex, the departments providing such training are best equipped to judge the clinical capabilities of the House Staff in their departments. It is expected that the faculty within the department/section sponsoring a residency/fellowship program will be involved in evaluating House Staff within their respective programs.

The role of the appeals process is to ensure that the House Staff has been fairly evaluated according to departmental standards, has been made aware of his/her deficiencies, and unless the offense(s) are egregious, be given the opportunity to correct them. The appeals process is an administrative one, and therefore the strict rules of evidence do not apply.

The appeals process following the decision of the Department Chair is as follows:

Step 1. Appeal to the Department Chair
Step 2. Appeal to an Appeal Review Committee

THE APPEALS PROCESS IN DETAIL

1. Upon receiving one or more of these disciplinary/adverse actions, the House Staff desiring to contest this action must within five (5) working days request in writing a review by the Departmental Chair. The written request must be delivered to the office of the respective Department Chair by the close of business on the 5th day.

2. The Departmental Chair is the final **appeal** for all disciplinary matters of oral counseling, written counseling, probation, terminations or contract non-renewal and suspensions of less **than thirty (30) days**. The Departmental Chair has **five (5) working days** after receipt of the request to render an opinion. In disciplinary/adverse actions involving **thirty (30) or more days**

suspension or for a non-renewal of a training contract as outlined in this section. If the Program Director and Department Chair are the same individual the next Department Chair listed alphabetically shall act as the Department Chair and follow the process as described. The written decision shall be hand delivered or sent by certified mail with signature of receipt.

3. In disciplinary/adverse action(s) involving **thirty (30) or more day's** suspension, termination or for a non-renewal of a contract, the House Staff desiring to contest the action must within **five (5) working days** of the action make a written request for a review by the Departmental Chair. The request must clearly state the reason for the appeal, the relief desired and be delivered to the respective Department Chair office.

4. The Department Chair shall have **five (5) working days** from the receipt of the written request to render a decision in writing. The written decision shall be hand delivered or sent by certified mail with signature of receipt.

5. If the House Staff disagrees with the decision of the Department Chair, the resident/fellow may make a final appeal to the Appeals Review Panel. **Within five (5) working days** after receiving the decision of the Department Chair, the House Staff may request a hearing before the Appeals Review Panel. The request must be received in the office of Legal Affairs (Room 600, 6th floor Administration Building) by 4:30pm on the 5th working day after receipt of the opinion of the Department Chair. The request must be in writing requesting the appeal and submitted to Legal Affairs. The written request must state the factual basis for the request for the appeal in detail, including but not limited to, specific reasons why the House Staff disagrees with the departmental action, other related issues that the House Staff desires to be considered, and the relief sought. The written request must include the House Officer's appeals panel selection (described in # 6 below). **FAILURE TO COMPLY TIMELY WITH THESE DEADLINES AND REQUIREMENTS WAIVES THE APPEAL RIGHT UNDER THIS SECTION.**

6. Senior In-House Counsel shall schedule a date for the hearing within 5 working days after the receipt of the request, the hearing appeals date shall be within 30 calendar days or less. The committee shall be made up of three LSU Health Shreveport physician members who are not members of the House Staff's department. One member will be selected by the House Staff, who is either a LSUHSC-S House Staff of the same or higher level as himself, or an LSUHSC Shreveport physician faculty member. The second member of the committee shall be appointed by the Department Chairman. The third member of the committee will be appointed/selected by the Senior In-House Counsel for the Medical School and will vote only in the event of a tied vote between the other two panel members. An attorney from the office of Legal Affairs or a suitable designee shall serve as the legal adviser to the committee. The attorney shall not vote in the Committee's voting but shall be responsible for coordinating the meeting and drafting the report of the Committee for the review and signature of the Committee members (within 5 working days).

7. Each party is responsible for securing the attendance of their respective witness(es). If a witness is not available when called during the hearing their participation will be disallowed.

8. Not later than **five (5) working days** prior to the hearing, both sides (House Staff and department) shall submit to the office of Legal Affairs 5 copies of any and all documents to be considered by the appeals committee and their list of no more than 3 witnesses. Failure of either party to timely submit documents may preclude consideration of those materials by the panel.

9. The hearing shall be conducted as follows:

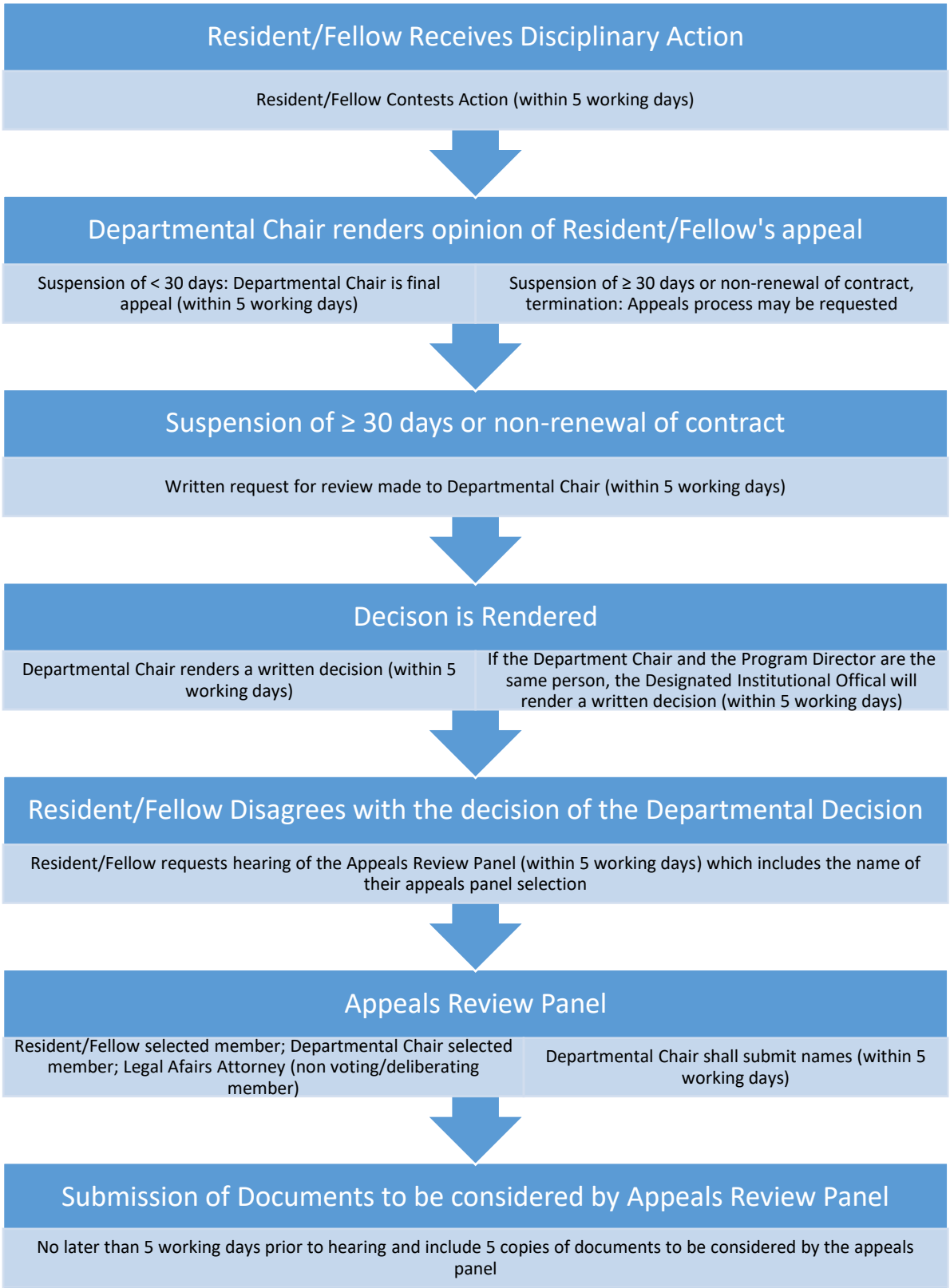
First, the Department Chairman or Program Director may make a 30-minute presentation to the committee, which shall describe the action taken and the reasons for the action(s) taken. Following the presentation by the Department, the House Staff may make a 30-minute presentation to the committee that include his/her version of the events that resulted in the action by the Department, as well as any other relevant information that he/she wishes for the committee to consider. Each side may have up to three witnesses who each may make a presentation up to fifteen (15) minutes in length. At any time during the proceedings, the members of the appeals committee may ask questions of the House Staff or Department Chairman or Program Director or any witness who participates in the hearing.

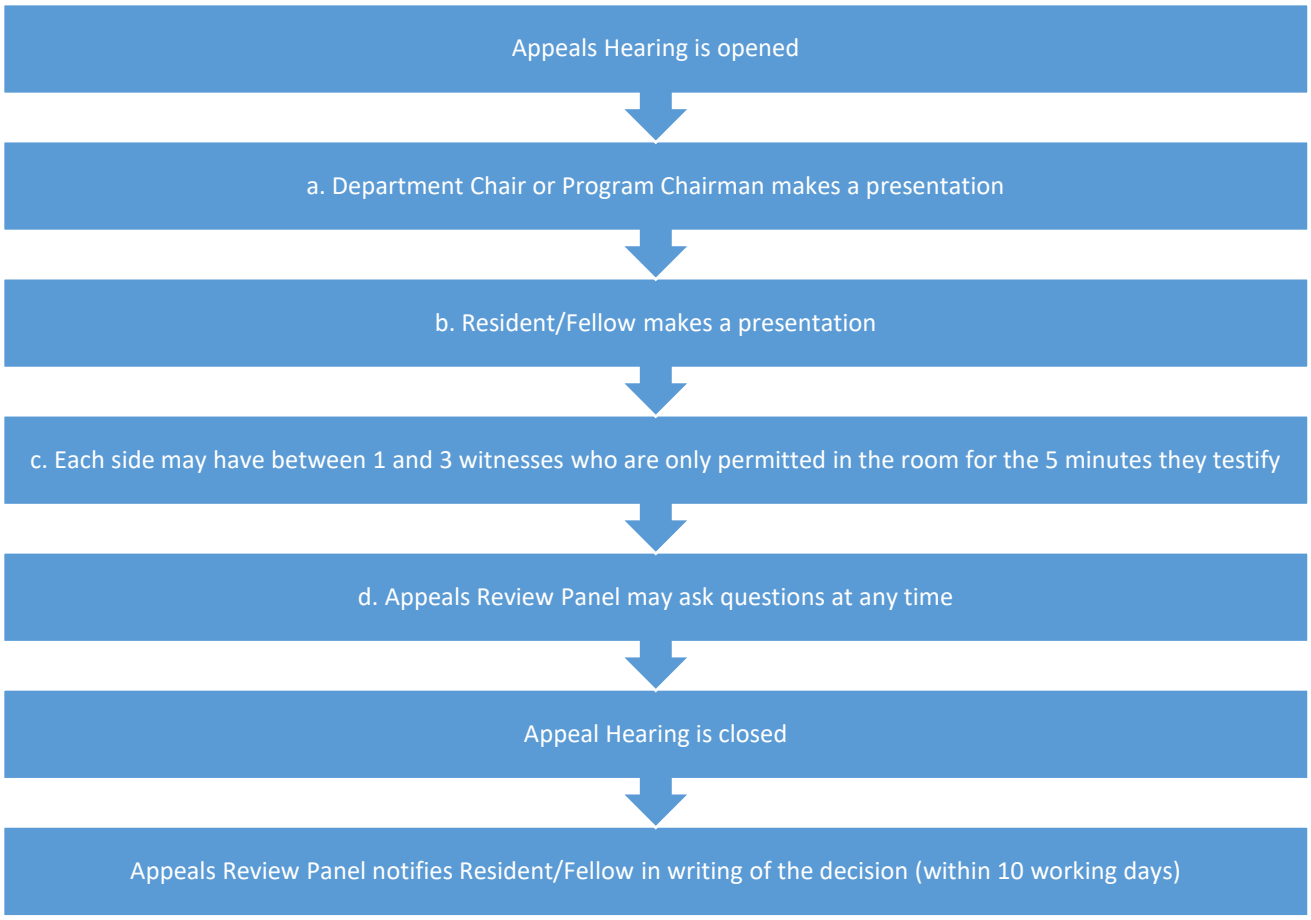
10. The appeal hearing shall be closed. Witnesses participating in the proceeding shall be excluded from the hearing and admonished not to discuss the case with anyone until after the hearing has concluded.

11. Both parties may present a brief (less than 10 minutes) closing written summary at the end of the hearing.

12. The Appeals Committee makes a decision whether or not to uphold the action of the Department Chairman. The House Staff will be notified, in writing within 10 working days of the hearing conclusion, of the decision of the Committee whether or not to uphold the action of the Department Chairman. The written decision concludes the administrative appeal process. The written decision shall be hand delivered or sent by certified mail with signature of receipt.

The disciplinary/adverse action shall be carried out after the decision of the Department Chair (who is the decision-maker). Should the House Staff prevail on the appeal to Senior University Official's, the House Staff will be entitled to all back pay and allowances from the date of the disciplinary/adverse action. Although the disciplinary/adverse action shall be carried out after the decision of the Department Chair, no notification of the appropriate boards and agencies will occur until the final step in the appeal. An exception to this notification may be made when required by law, rule, regulation, or contract.


Resident/Fellow Receives Disciplinary Action
Resident/Fellow Contests Action (within 5 working days)
Departmental Chair renders opinion of Resident/Fellow's appeal
Suspension of < 30 days: Departmental Chair is final appeal (within 5 working days)
Suspension of ≥ 30 days or non-renewal of contract, termination: Appeals process may be requested
Suspension of ≥ 30 days or non-renewal of contract
Written request for review made to Departmental Chair (within 5 working days)
Decison is Rendered
Departmental Chair renders a written decision (within 5 working days)
If the Department Chair and the Program Director are the same person, the Designated Institutional Offical will render a written decision (within 5 working days)
Resident/Fellow Disagrees with the decision of the Departmental Decision
Resident/Fellow requests hearing of the Appeals Review Panel (within 5 working days) which includes the name of their appeals panel selection
Appeals Review Panel
Resident/Fellow selected member; Departmental Chair selected member; Legal Afairs Attorney (non voting/deliberating member)
Departmental Chair shall submit names (within 5 working days)
Submission of Documents to be considered by Appeals Review Panel
No later than 5 working days prior to hearing and include 5 copies of documents to be considered by the appeals panel



House Officer Leave Policy (GME 5.1)
Policy
House Officers are allowed vacation and other types of leave per academic year during their training. All residents/fellows must submit their requests to their Program Director as far in advance of the requested week as possible. House Officer's must receive Program Director approval for all leave requests. If leave requests are made during an off-service rotation, the Program Director in the department directly responsible for the off-service rotation must approve the request in addition to the home department. Once approved by the appropriate Program Director(s), the House Officer's approved leave request must be submitted to the GME Office by that House Officer's department. The GME office will track and monitor house officer leave as it is received. Individual Programs will also be required to track and monitor their own house officer leave.

Each training program should have its own program specific leave policy and process and are responsible for distributing and educating to its residents/fellows. Consideration of appropriate coverage of patient care should be reviewed by program when approving leave. Programs are responsible for ensuring residents/fellows are compliant with training program and board specific requirements regarding leave and time away from training. Programs will provide residents/fellows information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

Annual Leave: Annual Leave is leave with pay granted to an employee for the purpose of rehabilitation, restoration, and maintenance of work efficiency, or transaction of personal

affairs. First-year house staff are allowed three weeks (21 days) vacation with pay (a seven-day period to include 5 weekdays and 2 weekend days), and second through seventh year house staff are allowed four weeks (28 days) vacation with pay (a seven-day period to include 5 weekdays and 2 weekend days), except where prohibited by specialty ACGME Residency Review Committee or Board regulations. Vacation requests should be in increments of one week (a seven-day period to include five weekdays and two weekend days) at a time with one adjoining weekend free of duty. House Officers should request within the program desired weekend to be free of duty. All requests for annual leave must be approved by their respective Program Director and will be granted at the discretion of the program needs. Annual leave is non-cumulative – it must be used during the house officers' academic year and cannot be carried forward.

Sick Leave: Sick Leave is leave with pay granted to an employee who is suffering with a temporary disability which prevents him/her from performing the usual duties and responsibilities or who requires medical, dental, or optical consultation or treatment. Sick leave may be used to care for an immediate family member who is ill or injured or to accompany an immediate family member to a medical, dental, or optical consultation or treatment. An immediate family member is defined as a spouse, parent, or child of an employee. All House Officers are allowed ten working days for sick leave each year. Sick leave may not be used as vacation time. Sick leave must be approved by their respective Program Director. If sick leave is more than three (3) consecutive workdays, the employee may be required to bring a physician's certificate. Sick leave includes personal doctor's appointments i.e., medical, optical, and dental.

<u>Approved Medical, Parental and Caregiver leave(s)</u>
Residents/Fellows are allowed a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws at least once and at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. Residents/Fellows granted six weeks of approved medical, parental, and caregiver leave(s) of absence will be provided 100 percent of their salary for the first six weeks of first approved medical, parental, or caregiver leave(s) of absence taken. Continuation of health and disability insurance will be covered during six weeks of approved medical, parental, and caregiver leave(s). If leave is taken beyond six weeks and resident/fellow is placed on leave without pay, resident/fellow must coordinate with the HR Benefits office and Payroll office to continue payment for coverage.

If a resident/fellow takes six weeks of the first approved medical, parental, or caregiver leave(s) of absence, resident/fellow will only be allowed one additional week of paid time off outside the six weeks of approved medical, parental, or caregiver leave(s) during the same academic year. Leave taken beyond approved six weeks approved medical, parental, and caregiver leave and additional one week of paid leave in one academic year will be regarded as leave without pay.

Programs will be responsible for providing residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

- Process to request medical, parental and caregiver leave(s)

1. Resident/Fellow will notify Program Director and Program Administrator of requested leave and submit House Officer leave request form with dates for approval by Program
2. Resident/Fellow will submit FMLA paperwork to Human Resources if eligible (must be employed for at least one year to be approved for FMLA).
3. Program will submit approved leave request form to the GME office.

Educational Leave: Educational Leave is leave that may be granted at the discretion of the program director primarily to attend conferences or meetings. House officers may be granted up to 5 days of paid educational leave. Educational leave exceeding the maximum of 5 days will be charged as annual leave or Leave without Pay. Program Directors will be held accountable for ensuring House Officers meet the minimum days in training according to their specific board requirements.

Funeral Leave: Funeral Leave is leave that may be given to an employee without loss of pay or to attend the funeral services or burial rites of a member of the immediate family when such rites occur on a scheduled workday. Maximum funeral leave granted cannot exceed two (2) days.

- Immediate Family is defined as: Father, Mother. Step-Father, Step-Mother, Sister, Step-Sister, Brother, Step-Brother, Husband, Wife, Child, Step-Child, Mother-In-Law, Father-in-Law, Grandchild and Grandparents.

Military, Civil, and other Special Leave: If the need for military, civil or other special leave as defined by the LSU Health Shreveport Employee handbook occurs, arrangements will made between the House Officer, Program, Graduate Medical Education office and Human Resources. The House Officer will notify the Program and Graduate Medical Education Office, a minimum of 30 days in advance of the absence as possible.

Leave without Pay: House Officers may be put on Leave without Pay if/when unable to participate in required training of program. Leave without pay may also be applied if house officers exhaust all allowed paid leave and request additional time away from training. Leave Without pay may result in the extension of training/contract, depending on program requirements and board guidelines.

J-1 Visa Sponsored House Officers Requesting Leave

All House Officers on a J-1 Visa must complete the "All J-1 Visa Holder" section when submitting their leave request to their Department. Any J-1 Visa Sponsored House Officers travelling outside the United States must follow the steps below when requesting and returning from approved leave:

1. Complete and submit leave request on GME approved Leave Request Form with desired dates of leave.

a. House Officer must hold signed original travel validated DS-2019. House Officers not in possession of travel validated DS-2019 must complete and submit form located on the ECFMG website: http://www.ecfmg.org/evsp/ds2019dup.pdf. Possession of original, signed travel validated DS-2019 is required to re-enter the United States.

2. Once signed and approved by department, Program Administrator will submit approved leave form to the GME office.

3. While on leave, any delay in returning to work must be communicated to the Program Director, Program Administrator and GME Office immediately.

4. Upon re-entry into the United States, J-1 Visa sponsored house officer must report to the GME office on the first day returning back to work from leave. The GME Office will then verify correct visa status at time of re-entry. J-1 Visa sponsored House Officers housed in Monroe or Alexandria must report to their Program Administrator and contact the GME office at that time to verify status.

Process for Leave Request Submission to GME

The GME office, in addition to the Training Programs, are responsible for maintaining and updating all leave taken by residents/fellows while in training. Training Programs are responsible for verifying all leave is logged correctly via New Innovations. Program specific policies regarding leave will still be followed by individual residents/fellows.

1. Resident/Fellow requesting leave will complete and submit their program leave request form and route to appropriate Program Administrator and Program Director(s) for program approval.
    a. Residents/Fellows will provide any program specific documentation per program specific leave request policy.
2. Program Administrator/Program Director(s) will approve/deny leave request.
3. GME office and Program Administrators will maintain, and track leave taken by all house officers.

House Officer Call in Policy (GME 5.1.a)
Policy
All scheduled leave must be recorded in the Graduate Medical Education Office as outlined in the House Officer Leave Policy. Any unscheduled leave, emergency, sick, etc. must be reported immediately to the assigned service representative.

Upon notification of the need to take leave, the House Officer will be advised to call in daily if sick leave is being requested. A physician's excuse may be necessary to return to work. Other emergencies will require identifying a specific number of days prior to leave being taken to establish a date of return to service. Any leave taken without following the proper procedure may result in leave without pay and/or delay in program completion as determined by the Program Director/Chief of Service.

Procedure
Upon the need for a House Officer to call in for any reason including but not limited to sick, emergency, etc., the House Officer must:

- Individual house officer taking unexpected absence must notify the appropriate staff of absence and expected duration of absence. Staff that must be notified of unexpected absence:
    - Chief of service of rotation assigned
    - Program Coordinator of rotation assigned
    - Any other staff according to specific program's call in policy
- Complete and submit a House Officer Leave Request upon return to work
- Provide a doctor's excuse if required by program to return to work
- If House Officer is rotating off service when unexpected absence occurs, home program should be notified and receive a copy of leave request(s) from off service program.

House Officers must refer to their program specific policy when calling in and contacting designated persons in their program. House Officers must also refer to program specific call in policy to ensure they are using acceptable forms of communication (phone, text, email, etc.). House Officers rotating off service should receive the program specific policy on who to call/notify of unexpected absence when they receive their goals and objectives for that rotation.

Programs will forward House Officer Leave Requests to the Graduate Medical Education office to be kept in the House Officer's file.

Impaired Physicians (GME 6.1)

1. Policy

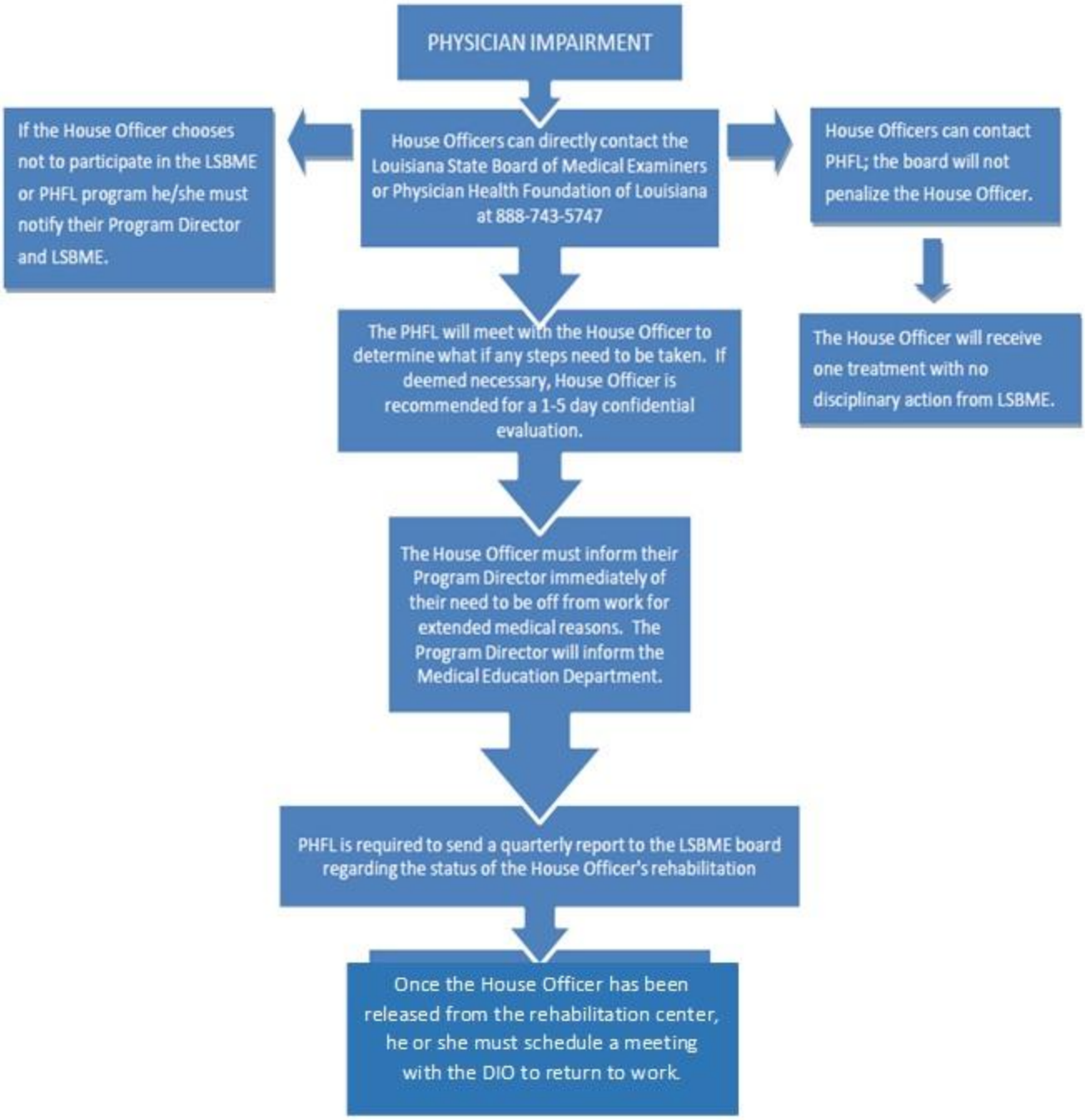
Purpose

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

Policy

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

2. Process for LSU HEALTH SHREVEPORTC house officers seeking assistance and/or support for substance abuse:



Resident Supervision (7.1)

The Sponsoring Institution must maintain an institutional policy regarding supervision of residents/fellows. (IR IV.J.1.) Each of its ACGME-accredited programs must establish a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements. (IR IV.J.2)

All programs must adhere to the minimum standards put forth in this policy. Programs must supplement this policy with program-level supervision policies and must have explicit written descriptions of lines of responsibility for the care of patients, which are made clear to all members of the teaching teams. Residents must be provided with rapid, reliable systems for

communication with, and appropriate involvement of, supervisory physicians in a manner appropriate for quality patient care and educational programs.

Definitions

Levels of Supervision

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

- Direct Supervision
  - The supervising physician is physically present with the resident during the key portions of the patient interaction
    - PGY-1 residents must initially be supervised directly, only as described above
  - The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology
- Indirect Supervision
  - The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision
- Oversight
  - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

All programs are to submit specific levels of care for each PGY level to the GME Office in the required format indicating level, what skills/procedures that level should be doing and what type of supervision is required. An updated version is to be kept on file in the GME office to be uploaded to each House Officer's record to be referenced by hospital staff.

Policy

Each Resident will be assigned a faculty supervisor (supervisor may also be the Program Director). The level and method of supervision will be consistent with the ACGME Program Requirements for each program. The Residents will be supervised by teaching staff in such a way that the Residents assume progressively increasing responsibility according to their level of education, ability, and experience. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

Each faculty member with direct teaching assignments must provide a written summary of the assessment of the Resident's performance during the period that the Resident was under his direct supervision. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each resident and to delegate to the resident the appropriate level of patient care authority and responsibility.

The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

Each resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

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

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

The program director advances Residents to positions of higher responsibility on the basis of the evaluation of their readiness for advancement. The program director must maintain a personal record of evaluation for each Resident which is accessible to the Resident.

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

1. Lines of Responsibility

All Residents in training programs function under the supervision of a member of the Medical Staff. Each Clinical Service may have the following levels of supervision:
Clinical Chair
Section Chief
Program Director
Attending Physician
Clinical Fellow
Chief Resident
Resident
Medical Student
Other Allied Health Students and Medical Center Staff

2. Patient and Family supervision

Patients and families should be aware of the roles and responsibilities of the physician providing their care. Patients and families should have adequate contact with the residents/fellows and attending physicians in charge of their care.

Clinical Experience and Education (GME 8.1)

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

patient care. Residents/Fellows and Faculty will receive proper education in strategies for managing fatigue and burnout as to ensure quality patient care and safety.

Resident clinical hours and on-call assignment periods must not be excessive. Clinical and educational work hours are defined as all clinical and academic activities related to the residency/fellowship program. This includes inpatient and outpatient clinical care, in-house call, short call, night float and day float, transfer of patient care, and administrative activities related to patient care, such as completing medical records, ordering and reviewing lab tests, and signing orders. For call from home, time devoted to clinical work done from home and time spent in the hospital after being called in to provide patient care count toward the 80-hour weekly limit. Types of work from home that must be counted include using an electronic health record and taking calls. Reading done in preparation for the following day's cases, studying, and research done from home do not count toward the 80 hours. Hours spent on activities that are required in the accreditation requirements, such as membership on a hospital committee, or that are accepted practice in residency/fellowship programs, such as residents'/fellows' participation in interviewing residency/fellowship candidates, must be included in the count of clinical and educational work hours. Time residents and fellows devote to military commitments counts toward the 80-hour limit only if that time is spent providing patient care.

If attendance at a conference is required by the program, or if the resident/fellow is a representative for the program (e.g., he/she is presenting a paper or poster), the hours should be included as clinical and educational work hours. Travel time and non-conference hours while away do not meet the definition of "clinical and educational work hours" in the ACGME requirements.

Maximum Hours of Clinical and Educational Work per Week

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

Mandatory Time Free of Clinical Work and Education

- Residents should have eight hours off between scheduled clinical work and education periods.
- Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
- Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical Work and Education Period Length

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and /or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
- In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or, to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit.

Moonlighting

- Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the residents' fitness for work nor compromise patient safety.
- Internal and External Moonlighting hours must be counted toward the 80-hour maximum weekly hour limit and monitored by the training program. Internal moonlighting is defined by the ACGME as moonlighting at the sponsoring institution or the non-hospital sponsor's primary clinical site. External moonlighting is defined as voluntary, compensated, medically related work performed outside the institution where the resident is in training or at any of its related participating sites.
- PGY-1 residents are not permitted to moonlight.

In-House Night Float

• Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.)

Maximum In-House On-Call Frequency

• Residents must be scheduled for in-house call no more frequently than every third night, averaged over a four-week period.

At-Home Call

• At-home call (pager call) is defined as call taken from outside the assigned institutions. Time spent in the hospital by residents on at-home call must count towards the eighty (80) hour maximum weekly hour limit.

• Time spent on patient care activities by residents on at-home call must count towards the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks. o At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident.

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

In planning the Resident rotation schedules, the schedule must focus on the needs of the patient, continuity of care, and the educational needs of the Resident. The Departmental clinical hours must be in compliance with the Institutional as well as the Program Requirements. Each training program must have written policies and procedures consistent with the Institutional and Program Requirements for Resident clinical hours and the working environment. The policies and procedures must be distributed to all Residents and faculty. Frequent monitoring of clinical hours must occur at the institutional and program level to assure compliance with the standards, and to maintain an appropriate balance between education and service. Monitoring of clinical hours will also help identify any vulnerabilities of resident/fellow fatigue. Indicators of clinical hours will be included in the GMEC Internal Review of Residency Programs to assure that the policy is adhered to and reported to the GMEC, Chancellor/Dean, Department Chairman, and Residency Program Director any findings contrary to meeting full compliance.

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

must adhere to the New Innovations Clinical Hour Data Entry Policy regarding the recording and reporting of clinical hours electronically.

Moonlighting (GME 8.1.a)
Policy
The direct provision of patient service for pay (moonlighting) is considered an augmentation and a privilege that should not detract from the goals and objectives of the educational program. House Officers are encouraged to limit the number of moonlighting hours per month as outlined by their Program Directors. House Officers must notify their Program Directors of the average number of external moonlighting hours per month. House Officers are reminded that the Louisiana State Malpractice Plan does not cover malpractice for moonlighting hours outside the LSU System. Under no circumstances should House Officers moonlight during their regular scheduled program hours of service.

Definitions:
Internal Moonlighting: Voluntary, compensated, medically related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

External moonlighting: Voluntary, compensated, medically related work performed outside the institution where the resident is in training or at any of its related participating sites.

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

- House Officers are not required to engage in moonlighting.
- If moonlighting does occur, each House Officer must have a written statement of permission from the program director that is made part of the House Officer's file.
- House Officer Performance will be monitored for the effect of moonlighting activities upon performance and that adverse effects may lead to withdrawal of permission.
- The Sponsoring Institution or individual ACGME-accredited programs may prohibit moonlighting by residents/fellows
- PGY-1 residents are not permitted to moonlight.
- Internal and External moonlighting hours must be counted toward the 80-hour weekly limit on duty hours and monitored by the training program.

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

House Officers seeking to moonlight must receive signed approval from Program Director. A GME Moonlighting Approval Form should be completed, signed and submitted to the GME office for documentation.

Any House Officer engaging in external or internal moonlighting must accurately and honestly document moonlighting hours in the submission of their clinical hours in New Innovations.

Programs are to confirm the entry of moonlighting hours when reviewing and submitting approval of clinical hours entered to the GME office.

Supplemental Pay for Internal Moonlighting

- For programs offering supplemental pay for house officers participating in internal moonlighting, the GME Supplemental Pay Template for internal moonlighting is to be completed and submitted to the GME office by the 4th of each month.
- Clinical Hours entered in New Innovations must match supplemental pay submitted in order to receive supplemental pay. Supplemental pay will not be submitted to payroll if any discrepancies are found between clinical hours entered and supplemental pay for submitted.

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

Restrictive Covenants (9.1)
The Sponsoring Institution must maintain a policy which states that neither the Sponsoring Institution nor any of its ACGME-accredited programs will require a resident/fellow to sign a non-competition guarantee or restrictive covenant.

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

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

Residency Closure/Reduction (GME 10.1)
The Sponsoring Institution must maintain a policy that addresses GMEC oversight of reductions in size or closure of each of its ACGME-accredited programs, or closure of the Sponsoring Institution.

Policy
The Sponsoring Institution must inform the Graduate Medical Education Committee (GMEC), the Designated Institution Official (DIO) and the affected residents/fellows as soon as possible when it intends to reduce the size of or close one or more ACGME-accredited programs, or when the Sponsoring Institution intends to close.

The Sponsoring Institution must allow residents/fellows already in the affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist the residents/fellows in enrolling in another ACGME-accredited program (s) in which they can continue their education. The GMEC has delegated the responsibility of communicating results of all Residency Review Committee (RRC) surveys as follows.

Interviewing and potential resident applicants shall also be notified by the Department Chairman and/or Resident Program Director of a reduction or change in the status of the Residency Program. The notification shall be in writing to each resident enrolled in the current program and LSU HEALTH SHREVEPORT shall allow the residents already in the ACGME accredited program to complete their education.

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

Patient Safety (GME 11.1)
The Sponsoring Institution must ensure that residents/fellows have access to systems for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and, opportunities to contribute to root cause analysis or other similar risk-reduction processes. (IR III.B.1) All Residents/Fellows, Faculty, and clinical staff are to be aware of their roles in reporting events concerning patient safety.

Policy
Programs will educate Residents/Fellows and Faculty on enhancing patient safety and improving patient quality of care. Residents/Fellows are able to share any ideas and suggestions regarding patient safety to their program in order to improve patient safety processes.

Procedure
- Residents/Fellows and Staff must follow the hospital policy for reporting any event that poses an actual or potential safety risk to patients, families, visitors and staff. These can be reported electronically at the following link: http://rl6.ochsner.org/rl6_prod/SOS.HTML
- Residents/Fellows are to follow policies and procedures for patient safety and patient safety reporting at any/all participating sites where they are engaged in training.
- Residents/Fellows and Staff must follow the guidelines for Transitions of Care/Patient Handoff to ensure and monitor an effective hand-over process to facilitate both continuity of care and patient safety. (GMEC Transitions of Care/Patient Handoff Policy)
- Residents/Fellows and Staff will participate in the quarterly safety training issued by the Safety office to ensure adequate and current education of ongoing safety topics.
- Residents/Fellows are to receive feedback regarding patient safety reports and investigations in order to improve patient safety experiences within programs and clinical sites.

Quality Improvement (GME 11.2)
The Sponsoring Institution must ensure that residents/fellows have access to data to improve systems of care, reduce health care disparities, and improve patient outcomes. They must also be given opportunities to participate in quality improvement initiatives. (IR III.B.2) Residents/Fellows and Faculty are to engage in quality improvement educational activities as to develop skills to be able to identify areas where improvement in patient care is needed.

Policy
Residents/Fellows must receive proper education and continuous training on quality improvement as it relates to patient care and the hospital environment. Residents must receive training and experience in quality improvement processes, including an understanding of health care disparities. Residents/Fellows must demonstrate competence in systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement. (CPR IV.B.1.d).(1).(d). Programs shall conduct formal quality improvement programs to review complications and deaths, and system issues where adjustments can be made to improve patient care and outcomes. Residents must have the opportunity to participate in interprofessional quality improvement activities. Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (CPR VI.A.1.a).(3).(a). The program director shall ensure residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

Procedure

- Programs must have a process to ensure quality improvement and patient safety are integrated in the daily education of residents/fellows. Participation can be accomplished through M&M conferences, morning reports, conferences, etc.
- Involvement in patient safety and quality improvement should be carefully documented and reviewed during annual program evaluations.
- Residents/Fellows participate in patient safety plans in order to identify the facility's systematic approach to improving and sustaining its performance through the prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives.
- Residents/Fellows will participate in Quality Improvement projects where they design, measure, assess, and improve performance.
- Residents/Fellows will participate in Hospital Committees in order to understand quality from a systems-based perspective.
- Residents/Fellows are able to bring to the attention of the program and faculty any areas that need quality improvement. Efforts of Residents/Fellows in quality improvement should be monitored and tracked in order to assess the effectiveness of the quality improvement being implemented.

Transitions of Care/ Patient Handoff (GME 11.3)

The Sponsoring Institution is responsible for oversight and documentation of transitions of care. The Sponsoring Institution must facilitate professional development for core faculty and residents/fellows regarding effective transitions of care. The Sponsoring Institution must also ensure participating sites have standardized transitions of care for residents/fellows that are consistent with the setting and type of patient care. The purpose of this policy is to define a safe process to convey important information about a patient's care when transferring care from one physician to another physician, nurse, licensed or unlicensed personnel, or when a patient leaves for another site of care. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Policy

When a resident/fellow completes an assigned shift the resident/fellow will follow a standardized approach and allow an opportunity for questions to be asked and responses to be completed. A handoff is verbal and/or written communication, which provides information to facilitate continuity of care. This policy applies to all house officers who discharge or send a patient to other sites for care. It also affects staff in other areas of LSU HEALTH SHREVEPORTC-S/OLHS who may need to communicate information when a patient changes location of care. House Staff are to comply with the handoff policy and procedures and resolve discrepancies and concerns timely. The guidelines below must be used at a minimum for handling transitions of care/patient handoffs. Individual programs may implement more comprehensive and detailed guidelines to meet specific physician and patient needs. Programs must ensure residents/fellows are competent in communicating with team members in the hand-over process. Programs and clinical sites must maintain and communicate schedules of attending physicians and residents currently responsible for care Each program must ensure continuity of patient care, consistent with the program's policies and procedures, if a resident may be unable to perform their patient care responsibilities due to excessive fatigue or illness, or family emergency.

Procedure

1. Medical Staff and Residents:
   a. Handoff procedures and information transfer forms/guidelines for physicians are developed and implemented by each service according to the needs of that service. The handoff forms or guidelines may be in either paper or electronic format and must include clinical information agreed upon by physicians in that service as being integral to the provision of safe and effective patient care for that patient population.
   b. Each service develops and implements a handoff process that is in keeping with the shift/ rotation change practices of its physicians and that facilitates the smooth transfer of information from physician to physician.
   c. Each handoff process must include the opportunity for the oncoming physician to ask questions and request information from the reporting physician.
   d. Within each service, handoffs will be conducted in a consistent manner, using a standardized handoff form or guideline.
   e. Handoffs will involve notification to patients and patient families as appropriate.

2. Transferring physician:
   Handoff verbal &/or written should include at a minimum (**as applicable**)
   a. Patient name, location, age/date of birth
   b. Patient diagnosis/problems, impression
   c. Important prior medical history
   d. DNR status and advance directives
   e. Allergies
   f. Medications, fluids, diet
   g. Important current labs, vitals, cultures
   h. Past and planned significant procedures
   i. Specific protocols/resources/treatments in place (DVT/GI prophylaxis, insulin, anticoagulation, restraint use, etc.)
   j. Plan for next 24+ hours
   k. Pending tests and studies which need follow up
   l. Important items planned between now and discharge
3. Receiving physician:
   Review handoff form or receive verbal handoff and resolve any questions with transferring physician.
4. Discharge Instructions are incorporated into the After Visit Summary and are printed off by the RN/LPN and give to all patients discharged home. Additional discharge instructions may be communicated via unit/procedure specific documents.
5. Discharge to non-acute care
   Physician documentation, the discharge summary will be sent to non-acute care facilities (e.g. nursing homes, prisons). Included in this discharge summary/information will be the discharge mode and vital signs. The nurse will make a telephone report to the receiving facility as appropriate.
6. Discharge to acute care, Inter-Hospital Transfer

Physician Form – The **Memorandum of Inter-Hospital Transfer** (both S/N 1303/1330) will be completed by the MD prior to transferring a patient to another acute care facility and will be accompanied by the physician's discharge summary and all salient portions of the patient medical record. The nurse will make a telephone report to the receiving nurse.

Professionalism (GME 11.4)

The Sponsoring Institution in partnership with the program director(s) of its ACGME-accredited program(s), must provide a culture of professionalism that supports patient safety and personal responsibility. LSU Health and its programs are responsible for educating residents/fellows

and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients. The Sponsoring Institution must ensure that its ACGME accredited program(s) provide(s) a professional, equitable, respectful and civil environment that is free from unprofessional behavior, including mistreatment, abuse and/or coercion of residents/fellows, other learners, faculty members, and staff members. Residents must demonstrate a commitment to professionalism and an adherence to ethical principles.

Policy

The Sponsoring Institution must provide ways to educate all residents'/fellows' and faculty members' fulfillment of educational and professional responsibilities. These responsibilities include accurate reporting of program information, scholarly pursuits, accurate completion of required documentation by residents/fellows, and identification of resident/fellow mistreatment.

- Programs, in partnership with their Sponsoring Institutions, must educate fellows and faculty members regarding unprofessional behavior, and have a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner. There are several resources available for residents to report unprofessional behavior or other concerns/issues. Reports may be generated anonymously if desired.
    - Resident Council – The Resident Council provides coordinated communication between the institution and residents. They also provide support for members experiencing difficulties with residency and a venue for expression of grievances. The Council promotes an effective and satisfactory working and training environment for residents.
    - Resident Suggestion Boxes – located on the 9th floor outside the Resident Call Rooms and in the Resident Lounge. The GME Office checks the boxes weekly.
    - Graduate Medical Education Office – The GME Office has an open-door policy for all resident/fellows in training. Office hours are 8am-5pm, Monday - Friday.
      Graduate Medical Education Office
      Phone: 675.7629
      Location: Second Floor of Bldg. C (above the library), Room 2-436
    - All employees, medical staff, contractors, vendors, patients, students, and visitors of LSU Health Shreveport are encouraged to report issues and/or concerns through established reporting channels whenever possible. In situations where reporting in confidence is preferred, you can file an anonymous report through the LSU Ethics, Integrity and Misconduct Helpline at www.lsu.ethicspoint.com or by calling toll-free at 855-561-4099.
        - You may use the Helpline to report concerns including, but not limited to:
            - Title IX – sexual harassment, sexual assault, dating violence, video voyeurism, stalking, and retaliation
            - Human Resources – substance abuse, EEOC and ADA Matters
            - Office for Compliance and Investigations:
                - Human Resources Complaints: Grievance, retaliation, management practices, employment practices, working conditions, and employee misconduct, including but not limited to discrimination, harassment, and workplace violence.
                - Fraud, Waste, and Abuse - financial irregularities including the unauthorized taking or misuse of university resources, false claims, improper procurement or contracting activities, payroll abuse, and other financial conflicts of interest.

- Privacy Complaints - Privacy, Data Safety and Security - Family Educational Rights to Privacy Act Violations, Privacy, Data Safety and Security - HIPAA, Patient Privacy, FERPA
- Confidentiality & Security Concerns, Research - Conflict of Interest, Research - Human or Animal Research, Research - Intellectual Property Infringement, Misappropriation or Disclosure, Research - Scientific Misconduct, Research - Sponsored Projects Non-Compliance, Research Grant Misconduct or Misappropriation of Costs

- Residents/Fellows may act as a "teacher" to medical students. The integrity of the teacher-student relationship is extremely important in keeping LSU Health Shreveport's School of Medicine's educational mission.
  - In accordance with the Professionalism guidelines for LSU HEALTH SHREVEPORT School of Medicine students, no physician in a residency or fellowship training program shall have a sexual or amorous relationship with any medical student they are currently teaching or supervising.
  - In the case in which a teacher has a relationship that predates the entry of the other partner into medical school or residency/post graduate training, the partner who has the role of teacher must not directly supervise, grade, or evaluate the partner who has the role of student through the period of his/her matriculation.
  - Mistreatment and abuse of students by faculty, residents, or staff is not tolerated. Mistreatment and abuse may include but is not limited to, berating, belittling, or humiliation; physical punishment or threats; intimidation; sexual harassment; harassment or discrimination based on race, gender, sexual preference, age, religion, physical or learning disabilities; grading based on anything other than student's performance; assigning tasks for punishment; requiring performance of personal services, or failure to give student credit for work they have done.
  - Students have the right to file a complaint for alleged mistreatment, issues or concerns. The student compliant procedure and on-line student complaint form can be found on the School of Medicine website: https://www.LSU Health Shreveport.edu/our-schools/school-of-medicine/incident-complaint
    - Types of Reporting:
      - Complaints and Grievances
        All submitted complaint forms go directly to the Associate Dean for Student Affairs who will ensure that the complaint is addressed by the appropriate administrator.
      - Student Mistreatment
        Once a report is received through the reporting form, the Associate Dean for Student Affairs will review the report and ensure that the complaint is handled by the appropriate administrator (i.e., Title IX). Unless requested by the student, the process of investigation and resolution will attempt to avoid meetings between the student and respondent.
    - If any complaint involves a resident/fellow, the Associate Dean for Student Affairs will notify the Designated Institutional Official (DIO) who will investigate. The individual filing the issue will be notified once the investigation has been completed and action has been taken. A summary of issues involving residents/fellows is reported to the GMEC quarterly.
    - Office of Student Affairs
      SHVStudentAffairs@LSU Health Shreveportc.edu

Medical School, Room 1-204
318-675-5339

- Residents are required to complete the *Creating a Respectful Learning Environment: Avoiding Medical Student Mistreatment* module GCEP module.

- Faculty members must engage in the training of Residents/Fellows on professionalism and how it impacts the quality and safety of patient care. Faculty are required to complete the *Creating an Effective and Respectful Learning Environment* module within the AMA GCEP program.
- Residents/Fellows comply with GMEC policy regarding duty hours, reporting accurate hours in a timely manner. (New Innovations Data Entry Policy (GME 12.1)
- Residents/Fellows are to demonstrate professionalism and an adherence to ethical principles as it relates in all aspects of their training and interactions with other residents/fellows, faculty, hospital staff, and patients. This behavior shall be demonstrated at the primary teaching site and any/all participating teaching sites the resident/fellow engages in training.
- Residents/Fellows should refer to the following Administrative Directives regarding any of the issues below.
  - AD 2.1.4 Violence in the Workplace https://resources.finalsite.net/images/v1610662314/LSU Health Shreveportcshreveportedu/a4itfdgwhasuennbxjhu/214ViolenceintheWorplace.pdf
  - AD 2.1.1 Sexual Harassment https://resources.finalsite.net/images/v1610662315/LSU Health Shreveportcshreveportedu/n7pdffqcyhbuitnclbnl/211SexualHarassment.pdf
  - AD 2.1.3 Harassment https://resources.finalsite.net/images/v1610662314/LSU Health Shreveportcshreveportedu/crrksohr1nf7odkvtuxz/213Harassment.pdf

New Innovations Data Entry Policy (GME 12.1)

The Sponsoring Institution is responsible for overseeing proper and accurate data is recorded and maintained for all residents/fellows in training at LSU Health Shreveport. To ensure proper management of data, the Sponsoring Institution has made New Innovations available to all programs for the purpose of recording and maintaining required data for residents/fellows. All programs are responsible for entering all required information in a consistent and timely manner. Programs are responsible for being in compliance with all policies below.

Demographic Data Entry

All House Staff are responsible for providing programs with required demographic information. All training programs must obtain demographic information from each resident/fellow and submit to the GME office along with entering the information into New Innovations. To ensure proper entry of demographic information, the Sponsoring Institution has made it mandatory that all programs utilize New Innovations when entering demographic information. Program Coordinators or designees must be responsible for obtaining all required demographic information from the resident/fellow prior to beginning training. The Program Coordinator or designee is then responsible for supplying demographic information to the GME office and through New Innovations.

Procedure

- Program Coordinators will receive proper training on entering demographic information in New Innovations.
- The program will utilize the ERAS to New Innovations import tool. The import tool has a cutoff date of May 31 of each year so all demographic importing must be completed by this date.

- Program Directors, Coordinators, or program designee will enter demographic information for each resident/fellow ensuring accuracy of the information being entered.

Clinical Hour Data Entry:

All House Staff are responsible for accurately and honestly reporting all clinical hours on a weekly basis at a minimum. Daily entry is recommended. All training programs must adhere to the guidelines governing clinical hours as set forth by the ACGME. To ensure proper reporting of clinical hours, the Sponsoring Institution has made it mandatory that all programs utilize New Innovations when recording clinical hours. The Program Director must monitor resident clinical hours, according to sponsoring institutional policies on a weekly basis to ensure accurate entry. The Sponsoring Institution has made the program New Innovations available to all programs as a tool for data entry and healthcare workflow. (IR III B.5.a).(1). This allows the GME office the ability to review programs' clinical hours for reporting purposes. Rotation names are allowed to vary according to program specific requirements, but activity types shall be reasonably standardized across the institution. This standardization is designed to ensure an appropriate method of tracking leave types as well as ensuring the 2017 At-Home Call rules are tracked accurately. Any new rotation name or activity type the program wishes to implement must be submitted to and approved by the GME Office prior to implementation.

Procedure

- Programs must educate their Residents/Fellows on how to properly enter and submit clinical hours into New Innovations.
- Residents/Fellows must enter clinical hours weekly. Daily is recommended.
- Program Directors, Program Coordinators, or Program designee must confirm clinical hours submitted in New Innovations by the 5th of the following month.
- The GME office will run a monthly clinical hour report for all programs.
- Any clinical hour violations will be discussed during the GMEC meeting.
- Any changes deemed necessary to previously submitted clinical hours must receive Program Director approval before any changes are made. Immediate notification to the DIO is required for any change to previously submitted clinical hours.

Evaluations

All Residency and Fellowship Programs are responsible for evaluating house officers while in training. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

Procedure

- The program must provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
- Programs must use multiple evaluators and document progressive resident performance improvement appropriate to educational level.
- Residents must be provided with documented semiannual evaluation of performance with feedback.

- A Semiannual Evaluation memo must be signed by each house officer acknowledging their evaluation. The signed memo must be turned into the Graduate Medical Education office and filed in the house officer's file.

Rotation Schedules

The sponsoring institution must ensure the availability of schedules that inform all members of the healthcare team of attending physicians and residents currently responsible for each patient's care. As a part of house officers' scheduling, time and effort reports are completed based on resident rotations. Contractual agreements are made between OLHS and other hospitals (i.e. Willis Knighton, VA, etc.) whereby OLHS will be reimbursed for the salaries of residents who rotate to their institutions for specified periods of time. The Graduate Medical Education must compile reports from each program reporting their time and effort at offsite locations by the 5th of each month. The GME office must submit the reports to the Office of Grants Accounting for proper recording and reimbursement by the 10th of each month. These reports are further coupled with the Intern and Resident Information System (IRIS) report for proper Medicare reimbursement.

Procedure

- Programs must enter and confirm rotation schedules in New Innovations by the 5th of the following month.
- The GME office runs reports gathering time and effort and then submits to Grants Accounting by the 12th of each month for reimbursement.

The GME office inputs data from reports into the IRIS program and submits to the Reimbursement Office monthly.

House Officer Social Media Policy (GME 13.1)

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. The use of the Internet and social communication sites on the Internet can present issues in ethical behavior and professionalism. The Social Media policy is to provide House Officers with guidelines for the appropriate use of social media and to emphasize the responsibilities House Officers have in maintaining ethical and professional behavior.

Definitions

Social media consists of any form of electronic communication, including but not limited to, blogs, wikis, virtual worlds, message boards, chat rooms, electronic newsletters, online forums, social networks, or other tools hosted outside of the LSU Health Sciences Center or University Health. These include such sites as Facebook, Twitter, LinkedIn, Instagram, YouTube, Flikr, Google+, MySpace and any similar site developed in the future.

Policy

- House Officers are not allowed to release, disclose, post, display, communicate or make public any of the following information:
  - Identifiable, confidential protected health information (PHI) regarding any patient associated with LSU Health Sciences Center, University Health, its affiliated hospitals and clinics, or other external affiliated health care organization. This includes, but is not limited to, any information, such as initials, personal activities, room numbers, pictures,

or other information that might enable external parties to identify patients. Disclosure of PHI may constitute HIPAA violations and may have personal and/or institutional liability consequences.
    - Confidential information regarding policies and operations, including financial information, regarding LSU Health Sciences Center, University Health and its affiliated hospitals and clinics, or other external affiliated heath care organization.
- House Officers should take caution not to post any information that is ambiguous or could be misinterpreted or taken out of context.

Guidelines

House Officers must adhere to the following:

- House Officers should not accept or request "friend" requests from patients or their families on any social media site.
- House Officers must not offer medical advice on any social media site.
- House Officers must not post information on any site that might be considered offensive and reflect negatively on the house officer, colleagues, patients, LSU Health Sciences Center, University Health, its affiliated hospitals and clinics, or other external affiliated health care organization.
- House Officers should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites, and to the extent possible, content posted about them by others, is accurate and appropriate.
- House Officers should always be aware of their association with participating sites (University Health, Willis Knighton, VA, Shriners, etc.) and LSU Health Sciences Center when posting any social networking site. Personal profiles and content should always be consistent with the professional manner in which house officers are expected to present themselves.
- House Officers are personally responsible for the content they post on social media properties – from blogs, to social networks, list serves, wikis, websites, forums, and other social media platforms.
- House Officers should refrain from posting any pictures, videos or other content concerning fellow House Officers, faculty, staff or other representatives of LSU HEALTH SHREVEPORT without their permission.
- House Officers should have no expectation of privacy when using the Internet at work and are reminded that any time spent posting and viewing social media sites or other Internet sites must not interfere with the performance of their duties. House Officers must not engage in any type of social media (facebooking, blogging, tweeting, etc.) while on call or performing routine duties.
- House Officers should maintain appropriate professional boundaries and should separate personal and professional content online.
- If any House Officers or LSU HEALTH SHREVEPORT employees see content posted by another House Officer that appears to be unprofessional or inappropriate, the content should be brought to the attention of the individual so that he/she can remove it and/or take other appropriate actions. If the individual does not take appropriate action, the content should be reported to the individual's Program Director.
- House Officers should be aware that because of the nature of procedures and operations specific to individual programs, each individual program may have a more restrictive Social Media policy in place.
- Any comments/videos/posts made by House Officers that violate the mission and vision of LSU HEALTH SHREVEPORTC – S or are judged as unprofessional may result in discipline, up to and including termination of the House Officer.

Violations of this policy may jeopardize the House Officer's standing in his/her program and may result in a written warning, probation, or dismissal from the program.

Vendor Relations/Interactions Policy (GME 15.1)
Purpose
The Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents/fellows and each of its ACGME-accredited programs (IR IV.L.). The purpose of the policy is to ensure that graduate medical education is not compromised through vendor influence.
Policy
House Officers shall follow LSU Health Shreveport's institutional policies for gifts and conflicts of interest as they apply to vendors. Relations to vendors and other private entities are covered by the LSU HEALTH SHREVEPORT Administrative Directive Code of Ethics for Louisiana State Employees (AD 2.8.6.) and the Chancellor's Memorandum (CM-23) Conflict of Interest Policy. House Officers are also required to abide by vendor interaction rules and policies of any participating sites in which they rotate while in training.

House Officers must complete annual ethics education training as outlined by La. R.S. 42:1170. LSU HEALTH SHREVEPORT Office for Compliance and Investigation is responsible for administering training via the Learning Management System (LMS).

House Officer Food & Nutrition Services Meal Plan Policy (GME 16.1)
Policy
The LSU HEALTH SHREVEPORT Meal Card for House Staff participating in the Meal Program is valid throughout one's Residency/Fellowship training at LSU HEALTH SHREVEPORT. One of three food plan options may be selected; the plan will be in effect for one contract year. Plans cannot be changed until the time of contract renewal. Deductions will be taken from the House Officer's check each pay period and the corresponding amount credited to the meal plan per month. House Officers may also choose to opt out and not receive the discounted meal plan. All House Officers must submit a Meal Plan Form. A limit of $40 per day is implemented for each meal card. It is the card holder's responsibility to provide remaining funds if purchase exceeds $40.

Meal Plan Options	
$125 per month meal plan	$9.25 per pay period
$200 per month meal plan	$18.50 per pay period
$250 per month meal plan	$23.00 per pay period

It is the responsibility of the cardholder to take care of his/her Meal Card. In the event the meal card is not presented at the point of sale, the resident or fellow will be required to pay for the meal in cash/personal credit card.
Procedure

- House Officers will enroll in selected meal plan at start of training by completing and submitting the Graduate Medical Education Meal Plan Form. House Officers may also choose to opt out of a meal plan but must still submit the form choosing to opt out.
- Nutritional Services will supply a meal card that will be loaded with selected monthly amount. Amounts are for one month only and start over at the beginning of each month. If the full amount allotted for the month is not used the remaining amount **does not** roll over.
- Payroll Services will enroll House Officers in selected monthly plan and automatically deduct appropriate amount each pay period (Biweekly).
- House Officers must present their Meal card at the point of sale at any of the on campus nutritional services sites (Cafeteria, Atrium Deli, and ACC Deli).
- Meal cards are not transferable, i.e., they are personal forms of identification. Cards cannot be loaned to, shared with, or used by any other person but its owner. Any attempt to use another person's card will be reported to the Medical Education Office. MEAL CARDS MUST BE PRESENTED AT THE POINT OF SALE (CASH REGISTER) TO BE VALID. YOU CANNOT JUST GIVE THE CASHIER YOUR MEAL CARD NUMBER.
- Food purchased with the Meal Card is for Residents and Fellows only -- not for other employees, visitors, family or unauthorized persons. Any abuse of the meal card will be reported and may result in termination of meal privileges.
- Any House Officers rotating to Ochsner LSU Health Monroe will be enrolled in the same meal plan amount chosen in Shreveport. Meal allowance is for one month total regardless of the facility meal is being purchased.
- Meal Plan renewals will be sent out by the GME office prior to the beginning of the new academic year. House Officers must submit a meal plan renewal form into GME Office by assigned due date to enroll in a meal plan for the following academic year.
- House Officers that fail to submit a Meal Plan Form will default to the Opt out Plan and will not be enrolled in any Meal Plan coverage.
- Lost/Replacement meal cards should be reported to the GME office to christine.cheney@LSU Health Shreveport.edu. An email will be sent to Nutritional Services for the replacement and house officer may pay $20 fee directly to the cafeteria when replacement card is ready for pickup.

House Officer Wellness Policy (GME 17.1)
Policy
A priority of the LSU HEALTH SHREVEPORT Graduate Medical Education Committee is to support the well-being of residents/fellows in training. The GMEC is committed to bringing awareness and providing resources and treatment for house officers experiencing physician impairment, burnout, depression, stress, and other problems. Promoting the well-being of house officers is vital to their ability to provide safe and effective care to patients.

Procedure
- The well-being of physicians as caregivers is crucial to their ability to deliver the safest, best possible care to patients.
- All programs should promote awareness and provide education for house officers needing to seek health care. Faculty and staff involved in house officer training should promote a culture of respect and accountability for house officer well-being.
- House Officers receive education and training on physician well-being during the new house staff orientation and through department specific training.
- The following activities and resources are among several available to all house officers to address well-being:
    - Providing “free” resources when needed for counseling.

- Participation in the Mayo Clinic Well Being Index biannually.
- Providing Process Teams to the PGY 1 Residents to assist in the transition from Medical Student to “Real MD”.
- Free participation for the Resident/Fellow and up to 4 members of their family in Burn Along (a free online service to promote well-being).
- Electronic Message Board Uplifting Communications (Daily Matters of the Heart)
- Resident/Fellow Quarterly Council Meetings.
- Resident/Fellow Socials (Welcoming New Interns, Halloween Party, Christmas Community Event (Caddo Heights), etc.
- Presentations during House Staff Orientation on Well-Being.
- Fatigue/Stress training (SAFER Module)
- Comprehensive Public Training Programs (CPTP) classes sponsored by Human Resources.
- Ensuring healthy food choices are available.
- Participation in Institutional Well-Being events sponsored by the Institutional Well-Being Committee.
- Quarterly meeting with the CEO of OLHS to openly discuss daily operations and how they can be improved.
- Time to care for themselves, such as, attending to their own health needs, family emergencies, (i.e. dental appointments, etc.) without fear of negative consequences.
- Each Program has Recruitment Funds which may be used for Recruitment Events, Promotion and Well Being Events.

- The GMEC shall work together with programs and other campus groups/committees to facilitate prevention, intervention and treatment in alcohol-related, drug-related, stress-related, or behavioral problems of residents/fellows in training.
- The GMEC shall support the Medical School’s “Wellness” Committee, “The Heart of the Matter”
- House Officers wishing to seek counseling or Program Directors requesting referrals for house officers may contact the Designated Institutional Official or Psychiatry department to schedule an appointment.
- LSU HEALTH SHREVEPORT offers an Employee Assistance Program (EAP) for any LSU HEALTH SHREVEPORT employee needing assistance or their own health and wellness. https://resources.finalsite.net/images/v1611254794/LSU Health Shreveportcshreveportedu/euucffefe1yqcctbmn0j/EmployeeHandbook.pdf
- Residents/Fellows may refer to the Impaired Physicians Policy (GME 6.1) located in the House Officer Manual

Evaluations (GME 18.1)
Evaluation
Feedback and Evaluations are important to promoting the success of all house officers participating in training programs. Feedback is ongoing information provided regarding aspects of a house officer’s performance, knowledge, or understanding. ACGME defines the specific types of evaluations:

- Formative Evaluation: Assessment of a resident/fellow with the primary purpose of providing feedback for improvement, and for reinforcement of skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score.

- Summative Evaluation: Assessment with the primary purpose of establishing whether performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

Programs should ensure they are providing feedback and conducting evaluations per ACGME Common Program Requirements. In addition to those requirements, the Graduate Medical Education department requires all programs to submit a Semi-Annual House Officer Evaluation Memo form for each house officer acknowledging they have been evaluated at semi-annually and the type of evaluation they received. These memos are kept in the house officers' files.

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

Resident/Fellow Evaluation

Each Resident's performance must be evaluated through the training program. The program director must appoint the Clinical Competency Committee. The Clinical Competency Committee should review all resident evaluations semi-annually; prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and advise the program director regarding resident progress, including promotion, remediation, and dismissal. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. Members must directly observe the results of evaluations communicated to each Resident and the results of evaluations are used to improve Resident performance.

- Evaluation must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.
- The Program must provide an evaluation based on the Competencies and the specialty-specific Milestones and must use multiple evaluators and provide that information to the CCC for its synthesis of progressive resident performance and improvement toward unsupervised practice.
- The program director or their designee, with input from the CCC, must:
  - Meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones
  - Assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth
  - Develop plans for residents failing to progress, following institutional policies and procedures.
- Each program must establish procedures for providing regular and timely feedback to Residents regarding their performance. The following policies apply to all programs and Residents.
  - Supervising faculty should complete an evaluation of each Resident's performance at the completion of each rotation.
  - The program director must maintain a record of each Resident's evaluations, and the results of evaluations must be made available to each Resident.

- At least annually, there must be a summative evaluation of each resident/fellow that includes their readiness to progress to the next year of the program, if applicable.
- The evaluations of a resident/fellow's performance must be accessible for review by the resident/fellow.

Final Evaluation

The program director must provide a final evaluation for each Resident/Fellow upon completion of the program. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program.

- The final evaluation must:
  - Become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident/fellow in accordance with institutional policy
  - Verify that the resident has demonstrated the knowledge, skills, and behavior necessary to enter autonomous practice
  - Consider recommendations from the Clinical Competency Committee
  - Be shared with the resident upon completion of the program
- The program director must forward a copy of the summative evaluation for each Resident to the Graduate Medical Education Department for the Resident's permanent institutional record.

Clinical Competency Committee

A Clinical Competency Committee must be appointed by the program director. At a minimum, the CC must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs or other health professionals who have extensive contact and experience with the program's residents.

The Clinical Competency Committee must:

- Review all resident evaluations at least semi-annually
- Determine each resident's progress on achievement of the specialty-specific Milestones
- Meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress

Faculty Evaluation

The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. The program director must ensure that evaluation of the teaching faculty is performed in accordance with the ACGME Common Program Requirements and specialty-specific program requirements. The evaluations must include a review of the faculty member's clinical teaching abilities, engagement with the education program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. This evaluation must include written, anonymous, and confidential evaluations by the residents. Faculty members must receive feedback on their evaluations at least annually.

- Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

Program Evaluation and Improvement

The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.

- The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident.

Self-Study

- The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit
- A summary of the Self-Study must be submitted to the DIO

Completion of Training (GME 19.1)

The program director, or designated program personnel, is responsible for completing any appropriate personnel form for each Resident completing a program and leaving the employment of LSU Health Sciences Center or being appointed to another position, such as a faculty or fellowship position. A forwarding address must be provided for the Resident, and the appropriate personnel form routed to the Graduate Medical Education Department.

The program director shall complete and submit to the Graduate Medical Education Department a final, written summative evaluation for each Resident completing the program, which will be maintained in the institution's permanent records.

Each Resident is required to complete the Graduate Medical Education clearance form by their last day of work. The Resident must have all appropriate departments complete the form and return it to the Graduate Medical Education Office before a certificate or final check will be released. Once all Resident responsibilities are completed, a certificate of training will be issued to each Resident completing a program leading to certification by the American Board of Medical Specialties. It is the responsibility of the program director to certify a Resident as having satisfied the training requirements of a program and as being eligible to sit for the certifying examination of the specialty.

Any requests for duplicate certificates of training will incur a cost of $25 per certificate.

Clearance/Checkout Process for House Officers (GME 19.1a)

Policy

To ensure House Officers are not indebted to LSU HEALTH SHREVEPORT upon leaving, completion and submission of a House Officer Clearance Form is required. Upon completion of training, resignation, or termination of training, all House Officers are required to complete the Graduate Medical Education issued Clearance Form. This includes returning all ID Badges, keys, and other equipment issued while in training to appropriate departments on campus and any participating sites. House Officers staying as faculty are required to complete an abbreviated version of the clearance form.

Procedure

- House Officer obtains appropriate House Staff Clearance form from Program Coordinator or GME office.
- House Officers are responsible for visiting each department listed to verify no outstanding items are required of them prior to their leaving LSU HEALTH SHREVEPORTC-

Shreveport. A signature from each department is required as verification nothing is owed by House Officer.
- The Graduate Medical Education office is the last department to visit after all signatures have been acquired and where ID Badges will be turned in.
- Forwarding information should be filled in on the form and supplied to the GME office.
- Failure of House officers to complete and meet required responsibilities regarding the checkout process could result in the holding of completion certificates or final pay check until requirements are met.

The Graduate Medical Education will supply copies of individual clearance forms to programs to file in the program House Officer Record.

Educational Program (GME 29.1)
Policy
The ACGME accreditation system is designed to encourage excellence and innovation in graduate medical education regardless of the organizational affiliation, size, or location of the program. The educational program must support the development of knowledgeable, skillful physicians who provide compassionate care. In addition, the program is expected to define its specific program aims consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates will serve, and the distinctive capabilities of physicians it intends to graduate. While programs must demonstrate substantial compliance with the Common and specialty-specific Program Requirements, it is recognized that within this framework, programs may place different emphasis on research, leadership, public health, etc. It is expected that the program aims will reflect the nuanced program-specific goals for it and its graduates; for example, it is expected that a program aiming to prepare physician scientists will have a different curriculum from one focusing on community health.
Procedure
The curriculum must contain the following educational components:
- A Set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates
  - The program's aims must be made available to program applicants, residents, and faculty members
- Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members
- Delineation of resident responsibilities for patient care, progressive responsibility for patient management and graded supervision
- A broad range of structured didactic activities
  - Residents must be provided with protected time to participate in core didactic activities
- Advancement of residents' knowledge of ethical principles foundational to medical professionalism
- Advancement in the residents' knowledge of the basic principles of scientific inquiry, including how research is designed, conducted, evaluated, explained to patients and applied to patient care

GME Competency Education Program (AMA GCEP) GME 29.1.a
Policy

LSU Health Shreveport Graduate Medical Education office utilizes the AMA GME Competency Education Program. The program provides modules covering many ACGME required competencies as well as other related topics to enhance the education of residents/fellows while in training. The program is designed to help individual programs and the institution provide required information to residents/fellows and core faculty in training through online modules. The core faculty modules are designed to teach core faculty how to be better teachers (Faculty Development).

Procedure

Resident/Fellow

All residents/fellows are registered for an AMA account at the time of their hire through the Graduate Medical Education office. A welcome email is sent to residents/fellows directly from the AMA on how to log in and complete courses. The GME Office will assign the required modules at the beginning of the academic year (July). The resident/fellow will have until December 31 of that academic year to complete the required modules.

- All residents/fellows are required to complete the GCEP Modules as assigned according to the attached schedule to ensure LSU HEALTH SHREVEPORT provides the required educational topics as a part of ACGME and AAMC accreditation.
- Additional modules may be added by the program at any time.
- Off-cycle residents/fellows will be added to the system using as needed.

Core Faculty

Core Faculty updates to the GCEP roster will occur regularly. The program will provide information using the GCEP roster template available on the GME Shared Drive for those core faculty members who are new and those who have left the program. Program Administrators can obtain the incoming and outgoing core faculty members from the department Business Manager. A welcome email is sent to educate core faculty directly from the AMA on how to log in and complete courses. The GME Office will assign the five core faculty courses to each new core faculty submitted. The core faculty will have until May 30 of that academic year to complete the 5 required modules

- All core faculty are required to complete the following five courses:
    1. Creating an Effective and Respectful Learning Environment
    2. Physician Health: Physicians Caring for Ourselves
    3. Using Tools to Form an Action Plan for Wellness
    4. Facilitating an Effective “Residents as Teachers” Program
    5. Thriving Through Residency: The Resilient Resident

- A suggested course plan along with other suggested modules is available (attached at end of policy)

Individual Programs may develop their own Course Plan for each PGY Level using the mandatory modules as described above along with additional modules as desired. Program Administrators will be responsible for assigning additional modules to residents and core faculty (when available). Program Administrators and the GME Office will monitor compliance of residents/fellows/core faculty. Programs will discuss the GCEP Course plan and requirements at the beginning of each academic year with their residents/fellows. All Program’s resident/fellow and core faculty GCEP Completion Rates will be reported and reviewed monthly at the GMEC meeting. The completion percentage reported to the GMEC will reflect the status as of the week prior to the monthly GMEC meeting.

American Medical Association Graduate Competency Educational Program
LSU HEALTH SHREVEPORT Resident/Fellow Module Assignment Schedule

The GCEP modules are assigned according to the following schedule to ensure LSU HEALTH SHREVEPORT provides the required educational topics as a part of ACGME and AAMC accreditation.

1st Year Modules	2nd Year Modules	3rd Year Modules
Building the Patient-Physician Relationship	Basics of Health Equity for GME	Choosing the Practice That's Right for you
Patient Handoffs	Conflicts of Interest	Health Care Quality: Measuring Physician Performance
Resident Intimidation	Cultural Competency	Physician Employment Contracts
Residents as Teachers	Thriving Through Residency: The Resilient Resident	Coding and Documentation for Resident Physicians
Privacy and Confidentiality	Quality Improvement Practices	Patient Safety
Working Effectively Within an Interprofessional Team	Creating an Effective and Respectful Learning Environment	Creating an Effective and Respectful Learning Environment
Promoting Medication Adherence	Physician Health: Physicians Caring for Ourselves	Sleep Deprivation: Your Life and Your Work
Racism in Medicine: An Introduction	End-of-Life Care	
	Managing Unconscious Bias	

Additional modules available for assignment by each program AND/OR on-demand access for Residents/Fellows

Accepting Gifts from Industry	Anatomy of a Lawsuit	Fraud and Abuse	Introduction to Health Insurance
Safer Prescribing and Managing of Opioids	Understanding Clinical Trials	Using Tools to Form an Action Plan for Wellness	

LSU HEALTH SHREVEPORT Faculty Module Assignment Schedule

The GCEP modules are assigned to Core Faculty and other faculty as designated by each program

each year to ensure LSU HEALTH SHREVEPORT provides the required educational topics as a part of ACGME and AAMC accreditation.

<table>
<tr><td rowspan="2">Facilitating an Effective “Residents as Teachers” Program</td><td>Identifying and Applying Wellness Strategies</td><td>Modeling a Supportive Learning Environment</td><td rowspan="2">Prioritizing Wellness for Yourself and Others</td></tr>
<tr><td colspan="2">Supporting Resident Well-Being</td></tr>
</table>

Resident/Fellow Council (GME 33.1)
Policy
LSU Health Shreveport must ensure availability of an organization, council, town hall, or other platform that allows all residents/fellows from within and across the Sponsoring Institution’s ACGME-accredited programs to communicate and exchange information with other residents/fellows relevant to their ACGME-accredited programs and their learning and working environment. All interns, residents, and fellows in training at LSU Health Shreveport are eligible to participate.

Purpose
The Resident Council is composed of a President, Vice-President, Secretary, Treasurer, and three Members-at-Large. Each Council shall serve for one academic year from July 1st to June 30th. Through the Resident Council, any resident/fellow from one of the Sponsoring Institution’s ACGME accredited programs must have the opportunity to directly raise a concern to the forum. Residents/fellows must have the option, at least in part, to conduct their forum without the DIO, faculty members, or other administrators present. Residents/fellows must have the option to present concerns that arise from discussions at the forum to the DIO and GMEC.

- Resident Council is a non-profit organization whose purpose and objectives shall be to:

  1. Provide a coordinated communication mechanism between the institution and residents.
  2. Provide support for members experiencing difficulties with residency and a venue for expression of grievances.
  3. Promote an effective and satisfactory working and training environment for residents.
  4. Provide a forum for the professional development of members via educational programs, networking opportunities and leadership experience.
  5. Provide a venue to support the residents in the exchange of ideas, and dissemination of information relevant to the profession and social development of its members.
  6. Assume roles in policy making decision by serving on various hospital committees to provide resident representation.
  7. Maintain and improve standards for quality patient care within our institution and its affiliated hospitals.
  8. Facilitate resident involvement with organized medicine.
  9. Reject the use of strike by a Resident Association member for the purpose of negotiation.

At least two residents of the Resident Council must be present for each GMEC meeting held monthly. Resident Council Bylaws are also available for detailed duties/expectations of Resident Council officials and members.

Procedure
Before the end of each academic year, the Graduate Medical Education office will ask for nominations for elected positions from each program. Each program may nominate two members each election. Nominees will be contacted and confirm their desire to serve on the Resident Council if elected to each position. The GME office will send out an electronic ballot to all residents/fellows to vote for the next academic year's Resident Council and announce the elected officials once the election period is closed. The elected Resident Council will work with the Designated Institutional Official, GME Office and resident council members to promote quality training at LSU Health Shreveport.

Frequently Referenced LSU HEALTH SHREVEPORT Administrative Directives
Complete list of Administrative Directives can be found at https://inside.LSU Health Shreveport.edu/departments/administration/administrative-directives

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT	
ADMINISTRATIVE DIRECTIVE	Version Number: 2
Louisiana Code of Governmental Ethics	Effective Date: 06/21/2023 Owner Department: Office for Compliance and Investigation

2.8.6 LOUISIANA CODE OF GOVERNMENTAL ETHICS

A. General

This document provides procedural guidance for compliance with the Louisiana Code of Governmental Ethics (La. R.S. 42:1101 et seq.). The Code is intended to protect the public's interest in independent impartial government services and establish appropriate ethical standards with respect to the conduct of public employees without creating unnecessary barriers to public service. LSU Health Sciences-Shreveport (LSU HEALTH SHREVEPORT-S) adheres to the Code of Ethics provisions.

B. Applicability

This policy applies to all LSU HEALTH SHREVEPORT-S employees, including student workers, and to all forms of employment: regular full-time and part-time employment, and temporary full-time and part-time employment.

C. Definitions

1. *Employee/Employment* – All LSU HEALTH SHREVEPORT-S employees, including student workers, and all forms of employment: regular full-time and part-time employment, and temporary full-time and part-time employment.

2. *Code of Ethics* – The Code of Governmental Ethics of the State of Louisiana (La. R.S.42:1101 et seq.)

3. *Agency* – A department, office, division, agency, commission, board, committee, or other organizational unit of a governmental entity. "Agency of the public servant" and "his agency" when used in reference to the agency of a public servant shall mean:

a. For public servants of political subdivisions, it shall mean the agency in which the public servant serves, except that for members of any governing authority and for the elected or appointed chief executive of a governmental entity, it shall mean the governmental entity. Public servants of political subdivisions shall include, but shall not be limited to, elected officials and public employees of municipalities, parishes, and other political subdivisions; sheriffs and their employees; district attorneys and their employees; coroners and their employees; and clerks of court and their employees. The Board of Ethics may adopt rules and regulations to provide for the application of this definition.

4. *Agency head* – The chief executive or administrative officer of an agency or who exercises supervision over the agency.

D. Prohibitions

All LSU HEALTH SHREVEPORT employees shall adhere to all provisions outlined in the Code of Ethics, Part II Ethical Standards for Public Servants. (La. R.S. 42:1111-1125).

E. Reporting Process

1. Every agency head shall file confidential reports with the board or panel on any matters that come to his attention which he believes may constitute a violation of the Code of Ethics which is within the board or panel's jurisdiction. (La. R.S. 42:1161)

2. Employees who are not agency heads may anonymously report violations via the following methods:

a. Online: lsu.ethicspoint.com

b. Phone: 855-561-4099

F. Training

All LSU HEALTH SHREVEPORT employees must complete annual ethics education training as outlined by La. R.S. 42:1170. LSU HEALTH SHREVEPORT-S Office for

Compliance and Investigation is responsible for administering training via the Learning Management System (LMS).

G. Responsibilities

The LSU HEALTH SHREVEPORT-S Office for Compliance and Investigation is responsible for oversight and enforcement of this policy and for administration of annual ethics education training. Employees should direct all Code of Ethics questions to the Chief Compliance and Investigation Officer.

H. Exceptions

None.

I. Disciplinary Actions

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment, and Louisiana Board of Ethics may assess penalties.

K. References

Louisiana Ethics Administration Program https://ethics.la.gov/default.aspx

Louisiana Code of Governmental Ethics La. R.S. 42:1101 et. seq. https://ethics.la.gov/Pub/Laws/Title42Ch15.pdf?20210420.

LSU HEALTH SHREVEPORT Administrative Directive 2.6.4 Nepotism

LSU Permanent Memorandum 11: Outside Employment of University Employees

LSU Permanent Memorandum 69: Delegation of Authority

ADMINISTRATIVE DIRECTIVE

Policy Number: 6.5
Effective Date: 12/01/01
Superseded Policy: 07/01/92

6.5 LSUHSC Customer Relations Policy

A. PURPOSE

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

B. PHILOSOPHY

1. Louisiana State University Health *Sciences Center is* a center of *excellence.* Every employee is both challenged and empowered to do his or her job in such a way that patient care, medical education, and *research consistently* and completely meet the standards outlined in the Pledge To Service and the *Service Behavior* Expectations.
   (See attached).

2. Every Louisiana State University Health *Sciences Center employee,* given maximum opportunity to grow as a person, a professional, and a *member of* our community, is committed to the Pledge To *Service and Service* Behavior Expectations.

C. POLICY

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

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

D. DEFINITIONS

1. Appropriate behavior: an attitude or action in interacting with others (patients, patients' families, visitors, fellow employees, and the medical staff) that include:
   a. Observance of the Pledge to Service and Service Behavior Expectations.
   b. Courtesy and politeness.
   c. Friendliness.
   d. Concern for the customer's well being.
   e. Sensitivity and prompt responsiveness to the customer's wants and needs.
   f. Cooperation with and helpfulness to the patient, members of the patients' family, visitors, and co-workers.
   g. Pride in self, job/profession, and the Health Sciences Center.

2. Favorable customer perceptions: A customer's favorable perceptions reflects the following:
   a. He or she is treated as a welcomed guest of our Health Sciences Center.
   b. The needs or wants of the customers are provided for with sensitivity and promptness.
   c. All staff of the Health Sciences Center are courteous, concerned, and professionally competent.
   d. Respect and cooperation exist between employees to ensure optimum care and support service and services.
   e. The environment is clean, quiet, comfortable, secure, and properly equipped.

A. RESPONSIBILITIES

1. It is the responsibility of each employee/supervisor to:
   a. Ensure that his or her attitude and actions are at all times consistent with the Pledge To Service and Service Behavior Expectations as described within this policy.
   b. Compliment a co-worker when his or her actions comply with this policy.
   c. Remind a co-worker when his or her attitude or actions are inconsistent with these standards.
   d. Call instances of excellence or noncompliance to the attention of the appropriate supervisor or department head.

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

Louisiana State University
Health Sciences Center – Shreveport

Team Member Pledge To Service

I _____, employee of Louisiana State University Health Sciences Center, do hereby pledge that I will demonstrate compassion and respect for the dignity of individual persons, both in serving our patients and their families and in relating to fellow employees. I will be considerate and lend assistance to all people entering the institution. I understand that I am to conduct myself in a manner that will protect the interests and safety of patients, employees and the institution.

I do hereby acknowledge that any actions or conduct exhibited by an employee that brings discredit, and/or is offensive to patients or coworkers will not be tolerated. I pledge that I will not tolerate offensive behavior from other employees and will report such behavior to the appropriate supervisor. I understand that such behavior may result in disciplinary action that could result in termination of employment. I acknowledge and understand that it is my responsibility to provide a service and that I will conduct myself in a manner that will represent LSUHSC in a positive light. I understand that I am an ambassador for this institution.

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

_____ _____
Employee's Signature Date

_____ _____
Manager's Signature Date

2. Team Leader Pledge to Service

Louisiana State University
Health Sciences Center – Shreveport

Team Leader Pledge To Service

I _____, a member of the management team of Louisiana State University Health Sciences Center, do hereby pledge that I will demonstrate compassion and respect for the dignity of individual persons, both in serving our patients and their families and in relating to fellow employees. I will be considerate and lend assistance to all people entering the institution. I understand that I am to conduct myself in a manner that will protect the interests and safety of patients, employees and the institution. I will conduct myself in a manner that serves as a role model for my employees in providing excellence in customer service.

I do hereby acknowledge that any actions or conduct exhibited by an employee or manager that brings discredit, and/or is offensive to patients or coworkers will not be tolerated. I pledge that I will not tolerate offensive behavior from other managers and employees and will report such behavior to the appropriate supervisor. I will immediately address inappropriate behavior. I understand that such behavior may result in disciplinary action that could result in termination of employment. I acknowledge and understand that it is my responsibility to provide a service and that I will conduct myself in a manner that will represent LSUHSC in a positive light. I understand that I am an ambassador for this institution.

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

_____ _____

Management Team Signature Date

_____ _____

Director/Administrator's Signature Date

LSUHSC – Shreveport
Service Behavior Expectations

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

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

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

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

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

Patient & Family Concerns/Privacy

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

Confidentiality

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

Privacy

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

Commitment to Co-Workers

- Keep your work area and surrounding environment clean and safe.
- Do not say, "It's not my job". If you are unable to meet a request, be responsible for finding someone who can.
- Check on patients before shift change to minimize patient requests during shift change report.
- Rudeness is never appropriate. We must treat each other with courtesy and respect at all times.
- Treat every co-worker as a professional. Recognize that we each have an area of expertise.
- Welcome new or floating employees. Be supportive by offering help and setting an example of the cooperation expected in the workplace.
- Do no chastise or embarrass fellow employees.

Safety

- Report all accidents and incidents promptly.
- Identify all safety hazards and correct or if not able to correct, report it.
- Protect your back when lifting, pushing, pulling, or carrying. Get help if necessary.
- Use protective clothing and equipment when appropriate.
- Any employee who notices litter should immediately pick it up and properly dispose of it. All spills must immediately be cleaned up. This will help prevent any person from slipping and falling due to debris or spillage.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT	
ADMINISTRATIVE DIRECTIVE	Version Number: 2
Violence in the Workplace	Effective Date: 12/14/2022 Owner Department: CA Vice Chancellor for Admin/LSUSH

2.1.4 VIOLENCE IN THE WORKPLACE

A. PURPOSE

Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S) is committed to providing a safe and secure working environment for its employees. This document provides guidance for ensuring the safety and security of LSUHSC-S employees, which is essential to carrying out their responsibilities. Every employee has a reasonable expectation to perform his/her assigned duties in an atmosphere free of threats and assaults. LSUHSC-S fully is committed to a violence free workplace.

B. APPLICABILITY

This policy applies to all LSUSHC-S employees.

C. DEFINITIONS

1. *Assault* – Attempt to commit a battery, or the intentional placing of another in reasonable apprehension of receiving a battery. (Example: A person raises a stick with no intention of striking you, but, based on the circumstances, you have a reasonable apprehension that the person does plan to strike you.)

2. *Battery* - Intentional use of force or violence upon another; or the intentional administration of a poison or other noxious liquid or substance to another without that person's consent.

3. *Credible Threat* – Statement or action that would cause a reasonable person to fear for the safety of him/herself or that of another person and does, in fact, cause such fear.

4. *Human Resources* – LSUHSC-S Human Resource Management Department.

5. *Intentional* – Conduct when the circumstances indicate that the offender, in the ordinary course of human experience, must have considered the criminal consequences as reasonably certain to result from his act or failure to act.

6. *University Police Department* – LSUHSC-S Police Department.

7. *Violence* – Commission of an assault or battery, or the making of a credible threat. Violence also may include:

    a. unwelcome name-calling, obscene language, and other abusive behavior;

    b. intimidation through direct or veiled verbal threats;

    c. physically touching another employee in an intimidating, malicious, or sexually harassing manner, including such acts as hitting, slapping, poking, kicking, pinching, grabbing, and pushing; and

    d. physically intimidating others including such acts as obscene gestures, "getting in your face," fist-shaking, throwing any object.

8. *Workplace* – Any site where an employee is placed for the purpose of completing job assignments, including facilities surrounding the LSUHSC-S campus and parking lots.

9. *Workplace Violence* – Violence that takes place in the workplace.

D. PROCEDURES

1. Reporting

    LSUHSC-S employees are to report to the Office of Human Resource Management or the University Police Department, or both where applicable, all threats or incidents of violent behavior in the workplace which they observe or of which they are informed. Please refer to Exhibit I, "Violent Employee - Symptom Recognition," which may be helpful in identifying potentially violent individuals. Examples of inappropriate behavior which shall be reported include:

    a. an employee or visitor who may be in possession of a firearm or other dangerous weapon in the workplace;

    b. intimidation through verbal threats;

    c. physically touching another employee in an intimidating, malicious, or sexually harassing manner, including such acts as

        hitting, slapping, poking, kicking, pinching, grabbing, and pushing; and

    d. physically intimidating others including such acts as obscene gestures, "getting in your face," fist shaking, throwing any object.

2. Incident Response and Evaluation

    a. Acts of Violence

        i. All threats of violence should be taken seriously when received. An employee who has been threatened or assaulted by another at the workplace will immediately report the situation to his/her supervisor. The supervisor to whom the incident is reported will immediately notify the University Police Department, appropriate Administrative Staff and Human Resource Management to discuss further action.

Written statements shall be obtained from all involved; including those who witnessed the incident. Concurrent with obtaining the written statements or as soon as possible thereafter, the University Police Department shall interview all parties to the incident, including victims, subjects, and witnesses, and prepare written summaries of the interviews.

The summaries shall be the basis on which to determine the facts of the event.

ii. At the time an act of violence occurs, the following guidelines should be followed by those witnessing the act or able to act.

A. The situation is not dangerous:

I. separate employees involved and isolate until they are interviewed, and their statements are taken;

II. separate witnesses until they are interviewed, and their statements are taken;

III. document all actions and statements.

B. The situation is dangerous:

I. contact the University Police Department at 675-6165 or 675-6233, activate the panic alarm is available, or activate the LSU Shield mobile app;

II. do not attempt to physically remove an individual (leave it to the University Police Department); and

III. document all actions and statements.

iii. Assistance for employees who experience or witness workplace violence will be provided. Whenever an incident takes place, affected employees will receive appropriate medical and/or psychological evaluation and treatment as necessary, in accordance with existing statutes. This assistance is provided through the Employee Assistance Program.

b. Bomb Threats (See Bomb Threat Policy from the Safety Manual)

i. When a bomb threat is received, notify the University Police immediately. If the bomb threat is received through a telephone call, the person who receives the call should complete the "Bomb Threat by Phone" checklist after notifying the Police Department (See Exhibit II).

ii. University Police shall conduct an occupant search of the area or building and report any suspicious items immediately. Suspicious items may be, but not limited to, unattended packages or book bags. Most suspicious containers may be common articles such as a shoe box, briefcase or suitcase. Under no circumstances shall anyone other than trained bomb technicians handle a suspicious package. Do not touch it, handle it or disturb it in any manner.

3. Resolution

   a. Human Resources

      i. will conduct an administrative investigation into all claims of workplace violence involving LSUHSC-S employees in accordance with federal and state laws and LSUHSC-S policies;

      ii. will make findings regarding party responsible for the workplace violence; and

      iii. will recommend and impose appropriate discipline, if necessary.

   b. University Police Department

      i. will conduct a criminal investigation into claims of workplace violence

      ii. will make arrests or issue criminal citations as necessary.

4. Communication

   To maintain a safe, healthy, and secure workplace, there must be open communication among employees, including all levels of supervision, on these issues. The open communication process includes but is not limited to:

   a. periodic review of this policy with all employees;

   b. discussions of violence in the workplace during scheduled safety meetings;

   c. posting or distributing information on violence in the workplace; and

   d. procedures to inform supervisors about violence in the workplace, hazards, or threats of violence.

5. Training

   a. All employees, including all levels of supervision, shall have training and instruction on preventing workplace violence as follows:

      i. during new employee orientation occurring within three months of employment,

      ii. annually via Campus Education Day, to be completed in the prior to the end of the employee's birth month; and,

      iii. during quarterly safety training the Safety Office may present information on workplace violence related topics as appropriate.

   b. New Employee Orientation and annual training shall include:

      i. explanation of this policy;

      ii. measures for reporting any violent acts or threats of violence;

      iii. recognition of hazards including associated risk factors;

      iv. measures to prevent workplace violence, including procedures for reporting workplace hazards or threats to appropriate supervision (See Exhibit III);

      v. ways to defuse hostile or threatening situations;

      vi. measures to summon others for assistance;

      vii. routes of escapes available to employees;

      viii. procedures for notification of law enforcement authorities when a criminal act may have occurred;

      ix. procedures for obtaining emergency medical care in the event of a violent act upon an employee; and

      x. information on securing post-event trauma counseling for those employees desiring or needing such assistance.

6. Records

   a. Records associated with violence in the workplace need to be kept in a permanent, secure, and confidential manner. The following records are important and shall be maintained in accordance with pertinent statutes as part of the violence prevention program:

      i. reports of work injury, including workers' compensation injuries, if necessary;

      ii. reports for each reported assault, incidents of abuse, verbal attack, or aggressive behavior occurring between persons in the workplace;

      iii. police reports of incidents occurring in the workplace;

      iv. minutes of safety meetings, records of hazards' analysis, and corrective actions recommended;

      v. violence in the workplace training, including subjects covered, attendees, and qualifications of trainers; and,

      vi. other appropriate reports.

E. RESPONSIBILITIES

Human Resources is responsible for coordinating LSUHSC-S's compliance with this policy.

F. EXCEPTIONS

None

G. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

EXHIBIT I

VIOLENT EMPLOYEE SYMPTOM RECOGNITION

Inappropriate behavior is often a warning sign of potential hostility or violence. When left unchecked it can escalate to higher levels. Employees who exhibit the following behaviors should be reported and may be subject to disciplinary action, up to and including arrest and/or termination.

- Unwelcome name-calling, obscene language and abusive behavior;
- Threats of verbal abuse directed at co-workers and supervisors;
- Throwing objects in the workplace regardless of the size or type of object being thrown or whether a person is the target of a thrown object;
- Physically touching another employee in an intimidating, malicious or sexually harassing manner; that includes such acts as hitting, slapping, poking, kicking, pinching, grabbing and pushing;
- Physically intimidating others, including such acts as obscene gestures, "getting in your face" and fist-shaking;
- Unexplained increase in absenteeism;
- Depression or withdrawal;
- Explosive outbursts of anger or rage without provocation;
- Repeated comments that indicate suicidal tendencies;
- Noticeably unstable emotional responses;
- Behavior which is characterized by paranoia (e.g., irrational mistrust of others, negative thoughts that just aren't true, like "They're plotting against me;"
- Preoccupation with previous incidents of violence;
- Resistance and overreaction to changes in procedures; and
- Repeated violations of university policies.

IMPORTANT: TAKE ALL THREATS SERIOUSLY

EXHIBIT II

BOMB THREATS BY PHONE

If you receive a bomb threat by telephone, immediately contact University Police at 675-6165 or local law enforcement at 911. Do not use cell phones or activate fire alarms, as this may trigger an explosive device.

Do the following:

- Keep the caller on the line as long as possible. Be polite and keep them talking.
- Do not hang up, even if the caller does.
- Record the call, if possible.

Document the following:

- Telephone number on which the threat was received (on campus or off campus).
- Exact time of call:
- Exact words of caller:
- When will the bomb explode?
- Where is the bomb?
- What does it look like?
- What kind of bomb is it?
- What is your name?
- What is your address?
- Where are you calling from?
- Why was the bomb placed?

Make special note of:

- Caller's voice (calm, excited, disguised, accent, etc.)
- Caller's sex
- Caller's age (determined by voice)
- Was the voice familiar to you?
- Was there any background noise?

Signature: _____ Date:_____

EXHIBIT III

PERSONAL CONDUCT TO MINIMIZE VIOLENCE

Follow these suggestions in your daily interactions with people to defuse potentially violent situations. If at any time a person's behavior starts to escalate beyond your comfort zone, withdraw from the situation.

Do

1. Project calmness: move and speak slowly, quietly and confidently.
2. Be a good listener: encourage the person to talk and listen patiently.
3. Focus your attention on the other person to demonstrate your interest in what he/she has to say.
4. Maintain a relaxed yet attentive posture. Position yourself at an angle rather than directly in front of the other person.
5. Acknowledge the person's feelings by gestures such as nodding your head.
6. Ask the person to move to a less public, quiet area, if appropriate.
7. Establish ground rules if unreasonable behavior persists. Calmly describe the consequences of any violent behavior.
8. Use delaying tactics which will give the person time to calm down. For example, offer a drink of water in a disposable cup.
9. Be reassuring and point out choices. Identify and deal with specific issues.
10. Accept criticism in a professional manner.
11. Ask for recommendations. Repeat to the person what you believe they are requesting of you.
12. Position yourself so that a visitor cannot block your access to an exit.

EXHIBIT III

PERSONAL CONDUCT TO MINIMIZE VIOLENCE

Do Not

1. Use styles of communication which generate hostility such as apathy, brush off, coldness, condescension, going strictly by the rules or giving the runaround.
2. Reject all demands from the start.
3. Pose in challenging stances such as standing directly opposite someone, hands on hips or crossing arms. Avoid physical contact, finger pointing or long periods of fixed eye contact.
4. Make sudden movements which can be seen as threatening. (Be sure to notice the tone, volume and rate of your speech.)
5. Challenge, threaten or dare the individual. Belittle the person or make them feel foolish.
6. Criticize or act impatiently toward the agitated individual.
7. Attempt to bargain with a threatening individual.
8. Try to make the situation seem less serious than it is.
9. Make false statements or promises you cannot keep.
10. Take sides or agree with distortions.
11. Invade the individual's personal space. (Make sure there is a space of 3 to 6 feet between you and the person.)

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT	
ADMINISTRATIVE DIRECTIVE	Version Number: 2
Sexual Harassment	Effective Date: 11/13/2023 Owner Department: CA Office for Compliance and Investigation

2.1.1 SEXUAL HARASSMENT

A. GENERAL

Louisiana State University Health Sciences Center - Shreveport (LSU HEALTH SHREVEPORTC-S) is committed to providing an environment that maintains equality, dignity, and respect for all members of its community. In keeping with this commitment, discriminatory practices, including sexual harassment, are prohibited. Any sexual harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. The purpose of this policy is to provide procedural guidance for addressing and resolving allegations of sexual harassment. Such procedures are required and governed by federal law, state law and policy, and LSU Permanent Memorandum 73.

B. APPLICABILITY

This policy applies to all members of the Louisiana State University Health Sciences Center - Shreveport (LSU HEALTH SHREVEPORTC-S) community, including faculty, staff, students, volunteers, organizations, and any other affiliate that participates in activities with

LSU HEALTH SHREVEPORTC-S.

C. DEFINITIONS

Sexual harassment is illegal under federal (section 703 of Title VII of the Civil Rights Act of 1964), state, and local law.

Sexual harassment means unwelcome sexual advances, requests for sexual favors, and other verbal, physical, or inappropriate conduct of a sexual nature when the conduct explicitly or implicitly affects an individual's employment or education, unreasonably interferes with an individual's work or educational performance, or creates an intimidating, hostile, or offensive work or educational environment and has no legitimate relationship to the subject matter of a course or academic research.

Sexual harassment may occur in several different types of situations, including but not limited to the following:

1. *Quid Pro Quo Sexual Harassment*: Requests for sexual favors, either implied or explicit, when submission to such requests is made a condition of

continued employment, advancement, improved grades, or participation in a University activity.

2. *Hostile Environment Sexual Harassment*: Unwelcome sexual advances, requests for sexual favors, sexual flirtation, graphic or degrading comments or gestures of a sexual nature, and the display of sexually offensive objects or pictures. Hostile environment sexual harassment does not refer to occasional compliments of a socially acceptable nature; it refers to repeated behavior that is unwelcome and personally offensive.

3. *Retaliation:* Any acts against an individual for the purpose of interfering with or discouraging an individual from exercising a right or privilege under this policy. Activities protected from retaliation include reporting or opposing sex- or gender-based harassment and discrimination; filing a Formal Complaint; and participating in an investigation, process or Hearing, whether as a party, witness, Hearing Panel member, appeals officer, or Advisor. Prohibited retaliatory acts include, but are not limited to, intimidation, threats, coercion, or discrimination.

Sexual harassment can occur between any members of the LSU HEALTH SHREVEPORTcampus community, including, but not limited to people who are in a superior/subordinate relationship and peers.

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

1. unwelcome sexual flirtations, advances, or propositions;

2. derogatory, vulgar, or graphic written or oral statements regarding one's sexuality, gender, or sexual experience;

3. unnecessary touching, patting, pinching, or attention to an individual's body;

4. physical assault;

5. unwanted sexual compliments, innuendo, suggestions, or jokes; or the display of sexually suggestive pictures or objects.

Sex- or gender-based harassment and discrimination have broad jurisdiction that include all Title IX allegations, but also many more allegations that involve possible sex- or gender-based harassment or discrimination that do not rise to the level of a Title IX violation. If the sex- or gender-based harassment or discrimination does not meet Title IX jurisdictional requirements, then the allegation is “dismissed” as a Title IX case. The case may still be considered for possible investigation and resolution under this policy or the applicable student code of conduct, employee policies, or other relevant policy or procedure. (i.e. non-sex or gender-based misconduct). Such cases include, but are not limited to:

a. Sex- or gender-based harassment or discrimination that does not meet the required definitions under Title IX;

b. Off-campus or online conduct, social media, or other electronic media/communication where:

i. The University deems that the off-campus sexual misconduct effectively deprives someone of access to LSU's educational programs or employment;

ii. The Title IX Coordinator, in their discretion, exercises jurisdiction, such as when the Sexual Misconduct may affect the safety or well- being of the LSU community

c. Instances of power-based violence that are independent of sexual misconduct.

D. PROCEDURES

Any member of the LSU HEALTH SHREVEPORT community who has been subjected to sexual harassment is encouraged to file a complaint with the Office for Compliance and Investigation. LSU HEALTH SHREVEPORT abides by the procedures outlined in LSU Permanent Memorandum 73 (PM-73) Prohibiting Power-based Violence, including Sex- and Gender-based Harassment and Discrimination, and Sexual Misconduct.

LSU Permanent Memorandum 73 (PM-73) details the process for addressing and resolving allegations of sexual harassment, including reporting, supportive measures, investigating, options for resolution, and appeal.

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

LSU HEALTH SHREVEPORT expressly prohibits retaliation against an individual who reports sexual harassment, the parties involved, and their witnesses, even if the investigation produces insufficient evidence to support the complaint. Retaliation against anyone who, in good faith, reports what they believe to be sexual harassment, cooperates with an investigation covered in this policy or opposes conduct they believe to violate this policy may be subject to disciplinary action. Anyone who believes they have been retaliated against should immediately report it to the Office for Compliance and Investigation.

E. RESPONSIBILITIES

The Chief Compliance and Investigation Officer or their designee is responsible for administering this policy. The Chief Compliance and Investigation Officer can be contacted at:

Sammy Wyatt, Ph.D., MBA, CFE, CHC, CCEP, EnCE

Chief Compliance and Investigation Officer
Title IX Campus Coordinator
LSU Health Shreveport
1501 Kings Highway
School of Medicine, Building C, Room 1-421
Shreveport, LA 71103 318-675-8502
swyatt@LSU Health Shreveport.edu

All LSU HEALTH SHREVEPORT employees, with the exception of confidential resources, are mandatory reporters and are required to report instances of sexual harassment for which they are not the complainant but of which they are aware. An employee who fails to promptly make the report without good cause or, with the intent to harm or deceive, knowingly makes a false report shall be terminated in accordance with the institution's disciplinary procedures. Faculty, staff, and students must cooperate with the Office for Compliance and Investigation in any investigation.

Employees deemed by law or professional ethics or individuals expressly selected, trained, and designated by LSU HEALTH SHREVEPORT to provide confidential support to students and employees are exempt from the mandatory reporting requirement when acting in that capacity. Confidential resources may facilitate supportive measures and assist with reporting for campus and/or law enforcement investigations.

The following persons are confidential resources exempt from the mandatory reporting requirements:

1. Student Counseling Center staff
2. Confidential Advisors identified on the Title IX webpage: https://www.LSU Health Shreveport.edu/about/title-ix/resources
3. University Ombuds Office staff
4. Medical Professionals (acting in the scope of their duties when the report is received)

F. EXCEPTIONS

None.

G. DISCIPLINARY ACTIONS

Any employee found responsible for violating this policy may expect the range of sanctions to include, but not be limited to, suspension, demotion, psychological assessment, counseling, restricted presence on campus, and/or termination of employment.

Any students found responsible for violating this policy may expect the range of sanctions to include, but not be limited to, warning, disciplinary probation, deferred suspension, suspension, expulsion, psychological assessment, counseling, restricted presence on campus, and/or revocation of admission or degree. Additional sanctions may also be imposed when appropriate.

Any volunteer, organization, or other affiliate of LSU HEALTH SHREVEPORT that violates this policy may expect the range of sanctions to include, but not be limited to, termination of their affiliation with LSU HEALTH SHREVEPORTC-S.

H. REFERENCES

1. Federal Regulations
    a. Title IX of the Education Amendments of 1972
    b. Title VII of the Civil Rights Act of 1964

2. State Law and Policy
    a. Act 472 of the 2021 Regular Legislative Session of the Louisiana Legislature
    b. Title 14 of the Louisiana Revised Statutes
    c. Louisiana Board of Regents Uniform Policy on Power-Based Violence/Sexual Misconduct
    d. Louisiana Board of Regents Title IX Grievance Procedures

3. LSU Permanent Memorandum
    a. Permanent Memorandum (PM) 73 Prohibiting Power-based Violence, including Sex- and Gender-based Harassment and Discrimination, and Sexual Misconduct

4. Louisiana State University Health Shreveport Policy

    a. AD 2.1.3 Harassment
    b. AD 6.15 Power-Based Violence and Sexual Misconduct
    c. AD 6.2 Nondiscrimination

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT

ADMINISTRATIVE DIRECTIVE

Policy Number: 2.1.3
Effective Date: 1/3/23
Superseded Policy: 2.1.3 eff. 9/1/96
Monitoring Unit: Office for Compliance and Investigation

2.1.3 HARASSMENT

A. GENERAL

Louisiana State University Health Sciences Center-Shreveport (LSUHSC-S) is committed to providing and promoting an environment for employees, faculty, staff, students, and campus visitors that is free from all forms of harassment. Harassment will not be tolerated, and LSUHSC-S will take appropriate action to prevent, correct, and, where warranted, discipline behavior that violates this policy.

This document provides procedural guidance for the prevention of harassment prohibited by federal law and the resolution of any such harassment at LSUHSC-S. This policy applies only to harassment that is not sexual in nature. Sexual harassment is separately addressed in AD 2.1.1 Sexual Harassment. LSUHSC-S employees and students are encouraged to participate in preventive education and trainings on prohibited harassment, which are offered by a variety of departments and divisions, including the Department of Human Resources.

B. APPLICABILITY

This policy applies to all employees, faculty, staff, and students.

C. DEFINITIONS

1. *Prohibited Harassment* (not of a sexual nature) – Abusive or hostile conduct that is directed toward or inflicted upon another person based on genetic information, race, color, religion, ethnicity, national origin, sex (which includes sexual orientation, gender identity, and gender expression), age, disability, or veteran's status and which, because of its severity and/or pervasiveness, unreasonably interferes with an individual's work or academic performance.

   Harassment is typically based on stereotyped prejudices and includes, but is not limited to, the following examples, where they are generally part of a pattern of conduct meeting the standard set forth above: slurs, jokes, objectionable epithets, or other verbal, graphic, or physical conduct that demeans, insults, or intimidates an individual because of their race, color, religion, ethnicity, national origin, age, sex, disability, or veteran status. Conduct must be deemed severe and/or pervasive from both a subjecting and an objective perspective.

   In determining whether conduct constitutes prohibited harassment, the following understandings shall apply:

   a. Harassment must be distinguished from behavior which, even though unpleasant or uncomfortable, is appropriate to the carrying out of instructional or supervisory responsibilities (e.g., criticism of work, corrective discipline, performance evaluation; discussion of controversial topics germane to an academic subject);

   b. The totality of the circumstances must be evaluated to determine whether a particular act or course of conduct constitutes harassment, including the frequency, severity, and context of the questioned conduct and whether the conduct was physically threatening and humiliating or a mere utterance;

   c. The conduct alleged to be harassment will be evaluated from the perspective of a reasonable person in a similar situation and not simply the particular sensitivity or reaction of an individual;

d. An isolated incident of hostile behavior, although offensive, usually will not be sufficient to establish a claim of illegal harassment. For example, generally, a single sexual joke, offensive epithet, or request for a date does not constitute sexual harassment; however, being subjected to such jokes, epithets or requests repeatedly may constitute sexual harassment. However, administrators and supervisors should take corrective action when such isolated incidents occur, in order to ensure that repetition of that or similar conduct does not rise to the level of illegal harassment; and

e. Although repeated incidents of hostile conduct generally create a stronger claim of harassment, a serious incident, even if isolated, may be sufficient.

2. *Retaliation* – Any action that has the effect of punishing a person for engaging in a legally protected activity, such as alleging harassment, making a harassment complaint, or assisting in a harassment investigation. Examples of retaliatory adverse employment actions include suspension, demotion, or termination. In addition, this policy prohibits retaliation in the form of harassment, intimidation, threats, or coercion, or in the form of any materially adverse harm that would dissuade a reasonable student or employee from filing a harassment complaint or participating in a harassment investigation.

E. PROCEDURES

1. Reporting of Harassment or Related Retaliation Allegations

a. LSUHSC-S encourages students, faculty, and staff to express freely, responsibly, and in an orderly way opinions and feelings about any problem or complaint of harassment. Retaliation against persons who oppose or complain about harassment is strictly prohibited.

An employee/student is protected against retaliation for their opposition to harassment as long as the employee/student has a reasonable and "good faith" belief that the complained of conduct is prohibited, even if it turns out that the complainant was mistaken as to the legality of the conduct. It is a violation of LSUHSC-S's policy to retaliate against the complainant(s), respondent(s), witnesses or others involved in the review of such complaints. Any employee who retaliates against an employee or a student in violation of the law and/or LSUHSC-S's Harassment policy is subject to disciplinary action, including and up to termination.

This policy shall not be used to bring frivolous or malicious complaints against students, faculty, staff, or other employees. If a complaint has been made in bad faith, as demonstrated by clear and convincing evidence, disciplinary action may be taken against the person bringing the complaint.

b. Persons who believe they have been targets of harassment or related retaliation are encouraged to report the incident(s) immediately to appropriate administrative officials as set forth below. The complaint should be made as soon as possible. Delay in reporting makes it more difficult to investigate fairly and adequately the incident and may contribute to the repetition of offensive behavior.

c. Complaints may be made by a victim or a witness of harassment by an employee.

d. A complaint may be made verbally. A written statement should follow as soon as possible. A complaint should contain the following information:
   i. Date and time of the incident
   ii. Location of act
   iii. Name of alleged who began the harassment
   iv. A factual, unbiased description of the conduct
   v. Names of witnesses to the incident
   vi. What results are being sought

e. Complaints should be submitted by the victim or witness to the complainant's immediate supervisor or to the Office for Compliance and Investigation.

f. Employees, faculty, staff, students, and visitors may also file a report via the LSU Ethics, Integrity, and Misconduct Helpline at www.lsu.ethicspoint.com or toll-free at 855-561-4099.

g. The Office for Compliance and Investigation shall conduct a confidential investigation. It will protect the privacy of the individuals involved and ensure that the complainant and the accused are treated fairly. Information about individual complaints and their disposition is considered confidential and will be shared only on a "need to know" basis. At the conclusion of the investigation, a report of the incident with a conclusion and recommendations, if substantiated, will be completed and provided to the chancellor for appropriate action.

h. If the individual is on faculty, medical staff, or a house officer, the information and recommendations shall be given to a review committee. The Committee shall be the Chair of the Department, the Chancellor/Dean of the Medical School, and a Hospital Administrator or their designee.

i. If it is found that harassment did occur, action ranging from a letter of reprimand to termination of employment will be applied.

E. RESPONSIBILITIES

The Office for Compliance and Investigation is responsible for ensuring compliance with this policy. All employees, faculty, staff, and students are required to fully cooperate with an investigation.

F. EXCEPTIONS

None.

G. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

I. REFERENCES

1. Federal Regulations
   a) Title VII of the Civil Rights Act of 1964
   b) The Age Discrimination in Employment Act of 1967 (ADEA)
   c) The Americans with Disabilities Act of 1990 (ADA)
   d) The Civil Rights Act of 1991
2. LSU Permanent Memoranda
   a) Permanent Memoranda (PM) 73 Policy Prohibiting Sex- and Gender-Based Harassment and Discrimination, including Sexual Misconduct
3. Louisiana State University Health Sciences Center-Shreveport Policy
   a) AD 6.2 Nondiscrimination
   b) AD 2.1.1. Sexual Harassment

1.1.6 Taking State Property Off Campus

A. General

This document provides procedural guidance for the tracking of LSU HEALTH SHREVEPORT or State-owned property taken off campus to prevent losses to departments and reduce missing property reported to the State.

This policy does not circumvent any State law or rule nor does it replace any existing contract or purchasing policy or procedures. The established procedures and policies for removing property for repairs remain in effect.

This guidance provides procedures and protocols supporting effective organizational asset management and in accordance with Louisiana Administrative Code, Title 34, Government Contracts, Procurement and Property Control, Part VII. Property Control; Louisiana Revised Statutes, Title 39. Public Finance, Subtitle I. State Finance, Chapter 1. Division of Administration, Part XI, Property Control, Section 321 through 332.

Per Title 34 Chapter 3 Section 305, the agency property manager and each person to whom property is entrusted and receipted for as provided in these regulations shall be liable for the payment of damages whenever his wrongful or grossly negligent act or omission causes any loss, theft, disappearance, damage to or destruction of property of his agency for which he is responsible as provided herein, and such damages shall be recoverable in a civil suit, therefore, prosecuted on behalf of the state by the attorney general.

B. Applicability

This guidance applies to all property LSU HEALTH SHREVEPORT or State-owned property (including property not tagged with an official LSU HEALTH SHREVEPORT inventory number) taken off campus.

All individuals requesting to take LSU HEALTH SHREVEPORT or State-owned property off campus must comply with the provisions of this policy. Individuals not willing to comply with the policy will not be authorized to be removed the property from campus. The unauthorized removal of property from an LSU HEALTH SHREVEPORT campus is considered theft of State property; therefore, it is important that these procedures are followed.

C. Definitions

1. Property – refers to LSU HEALTH SHREVEPORT or State-owned property.

2. Campus – the facilities owned or leased by LSU HEALTH SHREVEPORTC-S.

D. Procedures

1. Individuals Taking Property Off Campus

a. Department Heads are required to get authorization from the LSU HEALTH SHREVEPORT Chancellor to take property off campus for the purpose of conducting LSU HEALTH SHREVEPORT business. Department Heads may authorize LSU HEALTH SHREVEPORT employees within their departments to take property off campus for the purpose of conducting LSU HEALTH SHREVEPORTCS business. This includes assets to be used at an individual's residence. However, before property is taken off campus, it must be approved by the Property Manager in Asset Management via a submitted Notice in Change of Movable Equipment (CME) form by the department.

b. Taking property off campus requires a CME form completed by the end user and signed and dated by the Department Head authorizing the asset(s) removal from campus. An explanation of the assets use off campus must be stated in the explanatory remarks also. This authority shall not be delegated to any other person within the department. The signed CME or Memo shall be sent to the Property Manager for approval. The property can then be taken off campus once the Property Manager approves the CME.

NOTE: The Department Head is fiscally responsible for the department property; therefore, must be aware of the status of all property under their control.

At a minimum, the CME must include:

i. The LSU HEALTH SHREVEPORT property tag number, the description of the property (ex: Dell Latitude 5430), the serial number or service tag number of the asset (A CME can include more than one item)

ii. Printed legible name of individual who will be responsible for the equipment.

iii. Signature of responsible party.

iv. Complete address where the property is to be located to include city and zip.

For an item to be taken off campus the following criteria must be met:

i. The item is to be used by an LSU HEALTH SHREVEPORT employee. The property cannot be loaned to another individual or entity

ii. The item's use at the off-campus location will benefit LSU HEALTH SHREVEPORT and help forward the LSU HEALTH SHREVEPORT goals and its mission.

iii. The item must remain at the location stated on the CME form. However, once approved to be off campus, laptop computers, dictation machines, pocket organizers or other equipment designed to be mobile can be temporarily relocated for its intended use without further notification to the Property Manager.

NOTE: Property to be loaned or otherwise alienated from LSU HEALTH SHREVEPORT or its authorized users must be done through a Cooperative Endeavor contract, subcontract, or other legal binding agreement which identifies specific property requirements. All other property disposition requests (trade-ins, surplus, scrap, stolen or transfers) must be sent to the Property Manager for State approval.

b. The individuals holding custodian responsibility of off-campus property must be insured or accept personal responsibility if the property is lost, stolen, or damaged through negligence. All losses must be reported, when known, to the Property Manager.

2. Yearly Certification and Inventory of Property

The State requires a yearly inventory of all LSU HEALTH SHREVEPORT property and off campus property is not exempt. The following procedures will be used to inventory authorized off-campus property.

a. The Property Manager will have an inventory list prepared for each individual having property off campus. The lists are sent to the Department Heads/Directors/Business Managers for distribution to the individuals. The cover letter accompanying the department's off-campus location lists will contain a specific completion date. The individual will certify, by signing the list, that the property is at the authorized location.

b. The Department Head will also sign signifying that the individual has the department's continued authorization to have the property located off campus. If the Department Head is unwilling to sign the list, the individual must return the property to LSU HEALTH SHREVEPORTimmediately.

NOTE: The Department Head is fiscally responsible for the department property; therefore, must be aware of the status of all property under their control.

c. If the property is no longer at the authorized location, the individual will line through, initial the entry, and give the current location. The individual remains responsible until the property's return to a campus location has been verified.

d. The department will have the signed lists returned to the Property Manager by the completion date. The list becomes a part of the State required annual inventory certification.

e. On an annual basis the end-user will be required to bring all assigned property onto campus for a physical inventory inspection.

3. Required Return of Property

LSU HEALTH SHREVEPORT off-campus property belongs to the State and must be returned prior to an individual's separation from the LSU HEALTH SHREVEPORT or it is no longer being used in an official capacity.

a. It is the responsibility of the Department Head to ensure the return of property prior to an individual's departure. Failure of the individual to return the property is considered theft of State property. This includes property purchased with grant funds not specifically included in a grant transfer.

NOTE: The Department Head is responsible for return of the property.

b. The individual is required to produce the property (bring the property back to campus) at the request of the Department Head/Director, Dean, Vice Chancellor for Administration and Finance, or Property Manager without reason or justification. The individual does not have to be given any prior notice to produce the property. Failure to produce the property could result in the individual reimbursing LSU HEALTH SHREVEPORT the cost of the property.

c. A CME is sent to the Property Manager when the property is returned or moved to another location. A member of the inventory team will validate the property's return. Property records will reflect individual's off campus location until verified that the item has been returned.

4. Property Taken Off Campus Through Cooperative Endeavors or Other Contracts

Cooperative Endeavors, contracts, subcontracts, or other legal binding agreements are required to loan specific property to another state or political subdivision, public or private corporation, or association. The contract must be signed by all parties and approved by the Division of Administration before any property is taken from LSU HEALTH SHREVEPORTC-Shreveport. The above contracts must meet established criteria and be negotiated through the Office of Legal Affairs.

The following procedures have been established to ensure compliance with State property laws:

a. The Property Manager will have the property inventoried prior to it being taken from LSU HEALTH SHREVEPORT

b. The location of the contract will be assigned a location identification index number

c. To comply with the State's annual inventory requirement, the Property Manager will send the contract institution a list of the property for certification by that institution's representative. If the property is located in the local area, the Property Manager may have LSU HEALTH SHREVEPORT inventory personnel complete an inventory

d. Lost or missing property will be reimbursed per the contract

e. Unless the contract is renewed, the property is to be returned to LSU HEALTH SHREVEPORT per the contract requirements

B. Responsibilities

1. Property Manager

a. Maintain an inventory list for each individual having property off campus

b. Route the inventory list to the Department Head for distribution to the end users on an annual basis

c. Ensure the inventory list is updated and certified timely by end users and the Department Head each year

2. Department Head

a. Fiscal responsibility for department property and awareness of the status of all property under their control

b. Secure authorization for employees within their departments to take property off campus for the purpose of conducting LSU HEALTH SHREVEPORTCS business

c. Ensure that before property is taken off campus a CME form is completed by the end user, dated by the Department Head and approved by the Property Manager in Asset Management

d. Annually certify that an end user has the department's continued authorization to have the property located off campus

e. Ensure the return of the property prior to an end user's departure from LSU HEALTH SHREVEPORT

3. End User

a. Complete a Notice of CME form requesting approval to take property off campus

b. Be insured or accept personal responsibility if the property is lost, stolen, or damaged through negligence

c. Report all losses, when known, to the Property Manager

d. Bring all assigned property onto campus for a physical inventory on an annual basis or at the request of LSU HEALTH SHREVEPORT management at any time without reason or justification

e. Certify, by signing the inventory list, that the property is at the authorized location

f. Return the property prior to their departure from LSU HEALTH SHREVEPORT

4. University Police

University Police have the right and responsibility to stop anyone taking LSU HEALTH SHREVEPORT property off campus. University Police officers can, at their discretion, prevent property from being taken off campus until authorization has been determined.

It is also the responsibility of each LSU HEALTH SHREVEPORT employee and staff member to report any suspected unauthorized removal of LSU HEALTH SHREVEPORT property from campus. Report suspicion directly to the University Police for investigation

C. Exceptions

None.

D. Disciplinary Actions

The unauthorized removal of property from an LSU HEALTH SHREVEPORT campus is considered theft of State property. Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

2.8.2 EMERGENCY REDUCTION OF OPERATIONS AND STAFFING/INCLEMENT WEATHER

A. GENERAL

The Chancellor and administrative staff recognize that emergency situations can create difficulties for some Louisiana State University Health Sciences Center – Shreveport (LSU HEALTH SHREVEPORTC-S) personnel. It is necessary, however, that essential campus functions are maintained at all times. The campus never closes.

This document provides procedural guidance for the reduction of operations and staffing at LSU HEALTH SHREVEPORT in the event of emergency and/or inclement weather.

B. APPLICABILITY

This policy applies to all LSU HEALTH SHREVEPORT employees.

C. PROCEDURES

1. Each Department Head will establish a department or section emergency plan that is approved by the Chancellor, through the responsible Campus Administrators: Deans and Vice Chancellors. Each plan will define the departmental operation to be maintained during emergencies and identify, by numbers and classifications, staff personnel required for that level of operation. The plan should make appropriate allowances for contingency personnel—those whose presence may be required in the event of disaster or failure of a facility system and whose ability to reach the campus in a timely manner would be adversely affected by emergency conditions.

2. The Chancellor (or in his absence, the Medical School Dean or designee) may declare an emergency. Such declaration may cancel classes, close nonessential offices, and reduce staffing to the level necessary to support essential operations. Personnel whose presence is not required to maintain this reduced operation may, according to the plan for their department or section, be excused from work. During such periods of emergency, personnel who were scheduled for work but excused because of the minimum staffing requirement may be given special leave, if eligible.

3. Personnel who are required by their Departmental Emergency Plan to work on emergency days are not excused for any reason other than illness. Others who fail to report as scheduled will be considered unexcused absentees and will receive leave without pay for the work period and face possible disciplinary action. Those essential employees who work on official emergency days will be paid appropriately for hours worked. No special pay will be authorized.

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4. By Monday following the end of the pay period, the timekeeper must enter LW1 (Leave Without Pay) for any employee who should receive leave without pay for a declared inclement weather day. Those essential employees who work on officially declared weather emergency days will be paid appropriately for hours worked plus appropriate special pay based on a holiday routine.

5. Regardless of weather conditions, the campus is considered to be on a normal operating routine until an emergency is declared by the Chancellor (or in his absence, the Medical School Dean or designee). Each departmental head is responsible for ensuring adequate staffing to provide scheduled services and to meet routine workloads.

D. RESPONSIBILITIES

Human Resources is responsible for ensuring compliance with this policy.

E. EXCEPTIONS

None.

F. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

NOTE-Printed copies of this document are uncontrolled. In the case of a conflict between printed and electronic versions of this document, the controlled version published online prevails.

ADMINISTRATIVE DIRECTIVE

Policy Number: 2.8.5
Effective Date: 8/1/03
Superseded Policy: 1/1/91

2.8.5 SUBSTANCE AND ALCOHOL ABUSE POLICY

A. PURPOSE

Louisiana State Health Sciences Center Health Sciences Center – Shreveport is committed to maintaining an environment, which supports the research, teaching, and service mission of the Health Sciences Center. Although the Health Sciences Center respects an employee's right to privacy, the illegal use of drugs or alcohol within the Health Sciences Center community interferes with the accomplishment of the Health Sciences Center's mission.

Louisiana State Law prohibits the consumption, possession, distribution, and possession with intent to distribute, or manufacture of drugs described as controlled dangerous substances in the Louisiana Revised Statutes 40:964; and other statutes define the illegal possession and/or use of alcohol. Further, various federal and state laws and regulations apply to the employees of Louisiana State Health Sciences Center, including the Federal Drug Free Workplace Act of 1988, The Drug-Free Schools and Communities Act Amendments of 1989 (Public Law 101-226), Revised Statutes of the State of Louisiana and Executive Order MJF 93-38. This policy is specifically directed at illegal actions involving alcohol and controlled drugs. Other Health Sciences Center policies govern the legal use of alcoholic beverages in its facilities and on its premises.

B. DEFINITIONS

"drug free workplace" means a site for the performance of work at which employees are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the Federal Drug Free Workplace Act of 1988.

"controlled substance" means a controlled substance in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).

"criminal drug statute" means a criminal statute involving manufacture, distribution, dispensation, use, or possession of any controlled substance.

"misuse use of alcohol" means any possession, consumption or other use of an alcoholic beverage in violation of this policy.

"conviction" means a finding of guilt (including a plea of nolo contendere) or imposition of sentences, or both, by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes.

"employee" includes faculty, other academic, unclassified, classified, graduate assistants, and student employees and any other person having an employment relationship with the Health Sciences Center.

C. GENERAL POLICY

Louisiana State Health Sciences Center is committed to providing a workplace free from the illegal use of drugs and alcohol and seeks to make its employees aware of the dangers of drug and alcohol abuse as well as the availability of drug counseling, rehabilitation and employee assistance through various communications media available to it. The unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace is prohibited as is the illegal possession and/or consumption of alcohol. Workplace shall include any location on Health Sciences Center property in addition to any location from which an individual conducts Health Sciences Center business while such business is being conducted. Without reference to any sanctions, which may be assessed through criminal justice processes, violators of this policy will be subject to Health Sciences Center disciplinary action up to and including termination of employment.

Employee Education, Prevention, Counseling

Human Resource Management will notify all employees at least once each year of its policies and procedures governing the illegal use of alcoholic beverages and drugs and through appropriate media, make employees aware of the dangers of abusive or illegal use of alcohol or drugs. Specific attention is directed to the harmful effects of certain illegal controlled substances described in Exhibit II. Through the Health Sciences Center Employee Assistance Program, employees with drug and alcohol related problems may seek help.

D. PROHIBITIONS

To establish and maintain a safe work environment, LSUHSC-SHREVEPORT prohibits an employee being on the job while having alcohol in his/her body that is above the prohibited alcohol concentration levels, prohibit the use of or presence of illegal drugs or other dangerous substances in the bodies of its employees while on duty, on call and/or engaged in LSUHSC-SHREVEPORT business on or off LSUHSC-SHREVEPORT premises. LSUHSC-SHREVEPORT further prohibits the sale, purchase, transfer, concealment, transportation, storage, possession, distribution, cultivation, manufacture, and dispensing of illegal or unauthorized drugs or related paraphernalia while on duty, on call and/or engaged in LSUHSC-SHREVEPORT business on or off LSUHSC-SHREVEPORT premises.

The prohibitions of this policy extend to the following:

A. Illegal drugs, unauthorized controlled substances, abuse of inhalants, look-alike drugs, designer and synthetic drugs, and any other unauthorized drugs, abnormal or dangerous substances which may affect an employee's mood, senses, responses, motor functions, or alter or affect a person's perception, performance, judgment or reactions while working, including those drugs identified in Schedules I through V of Louisiana R.S. 40:964 or Section 202 of the Controlled Substances Act, 21 U.S.C. 812. NOTE: Illegal drugs include:

1. Any drug which is not legally obtainable.
2. Any drug which is legally obtainable but has not been legally obtained; or
3. Legally obtained (prescription) drugs not being used for prescribed purposes or in excess of prescribed dosages.
4. Misuse of alcoholic or intoxicating beverages; and
5. Drug related paraphernalia as defined in R.S. 40:1031, including any unauthorized material or equipment or items used or designated for use in testing, packaging, storing, injecting, ingesting, inhaling, or otherwise introducing into the human body those substances covered by this policy.

E. ALCOHOL MISUSE POLICY

Alcohol misuse is prohibited. This prohibition extends to 1) use of alcohol on the job; 2) having a prohibited alcohol concentration level in the individual's blood system while on the job. Any employee exhibiting behavior and/or appearance characteristic of alcohol misuse or whose job performance appears to be impaired by alcohol or who is involved in an accident in which the misuse of alcohol is suspected may be required to submit to a test for the presence of alcohol.

F. PRESCRIPTION/LEGAL DRUGS

The use of drugs/medications prescribed by a licensed physician is permitted provided that it will not affect the employee's work performance. The employee shall notify his/her direct supervisor of any drugs/medications prescribed by a licensed physician in those instances when the physician or pharmacy advises that the employee's performance could be impaired or when the employee believes use of the prescribed drugs/ medications will impair his/her ability to perform his/her usual duties and responsibilities. Employees are encouraged to utilize accrued leave, with approval, in those instances where impaired functioning is a distinct possibility.

Employees are encouraged to maintain prescribed drugs/medications in the original prescription containers, which properly identify the employee's name, medication name, issuing physician, and dosage.

LSUHSC-SHREVEPORT reserves the right to have the Medical Director for Occupational Health determine if use of a prescription drug/medication produces effects which may impair the employee's performance or increase the risk of injury to the employee or others.

If such is the case, LSUHSC-SHREVEPORT reserves the right to suspend the work activity of the employee during the period in which the employee's ability to safely perform his/her job may be adversely affected by the consumption of such medication.

G. DRUG TESTS/SCREENS

LSUHSC-SHREVEPORT reserves the right to require drug screening for pre-employment, re-employment or reinstatement. All employees are subject to being tested for drugs under the following circumstances:

1. **Post-Accident/Incident** - following an accident that occurs during the course and scope of an employee's employment that a) involves circumstances leading to a reasonable suspicion of the employee's drug use, b) results in a fatality, c) results in or causes the release of hazardous waste or materials, or d) involves an on-the-job injury or potentially serious accident, injury, or incident in which safety precautions were violated, equipment or property was damaged, or unusually careless acts were performed. Such testing is required of any employee who is directly involved in such an incident and whose action or inaction may have been a causative factor.
2. **Reasonable Suspicion** - a supervisor's belief, based upon reliable, objective, and articulable facts that a person is violating this policy. A decision to test must be based on direct observation of specific physical, behavioral, or performance indicators based on, but not limited to, any of the following:

    Observable behavior or physical symptoms
    A pattern of abnormal or erratic behavior
    Arrest of a drug-related offense
    Being identified as the subject of a criminal investigation regarding drugs
    Evidence of drug tampering or misappropriation
    Patterns of absenteeism or tardiness
    Drowsiness or sleepiness
    Alcohol or drug odors on the breath
    Confusion, slurred or incoherent speech
    Unusually aggressive behavior
    Unexplained mood changes
    Lack of manual dexterity or excessive sloppiness
    Unexplained work/school related accidents or injuries
    Illegible or errant charting
    Leaving work areas for extended periods or unexplained reasons

3. **Rehabilitative** - required for those employees participating in substance abuse after-care treatment, pursuant to the terms of the rehabilitation agreement.

4. **Random Testing** – randomly performed for those employees whose responsibilities of employment include operating a public vehicle, performing maintenance on a public vehicle or supervising any public employee who operates or maintains a public vehicle (the Office of Human Resource Management maintains a complete list of designated positions).

   Individuals will have an equal chance of being chosen, regardless of whether they have been previously tested.

   Once an individual is notified they have been chosen for random testing, they must report to the Occupational Health Clinic within two (2) hours of notification. Failure to report and submit to the drug screen may result in immediate termination of employment.

H. TARGET DRUGS

Drug testing of LSUHSC-SHREVEPORT employees pursuant to this policy shall target the presence of the following drugs or their metabolites in the body:

1. Cannabinoids (marijuana);
2. Opiates;
3. Methamphetamine;
4. Cocaine metabolite; and
5. Phencyclidine (PCP)

Additional tests for additional drugs or their metabolites may be performed if circumstances warrant. Further, LSUHSC-SHREVEPORT will test for the presence of alcohol through breath or blood testing methodologies if circumstances warrant.

I. TESTING PROCEDURE

LSUHSC-Shreveport requires any individual who observes an LSUHSC-Shreveport affiliated individual whose behavior appears impaired or unsafe due to the possible use/abuse of alcohol or drugs to report the observations to their supervisor immediately. An individual whose behavior is impaired or unsafe while at work is required to immediately submit to alcohol and drug testing. Refusal to submit for testing when requested may result in immediate termination of employment.

Supervisors who observe or receive any information about an individual's impairment or unsafe conditions from alcohol or drugs or who have an individual involved in an accident for which testing is appropriate should proceed as follows: (1) If possible, have a witness observe the individual's behavior or physical condition. (2) Inform the individual that refusal to submit to the alcohol/drug test is a terminable offense. (3) Escort the individual to the Occupational Health Clinic or if after hours contact the House Supervisor on duty for the administration of the alcohol/drug screen. (4) The individual will be sent home by taxi and suspended without pay pending the test results. (5) Should an individual refuse to be tested, the supervisor in charge will suspend the individual without pay; notify Human Resource Management, Employee Relations, so that the process for termination can be initiated.

Procedures to account for the integrity of each urine specimen by tracking its handling and storage from point of specimen collection to final disposition of the specimen:

These procedures shall require that an appropriate chain of custody form be used from the time of collection to receipt by the laboratory and that, upon receipt in the laboratory, an appropriate laboratory chain of custody forms shall, at a minimum, include the entry documenting date and purpose each time a specimen or aliquot is handled or transferred and shall identify each individual in the chain of custody.

Test results shall be documented and maintained with strict confidentially. Positive test results and samples will be maintained in accordance with law and applicable medical standards.

J. SEARCHES/INSPECTIONS

In furtherance of this policy, employees are hereby notified that Health Sciences Center offices and work sites are the property of the Health Sciences Center and there is no expectation of privacy with regard to Health Sciences Center offices and work sites. Under appropriate circumstances and in accordance with the law, the Health Sciences Center, in conjunction with law enforcement authorities, reserves the right to conduct unannounced searches and inspection of LSUHSC-SHREVEPORT facilities and properties, including vehicles.

K. ENFORCEMENT

Each alleged violation of this policy will be handled on a case-by-case basis. Certain employees may be rehabilitated, while others may have manifested total disregard for the health, welfare, and safety of themselves or others. Participation in the LSUHSC-SHREVEPORT Employee Assistance Program may be treated by the Health Sciences Center as a positive attempt by the employee to combat his/her substance abuse problem and indicative of a future desire to adhere to this policy. However, participation in the EAP will not shield the employee from enforcement of this policy and disciplinary action, where appropriate. After a review of all data, including any offenses or additional test results produced by the employee, appropriate action will be taken, up to and including termination.

L. DRUG AND ALCOHOL ARRESTS/CONVICTIONS

Any LSUHSC-SHREVEPORT employee convicted of a criminal drug or drug-related offense, which occurs on or off duty, must notify his/her immediate supervisor within the next workday or immediately upon the employee's return to the workplace. Upon final disposition of the criminal proceedings, LSUHSC-SHREVEPORT will review all evidence to determine whether disciplinary action, including termination, is warranted. In all cases involving an employee's arrest on a drug or drug-related offense, which occurs on the job or on LSUHSC-SHREVEPORT premises, prompt investigation will be conducted, and, disciplinary action taken, if warranted.

The Federal Drug-Free Workplace Act of 1988 requires that each employee notify his/her supervisor within five (5) days of conviction of any criminal drug statues when such offense occurred in the workplace, while on official business, during work hours, or when in on-call duty status. Federal law requires that LSUHSC-SHREVEPORT report within ten (10) days any such criminal drug statute conviction to each Federal Agency from which grants or contracts are received.

Employees whose jobs require driving, are required to notify their immediate supervisor if their driving privileges are suspended or revoked. Supervisors are required to report all suspensions and/or revocations to the Employee Relations Section of Human Resource Management. DUI convictions create a distinct problem in the workplace as a result of the driver's license forfeiture provisions of Louisiana R.S. 32:414 and Louisiana R.S. 32:661, ET SEQ.

Employees who operate department vehicles on a regular and recurring basis may be forced to utilize accrued annual leave or be placed in leave without pay status during the pendency of any period of suspension. Affected employees are encouraged to seek restricted/hardship licenses, which authorize driving for employment purposes. Employees returning to work after any such suspension shall be required to provide proof of restoration of driving privileges.

M. CRIMINAL PENALTIES

Employees are responsible under both Health Sciences Center policy and state law for their conduct. It is the policy of the LSUHSC- Shreveport to arrest and refer for prosecution any person who violates state or federal law concerning alcohol or drugs while within the jurisdiction of the LSUHSC-Shreveport Police Department.

It is unlawful in Louisiana to produce, manufacture, distribute or dispense or possess with intent to produce, manufacture, distribute, or dispense controlled dangerous substance classified in Schedule I, Schedule II, Schedule III, Schedule IV or Schedule IV unless such substance was obtained directly or pursuant to a valid prescription or order from a practitioner or as a provider in R.S. 40:978, while acting in the course of his or her professional practice, or except otherwise authorized by law.

Penalties under Louisiana law for violation of laws regulating controlled dangerous substances are as follows:

Schedule I (R.S. 40:966 includes various opiates, hallucinogens, depressants, and stimulants). The maximum penalty provided by law for possession of Schedule I drugs, upon conviction, is imprisonment at hard labor for not less than four years nor more than ten years without benefit of probation or suspension of sentence and, in addition, may require a fine to be paid up to $5,000.

Schedule II (R.S. 40:967 includes other opiates and depressants). The maximum penalty for violating Louisiana law concerning controlled dangerous substances under Schedule II, upon conviction, is imprisonment at hard labor for not less than 5 years nor more than 30 years and, in addition, may require a fine of not more than $15,000.

Schedule III and IV (R. S. 40:968 and 40:969 includes stimulants, depressants, and other narcotics). The maximum penalty for violating Louisiana law concerning controlled dangerous substances under Schedules III and IV, upon conviction, shall be a maximum term of imprisonment at hard labor for not more than 10 years, and in addition, may be sentenced to pay a fine of not more than $15,000.

Schedule V (R.S. 40:970). The maximum penalty for violating Louisiana law concerning controlled dangerous substances under Schedule V, upon conviction, is a term of imprisonment at hard labor for not more than 5 years and, in addition, may be sentenced to pay a fine of not more than $5,000.

The Revised Louisiana Criminal Code carries specific penalties for possession of marijuana. For a first conviction, the offender shall be fined not more than $500, imprisoned in the parish jail for not more than 6 months, or both. For a second conviction of possession of marijuana, the offender shall be fined not more than $2,000 and imprisoned with or without hard labor for not more than 5 years, or both.

For a third conviction of possession of marijuana, the offender shall be sentenced to imprisonment with or without hard labor for not more than 20 years. More severe penalties exist for possession of marijuana with the intent to distribute and for the actual distribution of marijuana.

The Louisiana Criminal Code (R.S. 14:91.5) defines the unlawful purchase, consumption and public possession of alcoholic beverages by any person under the age of twenty-one years (except under narrowly specified exceptions). A fifty dollar fine is assessed for violation of this statute. For the unlawful purchase of alcoholic beverages by adults on behalf of minors (R.S. 14:91.3), the penalty is a fine of not more than $300 or imprisonment for not more than 30 days. For operating a vehicle while intoxicated (R.S. 14:98), the penalty for a first conviction is a fine of not less than $125 nor more than $500 and imprisonment for not less than ten days nor more than six months which may be modified by imposing a court-approved substance abuse program and driver improvement program. For second and third convictions, more serious penalties are imposed.

The Louisiana Criminal Code (R.S. 14:91.5) defines the unlawful purchase, consumption and public possession of alcoholic beverages by any person under the age of twenty-one years (except under narrowly specified exceptions). A fifty dollar fine is assessed for violation of this statute. For the unlawful purchase of alcoholic beverages by adults on behalf of minors (R.S. 14:91.3), the penalty is a fine of not more than $300 or imprisonment for not more than 30 days. For operating a vehicle while intoxicated (R.S. 14:98), the penalty for a first conviction is a fine of not less than $125 nor more than $500 and imprisonment for not less than ten days nor more than six months which may be modified by imposing a court-approved substance abuse program and driver improvement program. For second and third convictions, more serious penalties are imposed.

N. REHABILITATION

Management may, as a condition of continued employment, require the employee to enter a treatment/rehabilitation program. If time off is required for the treatment program, the Medical Center's leave policies will apply. The employee must provide permission for the treatment center to provide continuing communication and regular reports to the Medical Center's Medical Review Officer.

After successful completion of the treatment/rehabilitation program, the employee must continue with an appropriate follow-up program that usually runs one to three years. The Medical Center's Medical Review Officer will determine the follow-up treatment program.

Withdrawal or failure to successfully complete the treatment program may result in termination.

Submission to periodic random drug screen upon request is required and is a condition for continued employment.

Personnel returning to work will not be allowed to have possession of narcotic keys or to work with controlled substances until the employee demonstrate to the satisfaction of management that he/she can administer narcotics.

Any continuing evidence of chemical abuse will result in notification to state or federal law enforcement agencies and/or National Licensing Boards, if appropriate.

O. REPORTING

In accordance with Executive Order MJF 98-38, the LSU System Office will report to the Office of Governor the number of employees affected by the drug testing program, the categories of testing being conducted, the costs of testing, and the effectiveness of the program annually. Source: Drug-Free Workplace Act of 1988. Drug- Free Schools and Communities Act Amendments of 1989, Executive Order MJF 98-38.

P. CONFIDENTIALITY

LSUHSC-SHREVEPORT respects the individual rights of its employees. Any employee involvement in the LSUHSC-SHREVEPORT Employee Assistance Program (EAP) or other rehabilitative program for substance abuse problems will be handled with confidentiality. Employees seeking such assistance shall be protected from abuse, ridicule, retribution, and retaliatory action. All medical information obtained will be protected as confidential unless otherwise required by law or overriding public health and safety concerns.

The results of all drug screens obtained in compliance with this policy will be confidential, except on a need to know basis. LSUHSC-SHREVEPORT may deliver any illegal drug, controlled dangerous substance, or other substance prohibited by this policy, discovered on LSUHSC-SHREVEPORT property or on the person of a LSUHSC-SHREVEPORT employee to appropriate law enforcement agencies. Likewise, any employee engaged in the sale, attempted sale, distribution, or transfer of illegal drugs or controlled substances while on duty or on LSUHSC-SHREVEPORT property will be referred to appropriate law enforcement authorities.

Q. CONCLUSION

The use of illegal drugs and abuse of alcohol or other controlled substances, on or off duty, is inconsistent with law-abiding behavior expected of the citizens of the State of Louisiana. LSUHSC-SHREVEPORT will not tolerate substance abuse or use, which imperils the health and well being of its employees and the public, or threatens its service to the public. LSUHSC-Shreveport's intention, through this policy, is to adhere to the Federal Drug-Free Workplace Act of 1988, The Drug-Free Schools and Communities Act Amendments of 1989 (Public Law 101-226), Revised Statues of the State of Louisiana and Executive Order No. MJF 98-38 all in an effort to maintain a safe, healthful, and productive work environment for its employees and to promote public safety.

EXHIBIT I

Drug Free Workplace

The Federal Drug Free Workplace Act of 1988 contains specific requirements relating to Health Sciences Center employees who are engaged in the performance of a federal grant or contract as follows:

Each such employee must receive a copy of the Health Sciences Center policy providing a drug free workplace, which shall be provided through the official promulgation of this Policy Statement and such other means as may be appropriate, and each such employee:

1. Agrees as a condition of employment to abide by the terms of the drug free workplace policy.

2. Must notify the LSUHSC-SHREVEPORT Office of Human Resource Management of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction.

The Health Sciences Center is required to:

1. Notify the granting agency; within 10 days after receiving notice of conviction as above, or otherwise receiving notice of such conviction which notification shall be by the LSUHSC-SHREVEPORT Office of Human Resource Management.

2. Within 30 days after receiving such notice, impose a sanction on, up to and including termination, or require satisfactory participation in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency by any employee so convicted with such sanction or required participation to be coordinated by the Office of Human Resource Management through the normal LSUHSC-SHREVEPORT administrative processes.

3. Make a good faith effort to continue to maintain a drug free workplace through implementation of the requirements of the Act.

EXHIBIT II

Alcohol - Uses and Effects

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood that the driver will be involved in an accident. Low to moderate doses of alcohol also increase the incidence of a variety of aggressive acts, including peer, spouse, and child abuse. Moderate to high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain, liver, and digestive system.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk than other children of becoming alcoholics.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT	
ADMINISTRATIVE DIRECTIVE	Version Number: 2
Americans with Disabilities Act	Effective Date: 12/14/2022 Owner Department: CA Vice Chancellor for Admin/LSUSH

6.6 AMERICANS WITH DISABILITIES ACT (ADA)

A. GENERAL

The purpose of this policy is to outline Louisiana State University Health Sciences Center – Shreveport (LSUHSC-S)'s standards and procedures for compliance with the Americans with Disabilities Act and its Amending Act of 2008 (collectively ADA).

The LSUHSC-S is fully committed to ensuring compliance with the requirements of the ADA to include:

- Title I: Prohibits discrimination against qualified individuals with disabilities in all employment practices, including recruitment, hiring, advancement, compensation, fringe benefits, job training and other terms, conditions and privileges of employment. Upon request, LSUHSC-S shall engage in an interactive process and may approve a reasonable accommodation, unless the Requestor is not a qualified individual; doing so poses an undue hardship to the agency; or poses a direct threat to the health or safety of the individual with a disability or others.

- Title II: Ensures qualified individuals with disabilities have equal access to the full range of programs, services, activities and facilities of the agency. Upon request, LSUHSC-S may provide a reasonable accommodation, unless the Requestor is not a qualified individual; doing so would fundamentally alter the nature of the agency's service, program or activity; or poses a direct threat to the health or safety of the individual with a disability or others.

B. APPLICABILITY

This policy applies to all LSUHSC-S employees, applicants for employment, and members of the general public that receive services from LSUHSC-S.

C. DEFINITIONS

1. *Disability* – Under the ADA, an individual with a disability is a person who:

    a. Has a physical or mental impairment that substantially limits one or more major life activities;

    b. Has a record of such impairment; or

    c. Is regarded as having such impairment as described in item a. above.

2. *Impairment* – Any physiological, mental or psychological disorder or condition, including those that are episodic or in remission, that substantially limits one or more major life activities when active

3. *Substantially Limits* – An impairment that prevents the ability of an individual to perform one or more major life activities as compared to most people in the general population when taking into consideration factors such as the nature, severity, duration and long-term impact of the condition. Such consideration must be regardless of any mitigating measures such as modifications, auxiliary aids or medications used to lessen the effects of the condition (except for use of ordinary eyeglasses or contact lenses)

4. *Major Life Activities* –

    a. Generally, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others and working; and

    b. The operation of a major bodily function, including functions of the immune system, special sense organs and skin; normal cell growth; and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal and reproductive functions. The operation of a major bodily function includes the operation of an individual organ within a body system.

5. *Essential Functions* – The fundamental and primary job duties of a position. Considerations in determining whether a function is essential include such factors as the written job description; whether the reason the position exists is to perform that function; the limited number of employees available to perform that function; and the degree of expertise required to perform the function.

6. *Qualified Individual* –

    a. Under Title I, an individual with a disability who meets the requisite skill, experience, and education requirements for the position and who can perform the essential functions of the position held or applied for, with or without reasonable accommodation(s).

    b. Under Title II, an individual with a disability who meets the essential eligibility requirements for the receipt of services or the participation in programs or activities provided by LSUHSC-S, with or without reasonable accommodation(s).

7. *Reasonable Accommodations* –

    a. Under Title I, a modification or adjustment to the work environment that will enable a qualified individual with a disability to:

        A. Participate in the testing, application and/or interview process;

        B. Perform the essential functions of the job; or

        C. Provide equal opportunity to the benefits and privileges of employment.

    b. Under Title II, a modification that permits an individual with a disability to effectively communicate with LSUHSC-S and/or ensure equal opportunity relative to LSUHSC-S's programs, services, activities and facilities.

8. *Undue Hardship* – An accommodation that would be unduly costly, extensive, substantial or disruptive, in light of factors such as the size of the agency, the resources available and the nature of the agency's business operations:

9. *Direct Threat* – A significant risk of substantial harm to the health or safety of an individual with a disability or others that cannot be eliminated or reduced by reasonable accommodation.

10. *ADA Coordinator* – The LSUHSC-S representative responsible for facilitating the interactive, evaluation process relative to any request for accommodation, whose name and contact information is provided below.

Name:	Laura Seachord
Section:	Human Resources Management
Address:	1501 Kings Highway Shreveport, LA 71130-3932
Phone:	(318) 675-8574
Email:	laura.seachord@lsuhs.edu

D. PROCEDURES

1. Requesting a Reasonable Accommodation

It is the responsibility of the qualified individual with a disability to request a reasonable accommodation(s) when needed. To do so, the individual:

- May initiate a request either verbally or in writing. If in writing, the qualified individual with a disability should complete the Request for Accommodation Form. If the individual needs assistance to complete the request form, LSUHSC-S will provide such assistance;
- Must submit the request to the appropriate person for the nature of the accommodation requested (as further explained below); and
- Must timely and cooperatively participate in the interactive process (as further described therein).
- If the accommodation request is from a LSUHSC-S employee, he/she may be required, as part of the interactive process, to provide the ADA Coordinator with medical documentation from their health care provider describing the nature of the disability and the functional limitations thereof.

a. Employment (Title I)

i. Application/Testing Process

A qualified individual with a disability may address an accommodation request relative to the application and/or testing process to the following, dependent upon the Job Type indicated on the vacancy announcement:

I. For Classified Jobs: Contact State Civil Service, Testing and Recruiting Office at (225) 925-1911. For more information regarding accommodations, applicants may go to https://jobs.civilservice.louisiana.gov/TestInformation/Accommodations.aspx.

II. For Unclassified Jobs: Contact the LSUHSC-S representative identified in the vacancy announcement for the job being sought. The LSUHSC-S representative shall notify and collaborate with the ADA Coordinator to address the accommodation request.

ii. Interview Process

If contacted for an interview, a qualified individual with a disability should notify the hiring manager at that time if an accommodation is needed in order to participate in the interview and, if so, the nature of the accommodation. The hiring manager shall notify and collaborate with the ADA Coordinator to address the accommodation request.

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER – SHREVEPORT

ADMINISTRATIVE DIRECTIVE

Policy Number: 7.2
Effective Date: 3/3/23
Superseded Policy: 7.2 eff. 6/1/12
Monitoring Unit: Safety Services

7.2 ON-THE-JOB INJURIES

A. GENERAL

An essential element of the safety program at Louisiana State University Health Sciences Center-Shreveport (LSU HEALTH SHREVEPORTC-S) is the prompt investigation and reporting of all illnesses and accidents resulting in injury to persons or damage to
property and equipment. Timely and thorough accident reporting and investigation is a primary responsibility of all supervisors. Through this process, supervisors discharge their responsibilities to their employees by assuring that injuries are treated, compensation or insurance claims are submitted promptly, and hazardous conditions are corrected.

This document provides procedural guidance for the reporting of illnesses and accidents resulting in injury to LSU HEALTH SHREVEPORT employees and students or damage to LSU HEALTH SHREVEPORT property and equipment.

B. APPLICABILITY

This policy applies to all LSU HEALTH SHREVEPORT employees and students.

C. PROCEDURES

1. Treatment of Injuries to Employees or Students

a. At the time of injury, an On-the-Job Injury Record Form LSU HEALTH SHREVEPORTCS 1147 (Attachment 1), should be completed by the supervisor or designee and the injured employee or student. All information fields must be completed, and the form must accompany the employee or student to a treatment location.

b. Employees or Students should seek treatment at the following locations:

i. Injured employees or students in the Shreveport or Bossier City area should seek treatment in the LSU HEALTH SHREVEPORT
Occupational Health Clinic located in A Building on Monday through Friday from 7:00 a.m. to 4:30 p.m. (except for LSU HEALTH SHREVEPORT holidays) or in the Ochsner LSU Health Shreveport Emergency Room after Occupational Health Clinic hours or during weekends and LSU HEALTH SHREVEPORT holidays.

ii. Injured employees or students outside of the Shreveport and Bossier City area should seek treatment at the nearest LSU HEALTH SHREVEPORT partnership hospital or clinic. If a partnership

hospital or clinic is unavailable, seek treatment at any available emergency room.

c. Follow up on employee injuries is done in the Occupational Health Clinic or by a personal physician.

2. Required Reports

All on-the-job injuries must be reported to assure coverage by workman's compensation.

a. Supervisor Responsibility

Timely and proper reporting of all employee injuries, as specified by this policy, is an important responsibility of supervisors.

b. The following list of reports must be completed by the supervisor of the injured employee and returned to the Benefits Office in Human Resource Management and the Office of Safety Services. The reports may be handwritten or typed, and the supervisor or designee must complete the forms within forty-eight hours of the report of the employee injury:

i. Supervisors must complete an Accident Investigation Form DA-2000 for each injured employee (Attachment 2), attach a copy of the completed On-the-Job Injury Record Form (Attachment 1), and send to the Benefits Office in Human Resource Management and the Office of Safety Services.

ii. All information fields on the Accident Investigation Form DA-2000 must be completed, (including the root cause analysis section). Completed forms shall be reviewed for accuracy by the submitting supervisor and the Office of Safety Services. Notations such as N/A (not applicable) are not acceptable on this form. All blanks must be completed.

iii. All forms are available from the Office of Safety Services, Benefits Office in Human Resource Management, or Print Shop. They can also be found online under Administrative Directive 7.2 or on the Safety Services or Human Resources webpage. When using the online fillable On-the-Job Injury Form, extra copies will need to be made after medical diagnosis is added to this report and copies sent to Human Resources and Safety Services.

c. A supervisor must submit to the Office of Worker's Compensation Administration a completed "Employer's Report of Occupational Injury or Disease" report within 5 days of actual knowledge of the employee injury. LSU HEALTH SHREVEPORT depends on supervisors to comply with specified deadlines for completing reports to meet its legal obligations. A punitive fine may be levied against the LSU Health Sciences Center for non-compliance. Failure on the part of supervisors to meet reporting requirements within the specified time limits will be

cause for disciplinary action. All reports submitted by supervisors may be subject to investigation by the Office of Safety Services.

3. Loss of Time by Injured Employee

a. Should the employee's injury result in any temporary or long-term release from work, the supervisor must verbally inform the Department of Human Resources as soon as possible of the time of the accident, time and date the employee was released from work, and date the employee is expected to return to work. This should be followed by a brief written statement to the Department of Human Resources providing the same information.

b. If loss of work time occurs because of an on-the-job injury, a doctor's release must be submitted to the Department of Human Resources before an employee can return to work. It is the supervisor's responsibility to ensure that this requirement is met.

4. General Liability Claims - Injuries to Visitors and Property Damage

a. If a visitor is injured or property damages occur, the appropriate supervisor within the area in which the injury or damages occur must complete a DA-3000 Form (Attachment 3) within two working days and forward it to the Safety Office.

b. The DA-3000 Form should be used for incidents affecting members of the public or others while on State property that could reasonably result in a claim against the State.

c. If a visitor injury or property damage occurs in a common area, such as a stairwell, lobby, or outside area, University Police will be responsible for completing the necessary reports using the DA3000 Form or UPD report system.

d. The DA-3000 form can be found in the appendices of this policy and on the Office of Safety Services or the Louisiana Office of Risk Management websites

e. All general liability reports shall be forwarded to the Office of Safety Services or proper reporting to the State of Louisiana Office of Risk Management.

f. Do not use the DA-3000 form for reporting auto accidents or Workers Compensation claims.

5. Motor Vehicle Accidents

a. All accidents involving LSU HEALTH SHREVEPORT motor vehicles must be reported to the Office of Safety Services.

b. The operator of the vehicle involved in an accident and supervisor shall complete the following:

i. Employees shall report to the local police or appropriate law enforcement agency and to their supervisor on the day of the accident or as soon as possible thereafter.

ii. An Accident Report Form DA-2041 (Attachment 4) shall be completed by the driver and/ or his supervisor and delivered to the Office of Safety Services within 24 hours of the accident. A blank copy of the Accident Report Form should be in the glove compartment of each LSU HEALTH SHREVEPORT motor vehicle or may be obtained online or from the Office of Safety Services or the Louisiana Office of Risk Management websites.

iii. A copy of the Uniform Motor Vehicle Traffic Accident Report (police report), if one is completed, should be attached to the Accident Report Form and sent to the Office of Safety Services when it becomes available from law enforcement agencies.

iv. Employees using personally owned vehicles or rented motor vehicles who become involved in an accident while on official and approved state business will report accidents in the same manner as above. A copy of the Accident Report Form DA-2041 may be obtained from the Office of Safety Services or the Louisiana Office of Risk Management websites.

v. The supervisor and/or department head of the employee having the accident will, after reviewing the accident report, make a determination of whether the accident was preventable. The supervisor must consider what corrective action is necessary for accidents determined to be preventable. For complex accidents, the supervisor should request assistance from the Office of Safety Services.

D. RESPONSIBILITIES

The Department of Human Resources will be responsible for the administration of the Worker's Compensation program at the LSU HEALTH SHREVEPORTC-S. Additionally, the Department of Human Resources will have full authority to assure employee compliance to this policy.

The Office of Safety Services will be responsible for reviewing the accident investigation, reporting to proper authorities, and assuring compliance with this policy.

E. EXCEPTIONS

None

F. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

G. REFERENCES

Appendix (A) 1147 OJI Form

Appendix (B) DA2000 Form

Appendix (C) DA3000 Form

Appendix (D) DA2041 Form

8.4 RECOUPMENT OF OVERPAYMENT

A. POLICY

It is the policy of LSU Health Sciences Center-Shreveport (LSU HEALTH SHREVEPORTC-S) to establish consistent procedures to recoup overpayments. Overpayments occur when compensation and/or reimbursements that are not owed to the employee are paid in error. This includes, but is not limited to, overpayment of wages, annual leave, erroneous refunds, or the lack of deductions. This policy is in accordance with LA R.S. 42:460.

B. DEFINITIONS

1. *Active Employee* – Any employee currently working for LSU HEALTH SHREVEPORTC-S, including, but not limited to, staff, faculty, house officers, post-doctoral fellows, and graduate assistants.

2. *Deductions* – Any voluntary/involuntary reduction in net pay (e.g., health insurance and taxes).

3. *Net Pay* – The amount of compensation due to the employee after withholding all voluntary and involuntary deductions from wages and compensation earned.

4. *Overpayment* – Unearned compensation of state funds to employees

5. *Recoupment* – Reimbursement of overpayment that was not due to an employee.

6. *Prospective Employees* – All new hires and employees who have transferred from another state agency to LSU HEALTH SHREVEPORTC-S.

C. PROCEDURES

1. Notification of Policy

All current employees will be notified of this policy. As a condition of employment, all prospective employees will sign a statement acknowledging their understanding of the recoupment policy and that, if overpaid, the overpayment may be recouped after notification from the institution. Job offers will be withheld to prospective employees failing to comply with this rule.

2. Notification of Overpayment

a. The LSU HEALTH SHREVEPORT will notify the employee immediately once an overpayment has been determined. Written notification will be provided from the Payroll Department prior to withholding the recoupment from a future payment. The notification to the employee will include:

i. Pay date(s) of when overpayment occurred ii. Amount of the

overpayment iii. Reason for overpayment iv. Employee options for

reimbursement of overpayment

v. Procedure by which the proposed recoupment can be disputed

3. Recoupment from Active Employees

a. LSU HEALTH SHREVEPORT will recoup the overpayment in one of the following ways:

i. Direct deposit reversal ii. One-time deduction from

subsequent paycheck

iii. Repayment plan

The repayment plan should be approved by the Associate Director of Accounting - Payroll Services or department designee and the employee. If possible, the repayment plan should not cross calendar years due to the impact on the employee's W-2 wages. A copy of all documentation should be sent to the office of the Chief Financial Officer in Business and Reimbursements or designee.

iv. Personal payment from the employee by check or money order

v. Forfeiture of accrued annual leave

A response must be made to Payroll within ten days of receiving the

notification of overpayment. If a response is not received within this time frame, then Payroll will contact Human Resource Management (HRM). At that point, HRM will seek legal advice to determine if legal recourse will be taken.

If the employee decides to terminate their employment and owes an overpayment, the employee will repay any unpaid balance of the overpayment in full, from the employee's final paycheck upon separation.

The amount to be recouped shall not reduce the employee's biweekly gross hourly wage amount below the federal minimum wage.

4. Recoupment from Employees Transferring to Another State Agency

If an overpaid employee is transferring from LSU HEALTH SHREVEPORT to another state agency, the LSU HEALTH SHREVEPORT cannot forgive the debt. LSU HEALTH SHREVEPORT will work with the new agency and the employee to collect the remainder of the outstanding balance due. In addition, LSU HEALTH SHREVEPORT will work with other state agencies to recoup overpayments of their former employees who currently work for the institution.

5. Recoupment from Separated Employees

If an overpaid employee is separating from LSU HEALTH SHREVEPORTC-S, the institution cannot forgive the debt. A written notice will be sent indicating the demand for repayment.

Repayment options are as follows:

a. One-time personal payment from the employee by certified check or money order

b. Payment plan

c. Forfeiture of any accrued annual leave time prior to separation

d. A combination of the above-listed options (i, ii, iii)

A response must be made to LSU HEALTH SHREVEPORT within ten days of receiving the

notification of the overpayment letter. If a response is not received within this time frame, then Payroll will contact Human Resource Management. At that point, HRM will seek legal advice to determine if legal recourse will be taken.

6. Dispute Procedure

If an employee does not agree with the recoupment, the employee can file an appeal with the Director of Human Resource Management (HRM). The appeal should be received in HRM no later than 10 working days from receiving the written notification from the Payroll Department. The appeal should be in writing with an explanation as to why the employee believes recoupment is not warranted and the employee must attach any supporting documentation to be considered in the review. The Director of Human Resource Management or designee will notify the employee and the Payroll

Department in writing of the decision rendered. This decision may be appealed to the Vice Chancellor for Administration and Finance whose decision shall be final.

D. RESPONSIBILITIES

Accounting Services is responsible for ensuring compliance with this policy.

E. EXCEPTIONS

Exceptions to this policy must be for good cause shown and approved by the Chief Financial Officer in Business and Reimbursements or designee.

F. DISCIPLINARY ACTIONS

Any employee who violates this policy may be subject to disciplinary action up to and including dismissal from employment.

Frequently referenced Chancellor's Memoranda
Complete list of Chancellor's Memoranda can be found at https://inside.LSU Health Shreveport.edu/departments/administration/chancellors-memoranda

CM-14 Usage of Electronic Mail (revised)

The use of electronic mail shall be consistent with the instructional, research, public service, patient care and administrative goals and mission of the Health Sciences Center. Incidental and occasional personal use of electronic mail may occur when such use does not generate a direct cost to the Health Sciences Center. A tutorial regarding email usage appears online at http://training.lsuhscshreveport.edu/email

The following examples are prohibited uses of E-Mail:

1. Personal use that creates a direct cost to the Health Sciences Center.
2. Personal use for monetary gain or for commercial purposes not directly related to Health Sciences Center business.
3. Sending copies of documents or including the work of others in E-Mail communications that are in violation of copyright law.
4. Obtaining or attempting to access the files or electronic mail of others. Capturing or attempting to open the electronic mail of others except as required to diagnose and correct delivery problems.
5. Harassing, intimidating or threatening others through electronic messages.
6. Constructing a false communication that appears to be from someone else. This is called Aspoofing.
7. Sending or forwarding unsolicited E-mail to lists of people you do not know. This is called Aspamming. Bulk mailing is almost always considered Aspam.@ It places considerable strain on the E-mail system. Bulk mailing of information can be selectively used for business related communication but must be approved at a level appropriate to the scope and content of the information. Authorized bulk mailings will be tagged with the statement, "This message has been authorized by LSU Health Sciences Center administration for mass distribution as a service to our faculty, staff and students."
8. Sending or forwarding chain letters.

In regards to E-mail auto-signatures and footers:

1. The LSUHSCSC email system allows employees and students to customize footers and auto-signatures for outgoing messages. Users may modify the settings to add their name and contact info to outgoing messages -- which is the intended purpose and entirely appropriate.
2. It is inappropriate for faculty and staff to add personalized comments such as animations, cartoons, humorous statements, religious or sports references, Biblical verses, political statements, and other quotations - etc. to the footer/ auto-signature.i

Violation of the above policy in any part may be sufficient grounds for disciplinary action and/or termination.

While these are appropriate for personal communication with private (non-LSUHSC) email accounts, they are inappropriate in some work settings - especially publicly-supported institutions like LSUHSCS. Please note that this directive does not interfere with an individual's Constitutionally-protected freedoms of expression and speech. Outside of one's employment, those freedoms are much broader than they are in workplace settings.

summaries and/or medication reconciliation forms or failure to complete death certificates will be treated as second, third and fourth suspensions.

- On the second suspension during any fiscal year, failure to correct the deficient record will cause the physician to be placed on two (2) weeks leave without pay; and if the record is not brought current during that two (2) weeks, the leave without pay will continue until the record is current.

- On a third suspension during any fiscal year, failure to correct the deficient record will cause the physician to be placed on leave without pay for a period of thirty (30) days and will remain on leave without pay until the record is corrected.

- On the fourth suspension during any fiscal year, the non-tenured faculty and house officers will be terminated. Tenured faculty will be disciplined as may be appropriate.

- It is the responsibility of each physician to make certain that his or her records are current before taking annual leave or making a rotation to an off-campus facility. It is the responsibility of the Health Information Management Department to notify the Hospital Administrator and the clinical department head of the names of any physician who has not corrected their delinquent medical record within the time prescribed above, and the Hospital Administrator or the administrator on call will notify Human Resource Management to place the individual on leave without pay as may be appropriate.

This memorandum is effective November 15, 2003.

CM-20 Employment of Impaired Healthcare Professionals

It is not the practice or responsibility of LSU Health Sciences Center Shreveport (LSUHSC-S), to employ impaired health care professionals, however, in some unique circumstances, LSUHSC-S may participate in the recovery process of impaired health care professionals in cooperation with regulatory board and impaired professional committees. The purpose of this document is to define specific guidelines that control the employment of a recovering, impaired health care professional, and accordingly, ensure the safety of patients under our care.

STATEMENT

The detision to employ/reemploy/retain an impaired health care professional is based on a case by case consideration. This consideration utilizes information obtained from pre-employment screening (criminal background check, drug screen, and compliance background check), review by the duly appointed Impaired Professional Monitor, references, information from regulatory boards, and a review of the contract with the professional health committees assigned to monitor the impaired professional by the responsible regulatory board.

No department or component of LSUHSC-S may extend an offer for employment/re-employment to a person with a history of impairment without the prior written approval of the Dean or his designee.

To be considered for employment, the impaired and recovering health care professional must have completed any criminal sentence, including probation or diversion, and all pending charges must have been resolved. The appropriate regulatory board must have agreed to the impaired professional's return to work and specified conditions for such return.

If applicable, the impaired professional must have entered into a contract with an appropriate monitoring committee or designated by the professional's regulatory board. The recovering, impaired health care professional must enter into a contract with LSUHSC-S stating the terms and conditions of employment as outlined below. All terms of that contract must be satisfied, with a zero tolerance for infractions.

All employment will be probational until formally removed in writing by the Dean or his designee.

All employees must, at all times, abide by all rules and regulations of the University, and all state and federal statutes related to compliance.

The Dean shall appoint an Impaired Professional Monitor who will be responsible for monitoring and oversight of the recovering, impaired professional's sobriety and adherence to the terms of the contract governing their employment. The recovering, impaired professional must cooperate fully with the Impaired Professi1onal Monitor, including, but not limited to meetings and random drug screens, regardless of where located.

TERMS AND CONDITIONS OF CONTRACT

- I understand that these terms and conditions are in addition to any contract or agreement that I have with any law enforcement agency, court licensing board, Physician's Health Foundation (PHF) or any other governmental or non-governmental entity.

- I understand that I am being employed/retained in a monitored status and will be on probation, which will continue until such time as it is formally removed in writing by the Dean or his designee.
- I understand that there is a zero tolerance policy in effect, and that the finding of any mood altering substances of any kind (excluding those prescribed by my approved primary care physician) in any bodily sample, shall result in my immediate dismissal from the program and the University.
- I shall have a primary care physician who is experienced in addiction medicine, and shall seek ALL medical care through this physician. I agree to provide written notification of the primary care physician to the Dean or his designee within 30 days of my employment and such physician is subject to the approval of the Dean or his designee.
- I will cooperate with the Impaired Professional Monitor, and shall submit to random drug screenings at such time and at such place that the Impaired Professional Monitor shall determine. These screenings shall be at my expense.
- I agree to meet with and cooperate with the University counselors and monitors at such times and places as the University may specify.
- I agree not to work in the delivery of health care at any other facility without the prior written approval of the Dean or his designee.
- I understand and agree that a copy of this document will be furnished to the Medical Director of the PHF, the Impaired Professional Monitor, the appropriate state licensing board, the Dean and my approved primary care physician.
- I will execute appropriate releases that authorize the release of any and all information obtained by any and all parties involved in my supervision, testing, monitoring, treatment and counseling to the Dean or his designee, Program Chairs and Program Directors or Supervisors, the PHC Medical Director and my primary care physician.
- I further understand that failure to comply with the PHC contract, or the failure to meet all terms and conditions of this agreement will result in my immediate dismissal from the Program and from the University, as well as the immediate reporting to all appropriate boards, committees and data banks.

This policy shall be amended or revised as needed.

This memorandum is effective May 11, 2015.

PARISH OF CADDO

STATE OF LOUISIANA

AFFIDAVIT

BEFORE ME, duly authorized Notary Public, did come and appear

_____

Affiant

who, after being duly sworn, did depose and state as follows:

I understand that the terms and conditions of CM-20 are in addition to any contract or agreement that I have with any law enforcement agency, court licensing board, Physician's Health Foundation (PHF) or any other governmental or non-governmental entity.

I understand that I am being employed/retained in a monitored status and will be on probation, which will continue until such time as it is formally removed in writing by the Dean or his designee.

I understand that there is a zero tolerance policy in effect, and that the finding of any mood altering substances of any kind (excluding those prescribed by my approved primary care physician) in any bodily sample, shall result in my immediate dismissal from the program and the University.

I shall have a primary care physician who is experienced in addiction medicine, and shall seek ALL medical care through this physician. I agree to provide written notification of the primary care physician to the appropriate LSUHSC-S Dean or his designee within 30 days of my employment and such physician is subject to the approval of the Dean or his designee.

I will cooperate with the Impaired Professional Monitor, and shall submit to random drug screenings at such time and at such place that the Impaired Professional Monitor shall determine. These screenings shall be at my expense.

I agree to meet with and cooperate with the University counselors and monitors at such times and places as the University may specify.

I agree not to work in the delivery of health care at any other facility without the prior written approval of the appropriate LSUHSC-S Dean or his designee.

I understand and agree that a copy of this document will be furnished to the Medical Director of the PHF, the Impaired Professional Monitor, the appropriate state licensing board, the appropriate LSUHSC-S Dean and my approved primary care physician.

I will execute appropriate releases that authorize the release of any and all information obtained by any and all parties involved in my supervision, testing, monitoring, treatment and counseling to the appropriate LSUHSC-S Dean or his designee, Program Chairs and Program Directors or Supervisors, the PHC Medical Director and my primary care physician.

I further understand that failure to comply with the PHC contract, or the failure to meet all terms and conditions of this agreement will result in my immediate dismissal from the Program and from the University, as well as the immediate reporting to all appropriate boards, committees and data banks.

WITNESSES

_____ _____

Printed Name:_____ AFFIANT

_____

Printed Name:_____

SWORN TO AND SUBSCRIBED before me on the ____ day of _____,

_____, in Shreveport, Caddo Parish, Louisiana.

_____

NOTARY PUBLIC

CM-28 Use of Broadcast E-mail

Electronic mail (e-mail) is the most efficient means of communicating with large numbers of faculty, staff and students. LSUHSC-S leadership will use broadcast email for matters of importance to the institution and members of our campus community.

1. **Broadcast e-mail messages at LSUHSC-S**

   The comprehensive distribution list for email referred to as institution wide goes to all students and employees, which includes faculty, residents and fellows (house officers) and all other employees both classified and unclassified.

   All institution-wide (all students, faculty and staff) broadcast email must be approved by the Chancellor's Office and/or the Office of Communications & Public Affairs before being sent, with the exception of IT, UPD, Safety and Human Resources. Approval is typically provided on a per-message basis, although blanket authorization may be provided. The Chancellor must approve all messaging related to personnel or crisis matters, leadership changes, campus disruptions or closures and non-time sensitive safety matters.

   Use of these distribution lists by other than the persons authorized above is prohibited.

2. **All non-emergent Institutional Broadcast E-mail must be approved by the Chancellor's Office and/or the Office of Communications and Public Affairs before being sent.** Approval is typically provided on a per message basis, although blanket authorization may be provided. If there is not an individual in the department that has broadcast email access, campus wide messages will need to be approved and coordinated with the Chancellor's Office and/or the Office of Communications and Public Affairs.

3. **There will be no opt-out provisions for broadcast messages sent to LSUHSC-S e-mail accounts.** If a recipient chooses not to read selected e-mail correspondence, that remains their prerogative.

4. **Issues likely to attract media calls require coordination with the Office of Communications & Public Affairs.** A message addressing an issue that has already attracted or is likely to attract media coverage should be composed in a manner consistent with LSUHSC-S news releases and other statements regarding the matter.

5. **Broadcast E-mail should refrain from containing attachments.** Attachments present several potential problems: they may strain system resources affecting other services and subscribers; the programs needed to open them are not available on all recipient systems; they consume valuable computer storage space and may unwittingly be a potential distribution mechanism for computer viruses.

6. **The sender and approver are responsible for evaluating message appropriateness and form.** The individual or office with approval authority will make the final determination regarding whether or not a broadcast e-mail message may be sent. That determination should take these broadcast e-mail guidelines into account. It is important to keep in mind the audience, format, and frequency of mailings in order to avoid e-mails having the appearance of spam.

7. **Limiting length of messages.** Broadcast e-mail messages should be no more than a few reasonably short paragraphs in length. When it is necessary to communicate a large amount of information, send a brief message that includes the main point(s) and a link to a web page containing the detail.

8. **If a broadcast e-mail message is not the appropriate choice for distribution, consider the approved alternatives for internal promotion**.

   - **LSUHSC-S Intranet/Inside**: Events which are sponsored by either the institution as a whole or a component thereof are eligible to be listed on the institutional calendar located on the intranet/Inside.
   - **E-announcements/E-boards**: Announcements, meetings, lectures, etc. which are sponsored by the institution as a whole or component thereof can be placed in the weekly newsletter and on the electronic boards located around campus.
   - **On the Inside**: Both print and online versions of the quarterly newsletter are produced by the Office of Communications and Public Affairs.
   - **Traditional paper-based means such as flyers, posters, etc.**

CM-37 Well-Being for all LSU Health Employees, Faculty, Staff, Residents, and Students

It is the responsibility of LSU Health Sciences Center-Shreveport (LSUHSC-S) to promote a healthy working and learning environment for all employees, faculty, residents, staff and students. Providing services and resources to maintain the professional and personal well-being of its employees is a priority of LSUHSC-S. LSUHSC-S focuses on promoting and maintaining the five aspects of well-being listed below.

- *Emotional Well Being*: The ability to practice stress-management techniques, be resilient, and generate the emotions that lead to good feelings.
- *Physical Well Being*: The ability to improve the functioning of your body through healthy eating and good exercise habits.
- *Social Well Being*: The ability to communicate and develop meaningful relationships with others and maintain a support network that helps you overcome loneliness.
- *Workplace Well Being*: The ability to pursue your interests, values, and purpose to gain meaning, happiness, and enrichment professionally.
- *Societal Well Being*: The ability to actively participate in a thriving community, culture and environment.
- *Digital Well Being*: The pursuit of an intentional and healthy relationship with technology, both in the workplace and in personal life.

As a healthcare professional, trainee, student or staff, an individual can experience high levels of stress that could result in poor decision-making, unfavorable attitudes or strained relationships. The institution is dedicated to improving resiliency, decreasing burnout, compassion fatigue and anxiety. If any employee, faculty, staff, resident or student finds that they are in need of any assistance they should follow the process as indicated below as it applies to them.

- All employees/staff, residents, and students have access to the Office of Institutional Wellness, which promotes health and wellness through education and monthly programming that encourages habits of wellness, inspires and empowers individuals to take responsibility for their own health, and supports a sense of community in which health and overall well-being is recognized as an essential element of success. Institutional Wellness resources include indoor and outdoor walking paths, the BurnAlong Online Wellness platform that offers wellness classes 24/7, the Wellbeing Index to self-

regulate stress and burnout, meditation rooms with guided virtual reality sessions, a teaching kitchen for cooking and nutrition classes, and a LSUHSC-S Institutional Wellness app. that contains Institutional Wellness resources in one convenient application. (318) 813-2944.

- 24/7 Confidential Support: Students, residents, fellows, faculty and staff may call and be connected to free and confidential, highly trained, masters- or doctoral-level clinicians via phone. This licensed counselor can help with anxiety, depression, stress, grief, relationship conflict, substance abuse or any other personal issues. If needed, the counselor will also be able to make a referral for meeting an in-person counselor for complimentary sessions. (318) 510-7475.
- All Employees/Staff have access to the Employee Assistance Program (EAP), which is designed to encourage employees to take the initiative for their own health and wellness. The EAP guidance and referral services are free of charge to LSUHSC-S employees. Any professional services provided through the crisis hotline are free of charge to the individual receiving those services. In the event that a resident/fellow or student must seek a consult from an M.D. or further diagnostic testing, any outstanding fees once the individual's personal insurance has been paid, should be waived. (318) 675-7397.

Any professional services provided through the crisis hotline are free of charge to the individual receiving those services.

In the event that a resident/fellow or student must seek a consult from an MD or further diagnostic testing, any outstanding fees once the individual's personal insurance has been paid, should be waived.

Other Offsite Rotation Policies

House Officers rotating to any participating site must abide by the policies and procedures of that participating site while on that rotation. House Officers should familiarize themselves with each site's policies and where the policies can be found for each site.

Willis Knighton
Prior to beginning a rotation at any Willis-Knighton facility ALL residents are required to contact the Medical Staff Services Department (318) 212-4665 to schedule an appointment time, Monday – Friday 8:30 AM to 4:00 PM, 2551 Greenwood Road, Medical Arts Bldg. Suite 330, Shreveport, LA 71103. Residents will need to bring their completed application along with the following required information:

- Proof of Current TB test
- Proof of Current Flu shot
- Copy of background check
- Driver's License
- LSU HEALTH SHREVEPORT badge

When arriving at scheduled appointment, the completed application will be reviewed, photo taken for WK badge and a brief orientation will be completed. During the orientation policy and procedures will be addressed and any questions will be answered. While residents are circulating at WK any questions regarding processes or policies should be directed to their supervising physician. Residents can also access WK policies via the WKNET (intranet) on any WK hospital PC.

Any questions about the WK process can be directed to Donnie Aultman, M.D., WK Residency Director or the Medical Staff Services Department at (318) 212-4665.

Overton Brooks VA Medical Center
House Officers rotating to the Overton Brooks VA Medical Center will attend VA orientation prior to their start date. The orientation will familiarize house officers with policies and procedures of the medical center. House officers are required to complete a mandatory training for trainees prior to in-processing. House Officers will also receive a resident handbook at orientation. Residents will be responsible for familiarize themselves with the contents of the Resident Handbook

Helpful Links

- **Graduate Medical Education Homepage:** Graduate Medical Education - LSU Health Shreveport (LSU Health Shreveport.edu)
- **ACGME: http://www.acgme.org/**
- **ACGME Glossary of Terms: http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/ab_ACGMEglossary.pdf**
- **LSU HEALTH SHREVEPORTC Human Resources:** Human Resources - LSU Employee Intranet (LSU Health Shreveport.edu)
- **ECFMG (for J-1 Visa Sponsored HOs): http://www.ecfmg.org/**
- **Louisiana State Board of Medical Examiners: http://www.lsbme.la.gov/**
- **New Innovations: https://www.new-innov.com/**