TULANE UNIVERSITY SCHOOL OF MEDICINE

RESIDENT AND FELLOW GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

AY 2026-2027

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GRADUATE MEDICAL EDUCATION AT THE TULANE SCHOOL OF MEDICINE

Welcome to graduate medical education at the Tulane University School of Medicine, the 15th oldest medical school in the U.S. After nearly two centuries of medical education, Tulane remains dedicated to the development of residents and fellows as they progress towards becoming exceptional physicians and scholars who encompass excellence in each of the core competencies. We firmly believe that equity, diversity, and inclusion in all our residency and fellowship programs improves education, provides tremendous opportunities for community engagement, and creates better-trained physicians.

As the Sponsoring Institution (SI) of graduate medical education, Tulane provides the educational infrastructure necessary for training in 40 ACGME-accredited residency and fellowship programs. Our faculty are dedicated and experienced clinicians, educators, and scientists, and our residents and fellows provide care at participating hospitals offering diverse clinical exposure. Residents and fellows advance in their clinical responsibilities based upon assessed competency, with close supervision by Tulane's faculty at each stage of their development.

Dr. Paul Gladden, Associate Dean for Graduate Medical Education and Designated Institutional Official (DIO), and the School's Graduate Medical Education Committee (GMEC) together have responsibility for the oversight and administration of each of Tulane's ACGME-accredited programs, and for ensuring compliance with the ACGME institutional, Common, specialty/subspecialty-specific Program, and Recognition Requirements.

The Tulane School of Medicine's (TUSOM) Office of Graduate Medical Education ensures that all residents and fellows receive an accredited educational experience of the highest quality and assumes stewardship for creating a supportive and safe clinical environment that facilitates residents' professional, ethical, and personal development. The Office of Graduate Medical Education provides support to ensure that each program's clinical environment facilitates residents' professional, ethical, and personal development; and that each program has the educational infrastructure it needs for successful training.

The Resident/Fellow Congress (TRFC) provides residents/fellows at Tulane with a platform to communicate and exchange information relevant to their ACGME-accredited programs and their learning and working environments. The Congress is composed of representatives from each program elected by their peers. The Congress in turn elects resident representatives to serve on the GMEC, where they provide a representative voice for the governance of our programs.

If the Graduate Medical Education Office can assist you in any way during your years of training at Tulane, please do not hesitate to contact us (504-988-5464) or visit our office in the Murphy Building, 15th floor.

SECTION 1: PROGRAM SIZE & COMPLEMENT

I. Policy on Resident Eligibility and Selection Revised 8/12/2026

I. References

In accordance with Section 4.2 of the ACGME Institutional Requirements, the Sponsoring Institution must have written policies and procedures for resident recruitment, selection, eligibility, and appointment consistent with ACGME Institutional and Common Program Requirements, and Recognition Requirements (if applicable), and must monitor each of its ACGME-accredited programs for compliance.

II. Definitions

1. Resident: an individual enrolled in a residency or fellowship program. For purposes of this Policy and the School of Medicine's additional GME Policies, "resident" includes "fellow," an individual enrolled in a fellowship (subspecialty) program sponsored by the School of Medicine who has completed a residency program in a related specialty.

2. Residency Program/residency program: For purposes of this policy, "residency program" includes: 1) an ACGME-accredited residency or fellowship program sponsored by Tulane University School of Medicine; 2) a Non-Standard Training (NST) program providing clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties member board certification; and 3) Non-ACGME accredited post-graduate training program in a highly specialized sub-specialty field. Formal ACGME accreditation may not be offered or accreditation may be in areas overseen by independent specialty societies instead. Non-ACGME program fellows holding faculty appointments are subject to relevant School of Medicine policies regarding faculty.

3. Program Director: refers to the director of a residency or fellowship Program.

4. DIO: Designated Institutional Official; has the authority and responsibility for all Tulane University School of Medicine residency and fellowship programs. The DIO at the School of Medicine also has the title of Associate Dean of Graduate Medical Education.

5. International Medical Graduate (IMG): a physician who completed their basic medical degree or qualification from a medical school located outside the United States and Canada. Their status depends entirely on the location of their medical school, not their country of birth, country of citizenship, or their host country residency status.

6. Foreign National Physician: a physician who holds citizenship in a country other than the one where they are practicing or training, requiring specific legal status or visas. Foreign National Physicians who trained abroad must typically receive ECFMG Certification and secure visa sponsorship (such as J-1 or H-1B) to practice or complete residency programs in the United States.

7. J-1 Visa: a non-immigrant, work- and study-based exchange visitor visa used by individuals to teach, study, conduct research, or receive training in the United States.

8. H-1B Visa: a temporary, employer-sponsored U.S. work visa that allows companies to hire foreign professionals in specialized fields.

III. Policy

A. Resident Eligibility – ACGME Accredited Program

1. To be eligible for appointment to an ACGME-accredited residency program sponsored by Tulane University School of Medicine (the "School of Medicine") applicants must meet one of the following qualifications:
    a. Be a graduate from a medical school in the United States or Canada that is accredited by the Liaison Committee on Medical Education (LCME); or,
    b. Be a graduate from a college of osteopathic medicine in the United States or Canada that is accredited by the American Osteopathic Association (AOA); or,
    c. Be a graduate from a medical school outside of the United States or Canada and meet one of the following additional qualifications:
        i. Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) prior to appointment; or
        ii. Holds a full and unrestricted license to practice medicine in the state of Louisiana, as issued by the Louisiana State Board of Medical Examiners (LSBME).
2. Subject to more specific requirements that may be set by an ACGME Review Committee applicable to the program, all prerequisite post-graduate clinical education required for initial entry or transfer into an ACGME-accredited residency program needs to be completed in ACGME-accredited residency programs, AOA-approved residency programs, Royal College of Physicians and Surgeons of Canada (RCPSC)-accredited or College of Family Physicians of Canada (CFPC)-accredited residency programs in Canada, or in residency programs with ACGME International (ACGME-I) Advanced Specialty Accreditation.
3. Upon matriculation, the residency program must receive verification of each resident's level of competency in the required clinical field using ACGME Milestones, or, if permitted by the program's ACGME Review Committee, using CanMEDS, or ACGME-I Milestones evaluations, from the prior training program. The ACGME Review Committee for each residency program may further specify prerequisite postgraduate clinical education.
4. Physicians who have completed a residency program that is not accredited by the 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 and with approval by the GMEC, may be advanced to the PGY-2 level based on the ACGME Milestones evaluations of the residency program. This section of the Policy applies only to entry into a residency program in those specialties for which an initial clinical year is not required for entry.
5. To the extent permitted by a residency program's Review Committee, an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements set forth above, may be accepted by a School of Medicine residency program in accordance with the conditions set forth in the ACGME's Common Program Requirements, including review and approval of the applicant's exceptional qualifications by the GMEC. Any exceptionally qualified international graduate applicant

accepted through this exception shall have an evaluation of their performance by the residency program's Clinical Competency Committee within 12 weeks of matriculation

B. International Medical Graduates and Foreign National Physicians

The School of Medicine welcomes applications from International Medical Graduates (IMG) and Foreign National Physicians who meet the clinical and academic standards required to enter U.S. residency or fellowship training programs. Certification by the Educational Commission for Foreign Medical Graduates (ECFMG) is mandatory for IMG and Foreign National Physician applicants, as per Accreditation Council for Graduate Medical Education (ACGME) requirements.

1. The School of Medicine will consider a qualified ECFMG-certified and sponsored IMG applicant or a Foreign National Physician applicant on a J-1 visa for acceptance into its residency and fellowship programs. The School of Medicine generally does not sponsor work visas (H1-B) for graduate medical education but may consider limited exceptions to this policy with DIO approval prior to the rank list process.

2. A Program Director must consult with the GME Office and the Tulane University Office of Institutional Students and Scholars (OISS) before extending an offer to a trainee seeking H1-B visa sponsorship. Limited exceptions for enrolling H1-B visa applicants will be considered only for fellowship and residency programs where there is a proven shortage of qualified domestic applicants, ECFMG-certified IMGs, or Foreign National Physicians on J-1 visas. As part of the request for DIO approval, a program seeking to sponsor an international medical graduate through the H1-B work visa process must adhere to the following guidelines, including providing the requested attestations and information for DIO consideration:
    a. Request DIO approval prior to the rank list process.
    b. Attest that a rank list irrespective of visa status of applicants was developed.
    c. Describe the exceptional institutional and/or program benefit to sponsoring an H1-B visa for a particular trainee.
    d. Provide the number and status of trainees on visas of any type currently in the program.
    e. Provide the salary to be offered to the applicant for review and approval.
    f. Provide the exact costs for sponsoring the H1-B visa, inclusive of all required fees.
    g. Confirm that the Program Director has discussed the sponsorship costs and all required fees with the Department Chair and received approval to proceed with a request to the DIO for approval.
    h. Explain any other extenuating circumstances to support the request for approval.

3. If a program receives DIO approval to hire an H1-B visa holder, the program and/or its home clinical department are responsible for all associated costs and required fees for H1-B visa sponsorship. An H1-B visa applicant is not responsible for any government application fees, including expedited processing fees, associated with the visa process.

4. Other Visas: Applicants on other types of visas or work authorizations may be considered for hire with prior consultation by the Program Director with the DIO, GME

Office, and the OISS. Program Directors MUST obtain written approval from the DIO to hire other visa types PRIOR to including the candidate on their NRMP rank list or offering them a position outside of the match.

C. Resident Selection

1. School of Medicine residency programs select residents from among eligible applicants on the basis of their preparedness, aptitude, academic credentials, personal qualities consistent with excellence in medicine (e.g., motivation, honesty, and integrity), ability to communicate, demonstrated commitment to fostering equity, diversity and inclusion in medicine and ability to benefit from the education of the residency program.
2. School of Medicine graduate medical education residency programs participate in the National Residency Matching Program (NRMP or "the Match") in selecting residents, with the exceptions of the Urology and Ophthalmology programs, which select residents through the San Francisco Matching Program ("SF Match"), and the hematopathology, cytopathology, dermatopathology, and preventive medicine fellowships which do not have nationally organized residency match programs.
3. Applicant characteristics may be assessed by reviewing the applicant's Electronic Residency Application Service (ERAS) application or an equivalent application form. A residency program's review may include, but is not limited to, the following:
    a. The applicant's letter of recommendation from the Dean of the applicant's medical school.
    b. The applicant's letters of recommendation from medical school faculty.
    c. The applicant's personal letters of recommendation.
    d. The applicant's medical school transcript and grades.
    e. The applicant's ECFMG certification notice if applicable.
    f. The applicant's National Board of Medical Examiners (NBME) (i.e., United States Medical Licensing Exam (USMLE)) or COMLEX scores.
    g. The applicant's scholarly and community service record.
    h. The applicant's noteworthy achievements, humanistic qualities, personal qualities consistent with excellence in medicine and qualities important to the desired specialty; and/or
    i. The applicant's evaluation from those who interview the applicant on the date of their interview with the residency program.
4. The School of Medicine considers all candidates for graduate medical education regardless of race, sex, creed, nationality, national origin, disability, sexual orientation, or other legally protected status.
5. Each residency program must provide a copy of the resident contract available in Appendix C to applicants during the interview process and programs must post a copy of the resident contract on their website. Information that is provided in the resident contract must include:

a. The terms, conditions, and benefits of appointment to the residency program, either in effect at the time of the interview or that will be in effect at the time of the applicant's eventual appointment.

b. Stipends, benefits, vacation, leaves of absence, professional liability coverage, and disability insurance accessible to residents; and

c. Health insurance accessible to residents and their eligible dependents.

d. The additional information set forth in Section E of this Policy.

6. Selected residents must obtain a license or permit through the Louisiana State Board of Medical Examiners and satisfy the LSBME background check standards to train in any School of Medicine residency program. Residents selected and training in a residency program that rotates at the Southeast Louisiana Veterans System (VA) may be required to go through additional background checks, as part of the onboarding process to rotate at the VA. Drug testing currently is not required by the School of Medicine but clinical partners may employ random drug-testing at participating sites.

D. Recruiting of Residents Outside of the Match

1. Programs that participate in an organized match (the Match and SF Match), are bound by the conditions of the agreement with that organization. No applicant to a residency program who is also a participant in an organized match can be accepted into a residency program at the School of Medicine outside of the terms of that match process even if the recruiting program does not participate in the respective organized match. Any deviations from matching procedures and practices may necessitate receiving a waiver from the organized match. Neither applicants nor programs may release each other from a binding match commitment.

2. Match rules govern when positions unfilled after the match process may be subsequently filled outside of the organized match. For the Match, unfilled positions may not be filled until the close of the Supplemental Offer and Acceptance Program (SOAP). Resident selection criteria, outlined in Section B, above, continue to apply to the selection of residents outside of a match program.

3. Hematopathology, cytopathology, dermatopathology, and other programs which do not have a nationally organized match must select fellows in accordance with the criteria outlined in Section B, above.

4. Program Directors who wish to add additional residents to their program through complement increases and/or vacancies in a program from a resident or fellow leaving during the time of the year when an organized match is not in effect (i.e., off cycle) must send a formal request to the DIO, including the information outlined in the *Policy on Closure, Reduction, or Expansion*.

5. No resident may be enrolled in a training program outside of the above noted match procedures without prior approval of the DIO. A program, through the program's clinical department, which enrolls a resident off cycle or otherwise outside of a match (excluding fellows to programs without an organized match program), without the prior approval of the DIO will be financially responsible for the resident throughout the

resident's training. Enrolling residents off cycle or outside of a match may result in a reduction in the program's match number for subsequent years or in a match violation.

6. Before accepting a resident who is transferring from another program, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident, and Milestones evaluations upon matriculation.

E. Recruitment of Residents Between Residency Programs within the School of Medicine

1. When a position in a School of Medicine residency program is or will become vacant, the program may advertise the vacancy within the School of Medicine and its intent to fill the position, after receiving written approval from the DIO.
2. A resident who is interested, but who is currently under contract in another School of Medicine residency program, may only apply for the open position if the resident is not currently bound by a binding commitment through an organized match, such as the Match (or has received a written waiver from the matching program before applying).
3. The resident applicant must disclose to the Program Director for the recruiting program any contractual obligation that currently exists to the resident's current School of Medicine residency program and disclose to the resident's current Program Director their intention to pursue the open position.
4. The Program Director and faculty from the recruiting School of Medicine residency program must not initiate, entice, or negotiate with a candidate from another School of Medicine program until the resident's current Program Director has given written approval for the program to contact the resident.
5. Before the resident can be offered the open position, a letter of intent to release the resident from their contractual obligation must be received from the current Program Director. The recruiting Program Director must also receive written or electronic verification of the resident's previous educational experiences and a summative competency-based performance evaluation prior to acceptance of the resident and the Milestones evaluations.
6. The resident's current Program Director must also approve the start date for the resident in the new program.
7. The DIO, or the DIO's designee, will serve as the mediator in any situation in which the School of Medicine Program Directors cannot reach an amicable resolution to the resident wishing to switch programs.
8. Failure to abide by the rules set forth in this section may result in a reduction in the program's complement for the following year.

F. Agreement of Resident Appointment/Contract

1. Residents who match to a School of Medicine ACGME-accredited or Non-Standard Training (NST) program must be sent the resident contract that outlines the terms and conditions of employment as a resident at Tulane. This contract will be mailed to the applicant within two weeks of the match results. Residents employed outside of an organized match or off cycle will also receive the contract within two weeks of the program extending an offer for employment. The resident contract currently in effect is available in Appendix C.
2. The resident agreement of appointment/contract must comply with ACGME Institutional Requirements and the School of Medicine's requirements for employment. With the exception of the resident's start and finish date (the term of the contract), the resident contract cannot be modified without the written permission of the DIO, in consultation with the Office of General Counsel or GMEC as appropriate. The contract shall contain or provide a direct link to:
    a. Resident responsibilities.
    b. Duration of appointment.
    c. Financial support for residents.
    d. Conditions for reappointment and promotion, including criteria for non-renewal and non-promotion.
    e. Grievance procedures and due process.
    f. Professional liability insurance, including a summary of pertinent information regarding coverage.
    g. Health insurance benefits for residents and their eligible dependents and disability insurance for residents.
    h. Vacation, parental, sick, and other leave(s) of absence, compliant with all applicable laws, including timely notice of the effect of a leave on the ability of residents to satisfy requirements for program completion.
    i. Information related to eligibility for specialty board examinations; and
    j. School of Medicine policies related to resident clinical and educational work hours, moonlighting, resident wellness, and assistance, harassment, and accommodations for disabilities.
3. Each resident contract requires the signature of the resident, the Program Director, the departmental Chair, and the DIO, on behalf of The Administrators of the Tulane Educational Fund. Payroll will not authorize the resident's first payment until the DIO has signed the resident's contract.
4. Contracts for residents are extended on a yearly basis. A new contract must be initiated each year.
5. In accordance with the *Policy on Non-Competition*, neither the School of Medicine nor any of its ACGME-accredited residency or NST programs will require a resident to sign a non-competition guarantee or restrictive covenant.

6. The PGY status listed in the resident's contract shall be based upon the PGY level routinely held for that position in the program (e.g., a first-year resident will be paid as a PGY-1 status, a first-year cardiology fellow will be paid as a PGY-4 status, etc.) regardless of the resident's years of past training.

G. Residents Transferring to another Program Outside of the School of Medicine

1. In the event that a resident enrolled in a residency program sponsored by the School of Medicine transfers to a residency program outside of the School of Medicine prior to the resident's completion of their education at the School of Medicine, the resident's Program Director must provide to the accepting residency program, written or electronic verification of the resident's previous educational experiences and a summative competency-based performance evaluation and the Milestones evaluations.

H. Completion of USMLE or COMLEX Examinations

1. The USMLE Step 2 Clinical Knowledge (CK) and Clinical Skills (CS) tests or COMLEX equivalent(s) must be passed prior to matriculation into a residency program.
2. STEP 3 should be passed by December 31st of the PGY-2 year of residency training. Failure to pass STEP 3 by December 31st may result in a formal letter of non-renewal of contract for the upcoming academic year. This requirement also applies to residents beginning a School of Medicine residency program in program year two (PGY-2).
3. An applicant who has failed Step 2 or Step 3 (e.g., for international or transferring residents) of the USMLE more than three times, even if the examination is subsequently passed, is ineligible for enrollment in a School of Medicine residency program.
4. Any current School of Medicine resident who fails to take Step 3 by June 30th of the PGY-2 year of training will be placed on an immediate leave of absence without pay in accordance with the *Policy on Remediation, Suspension, Dismissal and Grievance,* said leave of absence without pay to begin on July 1st of the PGY-3 year. This is a reportable event on the training record. The leave of absence will remain in effect until Step 3 has been taken and the Program Director receives the supporting documentation that the resident has taken and passed the exam. A revised start date will subsequently be determined.
5. No resident may advance into PGY-3 of training unless the resident has passed Step 3.

I. Resident Rotations Outside of the School of Medicine's Participating Sites

To provide additional educational experiences or assignments, residents may occasionally be permitted to rotate to a residency program outside School of Medicine participating sites. All external rotations undertaken for training credit must be approved in advance by the resident's Program Director in accordance with ACGME specialty guidelines and program and institutional policies.

1. For all external rotations, the Program Director must complete the "External Rotation Site Request" form (or RIGHT program form if applicable) that includes the PD's signature of approval, reasons why the requested experience cannot be met at a current Tulane SOM clinical partner (LCMC, Ochsner, VA) hospital site, a summary of the educational objectives and their relevancy to the training program requirements, the scope of the activities to be covered in the rotation, the length of the rotation, and whether the experience meets an ACGME or other applicable accrediting body requirement as relevant and will be counted toward ACGME/board-creditable training, is for elective credit only, or non-credit enrichment.
2. Because School of Medicine resident salaries and benefits (including malpractice insurance) are paid by the hospital at which the resident rotates, salary and benefits are not paid for rotations outside of School of Medicine affiliated hospitals/institutions. Therefore, a resident seeking to do a rotation at an external training location is responsible for ensuring that their salary and benefits, including malpractice insurance, is paid for by the receiving training location or another external source. Residents may choose to forgo salary/benefits during this time or use vacation time to support an external rotation; however, the resident is still responsible for confirming and verifying to the Program Director and GME Office upon request that the resident will have professional liability insurance for the entire rotation at the external site.
3. The School of Medicine will not authorize the transfer of any of its resident FTE caps to support a resident's external rotation.
4. **Domestic External Rotations**: To receive ACGME training credit for domestic external rotations the rotation:
    a. Must be supervised or overseen by the resident's accredited program and meet ACGME participating site requirements.
    b. Must meet an ACGME or other applicable accrediting body requirement as relevant and is counted toward assuring the graduate's board eligibility (if applicable) and required months of training to complete the program.
    c. Must represent a significant educational opportunity that cannot be obtained at the SOM's partner clinical sites.
    d. Participation does not extend the length of the resident's training program.
    e. Participation does not negatively impact the training of residents and fellows in Tulane's GME programs.
    f. Participation does not negatively impact patient care.
    g. An Affiliation Agreement and Program Letter of Agreement (PLA) has been approved and signed by all necessary parties (e.g., Site Director, Program Director, DIO, and Dean) prior to the start of the rotation.
5. **International Rotations**: Residents electing international rotations for training credit should review the proposed rotation with their Program Director to ensure the rotation does not negatively impact their training, i.e., length of training, ability to sit for boards, etc., meets their specialty and/or certification board requirements, and follows

institutional requirements, policies, and guidelines as approved by the GME Office and the University's Office of the Provost**.**

6. Residents seeking to participate in "Resident Initiative in Global Health Training" (RIGHT) program rotations should consult with the RIGHT program and the GME Office for additional requirements and guidelines.
7. To receive ACGME training credit for international rotations, including those sponsored by the RIGHT program, the following requirements must be met:
   a. The training program's accreditation status permits international travel.
   b. The rotation represents a significant educational opportunity that cannot be obtained at the SOM's partner clinical sites.
   c. The activity does not extend the length of the resident/fellow's training program.
   d. Participation in the activity does not negatively impact the training of residents and fellows in Tulane's GME programs.
   e. Participation in the activity does not negatively impact patient care.
   f. The Program Director has sought and received all required written approvals for the rotation from the relevant ACGME program Review Committee and/or specialty/subspecialty board in advance and submitted a copy to the GME Office.
   g. The Program Director has completed and obtained all required signatures on a Program Letter of Agreement (PLA) with the site specifying the rotation's educational objectives and goals, including the supervising faculty, educational content, duration, evaluation expectations, and governing policies/procedures.
   h. If the resident or fellow is on a visa, the necessary Intealth paperwork has been completed and submitted to the GME Office
   i. The resident/fellow meets with the Director of Tulane University's Global Operations to review information on high-risk travel locations, vaccinations, travel clinics for immunizations, emergencies abroad (Crisis24), International Health Insurance and other travel-related information and contacts.
   j. The trainee has provided written confirmation to the Program Director and GME Office that health insurance, malpractice/professional liability, evacuation coverage, and travel support/funding have been obtained or is in place.

J. Auxiliary Learners

1. Auxiliary learners are learners that are not residents in the residency program but include residents from other specialties and/or residency programs, subspecialty fellows, PhD students, pharmacology students, nurse practitioners, and other health care learners. Auxiliary learners must enhance and not interfere with the education of residents appointed in the residency program.
2. Program must report circumstances when the presence of other learners interferes with the residents' education to the DIO and to the GMEC.

3. The Program Director must approve the presence of all auxiliary learners. If, in the Program Director's discretion, the presence of auxiliary learners dilutes or compromises the training of residents in their residency program, the Program Director may end the participation of auxiliary learners within the training environment.

K. Visiting Resident Rotations at a School of Medicine Participating Site

1. Visiting residents are residents who are currently enrolled in an ACGME-accredited residency program at a Sponsoring Institution other than the School of Medicine.
2. The Program Director of the School of Medicine residency program in which the visiting resident seeks to rotate, the GME Office, and the SOM's clinical partner(s) must approve the rotation to ensure that the presence of the visiting resident enhances and does not disrupt the educational experience of the residency program's appointed residents. Permission for a visiting rotation must be obtained a minimum of 90 days before the start of the proposed rotation.
3. The visiting resident's Sponsoring Institution must financially support the resident, including salary, benefits, and professional liability insurance, while the resident is rotating in a School of Medicine sponsored residency program.
    a. If the visiting resident's Sponsoring Institution is seeking Medicare GME payments for the external rotator, the graduate medical education office for the external rotator must arrange a resident FTE cap transfer with the hospital at which the resident will rotate. The rotation terms and the corresponding payments will be exchanged between the external rotator's sponsoring institution and the hospital. The role of the GME Office is to approve the rotation, not to facilitate the contract between the external rotator's Sponsoring Institution and the hospital.
    b. If the visiting resident's Sponsoring Institution is not seeking Medicare GME payments for the external resident, the external resident's Sponsoring Institution must assume all financial responsibility for the resident, including salary, benefits, and malpractice insurance.
4. The procedure for a visiting resident to apply for a rotation within the School of Medicine is as follows:
    a. The receiving Program Director must approve the rotation.
    b. The DIO and GME Office must be informed of how the visiting resident will be funded and must approve the rotation.
    c. The receiving Program Coordinator will be responsible for the appropriate credentialing of the resident for their respective rotation(s), which will include:
        i. Verification of approval from the visiting resident's Sponsoring Institution.
        ii. Verification of malpractice insurance.
        iii. Assuring the appropriate orientation for the hospital/clinic rotations at which the visiting resident will rotate.

iv. Completing appropriate forms (TB testing, etc.) as required by the hospital at which the visiting resident will rotate.

v. Obtaining a hospital ID card.

vi. Arranging for parking/beeper and other required amenities.

vii. Ensuring the visiting resident has been trained in all applicable School of Medicine and affiliated hospital policies, including but not limited to, HIPAA training and compliance and Electronic Medical Record (EMR) training;

viii. Ensuring appropriate evaluation forms are returned to the rotator's sponsoring institution; and

ix. Communicating with the hospital at which the visiting resident will rotate that the resident is currently visiting with the residency program and ensuring that the hospital has all necessary forms/credentials.

5. An affiliation agreement outlining the legal responsibilities of both the Tulane School of Medicine and the visiting resident's Sponsoring Institution must be completed and signed by Tulane's DIO, and Dean and the corresponding and appropriate representatives of the visiting resident's Sponsoring Institution, a minimum of three (3) months prior to the proposed start date of the rotation.
6. Once the visiting resident has complied with these procedures, for the purposes of hospital credentialing, the visiting resident will be considered a part of the Tulane residency program for the time that the visiting resident rotates at the School of Medicine's affiliated hospital. All School of Medicine policies and procedures that apply to School of Medicine residents apply to visiting residents during the visitor's time with the School of Medicine, including, but not limited to, grievance and supervision policies.
7. The GME Office is not responsible for the credentialing of a visiting resident. The receiving Program Coordinator and Program Director are responsible for communicating with the resident's home Sponsoring Institution and for providing all required completed documentation to the GME Office for processing with clinical partner(s).
8. Programs must report circumstances when the presence of a visiting resident interferes with the residents' education to the DIO and to the GMEC.

C. Requirements for Appointment in Nonstandard Training (NST) programs

NST programs provide clinical training for Foreign National Physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties member board certification. Foreign National Physicians receive J-1 visas sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG) to enable their participation in NST programs. Applicants appointed to positions in NST programs must meet the eligibility criteria outlined in the NST program description and policies. As the Sponsoring Institution for graduate medical education, the School of Medicine is recognized by the ACGME to offer Nonstandard Training (NST) programs for J-1 visa holders sponsored by the Educational Commission for Foreign Medical

Graduates (ECFMG). The DIO and GMEC have oversight responsibility and authority over NST programs and must approve all applications to establish NST programs at the Tulane School of Medicine.

1. Program seeking to establish a Non Standard Training program must complete an NST Training Program application and submit to the GME Office for review and approval by the DIO and GMEC a minimum of 3 months in advance of the proposed program start date.

2. Each NST program must have written eligibility criteria for the program and must make the information available to applicants. The program must verify that applicants meet eligibility requirements prior to appointment by assessing the applicant's prior education and clinical experience against the program's requirements, and evaluating whether the trainee's education, experience, and qualifications satisfy the program's published prerequisites. Assessment includes review of application correspondence, credentials (education, degree, licensure, certification, etc.), training history, interviews, and other program-specific qualifications.

3. The GME Office will review appointment documentation for all NST program appointees to ensure that institutional requirements are met and advise the program director to seek approval of the DIO/GMEC or other University offices if needed for exceptions.

L. Non-ACGME-Accredited Training Programs Post residency or fellowship trainees who have previously completed training in an ACGME-accredited program may seek to engage in additional clinical training in a non-ACGME accredited program. Such programs may be recognized and accredited by individual specialties.

1. To meet institutional accreditation requirements, programs seeking to create a non-ACGME accredited program must complete a "Non-ACGME Accredited Program" application and submit to the GME Office for review and consideration by the DIO and GMEC at least 90 days in advance of the proposed program start date.

a. The Program Director is responsible for ensuring that a program trainee's presence enhances and does not disrupt the educational experience of the trainees in any ACGME-accredited training programs. Trainees in non-ACGME accredited programs may be removed from a rotation at any time at the discretion of the Program Director or the DIO, if their presence is found to diminish the educational experience of residents in an accredited program.

b. If a non-ACGME accredited trainee has a faculty appointment while simultaneously participating in a non-accredited training program, credentialing is the responsibility of the program's department and the hospital credentialing committee.

c. The department Chair and/or Program Director are responsible for ensuring that the non-ACGME accredited trainee complies with all applicable School of Medicine and affiliated hospital policies, including but not limited to, HIPAA training and compliance.

a. The rights afforded to residents in ACGME-accredited training programs are extended to non-accredited trainees, including but not limited to, due process and grievance. However, fellows in non ACGME-accredited programs with faculty appointments are subject to faculty governance policies.

IV. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Appendix C: Sample Contract*
- Tulane University School of Medicine Graduate Medical Education *Policy on Closure, Reduction or Expansion*
- Tulane University School of Medicine Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance*
- Tulane University School of Medicine Graduate Medical Education *Policy on Visiting Residents and Observerships*
- Tulane University School of Medicine Graduate Medical Education *Policy on Non-Competition*

II. Policy on Visiting Residents and Observerships *Approved 12/13/2023*

I. References

Tulane School of Medicine's (TUSOM) Graduate Medical Education program accepts external rotators (visiting residents) from Accreditation Council of Graduate Medical Education (ACGME) accredited residency and fellowship programs in the United States for short-term (2-4 weeks) rotations. As outlined in the GME *Policy on Resident Eligibility and Selection*, the Director of the TUSOM residency program in which the visiting resident seeks to rotate and the DIO/GME Office must approve the rotation to ensure that their presence enhances and does not disrupt the educational experience of the residency program's appointed residents. The Graduate Medical Education Office ***DOES NOT*** approve, process, or administer Observerships. Approval for Observerships is at the discretion of the Tulane Program Director or Department Chair. Oversight of Observerships is the sole responsibility of the admitting Program or Department.

II. Visiting Elective Rotations

A. Requirements for Visiting Residents to participate in a Clinical Elective Rotation at Tulane

1. Visiting residents must be currently enrolled in an ACGME or AOA accredited training program and have completed the necessary training and didactic work for the service they want to work. Visiting rotations from any other kind of program in or outside of the United States are not accepted.
2. The visiting resident's Sponsoring Institution must financially support the visiting resident, including providing salary, benefits, and professional liability insurance, while the resident is rotating in a TUSOM sponsored residency program.
3. The DIO and GME Office must be informed of how the visiting resident will be funded and must approve the rotation before it starts. If the visiting resident's home Sponsoring Institution is seeking Medicare GME payments for rotation, that Sponsoring Institution's graduate medical education office must arrange a resident FTE cap transfer with the hospital at which the resident will rotate. The rotation terms and the corresponding payments will be exchanged between the visiting resident's home Sponsoring Institution and the hospital. The role of the TUSOM GME Office is approve the rotation, not to facilitate the contract between the visiting resident's Sponsoring Institution and the hospital. If the visiting resident's Sponsoring Institution is not seeking Medicare GME payments for the resident, the resident's home Sponsoring Institution must assume all financial responsibility for the resident, including salary, benefits, and malpractice insurance.
4. The following documentation must be provided by the visiting resident for consideration by the Program Director. This information is required by the GME Office in order to enroll the visiting resident as a trainee at Tulane and its clinical partners:
    a. Current proof of good standing at their Sponsoring Institution.
    b. Statement from the home Sponsoring Institution that it will continue to provide

salary and benefits while the resident is on rotation at Tulane.

c. Proof that the home Sponsoring Institution will provide malpractice coverage for the duration of the elective rotation; coverage requirements are outlined below.

d. The Visiting Resident must hold a valid LSBME license or permit prior to the start date of the rotation.

Tulane will not provide housing, travel, parking, or meals during the elective rotation, but will provide required on-call accommodations.

B. Required Documents for Visiting Elective Rotations

1. A visiting resident must apply to and obtain approval from the Tulane Program Director for the rotation at least 120 days (4 months) before the start of the rotation. Once a Program Director accepts and approves an application for a visiting resident, it is the sponsoring Program's responsibility to ensure that the visiting resident submits all required documents to the GME Office in a timely manner through MedHub. Elective rotations cannot begin until all documentation is uploaded and approved in MedHub.
2. The following information must be submitted by the GME Program Administrator to the GME Office 90 days before the beginning of the approved rotation:
   1) Full name of resident.
   2) Email Address (institution only; personal email addresses will not be accepted)
   3) Phone Number
   4) Name of the visiting resident's Sponsoring Institution
   5) Elective Rotation Dates

   After the GME Office receives the information listed above, a link to the MedHub system will be provided to the Visiting Resident so that the following required documents can be uploaded to MedHub:

   1) Letter of good standing from the resident's home Program Director
   2) Resident's Current CV
   3) Resident's Medical School Diploma
   4) Affiliation Agreement/Program Letter of Agreement: Tulane requires an up-to-date affiliation agreement with the Home Institution prior to the visitor's participation in our training programs. The Home Institution should initiate this process with the Tulane program, and it should have signatures that include the Tulane Program Director and the Tulane DIO. This document should confirm that all salary and benefits are to be provided by Home Institution.
   5) Completed Tulane GME Database Form
   6) ECFMG Certificate if applicable
   7) TUMC Access Request Form
   8) LCMC Health Data Sheet
   9) Photograph for ID badges at Tulane and clinical sites.
   10) Emergency Contact Information Form
   11) Proof of HIPAA training: Training must be for the current academic year.

12) Bloodborne Pathogens Learning Module
13) N-95 Learning Module
14) AAMC Standardized Immunization Form: Must be signed by resident's physician. Must show proof of current TB immunization, flu vaccine (December through May), Chickenpox, HepB, Measles, Rubella and COVID vaccination.
15) Most recent Fit Test Documentation
16) Louisiana State Board of Medical Examiners license or permit (to be uploaded by applicant), must be uploaded prior to start date, or cannot rotate.
17) Proof of Professional liability insurance coverage with a minimum of $1 million/$3 million required. The Certificate must cover the named resident specifically for professional liability during their rotation at Tulane, and must include:
    - Full name of the resident
    - Name of insurance provider
    - Policy coverage dates
    - Policy coverage limits

The visiting resident must complete and upload all required documents to the MedHub system and complete all required onboarding training modules at least 90 days (3 months) before the start date of the rotation. The GME Program Administrator should monitor compliance and notify the GME Office once all documentation is uploaded. The GME Office will review the uploaded documentation and notify the GME Administrator of any missing information. The visiting resident will be notified by the GME Office regarding access to Tulane clinical systems, parking, and ID badges when all documents are uploaded and approved.

C. Credentialing

Credentialing of the visiting resident for their respective rotation(s) is the responsibility of the resident, the GME Program Administrator, and the GME Office; see below for requirements and assignment of responsibilities:

1. Verification of approval from the visiting resident's Sponsoring Institution (visiting resident);
2. Verification of malpractice insurance (visiting resident);
3. Assuring the appropriate orientation for the hospital/clinic rotations at which the external rotator will rotate (GME Program Administrator);
4. Completing appropriate forms (TB testing, etc.) as required by the hospital at which the external rotator will rotate (GME Office);
5. Obtaining a hospital ID card (GME Office);
6. Arranging for parking/beeper and other required amenities (GME Office);
7. Ensuring the external rotator has been trained in all applicable School of Medicine and affiliated hospital policies, including but not limited to, HIPAA training and compliance and Electronic Medical Record (EMR) training (GME Office);
8. Ensuring appropriate evaluation forms are returned to the rotator's sponsoring institution (GME Program Administrator); and

9. Communicating with the hospital at which the external rotator will rotate that the resident is currently rotating with the residency program and ensuring that the hospital has all necessary forms/credentials (GME Office).

The GME Office will provide the visiting resident's documented information to the affiliate hospitals so that a security badge and IT access can be requested. The GME Office will notify the Program Director and the Visiting Resident when the documentation is complete and instruct the Visiting Resident of any first day requirements (e.g., badge pickup, parking information, etc.).

Once the visiting resident has complied with these procedures, for the purposes of hospital credentialing, the visiting resident will be considered a part of the TUSOM residency program for the time that they rotate at the School of Medicine affiliated hospital. All TUSOM School of Medicine policies and procedures that apply to Tulane residents apply to visiting residents during their time with the School of Medicine, including, but not limited to, grievance and supervision policies.

D. Rotations at Clinical Partners

1. Visiting Residents may rotate at the SLVHCS (Veteran's Administration Hospital) only if the resident is processed and functions as a Tulane resident, for GME purposes.
2. Visiting Residents may rotate at LCMC sites only if the resident completed all required onboarding paperwork as a Tulane resident, for GME purposes.
3. Visiting Residents may rotate at Ochsner sites only if the resident completed all required onboarding paperwork as a Tulane resident, for GME purposes.

Visiting residents may be asked to complete additional paperwork required by clinical partners before rotating at their facilities.

III. Observerships

The Graduate Medical Education Office ***DOES NOT*** approve, process, or administer Observerships. Approval for Observerships is at the discretion of the Tulane Program Director or Department Chair. Oversight of Observerships is the sole responsibility of the admitting Program or Department.

A. Observerships at Clinical Partners

Observerships are not permitted by the SLVHCS (Veteran's Administration Hospital), Ochsner Hospital, or at LCMC-affiliated facilities including UMC, Children's Hospital, Touro, East Jefferson General Hospital, West Jefferson General Hospital, Lakeside, and Lakeview Hospitals.

B. Program/Department-Approved Observerships

A Tulane School of Medicine faculty member must agree to sponsor an observer approved by the Program Director or Department Chair. The sponsoring faculty member is responsible for ensuring that the observer is in compliance with School of Medicine, hospital, and Tulane University policies and procedures.

1. The DIO must approve the observer's participation in the residency program.

2. Observers may not participate in clinical decision making or provision of patient care. The observer's role is simply to observe the provision of patient care, similar to the participation of medical school students on rotations.
3. Observers are not employees of the School of Medicine. As such:
    a. The School of Medicine will not provide financial compensation or benefits, including professional liability insurance, to observers.
    b. The rights afforded to Tulane employees and residents, including but not limited to, due process and grievance, are not extended to observers.
    c. Participating as an observer is a privilege and may be revoked without cause for any reason, including but not limited to, failure to comply with the standards noted in this section.
4. Observers will not be offered credit towards residency requirements.
5. Residency programs may not charge observers for their participation.

IV. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *Policy on Resident Eligibility and Selection*

III. Policy on Accommodations for Disabilities *Revised 12/15/2021*

I. References

In accordance with Section 4.9.d. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy, not necessarily GME-specific, regarding accommodations for disabilities consistent with all applicable laws and regulations.

II. Policy

The School of Medicine (the "School of Medicine") is committed to a diverse and inclusive community and seeks to ensure access to its programs and activities to the broadest audience possible.

As part of Tulane University ("Tulane"), the School of Medicine complies with federal and state laws concerning the employment of people with disabilities, including Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA), and complies with regulations issued by the Equal Employment Opportunity Commission (EEOC).

The School of Medicine follows Tulane's disability and accommodation policies that ensure reasonable accommodations for qualifying individuals. The policies, which extend to residents and fellows (each a "resident"), as well as other individuals, are available online at: https://equity.tulane.edu/report-claim/policies within Tulane's Equal Opportunity/Anti-Discrimination Policies. Consistent with the Equal Opportunity/Anti-Discrimination Policies, the School of Medicine's policy is to reasonably accommodate qualified individuals with disabilities when accommodation is necessary to allow an individual to compete for a position, perform the essential functions of a position (including a resident or fellow position), and/or enjoy equal benefits and privileges of employment, where the accommodation would not impose an undue hardship on Tulane.

The Equal Opportunity/Anti-Discrimination Policies also contain information related to Equal Employment and Educational Opportunity, Anti-Discrimination, and other rights and processes for residents, faculty, and staff.

For additional information related to The Equal Opportunity/Anti-Discrimination Policies and/or for requesting a reasonable accommodation, residents and fellows, as well as faculty and staff, may contact the Tulane University Office of Human Resources & Institutional Equity at (504) 862-8083 or oie@tulane.edu, or visit the Disability & Accommodations webpage at: https://hr.tulane.edu/disability-accommodations.

III. References/Associated Policies

- Tulane University policies on *Equal Opportunity/Anti-Discrimination*: https://equity.tulane.edu/report-claim/policies.

IV. Policy on Closure, Reduction or Expansion of Programs or the Sponsoring Institution

Revised 12/15/2021

I. References

In accordance with Section 4.15. of the ACGME Institutional Requirements, 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 that includes the following: (i) the Sponsoring Institution must inform the GMEC, DIO and 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; and (ii) the Sponsoring Institution must allow residents/fellows already in an affected ACGME-accredited program(s) to complete their education at the Sponsoring Institution, or assist them in enrolling in (an)other ACGME-accredited program(s) in which they can continue their education.

II. Policy

A. Program Reduction

1. In the event that the School of Medicine decides that it is necessary to reduce the size of a residency program, including if a participating site reduces the funding for a program's residency positions, the GMEC, DIO and affected residents will be notified as soon as possible and the GMEC will provide oversight of all processes related to the reduction.
2. If reasonably possible, the School of Medicine, in collaboration with the affected residency program(s), will allow current residents in affected program(s) to complete their residency at the School of Medicine. The School of Medicine will work to replace resident training at another institution affiliated with the School of Medicine that can meet the educational requirements for the residents in the residency program.
3. If it is not possible for affected residents to complete their residency at the School of Medicine, the DIO, GMEC and affected Program Director(s) must assist the residents in enrolling in another ACGME-accredited program(s), in which the residents can continue their education.
4. If educational opportunities are sufficient for a reduced complement of residents, the affected program(s) will work with the GMEC and DIO to decrease the incoming class for the residency program.

B. Program and Institutional Closure

1. In the event that the School of Medicine decides to close or if the School of Medicine determines to close a residency program, the GMEC, DIO and affected residents will be notified as soon as possible, and the GMEC will provide oversight of all processes related to the closure.
2. If reasonably possible, residents in the affected programs will be allowed to complete their education at the School of Medicine as long as educational opportunities consistent with accreditation continue to exist.
3. If it is not possible for affected residents to complete their residency at the School of

Medicine, the DIO, GMEC and affected Program Director(s) must assist the residents in enrolling in another ACGME-accredited program(s) in which the residents can continue their education.

4. Closure policies and procedures in response to a disaster, including policies on the temporary and/or permanent transfer of residents due to a disaster, are addressed in the *Policy on Disaster/Interruption of Resident Training.*

C. Program Expansion

1. Expansion of a residency program's permanent or temporary resident complement must be approved by the GMEC, and all complement increases (temporary and permanent) must be approved by the program's ACGME Review Committee, which may specify minimum or maximum complement numbers.
2. GMEC review and approval will be based on the educational opportunities the program is able to afford residents along with financial resources available for an increase in resident complement, as verified by the Program Director to the DIO and the Office of Graduate Medical Education. Program Directors must not appoint more residents to their residency program than approved by the residency program's ACGME Review Committee and educational resources for each residency program must be adequate to support the number of residents in the program.
3. To initiate an increase in resident complement, the following documents and information are required to be completed and submitted to the GME Office, for review and consideration by the DIO and GMEC:
    a. A written request addressed to the DIO and GMEC that includes:
        i. The current resident complement in the residency program, the ACGME complement cap for the residency program, the requested number of expansion positions and a prospectus of the residency program's size for each of the future "x" number of years. "X" is defined as the duration of the residency program; and
        ii. A clear educational rationale for an increase in the complement, which shall include:
            1) the educational opportunities (i.e., patient volume) that currently exists that did not previously exist (or may not have existed) for the residents in the program;
            2) the faculty supervision that currently exists that did not previously exist for the residents in the residency program, and a current list of the faculty in the residency program;
            3) the impact expansion/an increase in residency size (or failure to expand) will have on the education of the residents already in the residency program. This should include commentary on how the expansion/increase in residency size will or will not dilute the educational experience of the residents currently in the program and how the expansion may impact the work hours of residents; and
            4) a current rotation schedule for the residents in the residency program and how this rotation schedule may change if additional residents are added to the residency program.

b. If the residency program is required by its Review Committee and/or the ACGME to submit case logs for board certification, it should also include in the information submitted to the GME Office:

   i. case logs for residents currently in the residency program;

   ii. case logs for the resident class that most recently graduated from the residency program;

   iii. institutional data for faculty procedures from Tulane Medical Center and participating sites; and

   iv. an explanation on how case logs will be maintained for all residents in the residency program if the complement increase is approved;

c. The residency program's most recent ACGME accreditation letter, including if applicable, all citations and program responses to these citations, and how an increase in the resident complement may affect these citations;

d. The most recent ACGME resident survey;

e. A prospectus on how the additional resident(s) will be funded; and

f. Any additional materials required by the Review Committee for the residency program's specialty.

4. Following the DIO's review of the residency program's materials and making a recommendation as to whether the residency program's complement should be increased, completed applications to increase the resident complement will be brought before the GMEC. The GMEC will then vote as to whether it approves that a request be submitted to the ACGME Review Committee for the residency program complement to be increased.

5. If the application is approved by both the DIO and the GMEC, the DIO will endorse the residency program's complement change request.

III. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *Policy on Disaster/Interruption of Resident Training*

V. Policy on Disaster/Interruption of Residency Training *Revised 11/09/2022*

I. References

In accordance with Section 4.14 of the ACGME Institutional Requirements, the Sponsoring Institution must maintain a policy consistent with ACGME Policies and Procedures that addresses support for each of its ACGME-accredited programs and trainees in the event of a disaster or substantial interruption in patient care or education. This policy must include information about assistance for continuation of salary, benefits, professional liability coverage and trainee assignments.

II. Definitions

1. Extraordinary Circumstances Policy: the ACGME Policy and Procedures to Address Extraordinary Circumstances, currently set forth in ACGME Policy 25.00, *et seq*.

2. Emergency: an extraordinary event or set of events, which may be declared by Federal, State and/or local governments or Tulane University School of Medicine leadership.

3. Extraordinary Circumstance: an event that significantly alters the ability of Tulane University School of Medicine and its residency programs to support graduate medical education, as further defined by the ACGME Policy and Procedures to Address Extraordinary Circumstances. Examples of extraordinary circumstances include, without limitation, abrupt hospital closure, natural disasters or catastrophic losses of funding and may include Emergencies.

III. Disaster/Emergency Response Policy

A. Subject to Tulane University School of Medicine's *Policy Regarding Closures and Reductions of Training Programs*, in the event of a disaster or an event that causes the interruption of resident or fellow (trainees) training, the Tulane University School of Medicine has adopted the following policy related to its trainees.

   1. Trainees should provide and update their personal contact information annually through the Gibson Online portal to ensure that the University has accurate and current contact information on-file. This information may be accessed by the Human Resources(and/or Payroll) staff in the event of a disaster/emergency or crisis situations occurring on campus. Additionally, each residency and fellowship training program is responsible for collecting updated emergency contact information for its individual trainees at the end of each academic year and updating its files with the information

   2. Tulane will continue to provide support that may include continued payment of salary and benefits depending on the overall circumstances, scope, and duration of the Emergency, subject to Tulane's Policy on Residency Training Program Closure or Reduction.

   3. In the event of an Emergency, Tulane will work closely with the ACGME and other accrediting bodies to ensure that minimal interruption occurs in a resident or fellow's

training experience and that trainees are transferred (if needed) temporarily or permanently, to new sites.

4. In the event of an Emergency, Tulane will assess, in consultation with the appropriate accrediting bodies, whether certain programs may need to be temporarily or permanently withdrawn in order to ensure a quality training experience.

B. Code Gray Policy FOR WEATHER EVENTS AND NATURAL DISASTERS

1. A Code Gray will be called for an impending weather event that includes but may not be limited to:

   - **Level I:** Short notice events (heavy rain, thunderstorms, tornados)
   - **Level II**: Limited Notice Events: ice storms, tropical storms, tropical depressions
   - **Level III**: Intense weather events that generally impact the entire geographic service area, including category 1-5 hurricanes, intense tropical storms, or heavy rains resulting in flash or sustained floods

2. GME Program Administrators should have access to a portable electronic version of all resident/fellow files containing information vital for resident and fellow credentialing, licensing, and transfer.

3. GME Program Administrators are responsible for ensuring that each Program has up-to-date emergency contact information for its trainees, including a non-university email account through which the resident/fellow can be contacted in the event of an emergency.

4. Each program will have a list of names of residents/fellows who volunteer for Level III Code Gray Activation Team, and residents/fellows who are part of the Recovery Team.

5. Communication during a Code Gray will be through:

   1) the School of Medicine website and Tulane University Website,
   2) the Tulane Alert Line: 504-862-8080 or 1-877-862-8080,
   3) the Tulane University Emergency website: https://Tulane.edu/emergency
   4) via Email alerts, text messages – TU Alert, Everbridge App

6. An important caveat for Code Gray communication is that the School of Medicine faculty, residents, and fellows may have different roles and responsibilities than other Tulane schools and must follow the guidance of their departments and the GME Office. This guidance may be substantially different from announcements directed to the public or the undergraduate university.

C. Level III Code Gray Policy

1. Upon activation of a Level III Code Gray, the hospital administrations will notify the Dean of the School of Medicine and the Associate Dean of GME/Designated Institutional Official (DIO).

   a. The DIO will contact each program director and confirm that the program director has communicated the Level III Code Gray to his or her trainees. For applicable programs, the DIO will ensure that the program director is prepared to activate their program's Level III Code Gray. Program Directors are responsible for providing the names of the current Activation and Recovery Team members to each hospital.

i. Principles of the Level III Code Gray

1) The goal of the Level III Code Gray is to ensure the ongoing operation of the hospital.

2) The goal is to provide necessary personnel without burdening the hospital with excessive staff or trainees. It is possible that all personnel will require evacuation and will consume more resources (food, water) because of a prolonged Code. As such, it is imperative that the necessary number of people are present, but not more than that.

3) Level III Code Gray Activation Teams should be proactively selected such that the right personnel capable of handling the assignment are chosen. Each program is to choose personnel for the Level III Code Gray Activation Team by June 1st of each academic year.

4) A Level III Code Gray assumes that the damage from the storm will be sufficiently severe to warrant city evacuations, either voluntary or mandatory. Because all personnel on the Code Gray Activation Teams will have been proactively chosen (by June 1st of each academic year), trainees not on the Code Gray Activation Team can safely evacuate from the city during voluntary or mandatory evacuations.

5) The timing of the beginning and end of the Level III Code Gray is determined by the departments in coordination with the GME office and the hospitals. Trainees and faculty should follow the Tulane School of Medicine guidance regarding returning to the city after a voluntary or mandatory evacuation.

ii. Selection of the Level III Code Gray Activation Team should be proactive prior to the Hurricane season. Designation of Team members should not be assigned arbitrarily by the trainees on service or on call. Program Directors and department Chairs should follow the following principles in selecting personnel:

1) No trainee may be conscripted into service. Only trainees volunteering for duty should be selected.

2) It is preferable to not choose trainees and faculty with dependent children or adults whose hospital service during the Level III Code Gray might be compromised because of concerns for their family.

3) It is preferable to not choose trainees and faculty with medical problems that could be compromised by an extended stay in the hospital.

4) The GME office recognizes that not every trainee is equally prepared to endure the responsibilities required of disaster duty. From the pool of volunteers, the Program Director and Department Chair should choose personnel who they believe will have the mental stamina to endure up to four days in the hospital.

5) Interns should not be chosen for Activation Team assignments; by definition of the hurricane season (June-November), they will lack sufficient

familiarity with the hospital system, and cannot provide the necessary procedures that upper-level trainees can perform.

iii. Essential services with Level III Code Gray Activation Teams. Individual departments will set specific policies for coverage at each hospital other than UMC. Activation teams are to be organized and determined at the beginning of each season at major affiliate and non-primary sites clinical sites. Program Directors will be required to report to the GME Office the names of residents participating on Activation Teams.

iv. The Activation Team

1) Once a Level III Code Gray is called, each Program's Activation Team will be deployed to their respective hospitals. All other trainees will sign-out their patients to the Activation Team trainees.

2) If a full evacuation of all patients in the hospital is required, the Activation Team will sequentially accompany the evacuated patients to evacuation centers per hospital protocol.

v. The Recovery Team

1) Each program will be asked to proactively assign trainees and faculty to a Recovery Team. For simplicity, the composition of the Recovery Teams should match the Activation Teams.

2) Once a Level III Code Gray is called, the Recovery Team will begin preparations to evacuate to within 3 hours of New Orleans.

3) Recovery team members will remain off-duty until they are called to return to New Orleans.

4) The Activation Team will subsequently be relieved of their duties. The Activation Team will be able to evacuate or return to their homes, depending on the post-storm circumstances.

5) If a full evacuation of all patients in the hospital is required, the Recovery Team will be directed to evacuation centers to provide relief for the Activation team.

vi. Program Directors and Department Chairs will instruct all students, trainees, and faculty who have not been designated as the Code Gray Activation or Recovery Teams to stay away from the hospital facilities until the Code Gray has been lifted.

2. All programs are required to provide emergency contact information (cell phone numbers, secondary email addresses, and preferred relocation destinations) for all trainees to the GME Office through MedHub in order to communicate instructions in the post-Code Gray period.

IV. Extraordinary Circumstances Procedures

1. In the event a Level III Code Gray or other event significantly alters the ability of the School of Medicine and its residency and fellowship programs to support graduate medical education, the

DIO will report the events to the ACGME and will request that the ACGME invoke its Extraordinary Circumstances Policy.

2. The invocation of an ACGME Extraordinary Circumstances Policy would support of the School of Medicine's efforts to ensure the continuation of residents'/fellows' educational experiences in compliance with the applicable ACGME Requirements.
3. If the ACGME declares an Extraordinary Circumstance, the DIO, or designee(s), on behalf of the School of Medicine shall:
    a. Within 10 days of invocation, contact the ACGME President and Chief Executive Officer, or designee, to provide preliminary information about the major changes to the School of Medicine and its residency programs resulting from the Extraordinary Circumstance;
    b. Consistent with applicable ACGME Requirements, provide a plan explaining how the trainees will continue their educational experiences and any major changes to the School of Medicine and its residency programs and provide this to the ACGME President and Chief Executive Officer within 30 days of the invocation of the policy;
    c. Organize timely reassignment of trainees, including their temporary or permanent transfer to other ACGME-accredited programs as needed;
    d. Ensure that trainees are prospectively informed of the estimated duration of any temporary transfer to another ACGME-accredited program; and
    e. Ensure that trainees receive timely, continual information regarding reassignments, transfer assignments and/or major changes to the School of Medicine or its residency programs.
4. The School of Medicine and its programs will minimize disruption to trainee education due to the Extraordinary Circumstance to the best of its ability. When the School of Medicine and its residency programs experience an Extraordinary Circumstance, the preferences of the trainee shall be considered when organizing a temporary or permanent transfer to other ACGME-accredited and ACGME-recognized programs.
5. Residency and fellowship programs are required to appoint transferring trainees to approved positions and temporary and permanent increases in trainee complement requests may be made through each program's respective ACGME Review and Recognition Committees on the Accreditation Data System (ADS).

V. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Closure, Reduction, or Expansion*

SECTION 2: RESIDENT SUPPORT & CURRICULUM

VI. Policy on Moonlighting *Revised 11/12/2025*

I. References

In accordance with Section 4.11.a. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy on moonlighting. Residents shall not be required to engage in moonlighting and residents must have written permission from their Program Director to moonlight. All ACGME-accredited programs are required to monitor the effect of moonlighting activities on a resident's performance in the program, including that adverse effects may lead to withdrawal of permission to moonlight. The Sponsoring Institution or any of its ACGME-accredited programs may prohibit moonlighting by residents or fellows ("trainees")

II. Definitions

1. Moonlighting: voluntary, compensated, medically related work, performed beyond a resident or fellow's clinical experience and education requirements, including education hours, and additional to the work required for successful completion of a residency program. Moonlighting includes:

    a. **Expanded Clinical Activity** (ECA): additional voluntary clinical work beyond the hours usually assigned as part of a residency or fellowship training program which is within the scope of the current training program for which the resident/fellow ("trainee") is compensated beyond the regular annual salary specified in the Tulane residency employment contract. The ECA complies with training requirements established by the ACGME and the Educational Commission for Foreign Graduates (ECFMG/Intealth), including but not limited to requirements for faculty supervision and work hour limitations; occurs under the direction of a faculty member associated with the training program; and is provided only at a participating institution at which the trainee's residency or fellowship program has established rotations.

    b. **Internal Moonlighting**: professional activity that is outside the course and scope of a trainee's educational program and that takes place at a participating institution at which the trainee's residency or fellowship program has established rotations. Trainees are not covered by Tulane professional liability insurance for internal moonlighting activity and are not supervised by an attending physician.

    c. **External Moonlighting**: professional activity that is outside the course and scope of a trainee's educational program, and that takes place at a hospital/clinic that is not a participating institution at which the trainee's residency or fellowship program has established rotations. Trainees are not supervised by an attending physician while providing external moonlighting services. The trainee must have professional liability insurance coverage either purchased by the trainee or the entity hiring the trainee for moonlighting service. A trainee is not covered by Tulane's professional liability insurance for external moonlighting activity.

2. Resident: an individual enrolled in a graduate medical education residency program sponsored by Tulane University School of Medicine. For purposes of this Policy and the School of Medicine's additional GME Policies, "resident" includes "fellows," individuals

enrolled in a fellowship (subspecialty) program sponsored by the School of Medicine who has completed a residency program in a related specialty ("trainees")..

III. Moonlighting Requirements

1. All residency programs must have a written policy regarding Moonlighting that states whether the residency program allows residents to Moonlight and, if a residency program permits Moonlighting, eligibility for Moonlighting and applicable parameters (including maintenance of acceptable performance). Each residency program policy must be in compliance with this Policy, relevant state and federal laws and regulations, any applicable ACGME Institutional, Common Program, Specialty/Subspecialty and Residency Review Committee requirements, and/or Educational Commission for Foreign Graduates (ECFMG/Intealth) requirements. A residency program's Moonlighting policy may be more restrictive, but not less restrictive, than this GME Policy.

2. No PGY-1 resident may be permitted to Moonlight.

3. Residents/fellows are not permitted to wear any article of clothing that could connect the resident to the Sponsoring Institution (Tulane University School of Medicine) while participating in External Moonlighting, including but not limited to, white coats or scrubs that have "Tulane University School of Medicine" or a residency/fellowship program name, logo, or emblem on them.

4. Programs may not require trainees to engage in Moonlighting. Tulane University School of Medicine and/or any of its GME training programs may prohibit Moonlighting at any time.

5. A trainee who wishes to engage in Moonlighting, whether Expanded Clinical Activity, Internal Moonlighting, or External Moonlighting, must be in good standing and receive written approval from his/her Program Director (*See the GME "Approval for Resident Moonlighting" form*). **The Program Director's written permission must be included in the resident/fellow's training record maintained by the residency program with a copy to the GME Office.** A trainee seeking to Moonlight must obtain approval at least each academic year from the resident's Program Director, or more frequently as set by program policy. J-1 Visa holders are permitted to engage only in Expanded Clinical Activity as outlined in Sections II.a. and IV.

6. Moonlighting must be conducted in compliance with relevant state and federal laws and regulations. All trainees who engage in Moonlighting must have all licenses and registrations necessary to engage in Moonlighting, including Drug Enforcement Agency (DEA) licenses or registrations. Trainees may only engage in approved Moonlighting activities in the State of Louisiana.

7. Trainees must also have or carry professional liability coverage extending to the resident/fellow's Moonlighting activities. Professional liability insurance coverage (including any self-insurance coverage) provided to residents/fellows by Tulane University School of Medicine or by its participating sites cannot be used by residents for the purpose of Internal or External Moonlighting and such policies do not provide coverage for claims or alleged malpractice arising out of resident Moonlighting activities, whether Internal or External. It is

further the responsibility of the trainee and the employer for which a resident is Moonlighting to determine whether the resident has the appropriate licensure, training, and skills to perform Moonlighting duties.

8. Moonlighting must be conducted in accordance with the established institutional principles in the *Policy on Clinical and Educational Work Hours*. Program Directors are responsible for monitoring the effect of Moonlighting on a resident's performance in the educational program. Hours devoted to Moonlighting must be counted toward the 80-hour weekly work hour limit as outlined in the *Policy on Clinical and Educational Work Hours*. Trainees are responsible for maintaining and logging accurate works hours and time spent Moonlighting.

9. Moonlighting is a privilege, and it must not interfere with the ability of a resident /fellow to achieve the goals and objectives of his/her training program and must not interfere with the trainee's fitness for work nor compromise patient safety. The Moonlighting privilege may be revoked by the Program Director or by the DIO at any time, including if the Program Director or DIO believes that Moonlighting is adversely affecting the trainee's ability to provide effective patient care, adversely affecting the trainee's participation in the residency or fellowship program, is putting the trainee at risk of a work hours violation, is causing excessive fatigue or if the resident fails to accurately report Moonlighting hours.

10. A violation of this Policy may result in immediate suspension or dismissal in compliance with the *Policy on Remediation, Suspension, Dismissal and Grievance*.

IV. Moonlighting Requirements for J-1 Visa Holders

1. Trainees holding J-1 Visas may only perform "Expanded Clinical Activities" moonlighting as defined in Section II.1.a. Activities must take place within the same institution or primary clinical site as the resident or fellow's accredited training program. **Trainees must be in good standing and receive written approval from both his/her Program Director and the Educational Commission for Foreign Medical Graduates (ECFMG/Intealth)'s Exchange Visitor Sponsorship Program prior to starting the activity.**

2. Expanded Clinical Activities must be educationally appropriate and comply with the trainee's core training responsibilities and cannot extend the length of the trainee's residency or fellowship (training period).

3. A J-1 Visa holder seeking to engage in Expanded Clinical Activities must obtain approval at least each academic year from ECFMG/Intealth and his/her/their Program Director, or more frequently as set by program policy.

4. Prior written approval from both the Program Director and ECFMG/Intealth's Responsible Officer is required, as detailed below**:**

    a. The Program Director's written permission must be included in the resident's training record maintained by the training program with a copy to the GME Office (see *Approval for Resident Moonlighting Form*).

b. A current Exchange Visitor Sponsorship Program "Attestation of Supplemental Clinical Activity within the Training Institution" request form available on the Forms and Memos page of the ECFMG/Intealth website must be completed and submitted to ECFMG/Intealth prior to any moonlighting activity and must be included in the resident/fellow's training record. Programs, not individual J-1 physicians, must initiate these requests. *(Please confirm the attestation form is the current version available from ECFMG before submitting.)*

5. Trainees who are J-1 Visa holders seeking to perform Expanded Clinical Activities must comply with all other sections of the GME *Policy on Moonlighting* as well as other Tulane GME program and institutional policies, ACGME work hour limits, and the trainee's core training program responsibilities.

6. Before approving moonlighting requests for J-1 Visa holders, Program Directors should consult their department administrators to determine if there are institutional or department-level restrictions on moonlighting at particular clinical sites.

V. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Clinical and Educational Work Hours*
- Tulane University School of Medicine Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance*
- *Approval of Resident Moonlighting Form* (Tulane School of Medicine)
- Educational Commission for Foreign Medical Graduates (ECFMG/Intealth Exchange Visitor Sponsorship Program Attestation of Supplemental Clinical Activity within the Training Institution form. *(Please confirm the attestation form is the current version available from ECFMG before submitting.)*

VII. Policy on Interaction with Vendors *Revised 3/26/2025*

I. References

In accordance with Section 4.12 of the ACGME Institutional Requirements, the Sponsoring Institution must maintain a policy that addresses interactions between vendor representatives/corporations and residents and each of its ACGME-accredited programs. Tulane University maintains policies that provide guidance on the solicitation or acceptance of gifts from vendors to prevent impropriety or the appearance of impropriety in the University's business dealings.

This GME Policy on Interaction with Vendors is subject to any requirements of the Tulane University Policies on Vendor Gift Acceptance, Conflicts of Commitment and Interest, Foreign Gift and Contract Reporting, Continuing Medical Education, and Procurement Policies. This includes, but is not limited to, requirements pertaining to:

- individuals considered Investigators and/or Research Oversight Officials
- members of the Tulane University Medical Group and other health care providers
- entities that sponsor research
- relationships with Vendors/Contractors

II. Definitions

Gift or Other Special Benefit: Any item of value given to a university employee by a vendor or potential vendor, including but not limited to money, loans, advances, special discounts, free merchandise, goods, meals, entertainment, travel or services unrelated to official duties.

Vendor: Any individual or organization or entity that provides or seeks to provide goods or services to the university.

Nominal Value: A gift with a fair market value of $50 or less

Conflict of Interest: A situation in which an employee's personal interests, relationships, or activities could improperly influence or appear to influence their decision-making in university business, particularly in procurement or vendor relations.

De Minimis Items: Promotional or courtesy items of minimal value, such as pens, notepads, or mugs, which are typically distributed widely and are not intended to influence procurement decisions. Generally, these items should not exceed a value of $10 each.

Direct Relationship: A professional connection between a university employee and a vendor where the employee has decision-making authority, influence, or regular interaction regarding the vendor's products or services. This includes, but is not limited to:

- Involvement in selecting or evaluating vendors
- Negotiating contracts or terms of service
- Approving purchases or payments
- Managing ongoing vendor relationships
- Regularly interacting with vendor representatives as part of job duties

Trainee: Active member of an ACGME accredited program at Tulane SOM, i.e., resident, or fellow.

III. General Guidelines

A. Residency and Fellowship Program Directors

Residency and Fellowship program directors and/or staff should consult Tulane University's standard policies on Procurement, Vendor Gift Acceptance, Conflicts of Commitment and Interest, and Foreign Gift and Contract Reporting for general guidelines regarding the acceptance of gifts at the University and School of Medicine. Policies regarding vendors and accepting gifts apply to individuals and training programs.

In general, GME training programs are allowed to accept vendor gifts under the following circumstances:

1. The gift is lunch or refreshments during a meeting that the vendor attends or openly sponsors and does not exceed $50 per person in value if there is CME credit awarded to attending faculty.

2. De Minimis items (e.g., pens, notepads, hats) distributed to all residents and fellows are acceptable.

3. Plant, food or holiday gift baskets that cannot be returned may be accepted if shared with other departmental/program staff.

Sponsored or vendor events attended by residents or fellows that offer continuing medical education credit for faculty must follow Tulane's Center for Continuing Medical Education guidelines and policies.

B. Residents and Fellows

1. Trainees are prohibited from accepting gifts from pharmaceutical and medical device company representatives and other industry representatives that are intended to influence, or may have the effect of influencing, the residents' health care decisions.
2. Trainees may not accept gifts, regardless of value, for themselves or on behalf of Tulane University, individually or as a group, from any vendor or manufacturer of a health care product or from the representative of any such vendor or manufacturer.
3. Trainees may not accept registration fees and other support for participation in educational programs from an industry representative.
4. Trainees should refrain from accepting gifts and participating in activities offered by industry representatives, with the exception of the following generally permitted items and activities:
    a. Receipt of medical textbooks;

    b. Participation in industry-supported educational programs. However, registration fees and other support for participation in educational programs should not be accepted directly by any resident from an industry representative. This includes training meetings, etc. Questions regarding attendance at and support for educational programs should be addressed to the Program Director in conjunction with the Office of Graduate Medical Education.

c. De Minimis items of minimal value (e.g., pens, notepads, hats) distributed to all residents and fellows.

5. In off-campus events not sponsored by Tulane University or the School of Medicine, there are certain limited circumstances when residents and fellows are permitted to accept and consume food and beverages provided by others. Food and beverages may be accepted when they are incidentally provided at an event that the resident or fellow is attending because the program director or department chair has determined the event to be related to or part of the resident or fellow's job duties and necessary for training purposes. Incidental means that the event would be attended regardless of whether food and beverages were provided. The food and beverages are provided to all attendees at the site of the event and are part of the official program. Food and beverages may also be accepted and consumed at events sponsored by civic, charitable, specialty or job-related professional organizations, governmental or community organizations. In other situations, residents and fellows should refrain from accepting gifts of food and beverages from vendors or non-profit entities created and supported by vendor.

6. Trainees should not participate in activities or accept gifts not included on the list above without specific permission from the Program Director. In addition to this Policy, trainees are expected to comply with the policies on vendor interactions in effect at the School of Medicine and at each hospital or other participating site to which a trainee rotates. If there is discordance between this Policy and a participating site's policy, the more stringent of the two will apply.

Questions regarding this Policy should be directed to the trainee's Program Director or the Associate Dean of Graduate Medical Education/Designated Institutional Official (DIO).

IV. Conflict of Interest

Program Directors must disclose any potential conflicts of interest arising from vendor relationships to their Department Chair and the University's Conflict of Interest Committee https://coi.tulane.edu/ and are subject to any requirements of the Tulane University Policies on Conflicts of Commitment and Interest.

Trainees must disclose any potential conflicts of interest arising from vendor relationships to their program director.

V. References/Associated Policies

- Tulane University *Vendor Gift Acceptance Policy*
- Tulane University Policies on *Conflict of Commitment and Interest*
- Tulane University *Procurement Policy*
- Tulane University *Foreign Gift and Contract Reporting*

VIII. Policy on Clinical and Educational Work Hours *Revised 12/01/2021*

I. References

In accordance with Section 4.11. of the ACGME Institutional Requirements, the Sponsoring Institution must maintain a clinical and educational work hour policy that ensures effective oversight of institutional and program-level compliance with ACGME clinical and educational work hour requirements.

II. Purpose

Each ACGME-accredited residency program sponsored by Tulane University School of Medicine is responsible for designing an effective program structure configured to provide residents with educational and clinical experiences and reasonable opportunities for rest and personal activities. Residency programs and residents are jointly responsible for ensuring that limitations on Work Hours (defined below) are not exceeded. Programs must comply with ACGME Institutional, Common Program and Specialty/Subspecialty Requirements and with this Policy.

Each residency program must be committed to, and responsible for, promoting patient safety and resident well-being and for providing a supportive and safe educational environment. Work Hour limitations set out in this Policy and in ACGME requirements apply regardless of the location of the rotation. Resident schedules, Work Hours and clinical and educational work periods must be structured to focus on the needs of the patient, continuity of care and the educational needs of the resident. Clinical and education assignments must also recognize that faculty and residents collectively have the responsibility for the safety and welfare of patients and that didactic and clinical education must have priority in the allotment of residents' time and energy to ensure that the learning objectives of each residency program for a resident are not compromised.

III. Definitions

1. At-Home Call (pager call): call taken from outside Tulane Medical Center or a residency program participating site. Clinical work done while on at-home call, including time spent in the hospital and work done at home, such as taking calls or entering notes in an electronic health record (EHR), counts against the 80-hour-per-week limit but does not restart the clock for time off between scheduled in-house clinical and educational work periods. The remaining time, free of clinical work, does not count against the 80-hour-per week limit. At-home call may not be scheduled on a resident's One Day Off.
2. In-House Call: Clinical and Educational Work Hours, beyond the scheduled workday, when residents are required to be immediately available within an assigned site, as needed, for clinical responsibilities. In-House Call does not include Night Float, being on call from home, or regularly scheduled overnight duties.
3. Moonlighting: voluntary, compensated, medically related work, performed beyond a resident's clinical experience and education hours, and in addition to the work required for successful completion of a residency program. Moonlighting may be "External" (i.e., voluntary, compensated, medically related work performed outside the site where the resident is in training and any of its related participating sites), or "Internal" (i.e., voluntary, compensated, medically-related work performed within the site where the resident is in training or at any of its related participating sites).

4. Night Float: a rotation or other structured educational experience designed either to eliminate In-House Call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts, are responsible for admitting or cross-covering patients until morning, and do not have daytime assignments. Such a rotation must have an educational focus.
5. One Day Off: one continuous 24-hour period free from all administrative, clinical, and educational activities.
6. Work Hours or Clinical and Educational Work Hours: all clinical and academic activities related to the residency program, i.e., patient care (inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, time spent on clinical work done at home, and other scheduled academic activities, such as conferences, grand rounds, didactic sessions or other educational activities. Work Hours/Clinical and Educational Work Hours do not include reading, studying, research done from home, and preparation for future cases.

IV. Work Hour Requirements

A. Program Requirements

All residency programs are required to ensure that Work Hours comply with the following standards. If a residency program's ACGME Specialty/Subspecialty Requirements include more restrictive limitations or standards (e.g., emergency medicine), in which case the more restrictive limitations control:

1. Each resident's Work Hours must be limited to no more than 80 hours per week, averaged over a four-week period (or averaged over the period of the rotation if it is shorter than four weeks) inclusive of all in-house clinical and educational activities, clinical work done from home, and all Moonlighting. Tulane University does not permit residency programs to apply for rotation-specific exceptions to the Work Hour requirements.
2. Resident clinical and educational work periods must be no longer than 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time is permitted for activities related to patient safety; however, additional patient care responsibilities cannot be assigned to a resident during this time.
3. It is expected that resident schedules will be structured to ensure that residents are provided with a minimum of eight, but preferably ten, hours off between scheduled work periods for rest and personal activities. There may be circumstances when residents choose to return to the hospital or stay to care for their patients with fewer than eight hours between clinical work and education periods. This shall occur within the context of the 80-hour and One Day Off in seven requirements.
4. Each resident must have at least 14 hours off after 24 hours of In-House Call.
5. Residents must be scheduled to have at least One Day Off in seven free of clinical work and required education, averaged over a four-week period. At-Home Call cannot be assigned on the One Day Off. It is desirable, but not required, that each resident have one 48-hour period free of all clinical work and required education each month.
6. In-House Call must not be scheduled more frequently than every third night, averaged

over a four-week period.

7. Night Float shall 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 each residency program's associated ACGME Review Committee. Residency programs are required to comply with these further specifications if a program's ACGME Review Committee promulgates these additional limitations.
8. The frequency of At-Home Call is not subject to the every-third night limitation but must satisfy the requirement for the One Day Off in seven that must be free of clinical work and education, averaged over a four week period. At-Home Call must not be so frequent or taxing as to preclude rest or personal time for each resident. As such, a resident on At-Home Call who is called into Tulane Medical Center or a participating site for an extensive period of time should be released from work the following day.
9. Each Program Director is responsible for establishing a jeopardy system involving the residents and faculty, which ensures that the resident may be released from work the following day if the previous night's requirements were excessive. Residents are permitted to return to Tulane Medical Center or a participating site on At-Home Call to provide direct care for new or established patients. Time spent on patient care activities on At-Home must be included in the 80-hour maximum weekly limit.
10. Moonlighting, if permitted, cannot interfere with resident fitness for work, compromise patient safety or compromise the ability of the resident to achieve the goals and objectives of his/her residency program. Program Directors are responsible for ensuring all time spent Moonlighting is included as part of the 80-hour maximum weekly limit in accordance with the graduate medical education *Policy on Moonlighting*. PGY-1 residents are not permitted to Moonlight.

B. Fatigue Mitigation

1. Residency programs must educate all faculty members and residents on recognizing the signs of fatigue and sleep deprivation, fatigue management and strategies for alertness management and fatigue mitigation. The GME office will provide an on-boarding session for all new residents and faculty on the signs, risks and methods of counteracting fatigue. Each Program Director is also responsible for having a yearly in-service to educate residents and faculty on the signs, risks and methods of counteracting fatigue.
2. Program Directors and faculty are responsible for adopting policies and procedures to prevent, monitor and counteract the effects of fatigue and for encouraging residents to use fatigue mitigation processes to manage the potential negative effects of fatigue. Each residency program must ensure the continuity of patient care in the event that a resident cannot engage in patient care due to fatigue. Residents are responsible with transitioning their clinical responsibilities to another Resident or to an attending physician if he/she is too fatigued.
3. Program leadership is responsible for ensuring that a resident has an alternative means of transportation home if he/she is too fatigued to safely return home. In such cases, residents should:

a. first, seek alternative transportation from colleagues, program faculty, or program administration; and

b. if this option is not feasible, the resident should take a taxi or ride service and provide the receipt for his/her trip home to program leadership. The resident will subsequently be reimbursed for the taxi or ride service expense.

C. Reporting Fall-Outs in Work Hours

1. Program Directors have primary responsibility for monitoring Work Hours to ensure adherence to the ACGME Institutional, Common Program and Specialty/Subspecialty Requirements. The method of monitoring must be approved by the GME office and residents are required to follow their residency program's method of Work Hour reporting (e.g., reporting Work Hours timely and accurately in MedHub).
2. The GMEC, through the GME office, monitors Work Hours further. Residency programs are required to investigate Work Hour compliance issues or concerns identified by or reported to the residency program by the GME office or by the GMEC. Residency programs with a history of non-compliance incidents may be placed on monitoring and/or be subject to a Special or Internal Review in accordance with the procedures in the *Special Review* policy.
3. Tulane University School of Medicine encourages reports of any concerns related to Work Hours and all Work Hour fall-outs and is committed to timely addressing areas of non-compliance. Residents and faculty are responsible with reporting events that violate residency program Work Hour policies and this Policy. Residents and faculty should report Work Hour concerns through one of the following mechanisms:

    a. Direct reporting to attending physicians, Program Directors, Chief residents, departmental Chairs, the GMEC, the GME office or DIO; and/or

    b. The University's Professionalism Reporting Platform https://medicine.tulane.edu/education/professionalismenvironment-learning-program.

V. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Moonlighting*
- Tulane University School of Medicine, Graduate Medical Education *Special Review and Internal Review Protocol and Policy Graduate Medical Education Programs*

IX. Residents' Participation & Representation on Institutional Committees and Counsels

Revised 9/13/2023

I. References

Residents ("trainees") must have appropriate representation on institutional committees and counsels whose actions effect their education and patient care. Residents are strongly encouraged to participate in institutional programs and medical staff activities to further their education and professional development. They must be knowledgeable about, and adhere to, established practices, procedures, and policies of each institution, and should participate in the educational experiences and activities of their training program.

It is up to individual program directors to determine if the time trainees spend participating on institutional committees, including the GMEC, and in external organizations should be counted towards overall work hour requirement limits.

II. The Graduate Medical Education Committee (GMEC)

In accordance with Sections 1.9, 1.10, and 1.11 of the ACGME Institutional Requirements, a Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least a minimum of two peer-selected residents/fellows from among its ACGME-accredited programs.

a. Subcommittees that address required GMEC responsibilities must include a peer-selected resident/fellow.
b. Each meeting of the GMEC must include attendance by at least one resident/fellow member.

III. Institutional Committees

The GME Office advocates on behalf of the Tulane residency programs to ensure that residents have representation on institutional and departmental committees and on committees at affiliated training institutions. Residents are encouraged to contact the offices of academic affairs at those institutions to determine which committees are accepting resident members.

IV. External Organizations

Trainees are also encouraged to participate in external organizations, including local and national specialty and subspecialty organizations.

X. Policy on Vacation and Leave *Revised 7/14/2023*

I. References

In accordance with Section 4.8. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy for vacation and leaves of absence, which, among other requirements, provides residents/fellows (collectively, "residents") with a minimum of six (6) weeks of approved medical, parental, and caregiver leave(s) of absence for qualifying reasons that are consistent with applicable laws, at least once during a resident's ACGME-accredited program, starting with the day the resident is required to report. A Sponsoring Institution's vacation and leave of absence policy must ensure that each of its ACGME-accredited programs provides its residents with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the residency program and upon a resident's eligibility to participate in examinations by the relevant certifying board(s) and include the additional components set forth in Section 4.8 of the Institutional Requirements effective July 1, 2022, as set forth herein.

II. Policies, Leave Procedures

A. General

There may be circumstances in which a resident is unable to attend work for situations such as fatigue, illness, family emergencies and parental leave. Several forms of leave may be available to a resident, including sick leave; medical, parental or caregiver leave; bereavement leave, a general leave of absence; military leave; jury duty and vacations. Each residency program is responsible for providing an appropriate length of absence for residents requiring leave or otherwise unable to perform their patient care responsibilities, and for maintaining policies and procedures to ensure coverage of patient care, consistent with this Policy. Residents must be able to avail themselves of resources available under these policies without fear of negative consequences to their standing at work. Each program must comply with this Policy and applicable ACGME Common Program and Program-Specific requirements in implementation of leaves of absence. Please note that a specialty may have more specific requirements limiting the amount of time a resident may be absent from training in order to be Board eligible or without necessitating additional training. All residents are expected to consult with their Program Director regarding their specialty's required length of training and the impact extended leave may have on eligibility to sit for board examinations, and to follow such additional requirements, where applicable.

B. Leave Time Prolonging Training

Leaves of absence may affect a resident's eligibility for promotion, ability to complete training within expected time frames or eligibility for specialty board examinations. Upon request for a leave of absence, including medical, family or caregiver leaves of absence, the Program Director must provide the resident with accurate information regarding the impact of the proposed leave of absence, both for (i) completing the residency program, and (ii) with respect to the resident's eligibility to participate in examinations by the relevant certifying board(s).

The total time required to complete program requirements for graduation is determined by the Program Director and the program's Clinical Competency Committee, in accordance with institutional requirements, ACGME Common Program and Program-Specific requirements, and with specialty board requirements. Programs should work with residents to accommodate leaves of absence. Training is expected to be extended if the Program Director, in consultation with the Clinical Competency Committee, has determined that an extension is necessary in order for competencies to be achieved.

C. Requesting Leaves of Absence

A resident's Program Director is responsible for reviewing a resident's request for a leave of absence. To submit a leave of absence request, a written request shall be submitted by the resident seeking the leave of absence to the resident's Program Coordinator and Program Director, in accordance with program policy or procedures, and shall include: the reason for the requested leave of absence, dates for the requested leave, expected return date and such additional information as required or requested by the Program Director.

The Program Director must notify the Office of Graduate Medical Education if a resident is seeking medical, parental or caregiver leave or military leave, addressed below. Depending on the type of leave requested, the Office of GME will coordinate with Human Resources and Institutional Equity to determine if a resident requesting medical, parental or caregiver leave is eligible for leave under the Family and Medical Leave Act ("FMLA"). The Program Director shall provide a timely response to the resident seeking leave.

Medical, parental and caregiver leaves of absence are addressed more fully in Section III of this Policy.

III. Leave and Time Away from Work

A. Vacation

All programs must provide residents with a minimum of three (3) weeks of vacation and no more than four (4) weeks of vacation per academic year. Vacation time does not carryover from one academic year to the next.

B. Sick and Wellness Days

The purpose of sick leave is to provide leave for residents needing treatment or recovery time from personal illness or to tend to the illness of an immediate family member (a child, parent, or legal spouse) which requires the resident's personal attention. Sick leave is provided and structured with the goal of minimizing disruptions to both patient care and training, while allowing residents and fellows sufficient protected time for appropriate personal health maintenance and wellness. Residents are permitted up to 14 calendar days (10 business days + 4 weekend days), of paid sick or personal leave during each academic year (collectively "sick leave"). Individual programs should tailor sick leave to their own particular scheduling requirements. Sick leave in excess of 14 calendar days may be taken from the resident's vacation time for the academic year.

Residents may use sick leave to attend to his/her/their personal well-being and health; for

medical, dental, and mental health appointments; to attend to a resident's dependent's healthcare needs, or the healthcare needs of an immediate family member (child, parent, or legal spouse), where the resident's presence is needed. Examples of permissible use of sick leave, including but not limited to, appointments with physicians, dentists, or optometrists. Sick leave may not be used to add to or extend vacation leave or Wellness Days, or as a substitute for vacation for any reason. The Program Director may request proof of the illness and an explanation why your personal attention is required prior to approving sick leave. Sick leave may be disallowed if you do not report to your supervisor within two (2) hours after your regular time to report to work (except in circumstances where the resident is not reasonably able to provide such notice, for example, due to incapacitation). In addition, you may be required to submit a doctor's certificate to the leave coordinator in Human Resources verifying the illness after three (3) consecutive missed workdays.

In addition to the sick leave described above, at the Program Director's discretion, each residency program may provide a total of four (4) half-days (4-hour) Wellness Days that residents may use to attend to their own personal preventative health and wellness needs or those of a dependent, including an ill or elderly family member or legal spouse with health needs where the resident/fellow's presence is needed. If provided, Wellness Days are earned quarterly (one Wellness Day per quarter (4 hours); may not be accrued (must be used in the quarter in which they are earned) or carried over to subsequent training years; and may not be used to extend vacation, sick or FMLA, or conference/educational leave.

Residents must provide advance notice to the Program Director prior to the use of a Wellness Day to ensure that program coverage needs are met. Please see your program specific policy regarding specific requirements. Residents may be asked to provide alternative days/times for use of Wellness Days where appropriate to accommodate the needs of the Training Program.

Programs are encouraged to implement a system of coverage to ensure that use of Wellness Days does not produce an undue burden on other residents and faculty and minimizes disruptions to patient care and resident/fellow learning. Residents are encouraged whenever possible to schedule appointments when not assigned to clinical duties but should not be penalized by programs for use of a Wellness Day. Residents may be asked to provide alternate days/times for use of Wellness Days where appropriate to accommodate the needs of the program.

Wellness Days are structured as 4-hour increments to allow residents/fellows to perform normal duties before and/or after the appointment and are in addition to time allowed for resident/fellow professional development, vacation, or sick leave. Departments will be required to make reasonable effort to accommodate residents and fellows using a Wellness Day during scheduled duties.

If a resident needs to attend a medical, dental, or mental health appointment during training hours and the resident has exhausted the resident's paid sick leave and/or Wellness Days for the academic year, the resident is asked to provide as much advanced notice of the need for time off to the Program Director as possible, as circumstances

allow. The Program Director will be responsible for working with the resident to determine how to best allow the impacted resident to attend to the resident's appointment(s). Unused sick leave is not carried over to the next academic year and is forfeited at the end of the academic year.

Residents are advised that that their residency program and specialty boards may have a requirement on the maximum length of time the resident can be away from his/her/their training program without necessitating additional training to complete residency or take boards, as applicable. Absences beyond that designated time each academic year, including absences for vacation or sick leave, or absences otherwise leading to a delay in achieving progress along the applicable milestones, may extend the resident's time in training.

C. Bereavement

Bereavement leave will be granted for a death in the resident's immediate family. For purposes of this Policy, "immediate family" means child, parent, sibling, legal spouse, parent-in-law, grandparent, grandchild, or stepfamily member. Residents are permitted to use available sick leave or vacation time for bereavement leave. Bereavement leave in excess of a resident's available sick leave or vacation time is unpaid.

The maximum bereavement leave is three (3) working days for a funeral held within one hundred (100) miles of New Orleans or five (5) working days for a funeral held more than one hundred (100) miles from New Orleans.

If you require additional time away from work for bereavement, you may use available vacation leave.

As with all forms of leave, extended bereavement leave may result in a resident needing to extend his/her/their training to complete residency or sit for specialty board examinations. The Program Director may request confirmation of the location of a funeral for purposes of approving the length of bereavement leave.

D. Educational

It is the policy of the School of Medicine that residents are allowed to attend and participate in educational and scientific meetings that contribute to the medical education of the resident. Educational leave is in addition to vacation or sick/personal/wellness leave available to the resident. Subject to the advance, written approval of the Program Director, residents may use up to five (5) working days per academic year of educational leave for the purpose of participating in an educational or scientific meeting that contributes to the medical education of the resident. Permission for and approval of educational leave must be granted in writing by the resident's Program Director or the Program Director's designee. This Policy does not address expenses or reimbursement of expenses as a part of educational leave. Reimbursement or payment of expenses connected to an educational or scientific meeting is at the discretion of the Program Director and individual departments, and in accordance with School of Medicine and University accounting policies.

E. Military Leave

The University supports our Residents who are reservists or guard members in the uniformed services. "Uniformed service" means the Armed Forces, the Army National Guard and the Air National Guard when engaged in active duty for training, inactive duty training, or full-time National Guard duty, the commissioned corps of the Public Health Service, and any other category of persons designated in the Uniformed Services Employment and Reemployment Rights Act (USERRA).

If a resident is recalled to active duty in the uniformed services, he/she/they should notify the Program Director and the Office of Human Resources and Institutional Equity, leaverequest@tulane.edu, as soon as possible for details regarding his/her/their rights and obligations and the documentation required to be submitted to the Office of Human Resources and Institutional Equity.

Tulane University provides a "pay differential" to preclude loss of earnings while on a military leave of absence for up to 30 days. The University will pay you the difference between your regular University pay and the amount you are paid by the uniformed service, including all entitlements and allowances for which you are eligible to receive. In order to receive the pay differential, you must send a written request to the Office of Human Resources and Institutional Equity and the Office of Graduate Medical Education along with a copy of the Leave and Earnings Statement(s) covering the period of Military leave.

You may request an Extended Military leave of absence in the event you are required to perform active-duty service in the uniformed services for more than 30 days. You may continue to be covered by Tulane's group health plans on the same terms that are applicable to active employees during Extended Military leave. You will be required to continue to pay your share of all premiums due.

Pursuant to USERRA, if you are absent from work for an extended period of uniformed service, you are entitled to certain re-employment rights and benefits as long as:

1) You gave advance notice of your impending uniformed service;
2) Your cumulative length of absence does not exceed the maximum period;
3) You report or re-apply for employment within the deadlines prescribed by USERRA upon your release from duty or upon your recovery from disease or injury resulting from your service; and
4) You were released from active duty under other than dishonorable conditions.

In general, you are entitled to re-employment in your former or similar position. The University will make reasonable efforts to return you to your former position. However, if that is not possible, the University will make reasonable efforts to place you in a comparable position.

Upon returning to work following Extended Military leave, you will be restored the benefits that you would have accrued if you had remained an active employee in accordance with USERRA.

Military leave for annual field, weekend or active-duty training are in addition to the resident's regular vacation benefit. Any additional leave required by a resident to satisfy a remaining military obligation will be granted without pay or, if the resident wishes, the resident may use unused vacation time. Armory drills or multiple training assemblies do not qualify for short-term military leave with or without pay. As with all forms of leave, extended military leave may result in a resident needing to extend his/her/their training to complete residency or sit for specialty board examinations.

If a resident enters the Armed Forces of the United States while an employee of the University, the resident will have certain re-employment rights, as required by USERRA, after completing military service. Questions about this policy should be directed to the Office of Human Resources and Institutional Equity.

F. Jury Duty/Court Appearances

As the Sponsoring Institution for graduate medical education, Tulane School of Medicine, encourages residents to fulfill their civic responsibility to serve as jurors when called. However, the School of Medicine reserves the right to request that residents be released from jury duty if an absence will negatively impact a training program's operations and/or patient care.(See Appendix I for request letter template.) If a resident is called for jury duty, they must present the summons to their Program Director as soon as it is received. Residents required to serve will receive pay during involuntary jury duty. Residents are required to report to work at the completion of each day of jury service if it concludes prior to the end of scheduled work hours. When a resident returns to work at the conclusion of jury duty, they must provide evidence of the dates of service to their Program Director. Time for appearance in court for personal business will be the resident's responsibility. Normally, vacation days will be used for this purpose, with the Program Director's approval.

G. Paid Medical, Parental/Pregnancy, and Caregiver Leave

Effective July 1, 2022, six (6) weeks of paid medical, parental, and caregiver leave shall be available to residents for qualifying reasons consistent with applicable laws, on a one-time basis. Eligibility starts the day the resident is required to report to his/her/their program. The six (6) weeks of paid medical, parental, or caregiver leave shall be approved in advance, paid at 100% percent of the resident's salary, and may be taken at any time during a resident's program. Residents are required to use their paid sick and vacation leave until it is exhausted during the 6 weeks of paid medical, parental, or caregiver leave. Approved leave may be taken as consecutive leave or divided into shorter leave periods, over the course of the training program, not to exceed six (6) weeks of paid approved, medical, parental or caregiver leave. Residents will be allowed one (1) additional week of paid time off if he/she/they have taken the 6 weeks of paid leave during the appointment year. The additional week may only be used during the appointment year that the resident takes such leave. The one (1) additional week of paid time off does not roll over to any subsequent appointment year.

Health and disability insurance benefits for residents and their eligible dependents shall continue on the same terms and conditions during any approved, paid medical, parental,

or caregiver leave of absence, as if the resident were not on leave. Once the initial six (6) weeks of paid leave has been exhausted, subsequent periods of medical, parental or caregiver leave(s) shall be unpaid.

The one-time paid medical, parental and caregiver leave benefit is available to a resident for the birth and care of a child, including birth via surrogate, the adoption of a child or placement of a child with the resident for foster care. The six (6) week paid parental (medical and caregiver benefit) applies to domestic-partner parents.

1. **Requesting Parental/Pregnancy, Medical or Caregiver Leave**

   To the extent reasonably possible and practical to do so, the resident shall provide *at least* thirty (30) days' notice of the request for medical, parental or caregiver leave and the resident's plans to return to the residency program following the leave. The Program Director or GME Program Administrator will instruct the resident to contact the Office of Human Resources and Institutional Equity (LeaveRequest@tulane.edu) to coordinate leave. The Office of Human Resources will communicate directly with the trainee and inform the Manager, GME Office in the Office of the Graduate Medical Education and the Program Director when a leave is approved or disapproved under FMLA. The GME Program Administrator will notify the GME Office of all parental, medical or caregiver leave requests.

2. **Family Medical Leave**

   Under a federal law known as the Family and Medical Leave Act ("FMLA"), if you have worked for the University for at least twelve **(12)** months, have worked at least 975 hours during the twelve **(12)** months prior to requesting leave, and work at a location where there are at least 50 Tulane employees within 75 miles, you are eligible for 12 weeks of Family and Medical leave within a rolling 12-month period for certain purposes described below.

   Residents are required to use all available sick and vacation leave days to be paid during FMLA leave. Health and disability insurance benefits for residents and their eligible dependents during any approved FMLA leave shall continue on the same terms and conditions as if the resident was not on leave.

   Residents are advised that that their residency program and specialty boards may have a requirement on the maximum length of time the resident can be away from his/her/their training program without necessitating additional training to complete residency or take boards, as applicable. Absences beyond that designated time each academic year, including absences for vacation or sick leave, or absences otherwise leading to a delay in achieving progress along the applicable milestones, including, may extend the resident's time in training.

   Eligible purposes for FMLA:

   1) for the birth and care of your newborn child;
   2) for placement of a child with you for adoption or foster care;

3) to care for your spouse, child, or parent with a serious health condition;

4) to take medical leave when you are unable to work because of a serious health condition;

5) any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" or

6) twenty-six (26) work weeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

For purposes of the FMLA, "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves (1) an overnight stay in a hospital or medical care facility and any period of incapacity or subsequent treatment related to the same condition, or (2) continuing treatment by a health care provider. Continuing treatment may be established under any of the following circumstances:

Short-term incapacity for more than three full consecutive calendar days that also involves one of the following:

1) Treatment by a health care provider on at least one occasion with a continuing regimen of treatment under the health care provider's supervision. The visit to the health care provider must be in-person within 7 days of the first day of incapacity.

2) Treatment two or more times by a health care provider. The first visit to the health care provider must be in-person within 7 days of the first day of incapacity and the second treatment must take place within thirty days of the first day of incapacity and must be determined by the health care provider.

3) Pregnancy or prenatal care;

4) Chronic serious health condition (such as asthma, diabetes, epilepsy) which require periodic visits for treatment by a health care provider at least twice a year;

5) Permanent or long-term incapacity (such as Alzheimer's, severe stroke, terminal stages of a disease);

6) Absence to receive multiple treatments for restorative surgery after an accident or injury or a condition that would likely result in an incapacity of 3 or more days if not treated (such as cancer, severe arthritis, kidney disease).

7) Additionally, eligible employee's with a spouse, son, daughter, or parent who is a member of the Armed Forces (including the National Guard and Reserves) and who is on covered active duty or has been notified of an impending call or order to covered active duty may require a qualifying exigency leave of up to 12-weeks of leave. For purposes of qualifying exigency leave, an employee's son or daughter on covered active duty refers to a child of any age.

8) Qualifying exigencies for which an employee may take FMLA leave include making alternative childcare arrangements for a child of the deployed military member, attending certain military ceremonies and briefings, or making financial or legal arrangements to address the military member's absence.

9) Family and Medical leave may also be taken by an eligible employee who is a spouse, child, parent, or next of kin of a covered service member of the Armed Forces (including a member of the National Guard or Reserves) to care for the member's serious injury or illness incurred in the line of duty. In such circumstances, up to 26 workweeks of unpaid leave can be taken during a single 12-month period beginning on the first day of leave to care for the service member.

A resident is not entitled to Family and Medical leave if he/her/they have not met the eligibility requirements above, have already used all available Family and Medical leave, or if the reason for the absence does not qualify for Family and Medical leave. Failure to submit any required documentation in a timely manner may result in delayed leave. Please contact the Office of Human Resources and Institutional Equity if you have questions about whether you are eligible for Family and Medical leave.

3. **Non-FMLA Medical Leave**

Residents who have been employed for less than 975 hours may apply for non-FMLA leave. In either case, residents are required to use available paid or unpaid leave concurrently with FMLA or non-FMLA.

The policy of Tulane University is to provide residents a Non-FMLA Medical leave of absence in accordance with the guidelines set forth below.

A resident who is disabled and unable to work should first request medical leave under the Family and Medical leave policy. A resident who is disabled and unable to work following Family and Medical leave may apply for Long Term Disability benefits. Approval of a Family and Medical leave does not guarantee approval of Long-Term Disability benefits. When the resident transitions to Long Term Disability benefits, he/she/they will be eligible for continuation of medical, dental, and vision benefits, in accordance with the Consolidated Omnibus Budget Reconciliation Act.

Residents who do not meet the eligibility requirements for Family and Medical leave may request a Non-FMLA Medical leave. Such leave will be available to residents solely for the resident to tend to their serious health condition. For purposes of this policy, a serious health condition is an illness, injury, impairment or any physical or mental condition that requires inpatient medical care or continuing treatment by a health care provider. The University reserves complete discretion to accept or deny all requests for Non-FMLA Medical leave.

A resident must notify his/her/their supervisor and the Office of Human Resources and Institutional Equity when applying for any University leave. The Office of Human Resources and Institutional Equity will inform the resident, Program Director, and Office of Graduate Medical Education when a leave has been approved, and also when the leave has expired.

Residents must submit medical certification in support of the Non-FMLA Medical

leave request to the Office of Human Resources and Institutional Equity if more than five days of consecutive absence is anticipated. The Office of Human Resources and Institutional Equity can request additional information to assist it in assessing the claim for leave.

Any leave or combination of any University policy leaves generally does not exceed six months in any rolling 12-month period unless otherwise required by law.

Residents are required to use their available paid sick and vacation hours during Non-FMLA Medical leave. Once paid leave is exhausted, the remainder of the leave is unpaid. You will not accumulate vacation or sick hours while you are in an unpaid status.

Residents on an approved Non-FMLA Medical leave may continue to be covered by Tulane's Resident health plans on the same terms that are applicable to active residents. Residents will be required to continue to pay their share of all premiums due.

When a resident returns to work, he/she/they must provide a medical certification of fitness to return to work.

Additional information is available from the Tulane University Office of Human Resources and Institutional Equity: https://hr.tulane.edu/leave-management/fmla.

D. Extensions of Training

As noted in Section II, leaves of absence may affect a resident's eligibility for promotion, ability to complete training within expected time frames, or eligibility for board examinations. The Institution must "ensure that each of its ACGME-accredited programs provides its 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)." (ACGME Institutional Requirement 4.8.g.)

E. Failure to Return

Residents failing to timely return from any approved leave of absence without obtaining a written, approved extension of the leave, may be subject to disciplinary action, up to and including dismissal from his/her/their program.

F. Examples and FAQs

The Office of GME maintains FAQs related to this Policy. The FAQs are available in the Appendix to the Resident and Fellow Graduate Medical Education Policies and Procedures manual at https://medicine.tulane.edu/graduate-medical-education/resident-and-fellow-congress-trfc#policies and are updated from time to time.

The Office of Human Resources and Institutional Equity's FAQs pertaining to FMLA are available at: https://hr.tulane.edu/leave-management/fmla-frequently-asked-questions.

IV. Review/Oversight

This Policy must be available at any time in the Office of GME for review by residents.

The GMEC shall monitor and provide oversight of ACGME-accredited programs' implementation of this Policy and requests for leaves of absence, including medical, parental, and caregiver leaves of absence, at least annually and in the aggregate. The GMEC encourages residents to raise concerns regarding their vacation and leave time through one of the following mechanisms:

1) Direct reporting to his/her/their Program Director(s);
2) Direct reporting to the Department Chair;
3) Direct reporting to the GMEC or DIO;
4) The Program Education Committee, either directly or via the appointed resident or faculty representative;
5) Tulane Resident and Fellow Congress, either directly or via the resident's representative; and/or
6) Tulane's Office of Human Resources and Institutional Equity.

Extension of training determinations may be applied retroactively and may consider any and all leave taken during the entire training program by any resident currently in a program, to the extent allowed by that program's applicable certifying board.

V. References/Associated Policies

– **Tulane University School of Medicine Graduate Medical Education** ***Appendix E Policy on Vacation and Leave (GME) Frequently Asked Questions***

– **Tulane University School of Medicine Graduate Medical Education** ***Appendix G Request to Be Excused from Jury Duty (template)***

XI. Policy on Immunization Procedures & Occupational Hazards *Revised 8/19/2020*

Residents may be at risk for developing infectious diseases from patients, and, in some cases, be at risk for infecting patients and colleagues.

A. Tuberculin Testing.

1. Tulane provides PPD skin tests at the time of orientation. A routine PPD test will be placed on each resident at orientation, unless the resident has a history of prior positive tuberculin reactivity.
2. Routine annual PPD testing is required for continuation in the training program.
    a. In May of each year, residents will receive a PPD history form from their program coordinator.
    b. It will be their individual responsibility to complete this form and schedule an appointment with the Tulane Living Well Clinic (988-4325). The PPD will be placed at that time (with no charge to the resident).
    c. The resident should return in 48 hours to this clinic to have the PPD read.
    d. The result of the test should be communicated, via the signed TB form, to the program coordinator.
    e. Residents with a history of a positive PPD must complete the Positive PPD form, documenting treatment (if any), and assessing any signs/symptoms that would prompt radiographic evaluation. A baseline radiograph should be obtained on any resident with a positive PPD (or history of positive PPD).
    f. More frequent, or alternative, testing may be indicated for residents at high risk for TB exposure.

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

C. Influenza Vaccination. All residents are required to obtain an annual influenza (flu) vaccination. To ensure consistency with hospital affiliate policies, this vaccination will be provided by our hospital affiliates. Those residents who are vaccinated will receive a sticker for their name badge demonstrating their compliance. Those residents who refuse, or have contra-indications to vaccination, will be required to wear a mask in all clinical areas during the flu season, as defined by the clinical site.

D. Occupational Exposures. In the event of an occupational exposure to blood or body fluids (i.e., needle-stick), the resident should follow the following procedures. Detailed instruction can also be found at https://risk.tulane.edu/ehs/programs-services/bloodbornehttps://risk.tulane.edu/ehs/programs-services/bloodborne-pathogenspathogens

1. Scrub the wound for 5 minutes with betadine, Hibiclens, or soap. If there is a splash of blood or body fluids to the eye, then it should be irrigated for 5 minutes with water or normal saline.

2. The resident should report immediately to the Emergency Department of the facility at which the exposure occurred. If there is no such Emergency Department, the resident should report to the Tulane University Hospital Emergency Department.

3. The resident should complete the Exposure Form by accessing the bloodborne pathogens exposure page https://risk.tulane.edu/ehs/programs-services/bloodborne-pathogens and selecting the appropriate form.

a. This form will collect information on the event, the resident's salient medical history, and any information known about the patient from whom the exposure occurred.

b. This form should be return to workcomp@tulane.edu or fax to 504-865-6796

4. The resident should then page the Infectious Disease resident on-call to review the information on the form and discuss treatment options.

5. The following day, the resident should schedule an appointment with the Tulane Wellness Clinic to review the incident and the recommendations.

6. In all cases, the resident should report the injury to his or her program director and the Tulane Living Well Clinic at 504-988-4325 tlwocchealth@tulane.edu

7. An occupational exposure can be psychologically devastating, as the event is often colored by fear, guilt or shame. All of these emotions frequently prevent residents from seeking timely help and/or counseling. Residents should not underestimate the emotion associated with an occupational exposure and should err on the side of seeking psychological counseling following the event. Free counseling is available via the Residents' Assistance Program Director, Dr. Andrew Moroson; (504-322-3837) or email him at dr.morson@ibhnola.com.

E. COVID-19 Exposures and Testing

1. Test-Positive Residents

a. All residents testing positive for COVID-19 must report their test results to their program director and program coordinator and must complete the University's COVID Reporting Form. (https://cm.maxient.com/reportingform.php?TulaneUniv&layout_id=17)

b. Residents with **test-positive** COVID-19 Infection. The return-to-work criteria **(with or without** symptoms at the time of the test being positive) is as follows:

i. At least ten days have passed since the symptoms first appeared, AND

ii. At least twenty-four hours have passed since last fever without the use of fever-reducing medications AND other symptoms (e.g., cough, shortness of breath) have improved.

iii. The return-to-work time duration is extended to 20 days (instead of 10 days) for residents who experienced severe to critical illness, or who are severely immunocompromised. The time and condition for return for those severely immunocompromised will be determined by the resident's physician. iv. Residents who never experienced symptoms can return to work ten days after the positive test.

2. Residents with a high-risk exposure

a. A high-risk exposure is defined as contact with an individual known to be COVID positive for greater than 15 minutes, within six feet of the individual, and during which either the positive individual or the resident were not wearing personal protective equipment

(medical or surgical masks). The individual known to be COVID-positive could be a patient, another health-care provider, or an acquaintance outside of work.

b. If the high-risk exposure occurred in a clinical environment with a patient, the resident should follow the instructions below, AND notify the hospital's infection control office. The hospital's infection control office will determine if the patient contact qualifies as a high-risk exposure.

c. If a resident self-identifies a high-risk exposure that is other than a clinical encounter (i.e., contact with a colleague or out-of-work exposures) the resident is to contact the Tulane Living Well clinic (504-988-4325 tlwocchealth@tulane.edu) for a formal review of the exposure to ensure it meets criteria as a high-risk exposure.

a. Residents with a high-risk exposure who **are symptomatic**. The resident is to contact the Tulane Living Well clinic (504-988-4325 tlwocchealth@tulane.edu) for a formal review of the exposure and to arrange for **immediate testing. The resident is to self quarantine until the test results are returned**.

i. Residents with a positive test will follow the protocol for Test-Positive residents with symptoms (E.1.b)

ii. **Residents with a negative test can return to work when at least 24 hours have passed since their last fever without the use of fever-reducing medications AND other symptoms (e.g., cough, shortness of breath) have improved.** The resident may return to **all** duties but must wear a mask at all times for 14 days from the time of exposure. Higher levels of PPE for patient contact is as dictated by the clinical circumstance.

iii. **Residents who have non-resolving symptoms may be tested again.** The resident is to contact the Tulane Living Well clinic (504-988-4325 tlwocchealth@tulane.edu) for a formal review of the symptoms to determine if a second test is warranted.

e. Residents with a high-risk exposure who are **not symptomatic**.

i. The resident may return to clinical duties but must wear a mask at all times for 14 days from the time of exposure. Higher levels of PPE for patient contact is as dictated by the clinical circumstance. **The resident may not participate in nonclinical/non-research duties (i.e., in-person didactics) in administrative locations outside of the hospital/clinic at which they are assigned until they have obtained a negative test (see 2.e.iii below).**

ii. The resident must monitor symptoms (temperature and other symptoms). Residents developing symptoms will enter the pathway for "*Residents with a high-risk exposure who **are symptomatic***" **(E.2.d)**.

iii. **Residents who continue to be without symptoms will be tested seven days following the high-risk exposure**.

a. Residents with a positive test will follow the protocol for Test-Positive residents with symptoms (E.1)

b. Residents with a negative test can return to all duties with standard precautions but must wear a mask at all times for at least 14 days from the time of exposure.

f. Residents with symptoms without a high-risk exposure. The resident is to contact the Tulane Wellness clinic (504-988-4325 tlwocchealth@tulane.edu) for a formal review of their symptoms and to determine if testing is necessary.

i Residents for whom testing is deemed not necessary can return to work with standard precautions.
ii Residents for whom testing is deemed necessary must self-quarantine until the test results are returned.
iii Residents with a positive test will follow the protocol for Test-Positive residents with symptoms (E.1)
iv Residents with a negative test can return to work with standard precautions.

3. Routine Testing of Residents.
   a. Per University Policies, all Tulane University employees will undergo routine testing on a monthly basis throughout the year.
   b. Residents who have tested positive will not be retested for 90 days unless they develop new symptoms.
   c. Where applicable, residents also fall under the overall School of Medicine policy.

F. Worker's Compensation
   1. As employees, residents are covered under Workers' Compensation for an occupational injury. Residents should inform the treating healthcare provider that the injury is work related and to bill accordingly. Employees should NOT show their personal insurance as this can complicate the billing issues. You should call the Workers' Compensation Manager by phone, (504) 988-2869 to verify benefits available.

   2. Important Facts:
      a. Employee is entitled to medical benefits once compensable injury occurs.
      b. Employee is entitled to indemnity benefits after a seven (7) day waiting period. Indemnity benefits are paid at a calculation of 66 and 2/3 percent of wages.
      c. All medical expenses related to a compensable injury are paid per fee schedule.
      d. If necessary, seek medical treatment at nearest hospital or clinic.
      e. Provide all medical documentation to your supervisor and Workers' Compensation Manager.
      f. Keep copies of documentation.

SECTION 3: SUPERVISION, EVALUATION & REMEDIATION OF RESIDENTS

XII. Policy on Supervision of Residents *Revised 4/13/2022*

I. References

In accordance with Section 4.10. of the ACGME Institutional Requirements, the Sponsoring Institution must maintain an institutional policy regarding the supervision of residents and must ensure that each of its ACGME-accredited programs establishes a written, program-specific supervision policy consistent with the institutional policy and the respective ACGME Common Program and Specialty/Subspecialty Requirements. In accordance with Section 3.2.d. of the ACGME Institutional Requirements, the Sponsoring Institution must oversee supervision of residents consistent with institutional and program-specific policies and mechanisms by which residents can report inadequate supervision and accountability in a protected manner that is free from reprisal.

II. Purpose

Every physician shares in the responsibility and accountability for their efforts in the provision of patient care. This Policy on Supervision of Residents is adopted to ensure that each residency program that is sponsored by the Tulane University School of Medicine defines, widely communicates and monitors a structured chain of supervision and accountability as it relates to the supervision of patient care.

III. Definitions

1. Conditional Independence: graded, progressive responsibility for patient care with defined oversight.
2. Direct Supervision: the supervising physician is either (a) Physically Present with the resident during key portions of the patient interaction, or (b) *if permitted* by a residency program's applicable ACGME Review Committee and the supervision policy of the specific participating site, 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.
3. Indirect Supervision: the supervising physician is not Physically Present or providing concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate Direct Supervision.
4. Levels of Supervision: Direct Supervision, Indirect Supervision, or Oversight, as set forth in this Policy and the ACGME Common Program Requirements.
5. Milestones: the descriptions of performance levels residents are expected to demonstrate for skills, knowledge and behaviors in the six core competency domains, as set forth in the ACGME Glossary of Terms.
6. Physically Present: the teaching physician is located in the same room (or partitioned or curtained area, if the room is subdivided to accommodate multiple patients) as the patient and/or performs a face-to-face service.
7. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

IV. Supervision of Residents

A. Supervision Requirements and Progressive Authority

1. Residency Program Supervision Policies: Each residency program must develop a supervision policy for its program that is consistent with this Policy and the ACGME Common Program and Specialty/Subspecialty Requirements. Each residency program must: (a) define when Physical Presence of a supervising physician is required, consistent with the program's ACGME Review Committee requirements, and (b) set guidelines for circumstances and events when residents must communicate with the supervising faculty member(s). It is the responsibility of each resident to know the scope of their authority and the circumstances under which the resident is permitted to act with Conditional Independence.

2. Supervision Responsibilities - Generally: Proper supervision of residents is expected at Tulane Medical Center and at each program participating site to ensure consistently high standards of patient care. Each patient must have an identifiable and appropriately credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable ACGME Review Committee) who is responsible and accountable for the patient's care and who is listed as the physician in charge of the patient's medical treatment in the patient's medical record. Information regarding the attending physician (or licensed independent practitioner) must be made available to residents, faculty, other members of the healthcare team and patients. When providing direct patient care, it is the responsibility of the residents and faculty to inform each patient of their respective roles in that patient's care.

3. Levels of Supervision: Each Program Director is responsible for evaluating each resident's abilities based on specific criteria, guided by the Milestones. The Program Director and faculty members must establish the appropriate Level(s) of Supervision for each resident based on the resident's level of training and ability, evaluations and patient complexity and acuity. The Level of Supervision for each resident must be commensurate with the resident's performance in the ACGME core competencies. Levels of Supervision should be documented in the resident's end-of-the-year summative evaluation and promotion letter, if applicable. Residents who fail to meet expected criteria should not be promoted and residents who advance in the residency program should incur progressively greater levels of responsibility. Initially, PGY-1 residents are required to be Directly Supervised. PGY-1 residents can progress to being supervised Indirectly as may be specified by their applicable ACGME Review Committee.

4. Supervision by Faculty: The overall responsibility for the treatment of each patient lies with the faculty (and attending physician if different) to whom the patient is assigned and who supervises the resident. Faculty supervision assignments must be of a sufficient duration to assess the knowledge and skills of each resident and to delegate the appropriate level of patient care authority and responsibility. Faculty must be involved in the care of the patient to the extent necessary to assure consistently high standards of patient care and faculty shall delegate portions of care to residents based on the needs of the patient and skills of each resident. The faculty member assigned to a patient is responsible for, and must be familiar with, the care provided to the patient, and is expected to fulfill this responsibility, at a minimum, in the following manner:

a. Direct the care of the patient and provide the appropriate Level of Supervision based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, the experience and judgment of the resident being supervised and within the scope of the approved clinical privileges of the staff practitioner;

b. Document this supervision via admission, operative, procedure or progress notes, or an acceptable linking-note to the resident's documentation. The faculty member's involvement in the patient's care and supervision of the resident should be reflected in both the resident's note and the faculty's addendum;

c. Assure that all technically complex diagnostic and therapeutic procedures which carry a significant risk to the patient are medically indicated; fully explained to and understood by the patient to meet informed consent criteria; and properly executed, correctly interpreted, and evaluated for appropriateness, effectiveness and required follow-up. Evidence of following these procedures should be documented; and

d. Direct appropriate modifications of care as indicated in response to significant changes in diagnosis or patient status. Evidence of this assurance should be documented.

5. Supervision by Senior Residents: For certain aspects of patient care, the supervising physician may be a more senior resident who can serve in a supervisory role to the resident in recognition of the resident's progress towards independence. Other portions of care provided by the resident may need to be supervised by a Physically Present supervising physician or by an appropriately available supervising faculty member or senior resident, either in the institution, or by means of telecommunication technology. The privilege of progressive authority and responsibility, Conditional Independence, and a supervisory role in patient care must be assigned by each resident's Program Director and faculty members.

B. Setting-Specific Supervision Requirements

1. Supervision of Residents Performing Invasive Procedures in the Operative Suite: The inherent risks associated with all types of surgery and invasive procedures require that faculty provide an appropriate Level of Supervision to the resident performing the procedure.

a. For all invasive procedures performed by residents in the operating room or procedural suite, faculty must provide Direct Supervision.

b. Faculty supervising residents will review the indications for the procedure and document in the patient's medical record their concurrence with the indication, risks and benefits, the resident's performance, the interpretation of the results and the complications, if any.

c. Faculty will supervise residents performing the evaluation of patients, scheduling of cases, assignment of case priorities, the preoperative preparation and the intra-operative and postoperative care of surgical patients and patients undergoing invasive procedures. This supervision will be reflected in the faculty member's progress notes at appropriate times in the course of each patient's hospitalization.

d. As residents advance in their education and training, the Level of Supervision provided by the faculty member may change. A greater degree of responsibility and

autonomy provided to a resident during surgical/invasive procedures will depend upon the resident's general aptitude, demonstrated competence, prior experience with similar procedures, the complexity and degree of the risks involved in the anticipated surgical/invasive procedure. Program Directors are responsible with documenting the assigned Level of Supervision for each resident in the resident's record. This will include the types of diagnostic or therapeutic procedures the resident may perform, the degree of autonomy afforded to the resident in performing those procedures and those procedures for which the resident may act as a teaching assistant.

e. As a general rule, senior residents, when acting in the role of a supervising physician to a less experienced resident, may supervise the performance of surgical/invasive procedures of lesser or more routine complexity; however, this does not release the faculty member's responsibility to oversee the patient's care. When a resident is acting in a supervisory role to another resident, the faculty member remains responsible for the quality of care of the patient, providing appropriate supervision and meeting medical record documentation requirements as required by this Policy.

2. Supervision of Residents Performing Invasive Procedures at the Bedside: If a resident has demonstrated competence in an invasive procedure performed at a patient's bedside, a faculty member does not need to be Physically Present unless Physical Presence is a requirement of the program's ACGME Review Committee. However, the faculty member remains ultimately responsible for ensuring that the procedure is safely performed, which includes reviewing with the resident the indications for the procedure. Faculty must document in the patient's medical record their concurrence with the indication, risks and benefits, the resident's performance, the interpretation of the results and the complications, if any.

   a. All bedside procedures and incidental resident tasks must be Indirectly Supervised, and some procedures and tasks must be Directly Supervised. The decision as to which residents are able to perform which procedures and cognitive tasks without Direct Supervision is made by the Program Director and faculty based on the resident's performance, as assessed by the Clinical Competency Committee.

   b. Program Directors must maintain a list of invasive bedside procedures and tasks that can be performed by program residents without Direct Supervision.

      i. Program Directors and faculty, with direction from the Clinical Competency Committee's assessment, will assign to each resident which invasive bedside procedures the resident can perform without Direct faculty or senior resident supervision. This assignment is not based solely upon the resident's PGY status, but rather assigned individually based upon the resident's aptitude, demonstrated competence and prior experience with the procedure in question.

      ii. The Clinical Competency Committee will create an a priori criteria by which the Committee will determine which residents are competent to perform invasive bedside procedures and other tasks without Direct Supervision. This criteria will include minimum numbers of successful procedures/tasks, a review of such procedures in a procedure log, and additional criteria (i.e., simulation center training) as determined by the Clinical Competency Committee.

iii. The Program Director is responsible for communicating this criteria to the GME office for review. Any changes in the criteria will require a re-review by the GMEC.

iv. At the end of each semester, the Program Director will provide an updated list of the individual residents who have been determined to perform the various procedures/resident tasks without Direct Supervision to the participating sites for that residency program and to the GME Office.

C. Transitions of Care

1. Residency programs are required to design clinical assignments to optimize patient care transitions, including their safety, frequency and structure. In order to facilitate both continuity of care and patient safety, residency programs must ensure and monitor effective, organized hand-over processes and residents must be competent in communicating with team members in the hand-over process.
2. Program Directors must educate core faculty members and residents regarding effective transitions of care. This instruction should include:
   a. The principles and purpose of close-loop communication;
   b. Appropriate identification of illness severity;
   c. Appropriate patient summaries, as defined by the patient's complexity and tenuousness;
   d. Appropriate action lists, as defined by the patient's complexity and tenuousness;
   e. The importance of in-person sign-in and sign-out of patients who will require on-going care via a colleague (i.e., a night-float resident);
   f. Where to locate/identify the component of the written (or electronic) sign-out form that ensures patient safety;
   g. The importance of timely completion of documents essential to facilitating successful transitions of care from one arena to the next; and
   h. Situational awareness and contingency planning.
3. Attending physician and resident schedules for those who are responsible for care must be maintained and communicated by residency programs and clinical sites. Program Directors, in collaboration with the DIO, must ensure that participating sites engage residents in standardized transitions of care consistent with the setting and type of patient care.
   a. PGY-1 residents must be Directly Supervised in their transitions of care (i.e., sign-out) by senior residents or faculty until which time the Program Director has determined that the PGY-1 resident can safely conduct transitions of care.
   b. Program Directors, working with site directors, must ensure that PGY-1 residents are Directly supervised in their transitions of care (i.e., sign out) until which point the Program Director is satisfied that the PGY-1 resident has demonstrated sufficient

mastery of transition communications to warrant transition of care duties without Direct Supervision.

D. Reporting Fall-Outs in Supervision

1. The School of Medicine, in collaboration with the GME office, recognizes that the clinical environment can be complex and dynamic on a day-to-day basis. Nonetheless, there should not be an occasion in which residents are inadequately supervised or in a position where they believe their clinical responsibilities are above their own abilities.
2. Residents and faculty are responsible, regardless of whether they were directly involved in the incident or not, to report events of inadequate supervision. Residents and faculty may report these events without fear of negative consequences or reprisal.
3. Residents and faculty should report events involving inadequate supervision via one or more of the following mechanisms:
    a. Direct reporting to attending physicians, Program Directors, Chief residents, departmental Chairs, the GMEC, the GME office or DIO; and/or
    b. The University's Professionalism Reporting Platform https://medicine.tulane.edu/education/professionalismenvironment-learning-program.

V. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Core Curriculum and the Core Competencies*
- Tulane University School of Medicine Graduate Medical Education *Policy on Evaluation and Promotion*
- Tulane University School of Medicine Graduate Medical Education *Policy on Program Evaluation, Improvement, and Annual Program Reporting*
- Tulane University School of Medicine Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance*
- Tulane University School of Medicine Graduate Medical Education *Policy on Resident Eligibility and Selection*
- Tulane University School of Medicine Graduate Medical Education *Policy on Accommodations for Disabilities*
- Tulane University School of Medicine Graduate Medical Education *Policy on Harassment and Discrimination*
- Tulane University School of Medicine Graduate Medical Education *Policy on Moonlighting*
- Tulane University School of Medicine Graduate Medical Education *Policy on Clinical and Educational Work Hours*

XIII. Policy on Evaluation and Promotion *Revised 6/8/2022*

I. References

In accordance with Section 4.4. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that requires each of its ACGME-accredited graduate medical education programs to determine the criteria for promotion and/or renewal of resident appointments.

II. Evaluation of Residents, General Requirements

1. It is the responsibility of the Program Director, and the associated faculty, to ensure that residents receive timely, accurate and meaningful evaluations of their performance in each of the ACGME Core Competencies (as further described in the School of Medicine's GME policy on *Core Curriculum and the Core Competencies*) specialty-specific Milestones. Each program shall comply with any program-specific requirements applicable to the evaluation of residents established by the program's ACGME Review Committee.
2. Clinical Competency Committee. The Program Director must appoint a Clinical Competency Committee (CCC) for the residency program as further detailed in School of Medicine's GME policy on *Program Evaluation, Improvement & Annual Program Reporting*. At a minimum, the CCC must be composed of three members of the program faculty and at least one faculty member must be considered a core faculty member. The Program Director may appoint additional members of the CCC in accordance with ACGME Common Program and specialty-specific requirements. Members of the CCC should be instrumental to the operation of the residency program. The Program Director has final responsibility for evaluation and promotion decisions.
3. Multiple Evaluator*s*. Residency programs must provide objective performative evaluations using multiple evaluators (e.g., faculty members, peers, patients, self and other professional staff members, as further set forth herein) and provide these evaluations to the CCC for its review of a resident's performance and improvement towards unsupervised practice.
4. End of Rotation/Assignment. In accordance with the ACGME's Common Program Requirements, programs are responsible for ensuring that resident evaluations are documented at the completion of each assignment. In accordance with Section III.A. of this Policy, faculty will complete an evaluation of the resident at the midpoint of the rotation or assignment or every two months, whichever period is shorter, if a resident's rotation or assignment is greater than one month. For block rotations of greater than three months in duration, evaluations must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinic responsibilities, must be evaluated at least every three months and at the completion of the rotation.
5. Semi-Annual. Residents must receive a written semi-annual evaluation consistent with ACGME Common Program Requirements. The semi-annual evaluation must contain a description of the resident's progress along each of the program's specialty-specific ACGME Milestones. Each program shall comply with any program-specific requirements applicable to the evaluation of residents established by the program's ACGME Review Committee.

    a. A program's CCC shall meet prior to resident semi-annual evaluation meetings between

the Program Director and program residents to review all resident evaluations, determine each resident's progress on achievement of specialty-specific Milestones and advise the Program Director regarding each resident's progress.

b. The Program Director, or the Program's Directors designee, with input from the CCC, shall meet with each program resident to review the resident's semi-annual evaluation of performance, assist residents in developing individualized learning plans and develop plans for residents failing to progress in compliance with School of Medicine policies and procedures.

c. In residency programs that require residents to perform a minimum number of procedures to qualify for promotion, graduation or to be eligible for certifying examinations (i.e., board licensure), a case log must be compiled and updated on a semi-annual basis, or more frequently if specified by Specialty/Subspecialty Requirements. The Program Director should review the case log with the resident at their semi-annual meeting.

6. End of Year and Final. At least annually, residents must receive a summative evaluation that includes their readiness to progress to the next year of the residency program, if applicable. The Program Director must provide a final evaluation for each resident upon completion of the residency program, as further set forth in Section VI of this Policy.

7. Program Specific. Each program shall comply with any program-specific requirements applicable to the evaluation of residents established by the program's ACGME Review Committee.

III. Evaluations of Residents; Evaluation Types

A. Faculty Evaluations of Residents

1. Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.

2. Faculty evaluations of residents must be conducted and documented at the completion of an educational assignment. For assignments or rotations greater than one month, the evaluation must be conducted at the conclusion of the rotation, as well as at the midpoint of the rotation or every two months, whichever period is shorter.

3. The evaluation should evaluate the resident on each of the ACGME Core Competencies and additional components required for the resident's level of training.

4. The evaluation should be conducted electronically in MedHub such that residents have immediate and 24-hour access to reviewing the evaluation.

5. The evaluation should be discussed in person with the resident prior to the conclusion of the rotation.

6. The Program Director and CCC will use data from faculty evaluations in evaluating a resident's progress for promotion or graduation.

B. Self-Evaluations by Residents

1. Residents must complete a self-evaluation at least once each academic year.

2. The evaluation should consist of both a numerical score and opportunity for written, self-reflection comments.

3. At a minimum, the evaluation should allow the resident to evaluate the following:
    a. A self-evaluation in each of the six Core Competency areas;
    b. The resident's medical errors from the previous six months and comment on how these errors could have been prevented;
    c. A reflection on the resident's progress in professional/career goals; and
    d. A reflection on the resident's progress in personal goals.
4. Tailoring of the evaluation questions to the unique feature of the residency program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, which are tied to ACGME Common Program Requirements.

C. Peer, Patient, Resident and Other Professional Staff Member Evaluations of Residents Resident-of-Resident Evaluations

1. With respect to rotations in which residents are routinely supervising other residents (e.g., a more senior resident supervising a PGY-1 resident), the residents should be given the opportunity to evaluate each other.
2. The evaluation should consist of both a numerical score and written comments.
3. The evaluation should include an evaluation of the resident on each of the core competencies as provided in the *Policy on Core Curriculum and the Core Competencies*.
4. The evaluation should be conducted electronically such that residents have immediate and 24-hour access to reviewing the evaluation.
5. Data from resident evaluations will be considered collectively by the CCC and used by the Program Director in making the determination for promotion or graduation.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, which are tied to ACGME Common Program Requirements.

D. Student-of-Resident Evaluations

1. With respect to a rotation in which residents are routinely supervising students, students must be given the opportunity to evaluate the resident.
2. The evaluation should include evaluation, at a minimum, of the resident's teaching, communication, interpersonal skills, professionalism and patient care skills.
3. The evaluation should be conducted electronically, such that residents have immediate and 24-hour access to reviewing the evaluation.
4. Data from student evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
5. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.

E. Patient-of-Resident Evaluations

1. With respect to rotations in which residents routinely provide patient care, patients must be given the opportunity to evaluate the resident overseeing their care.
2. While not every patient needs to evaluate the resident, at least one patient evaluation should be solicited during each clinical rotation that the Program Director designates as a core clinical rotation for the particular program.
3. The evaluation should include evaluation, at a minimum, of the resident's communication, interpersonal skills, professionalism, and patient care skills.
4. The evaluation may be collected by paper or in person by a supervisor but should eventually be converted to an electronic format such that the resident has immediate and 24-hour access to reviewing the evaluation.
5. Data from patient evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as it relates to the ACGME Common Program Requirements.

F. Nurse/Allied Health Provider-of-Resident

1. With respect to a rotation in which residents routinely provide patient care, nursing, and ancillary staff (i.e., OR staff, respiratory therapy, etc.) must be given the opportunity to evaluate the resident with whom they have worked during the rotation.
2. Not every staff member needs to evaluate the resident; however, at least one nurse or other professional staff member/allied staff member evaluation should be solicited during each clinical rotation that the Program Director designates as a core clinical rotation for a program, appropriate and feasible for nurse-of-resident evaluations.
3. The evaluation should include, at a minimum, an evaluation of a resident's communication, interpersonal skills, professionalism, and patient care skills.
4. The evaluation may be collected by paper or in person by a supervisor but should eventually be converted to an electronic format such that the resident has immediate and 24-hour access to reviewing the evaluation.
5. Data from nurse/allied health provider evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.

IV. Evaluations Provided by Residents

A. Resident Evaluations of Faculty

1. Each residency program is required to have a process to evaluate faculty performance as it relates to the educational program at least annually. The evaluation must include review of the faculty member's effectiveness in teaching, commitment to the educational

program, participation in faculty development related to their skills as an educator, clinical knowledge and performance, scholarly activities, and professionalism.

2. The evaluation must include written, anonymous, and confidential evaluations by residents and may include a numerical score.
3. Faculty evaluations should be conducted electronically in MedHub, in a manner that ensures resident anonymity and enables effective evaluations without the fear of reprisal. All programs must use MedHub's lock-out feature to ensure that faculty cannot see resident evaluations until at least five residents have evaluated the faculty member. All comments are aggregated to de-link resident comments from the time period in which the comment was provided.
4. Tailoring of the evaluation questions to the unique feature of the residency program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.
5. The Program Director will provide feedback on evaluations to faculty members at least annually. The results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

B. Resident Evaluations of Rotations

1. Resident evaluations of rotations must be conducted monthly, or, for rotations that are longer than one month, at the conclusion of the rotation, or every three months, whichever is less.
2. At a minimum, the evaluation should include an evaluation of the following components of the rotation:
    a. The call rooms (if applicable);
    b. The nurses and ancillary staff involved in the clinical rotation;
    c. The safety of the rotation (e.g., parking, secure place for personal belongings, etc.);
    d. The communication infrastructure of the rotation (e.g., access to medical records and patient data, access to educational resources, etc.);
    e. The balance between education and service of this rotation; and
    f. The rotation's compatibility with work hour requirements.
3. The evaluation should be conducted electronically in MedHub or in a format that must subsequently be saved to MedHub and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.
4. Data from resident evaluations of rotations shall be used by the Program Director in making the determination for continuation of a clinical rotation.
5. Tailoring of the evaluation questions to the unique feature of the residency program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as it relates to the ACGME Common Program Requirements.

C. Resident Evaluations of the Residency Program

1. Residents should evaluate their residency program at least once each academic year. Aggregate resident written evaluation of the program must be considered by a program's Program Evaluation Committee (PEC) as part of the program's Annual Program Evaluation (APE).
2. Resident evaluations of residency programs should include an opportunity for written evaluation and comments.
3. At a minimum, resident program evaluations shall include an evaluation of the following components:
    a. The goals and objectives of each clinical rotation of the program within the academic year to date, including the balance between education and service of each rotation of the program;
    b. The strength of the curriculum and the quality of program didactics;
    c. Supervision provided by faculty, the faculty's effectiveness in teaching, commitment to the educational program, participation in faculty development related to their skills as an educator, clinical knowledge and performance, scholarly activities and professionalism;
    d. The effectiveness of faculty in providing meaningful evaluations to the residents;
    e. The effectiveness of the Program Director; and
    f. The residency program's compliance with work hour requirements and other program policies.
4. The evaluation should be conducted electronically in MedHub or in a format that must subsequently be saved to MedHub, and in a manner that ensures the residents anonymity to enable effective evaluations without the fear of reprisal.
5. Data from these evaluations shall be considered collectively by the PEC and by the Program Director in making adjustments and improvements to the residency program. The results of the resident program evaluations should be included as part of a program's APE.
6. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as they are tied to ACGME Common Program Requirements.

D. Resident-of-Resident Evaluations

1. In rotations in which residents are routinely supervising other residents (i.e., a resident supervising an intern), both residents should be given the opportunity to evaluate each other.
2. The evaluation should evaluate each of the core competencies *Policy on Core Curriculum and the Core Competencies* and the components of the job description for the resident's

level of training.

3. The evaluation should be conducted electronically such that residents have immediate and 24-hour access to reviewing the evaluation.
4. Data from resident evaluations will be considered in the aggregate by the CCC and used by the Program Director in making the determination for promotion or graduation.
5. Tailoring of the evaluation questions to the unique feature of the training program is allowed, but the modifications must not deviate from the intent of each question on the evaluation, as it relates to the ACGME common program requirements.

V. Promotion and Graduation

1. *General*. Resident evaluations shall be utilized to make decisions about promotion to the next level of residency training or program completion as applicable.
2. *Promotion/Graduation Criteria*. Each residency program is required to create and maintain criteria for promotion for each year of residency training. This criteria shall be based upon program Milestones and any associated entrustable professional activities (EPAs) for each respective specialty, and the eventual requirements for board certification. Decisions as to promotion and/or renewal of a resident's appointment must be made in the context of this criteria.
3. *End of Year Meetings*. The Program Director shall meet with each resident in person to review the end-of-year summative evaluation. The summary evaluation must contain a numerical assessment of the resident's progress on each Milestone and each entrustable professional activity (EPA), based upon the resident's collective faculty, patient, nurse, and peer evaluations throughout the year. The end of year summative evaluation must also provide a narrative commentary on the resident's level of performance or note that such written comments are available to the resident on the MedHub summary report.
    a. If so warranted, a promotion letter confirming the resident's promotion to the next year/level of training should be given to the resident at this time. The letter must clearly state that the resident is being promoted to the next year of training. The letter must be accompanied by a description of the progressive level of responsibility commensurate with the PGY level of the resident's promotion.
4. *Adverse Decisions on Promotion or Graduation/Adverse Actions*. Promotion and graduation decisions must be made by the Program Director after making a global assessment of the resident with input from the CCC. Decisions for promotion shall not be based solely on in-service scores.
    a. If the resident is not to be promoted, or to repeat rotations that would require extension of total training time, the residency program should inform the resident, and follow the policies and procedures as outlined in the *Policy on Remediation, Suspension, Dismissal and Grievance*.
5. *End-of-Training Evaluation Summaries*. Each Program Director must provide a final evaluation to each resident upon completion of the residency program and meet with each resident in person to review the end-of-training evaluation. The end of training evaluation

must contain an assessment of the resident's progress on the specialty-specific Milestones, and when applicable, the specialty-specific Case Logs. The evaluation summary must contain the faculty, patient, nurse, and peer evaluations throughout the year, consider recommendations from the CCC, and provide written commentary on the resident's level of performance, or note that such written comments are available to the resident on the MedHub summary report. The final evaluation should document the resident's performance during the final period of education and should be shared with the resident upon completion of the residency program.

a. The final evaluation must become a part of the resident's permanent record maintained by the School of Medicine and must be accessible for review by the resident in accordance with institutional policy. A final evaluation of program completion must verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter the autonomous practice.

b. If so warranted, the graduation letter should be given to the resident at this time, and the letter must clearly state that the resident has completed the residency program and *"The Program Director, in consultation with the program's clinical competency committee, has deemed the resident sufficiently competent to enter practice in "x" independently and without direct supervision."* Where "X" is the field of the resident's training program.

c. If the Program Director and CCC determine that the resident should not graduate, a description of the rationale, referencing failure to meet satisfactorily the core competencies, should be included in this letter.

   1) If the resident is asked to extend total training time, the resident must be given an opportunity to appeal this decision to the CCC. If upon appeal, the CCC upholds the decision to extend training, the resident has a right to grieve this decision through the School of Medicine's Grievance and Fair Hearing Committee as outlined in the *Policy on Remediation, Suspension, Dismissal and Grievance.*

   2) If the decision is to terminate the resident from the training program, the resident must be given the opportunity to appeal (grieve) this decision to the University's Grievance Committee, as outlined in the *Policy on Remediation, Suspension, Dismissal and Grievance.*

VI. Access to Evaluations, Records

1. Resident education records, other than publicly available directory information, are private and shall not be disclosed except as appropriate to the following:

   a. The resident, who may review his/her/their evaluations through MedHub at any time and may access his/her/their resident record upon written request;

   b. The Program Director, CCC and the DIO;

   c. Persons specifically authorized by the resident in writing to receive the information;

   d. Other educational institutions in which the resident seeks to enroll or obtain employment, with permission of the resident, provided the disclosure is limited to official copies of resident or fellow's transcripts from the appropriate University office;

   e. Other organizations conducting educational research studies approved by their respective

Institutional Review Boards, provided the studies are conducted in a manner that does not permit identification of residents and provided the information will be destroyed when no longer needed for the specified purpose;

f. Persons in compliance with a court order or lawfully issued subpoena provided that a reasonable attempt is made to notify the resident if required prior to release;

g. Appropriate members of the court system when legal action against the University is initiated by the resident or fellow and the disclosure is part of the University's defense;

h. Appropriate persons during an emergency, provided the information is necessary to protect the health or safety of the resident or fellow or other individuals;

i. Accrediting organizations and state or federal education authorities using information for auditing, evaluating, or enforcing legal requirements of educational programs, provided the data is protected to prohibit the identification of the resident or fellow and all personally identifiable information is destroyed when no longer needed; and

j. Appropriate persons in connection with an investigation of a resident or as part of due process procedures as further set forth in the School of Medicine's GME Policy on Remediation, Suspension, Dismissal and Due Process.

k. Appropriate persons or agencies in connection with a resident's application for or receipt of financial aid to determine eligibility amount, or conditions of financial aid and to enforce the terms and conditions of the aid.

VII. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance*

XIV. Policy on Remediation, Adverse Actions, Due Process and Grievances *revised* 4/8/2026

I. References

In accordance with Section 4.4.b. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that provides residents with due process during their appointment period. relating to the following actions regardless of when the action is taken during the appointment period: suspension; non-renewal; non-promotion; or dismissal. In accordance with Section 4.5 of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident grievances at the program and institutional level and that minimizes conflicts of interest.

II. Definitions

1. Resident: an individual enrolled in a residency or fellowship program. For purposes of this Policy and the School of Medicine's additional GME Policies, "resident" includes "fellow," an individual enrolled in a fellowship (subspecialty) program sponsored by the School of Medicine who has completed a residency program in a related specialty.

2. Residency Program/residency program: For purposes of this policy, "residency program" includes: 1) an ACGME-accredited residency or fellowship program sponsored by Tulane University School of Medicine; 2) a Non-Standard Training (NST) program providing clinical training for foreign national physicians in advanced subspecialty programs for which there is no ACGME accreditation or American Board of Medical Specialties member board certification; and 3) a non-ACGME accredited training program whose fellows do not hold a faculty appointment. Fellows holding faculty appointments are subject to relevant School of Medicine policies regarding faculty.

3. Program Director: refers to the director of a residency or fellowship Program.

4. DIO: Designated Institutional Official; has the authority and responsibility for all Tulane University School of Medicine residency and fellowship programs. The DIO at the School of Medicine also has the title of Associate Dean of Graduate Medical Education.

5. Administrative Personnel/GME Administration (each a GME Administrator): Program Directors, GME Program Administrators/Coordinators, Department Chairs, Clinical Site Directors, and Chief Academic Officers, as applicable.

6. Clinical Competency Committee (CCC): a required body comprising three or more members of the teaching faculty that is advisory to the Program Director and reviews the progress of all residents in the residency program.

7. Remediation: the process of improving resident performance to meet applicable academic standards, requirements, policies or procedures.
8. Suspension: a formal level of discipline in which the resident is temporarily restricted from participating in clinical, didactic and/or research activities associated with the

resident's residency program.

9. Probation: a formal level of discipline in which the resident may still engage in the residency program within the confines of a Corrective Action Plan.

10. Non-Promotion (Not Promoted): a decision to not promote the resident to the next post graduate year of training.

11. Non-Renewal (Non-Reappointment): a decision to not renew a resident's contract with the School of Medicine for the next post graduate year of training.

12. Dismissal: the act of ending a resident's participation in a residency program prior to the resident's successful completion of the course of training.

13. Termination: the act of severing employment prior to the expiration date of the resident's contract. If a resident is terminated, his or her resident contract will not be renewed.

14. Interim Leave: not disciplinary in nature, designed to provide DIO with sufficient time to investigate a referral of suspension or probation. Pay and benefits will continue during interim leave.

15. Grievance: a process of contesting a decision made by a residency program or the School of Medicine in connection with the evaluation and remediation procedure or submitting an issue for resolution in accordance with this Policy.

16. Adverse Action: an action taken with respect to a resident which is to be accorded due process consistent with ACGME requirements or this Policy. Adverse Actions include Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation.

17. Academic/Professional Counseling: advising, counseling or mentoring provided or required of a resident in accordance with this Policy to address an academic or professional deficiency. Academic or professional counseling is often provided by a faculty member of the resident's residency program.

18. Misconduct: conduct, willful or otherwise, that seriously departs from standards of professionalism or professional expectations, including standards set by the School of Medicine. Misconduct includes behavior by a resident that endangers patients, peers, staff or faculty; subjects peers, staff or faculty to an unacceptable work or learning environment; or dishonest, unethical and/or illegal behavior.

19. Unprofessional Behavior: conduct, willful or otherwise, that departs from standards of professionalism or professional expectations, including standards set by the School of Medicine or the ACGME. Unprofessional behavioral includes, but is not limited to, disrespectful behavior toward faculty, patients, supervisors, staff and/or peers; failing to provide patient and family-center care; poor time management and/or failing to be properly prepared to participate in learning and clinical care activities of a residency

program.

III. Policy

A. General Principles

1. Residents are expected to meet and adhere to all academic, clinical, and professional standards set forth in institutional policies, in ACGME requirements and in Tulane University School of Medicine residency program and departmental policies and procedures. Such standards include, but not are limited to, properly documenting case logs, accurately completing and submitting clinical and educational work hours and completing all required institutional, departmental, and participating site forms/documents.

2. Residents who are experiencing difficulties with achieving progress along applicable program milestones or satisfying applicable standards, may require intervention to address specific deficiencies. Interventions will take a variety of forms based on the specific learning needs of the resident. There are also situations that require more significant interventions, that alter the timeline for resident progression as well as incidents that require immediate intervention, adjustment or an Adverse Action. To ensure due process, each residency program is responsible for following this Policy and for having a process consistent with ACGME requirements, for evaluating residents in compliance with the School of Medicine's *Policy on Evaluation and Promotion.*

3. Residency program leaders are encouraged to use tiered, progressive measures to address clinical underperformance or professional deficiencies, depending on the circumstances, as follows:

    a. Tier One: Academic/Professional Counseling

    b. Tier Two: Remediation

    c. Tier Three: Probation

    d. Tier Four: Non-Renewal, Non-Promotion, Delayed Graduation, Dismissal and Suspension (Adverse Actions).

4. Tiers may be omitted (skipped) or repeated depending on the frequency, severity and/or nature of the deficiency or conduct.

5. The Program Director must review and discuss disciplinary actions with the DIO as soon as resident behavior rises to the Tier 2, 3,or 4 level, and before the resident is informed.

6. Performance concerns should be clearly communicated to the resident, preferably in writing, as early as possible, in accordance with the School of Medicine's *Policy on Evaluation and Promotion*.

7. Residents are entitled to due process related to Adverse Actions (Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation) regardless

of when the action is taken during a resident's appointment.

B. Misconduct

1. Residents, faculty, employees, and staff are encouraged to report misconduct or unprofessional behavior, including resident misconduct or unprofessional behavior, through the School of Medicine's Professionalism/Environment of Learning Program or directly to a supervisor or residency program leader.

2. Misconduct identified by the residency program or reported to the residency program may be addressed in a tiered manner as set forth herein or may result in an immediate Adverse Action, depending on the conduct.

C. Tier One: Academic/Professional Counseling

1. Academic/Professional Counseling is often the first step a residency program should utilize, outside of modifications and adjustments to a resident's individual learning plan, to address resident clinical or professional deficiencies, such as administrative deficiencies or limited clinical deficiencies. Examples of reasons a resident may be placed on Academic/Professional Counseling include, but are not limited to, poor chart precepting, failure to complete administrative duties, complaints about the resident's knowledge or communication, or isolated displays of unprofessional behavior.

2. A resident may be placed on Academic/Professional Counseling by the Program Director or their designee, on their own initiative, or on the recommendation of a faculty member, or the Clinical Competency Committee (CCC). The Program Director or designee will establish a faculty member or other advisor, counselor, or mentor for the resident (the "Resident Advisor") to assist the resident in addressing the identified deficiency, conduct or concern.

   If a pattern of concerning behavior or problems emerges, a Letter of Concern (LOC) may be issued to the resident to communicate concerns that the resident is not performing satisfactorily at any time during the year or during the semi-annual review. The Resident Advisor is responsible for meeting with the resident, documenting discussions on the resident's deficiency(ies), conduct or concern, identifying goals for the counseling and identifying any specific activities required of the resident to address the deficiency, conduct or concern. In lieu of a Letter of Concern, the Program Director may utilize the Clinical Competency Committee's documented semiannual review. The resident shall acknowledge meeting with the Program Director to discuss the LOC or CCC semiannual review.

3. The Program Director or the Program's Director designee shall inform the resident that Academic/Professional Counseling is the first step in the School of Medicine's disciplinary and intervention process and that if Academic/Professional Counseling does not resolve the matter, that the resident may be subject to disciplinary action or further interventions, including Remediation, Probation, or an Adverse Action.

4. The Program Director is responsible for determining if a resident has satisfied the elements of the Letter of Concern, with input from the Resident Advisor or Clinical Competency Committee regarding the resident's progress. A copy of the LOC and the resident's progress as related to the LOC will be maintained by the residency program in the resident's record.

D. Tier Two: Remediation

1. If a Program Director, or the CCC, in consultation with the Program Director, determines that a resident is not meeting applicable academic standards, including professionalism standards, based on evaluations or feedback, and either has completed Academic/Professional Counseling (Tier 1) or requires stronger or multiple interventions to satisfy academic or professional standards, the resident may be placed on remediation. Remediation is handled by the resident's Program Director or Associate Program Director designee, in coordination with the CCC.

2. Examples of reasons to place a resident on remediation include but are not limited to failure to successfully complete the actions or activities in a LOC/Tier 1 counseling, continued underperformance or deficiencies, a substandard score or "remediation recommended" on a single clinical rotation, the CCC recommends remediation, or an unacceptably poor in-service training exam score as set by each residency program.

3. A resident on remediation will receive an Education Improvement Plan (EIP) that outlines the terms, goals, and timeframe of the remediation. EIPs are developed for the resident by the resident's Program Director or designee, with input from the CCC, and are intended to help the resident improve their performance and end their remediation. The Program Director must inform the DIO and GME Office of proposed Tier 2 remediation/disciplinary actions and share a draft Education Improvement Plan with the DIO for review prior to initiating remediation with a trainee.

4. An Education Improvement Plan will have the following components:

    a. a description of the deficiency(ies) or gaps relating to one or more of the following areas of performance: medical knowledge; time management and organization; clinical reasoning; communication; patient interaction; attitude and motivation; inter-personal and team skills; professionalism; or procedural or operational skills.

    b. written feedback from the Program Director on the resident's deficiencies or knowledge/performance gaps, and goals/action plans for improvement. Goals/action plans should be specific, measurable, and achievable in the time outlined for the plan.

    c. a timeline for the Plan should not exceed sixty (60) - ninety (90) days, depending on the concern(s) that prompted the remediation and Education Improvement Plan, e.g., In Training Examination (ITE) performance, improvement of specific surgical skills, etc. The resident should have at least one evaluation of their progress at the halfway point on the Education Improvement Plan. While an EIP may extend beyond 90 days, depending on the concern that prompted it, the EIP should have an end date. However, the Education Improvement Plan may be extended if the resident has not

achieved all elements of the EIP but has made significant progress in addressing stated concerns.

d. performance requirements that the resident must satisfy to end remediation without further escalation, absent any reoccurrence or new or related deficiencies. Performance requirements must be achievable within the timeline provided, and must be sustained beyond the remediation period.

e. consequences for failing to successfully complete these performance requirements.

5. The Plan will include planned efforts by Program leadership or the faculty to help the resident improve. While the resident is ultimately accountable for improvement, the residency program and the residency program leaders are responsible for helping the resident improve.

6. The resident's performance against the Education Improvement Plan shall be documented. If the resident successfully completes the requirements in the Plan, the resident will be removed from remediation. If the Program Director and CCC determine that the resident has failed to satisfactorily complete a Plan and/or improve performance, the resident may be:

   a. placed on an extension of the Education Improvement Plan,

   b. placed on Probation,

   c. asked to either repeat a period of the training, extend training, or

   d. be subject to Non-Renewal, Non-Promotion, Dismissal or other actions.

7. A resident receiving an Education Improvement Plan will be notified in writing and informed of their right to address and submit an appeal to the CCC to contest the decision. Residents shall acknowledge receipt of the notification of Remediation in writing. The Resident may appeal the remediation decision to the CCC within 10 calendar days, excluding university-recognized holidays. If more than 10 days have passed, the resident waives his right to appeal to the program's CCC. Residents shall be asked to sign an acknowledgement that they have received the remediation plan ("Education Improvement Plan (EIP).") A resident's acknowledgment shall not necessarily indicate that the resident agrees with the EIP and does not constitute a waiver of their right to appeal the issuance of the remediation plan. A resident's refusal to acknowledge receipt of the EIP does not delay or otherwise stay the implementation of the plan and the resident shall be responsible for satisfying the elements of the plan.

8. Remediation, unless connected to an Adverse Action (e.g., Non-Promotion), does not serve as grounds to elevate the appeal to a Grievance and Fair Hearing Committee. The CCC will review an appeal submitted by a resident pertaining to the remediation decision and decide if there is merit to the resident's appeal. The CCC may meet with the resident

regarding the remediation decision, as described below. The final decision to place a resident on remediation remains with the Program Director.

9. If the resident's training is extended, the extension may not exceed six (6) months. If the resident is subject to Non-Renewal, Non-Promotion, or Dismissal or if an extension has the effect or may have the effect of Non-Promotion or Non-Renewal, the resident will be provided a written notice of intent of Non-Renewal, Non-Promotion, or Dismissal as applicable, as set forth in Section F. In addition, the resident will be provided a copy of this Policy and asked to sign acknowledgement of receipt. Residents shall be asked to sign an acknowledgement that they have received the notice of training extension, non-promotion, non-renewal or dismissal. A resident's acknowledgment shall not necessarily indicate that the resident agrees with the notice and does not constitute a waiver of their right to appeal the issuance of the notice. A resident's refusal to acknowledge receipt of the notice does not delay or otherwise stay the implementation of training extension, non-promotion, non-renewal or dismissal.

10. Documentation regarding the resident's remediation will be maintained by the residency program in the resident's record.

E. Tier Three: Probation

1. Probation is designed to address academic deficits, including, but not limited to, deficits in medical knowledge, time management, organizational abilities, communication skills, procedural skills or professionalism. Probation may also be used to help address professional deficits, including issues of misconduct. The Program Director must review and discuss disciplinary actions with the DIO as soon as resident behavior rises to the Tier 3 level. The DIO may discuss probation decisions with the Office of the General Counsel, Human Resources, or other institutional resources as necessary. The DIO must sign all disciplinary actions **before** they are presented to the resident.

2. Examples of reasons to place a resident on probation include, but are not limited to: failure to successfully complete an Education Improvement Plan, a substandard score or "repeat rotation" on a clinical rotation, a recommendation of the CCC after review of resident performance, misconduct, ongoing professionalism, behavioral or performance issues, and ongoing low or substandard in-training exam scores as determined by each residency program.

3. Placing a resident on probation is a decision that is made by the resident's Program Director after the CCC provides input on the resident evaluations and performance with respect to issues of competency or academic/professional performance. academic/professional counseling and/or remediation may, but need not, precede a determination to place a resident on probation. Except in extenuating circumstances (which may include misconduct), probation should not be invoked for an isolated incident, including isolated underperformance on in-service examinations. A pattern of deficiencies should generally be documented in the resident's file.

4. Residents on probation will receive a written Corrective Action Plan (CAP) that outlines the reasons for the probation, terms, required remedial activities and goals and a specific

timeframe for the required remedial activity to take place to address the probation .

5. CAPs are developed for the resident by the resident's Program Director with input from the CCC. CAPs must be reviewed, approved, and signed by the DIO prior to being given to the resident.

6. The purpose of a CAP is to help the resident improve their performance and end their probation. The CAP will have the following components:

    a. a description of the deficiency(ies). Resident deficiencies may relate to one or more of the following areas of performance: medical knowledge; time management and organization; clinical reasoning; communication; patient interaction; attitude and motivation; inter-personal and team skills; professionalism; or procedural or operational skills.

    b. documentation regarding the resident's deficiencies.

    c. written feedback from the Program Director on the resident's deficiencies.

    d. a timeline for the probation not to exceed ninety (90) days, depending on the concerns that prompted the probationary action; however, the CAP may be, modified and/or extended if the resident has not achieved all elements of the CAP but has made significant progress in addressing stated concerns.

    e. performance requirements that the resident must satisfy to end probation without further escalation, absent any reoccurrence or new or related deficiencies. Performance requirements must be achievable within the timeline provided and must be sustained after probation ends.

    f. consequences for failing to successfully complete these performance requirements.

7. A CAP will include planned efforts by the Program Director or the faculty to help the resident improve. While the resident is ultimately accountable for improvement, the residency program and the Program Director are responsible for helping the resident to improve.

8. The resident's performance against the CAP should be documented. The resident should have at least one evaluation of their progress at the halfway point on the probation timeline.

9. The resident will be notified of their probationary status in writing, and the resident must acknowledge receipt of the notification in writing. training extension, non-promotion, non-renewal or dismissal. Residents shall be asked to sign an acknowledgement that they have received the probationary status notification. A resident's acknowledgment shall not necessarily indicate that the resident agrees with the probation and does not constitute a waiver of their right to appeal the probation decision. A resident's refusal to acknowledge receipt of the probation notification does not delay or otherwise stay the

implementation of the probation and the resident shall be responsible for satisfying the elements of the probation.

10. The resident will be given an opportunity to address and submit an appeal to the CCC and Program Director to contest probation or the terms of the CAP within 10 calendar days, excluding university-recognized holidays. If more than 10 days have passed, the resident waives his right to appeal. The CCC will review an appeal submitted by a resident and may meet with the resident regarding the probation and CAP. The CCC has final authority on whether to uphold the probation.

    If the resident successfully completes the requirements in the CAP, the resident will be removed from probation.

11. If the Program Director and CCC determine that the resident has failed to satisfactorily complete the CAP and/or improve performance, the resident may be:

    a. asked to either repeat a period of the training, extend training, extend probation,

    or

    b. be subject to Non-Renewal, Non-Promotion, Dismissal or other action.

12. If the resident's training is extended, the extension may not exceed six (6) months. If the resident is subject to Non-Renewal, Non-Promotion or Dismissal or if an extension has the effect or may have the effect of Non-Promotion or Non-Renewal, the resident will be provided a written notice of intent of Non-Renewal, Non-Promotion or Dismissal, as applicable, as set forth in Section F. In addition, the resident will be provided a copy of this Policy and asked to sign to acknowledge receipt. The Program will provide the DIO the signed copy of the written notice of intent. Residents shall be asked to sign an acknowledgement that they have received the notice of intent. A resident's acknowledgment shall not necessarily indicate that the resident agrees with the notice and does not constitute a waiver of their right to appeal the issuance of the notice of intent of non-renewal, non-promotion, dismissal, or training extension. A resident's refusal to acknowledge receipt of the notice of intent does not delay or otherwise stay the implementation of the non-renewal, non-promotion, dismissal, or training extension.

13. Documentation regarding the resident's Probation will remain a part of the resident's file. Probation will be disclosed in the final Verification of Graduate Medical Education Training (VGMET) Form, employment letters, and letters of references.

F. Tier Four: Non-Renewal, Non-Promotion, Delayed Graduation, Dismissal and Suspension (Adverse Actions)

1. Non-Renewal: In the absence of extenuating circumstances, the resident's Program Director should make the decision not to renew the resident's contract as soon as possible based on assessment of progress towards remediation goals. A probation that is not successfully addressed is grounds for non-renewal, depending on the cause of probation. The Program Director should endeavor to provide the resident with at least 4 months'

notice of non-renewal.

2. If a resident's contract will not be renewed, the resident must be given written notice of Program's intent not to renew the resident's contract and include notice to the resident of the opportunity to appeal this decision to the DIO within 10 calendar days, excluding university-recognized holidays. If more than 10 days have passed, the resident waives his right to appeal. The resident shall acknowledge receipt of the notice of intent in writing. An appeal must consist of a plain, concise, and complete written statement outlining the grounds for the appeal and summarizing all relevant information to substantiate the basis for the appeal. If upon review, the DIO upholds the decision not to renew the resident's contract, the resident has a right to seek review by a Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.

3. Non-Promotion: The decision not to promote a resident to the next post graduate year of training is based upon a resident's competency as demonstrated through evaluations and achievement of applicable Milestones in compliance with the *Policy on Evaluation and Promotion*, and rests with the residency program's Program Director.

    a. If a resident will not be promoted, the resident must be given written notice of intent. The resident shall acknowledge receipt of the notice in writing. Failure by the trainee to acknowledge receipt does not negate the Program's intent to not promote. The resident must be given an opportunity to appeal the decision in writing to the DIO within 10 calendar days, excluding university-recognized holidays. If more than 10 days have passed, the resident waives his right to appeal. An appeal must consist of a plain, concise, and complete written statement outlining the grounds for appeal and summarizing all relevant information to substantiate the basis for the appeal. If upon appeal, the DIO upholds the non-promotion decision, the resident has a right to seek review by a Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.

4. Delayed Graduation:

    a. As in the case of non-promotion, if the Program Director determines, based on information from the CCC, that a resident requires extended time in training in order for the resident to satisfy their specific residency or fellowship program's requirements, the resident will be given written notice of intent, and the resident shall acknowledge receipt of this intent in writing. The Program's written notice of intent to delay a resident's graduation will stand regardless of whether the resident signs the requested acknowledgement.

    b. The resident must be given an opportunity to appeal the decision to delay graduation in writing to the DIO within 10 calendar days, excluding university-recognized holidays. An appeal must consist of a plain, concise, and complete written statement outlining the grounds for review and summarizing all relevant information to substantiate the basis for the appeal. If upon appeal, the DIO upholds the delayed graduation decision, the resident has a right to seek review by a Grievance and Fair

Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.

5. Suspension: A resident may be suspended by the resident's Program Director or the DIO if they believe suspension is necessary. A resident who is suspended shall receive written notice of the suspension as soon as reasonably possible following any verbal notice provided to the resident. A suspended resident may seek review of the decision, in writing, by a Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy within 10 calendar days, excluding university-recognized holidays. A resident may be suspended from a residency program pending appeal of a dismissal. A trainee on suspension will continue to receive regular pay and benefits until the effective date of the non-renewal or dismissal.

6. Dismissal:

   a. The decision to dismiss a resident or to not renew a contract can arise, but is not limited to the following circumstances:

      i. academic and/or professional deficits (including gross negligence, inability to develop competency within the field, misconduct, unprofessional behavior, and/or prior non-promotion) that, in the discretion of the Program Director, Clinical Competency Committee, and/or DIO, are significant, repeated or severe;

      ii. abandonment of patient care or training demonstrated by a failure to attend scheduled training or work for a series of days without notice or request for leave, pending appropriate consideration of any extenuating circumstances;

      iii. failure to maintain programmatic or institutional standards;

      iv. a serious or repeated act or omission compromising acceptable standards of patient care;

      v. unprofessional, unethical, or other behavior that is otherwise considered unacceptable by the GME training program;

      vi. a material omission or falsification of a GME training program application, medical record, or University or medical document including billing records;

      vii. failure to participate in, or successfully complete, a Correction Action Plan (CAP); and/or

      viii. failure to maintain the requirements of employment, as outlined in the resident contract

   c. The decision to dismiss or not renew should be initiated by and be made by the resident's Program Director in consultation with the Program's Clinical Competency

Committee and the DIO. Further consultation with Tulane's Office of the General Counsel, and the Office of Human Resources and Institutional Equity is at the discretion of the DIO.

d. In all cases, the resident will be informed of their Dismissal/Non-Renewal by written notice of intent to Dismiss/Non-Renewal, which should be acknowledged, when possible, in writing.

7. Once the decision to dismiss/not-renew is made, dismissal will be effective immediately. The resident has a right to seek review of the decision by a Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy. The resident will have ten (10) calendar days, excluding university-recognized holidays, after being informed of the dismissal to file a Grievance. If a resident is dismissed, the resident's contract shall terminate as of the effective date of dismissal. Termination will be disclosed in the final Verification of Graduate Medical Education Training VGMET Form, employment letters, and letters of references.

8. Adverse Actions (Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation) are the only actions with respect to which a resident may seek review by a Grievance and Fair Hearing Committee under this Policy.

G. Appeals

1. Appeals to a program's Clinical Competency Committee shall be submitted to the Chair of the CCC.

2. The Program Director's and/or Clinical Competency Committee's assessment of the resident's progress on achievement of specialty-specific milestones are not subject to appeal.

3. The following appeals are available to a resident or fellow:

   a. Tier One: Academic/Professional Counseling: No appeal process is available.

   b. Tier Two: Remediation: A resident placed on remediation (Education Improvement Plan) may address and submit an appeal to the Clinical Competency Committee to contest the decision.

   c. Tier Three: Probation: A resident placed on probation (Corrective Action Plan) may address and submit an appeal to the Clinical Competency Committee to contest probation or the terms of the CAP within 10 calendar days, excluding university-recognized holidays. The CCC will review an appeal submitted by a resident and may meet with the resident regarding the probation and CAP. The CCC has final authority on whether to uphold the probation.

   d. Tier Four: Non-Renewal, Non-Promotion, Delayed Graduation, Dismissal and Suspension (Adverse Actions): The resident notified of a Tier Four Adverse Action may address and submit an appeal in writing to the DIO within 10 calendar days,

excluding university-recognized holidays. In the event that the resident disagrees with the DIO's decision with respect to the appeal, the resident may seek a review by the Grievance and Fair Hearing Committee.

4. A resident may only seek review of Adverse Actions (Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation) by a Grievance and Fair Hearing Committee under this Policy.

5. On appeal, the DIO will only consider whether the Adverse Action taken by the Program was improper or not supported by the record taken as a whole, including whether due process was followed, (i.e., consideration of procedural error that materially affected the outcome of the case, new evidence that was not available at the time of the Adverse Action and that could substantially impact the outcome, or disproportionate sanctions that are inconsistent with the severity of the resident's conduct).

H. Administrative Referrals and Interim Leave

If a resident is engaged in misconduct or unprofessional behavior or if a resident's clinical performance is assessed by a GME Administrator to require prompt review, the matter may be referred to the DIO to allow for an evaluation. Such referrals are referenced herein as the "Administrative Referral Pathway."

1. At the discretion of the DIO, the resident may be placed on Interim Leave. Pay and benefits will continue during interim leave. An Interim Leave is not disciplinary in nature but is designed to provide the DIO with sufficient time to investigate the referral.

2. To make a referral of a matter using the Administrative Referral Pathway, a GME Administrator must submit a plain, concise, and complete written statement outlining the grounds for the proposed referral and summarizing all relevant information to substantiate the written request to the DIO. Alternatively, the DIO may directly initiate the Administrative Referral process, based upon the resident's severe misconduct, unprofessional behavior or clinical performance deficiencies as documented by the program, including evaluations and assessment by the program's Clinical Competency Committee.

3. A clinical partner may notify the DIO that a Resident's performance on site(s) is unsatisfactory, disruptive, or considered detrimental and request that the resident be suspended from participating in education and patient care activities at a particular site(s). If a trainee can no longer fulfill the terms of their contract, the DIO will then be responsible for initiating subsequent disciplinary and fair hearing procedures as it pertains to residents, as outlined in this policy.

4. Upon receiving or initiating a request for Administrative Referral or Interim Leave, the DIO, with the assistance of Tulane University Office of Human Resources and Institutional Equity or other resources as appropriate, will conduct an evaluation or investigation of the Resident or the incident leading to the referral, which review or investigation may include, but is not limited to: a review of the Resident's file, review of police or incidents reports (if applicable), interviews with the Resident, interviews with

faculty or other members of the School of Medicine or interviews of individuals at participating sites.

5. After completing the review, the DIO will make one of the following decisions:

    a. The Resident requires no corrective action and will be reinstated. The referring GME Administrator will be informed of the reinstatement.

    b. The Resident requires remediation without probation. The Resident will be reinstated, and the DIO will work with the Resident's Program Director to design an appropriate Education Improvement Plan. The GME Administrator who made the referral will be informed that the resident will be working through an Education Improvement Plan.

    c. The Resident is considered by the DIO to require probation, in which case the resident's Interim Leave will be lifted, but the matter will be referred by the DIO to the Resident's Program Director and CCC to determine the terms of probation and/or remediation.

    d. Concerns related to substance abuse or health-related issues that impact the resident's ability to perform their job in a safe manner will be referred to appropriate institutional and/or public behavioral and mental health resources.

    e. The Resident may be dismissed if the DIO determines that dismissal is appropriate based on the resident's conduct.

I. Grievance and Fair Hearing Procedure

The purpose of a Grievance and Fair Hearing is for the Grievance and Fair Hearing Committee to determine whether the Adverse Action taken by the Program was consistent with the policies described in this handbook. The Grievance and Fair Hearing Committee does not have jurisdiction to review claims of discrimination, harassment or retaliation based upon a protected class. Such claims should be directed to Tulane's Office of Equal Opportunity and Resolution Management for review, separate from the Grievance Hearing.

1. A resident may submit a grievance with respect to a probation decision in accordance with the procedures set forth in Section E (Probation). A Resident with a concern related to their educational experience, including a concern regarding a program's curriculum, rotations, or a learning and working environment may communicate the concern or issue in person or by email to either their Program Director or to the GME Office to avoid a conflict of interest. If an issue or concern is reported by a resident to their Program Director, the Program Director shall work directly with the resident to resolve the issue or concern. If an issue or concern is reported by a resident to the GME Office, a GME Office representative or a graduate medical education leader will work with the resident to resolve the issue, which may include elevating the issue or concern to the DIO or referring the matter to appropriate Tulane University offices or resources to address the issue or concern. Perceived inappropriate treatment of a learner, or of any member of the learning environment, may be reported via the School of Medicine's Environment of Learning platform. https://medicine.tulane.edu/student-

affairs/professionalismenvironment-learning-program.

2. A resident may request a review of an Adverse Action, listed in Section F above, by a Grievance and Fair Hearing Committee. Prior to requesting such a review, a resident must first have submitted an appeal to the DIO. The appeal must consist of a plain, concise, and complete written statement outlining the grounds for review and summarizing all relevant information to substantiate the basis for the request within 10 calendar days, excluding university-recognized holidays of the resident's receipt of notice of the Adverse Action. A resident who fails to submit a written request within 10 days of receipt of notice of an Adverse Action shall be deemed to have waived the right to an appeal, and the Adverse Action(s) will become final.

3. The request for review must be addressed to the DIO and submitted to the GME Office via email to the DIO's Tulane email address, with a copy to the Senior Director of GME's Tulane email address.

4. Following receipt of a timely request for a review, the DIO will convene the Grievance and Fair Hearing Committee with all due haste, preferably within 21 calendar days, excluding university-recognized holidays. The Grievance and Fair Hearing Committee will consist of a Chair who will be a non-voting member of the Committee, and the following five voting members appointed by the DIO or by the Associate DIO in the event of a conflict of interest of the DIO:

    a. Three (3) faculty members randomly chosen from programs other than the resident's program. If the resident's department is Internal Medicine, faculty members who have had no supervisory or personal relationship to the resident may serve on the Committee; and

    b. Two (2) residents randomly chosen from residency programs other than the program of the resident who has filed the Grievance and Fair Hearing notice.

    c. The DIO shall not serve on the Fair Hearing Committee.

    d. All persons who are appointed to the Grievance and Fair Hearing Committee shall undergo training to ensure awareness of their obligations and how to serve impartially, including by avoiding prejudgment of the facts at issue, conflicts of interest, and bias. Additionally, all persons serving on the Grievance and Fair Hearing Committee will not have any conflict of interest or bias for or against the resident or any other party involved in the fair hearing process and may request to recuse themselves if they believe a conflict of interest or bias exists.

5. The Chair of the Grievance and Fair Hearing Committee, together with the other Committee members, must be chosen, and the resident must be notified of who the members are, within a reasonable time prior to the meeting.

6. The resident, within five (5) calendar days, excluding university-recognized holidays of receiving notice of the Committee members, may formally submit an objection to the

participation of one or all of the Hearing Committee members to the Chair of the Committee by email to the Chair's Tulane email address, with a copy to the Senior Director of GME at their Tulane email address. In the objection, the resident must provide reasonable evidence that a proposed member(s)' participation on the Grievance and Fair Hearing Committee would represent a conflict of interest or bias the proceedings. The Chair of the Grievance and Fair Hearing Committee will make the decision as to whether the resident has established reasonable evidence that the member has a conflict of interest or will bias the proceedings.

7. The Committee shall commence the hearing within forty-five (45) calendar days, excluding university-recognized holidays, from the date of the resident's written request for review or forty-five (45) days, excluding university-recognized holidays from finalization of the Fair Hearing Committee members, if there are objections to the initially appointed members. Contract renewals may be delayed pending the outcome of the Grievance and Fair Hearing Committee review process.

8. At least ten (10) calendar days, excluding university-recognized holidays, before the hearing, both the resident and the School of Medicine shall submit to the GME Office (Senior Director of GME) their respective lists of any witnesses or individuals that may participate in the hearing at the request of the resident or of the School of Medicine, respectively, and copies of any documents to be presented at the Grievance and Fair Hearing. The documents must be clearly named and identified by exhibit numbers for each separate document, and in a .pdf format viewable electronically. The witness lists and documents to be presented at the hearing shall be delivered electronically to the Chair of the Grievance and Fair Hearing Committee via Tulane email or via upload to Box, as directed by the GME Office.

9. If the resident fails to appear and has not provided notice to the Chair of good reason/cause (e.g., illness, family emergency, etc.), the hearing will proceed without the resident, and the Grievance and Fair Hearing Committee will render a decision despite the resident's absence. A resident who fails to appear absent notice of good reason/cause will be deemed to have waived their right to contest the Grievance and Fair Hearing Committee's decision.

10. The resident and the School of Medicine may have an advisor present at the Grievance and Fair Hearing, which may include legal counsel. The Resident or counsel for both parties may question witnesses to determine whether the Adverse Action taken by the Program was consistent with the policies described in this handbook. The Chair of the Grievance and Fair Hearing Committee may exclude irrelevant or immaterial evidence or information.

11. The hearing shall not be subject to formal rules of evidence or procedure, but the resident and the School of Medicine shall be permitted to submit relevant information and evidence, may present witnesses, and must allow the other party to ask questions of such witnesses. The Committee shall have the sole discretion to determine relevant and probative evidence. No new evidence or supporting documentation may be submitted for consideration during the Grievance Hearing. The resident has the burden of showing, by

a preponderance of the evidence, that the Adverse Action taken by the Program was inconsistent with the policies described in this handbook.

12. The hearing may be recorded for use in deliberation by the Grievance and Fair Hearing Committee. A copy of the recording shall be provided to the resident upon written request to the GME Office. Only the members of the Grievance and Fair Hearing Committee may be present for Committee deliberations. No party, representative, or witness may be present or participate in deliberations. The Grievance and Fair Hearing Committee decision regarding whether the Adverse Action taken by the Program was consistent with the policies described in this handbook shall be reached by a majority vote of all the voting members that were present at the hearing.

13. The Chair of the Grievance and Fair Hearing Committee will deliver the Committee's findings and decision regarding whether or not the Program followed the policies described in this handbook in issuing an Adverse Action against the resident or fellow in writing via email to the Dean of the School of Medicine, the DIO, the Program Director, the program's Department Chair, the Senior Director of GME, and the resident/fellow within five (5) calendar days, excluding university-recognized holidays, of the conclusion of the hearing.

14. The Dean of the School of Medicine shall review the hearing record. The Dean may call for further evidence/information or argument and may uphold or overturn the Grievance and Fair Hearing Committee's decision regarding whether the Program followed the policies described in this handbook in issuing an Adverse Action against the resident or fellow within 10 calendar days, excluding university recognized holidays of receiving the Grievance Committee's report. Once the Dean's decision has been reached through the process outlined in this policy, the Dean should notify the DIO, PD, resident, and department chair. The decision of the Dean of the School of Medicine is final.

J. Reporting

1. The School of Medicine, in consultation with the Office of the General Counsel, will make reports to the Louisiana State Board of Medical Examiners, the Physicians Health Foundation of Louisiana, and other agencies or organizations as required by applicable law or regulations.

2. Each Program Director is responsible for reporting any of the Adverse Actions included in this Policy to the DIO and the DIO is responsible for reporting these incidents to the appropriate agencies or organizations.

V. <u>References/Associated Policies</u>

- Tulane University School of Medicine Graduate Medical Education *Policy on Resident Wellness*
- Tulane University School of Medicine Graduate Medical Education *Policy on Evaluation and Promotion*

XV. Resident Wellness and Residents' Assistance Program *Revised 9/15/2023*

I. Resident Wellness Position Statement and Purpose

Tulane University School of Medicine is committed to fostering an educational environment that ensures that residents remain physically, psychologically, and emotionally healthy while advancing their competence in their respective fields of training. The School of Medicine, in partnership with each residency program, works to ensure that the structure and design of residency programs, including individual rotations, are conducive to developing competent, caring and resilient physicians and that the School of Medicine, its affiliated hospitals and its residency programs have an educational environment that supports a culture of mutual support and respect.

Residency programs are responsible for complying with resident and faculty well-being requirements set forth in ACGME Common Program and Specialty/Subspecialty Requirements and for complying with this Policy. The School of Medicine is committed to providing resources to programs and supporting the physical and mental health of residents and faculty. This Policy also outlines the confidential counseling and behavioral health services that the School of Medicine provides and the processes for reporting incidents of resident impairment.

II. Resident Wellness

A. School of Medicine and Program Responsibilities

Each residency program, in partnership with the School of Medicine, is responsible for:

1. Enhancing the meaning that each resident finds in the experience of being a physician by protecting time with patients, reducing non-physician obligations, providing adequate administrative support, promoting progressive autonomy and flexibility and enhancing professional relationships.
2. Giving the necessary attention to scheduling, work intensity and work compression by designing rotations that optimize patient safety, resident education and resident well-being.
3. Assessing workplace safety data and addressing the safety of residents and faculty members.
4. Creating and complying with policies and programs (consistent with this Policy and the ACGME requirements) that encourage resident and faculty well-being.
5. With the support of the School of Medicine, educating faculty and residents on identifying the symptoms of burnout, depression and substance use disorders in themselves and others, including means to assist those who experience these conditions and how to seek appropriate care.
6. Providing residents with the necessary time to attend medical, mental health and dental care appointments, including those appointments that are scheduled during the resident's duty hours. Programs should encourage residents to review the Wellness Days section of the School of Medicine's Graduate Medical Education *Policy on Vacation and Leave* for more information.

7. Educating residents and faculty on fatigue mitigation as further detailed in the School of Medicine's Graduate Medical Education *Policy on Clinical and Educational Work Hours*. Residency programs must maintain systems of care and learning and working environments that facilitate fatigue mitigation.
8. Providing access to food during clinical and educational assignments; appropriate sleep/rest facilities that are safe, quiet, clean, private and accessible to residents with proximity appropriate to safe patient care.
9. Providing safe transportation options for residents who are too fatigued to return home in accordance with the *Policy on Clinical and Educational Work Hours*.
10. Encouraging residents and faculty to alert their Program Director, DIO or other designated personnel when they are concerned that another resident or faculty member may be displaying signs of burnout, depression, substance abuse, suicidal ideation or a potential for violence.

B. Resident Wellness Initiatives

The Tulane University School of Medicine Wellness Committee is tasked with establishing a voice for faculty and resident wellness, building resilience in residents and recognizing faculty and resident wellness. Resources available through the Wellness Committee are available at: https://medicine.tulane.edu/home/wellness-get-help. Tulane University and the School of Medicine provide resident wellness initiatives to augment resident wellness:

1. Through the Tulane School of Medicine Companion App, assessments of well-being and mental health by utilizing available self-screening tools.
2. Outlets and support for discussions on difficult patient encounters (resident to resident and resident to faculty).
3. Resources for managing mental wellness, as detailed below.
4. Private lactation facilities and clean and safe refrigeration resources for the storage of breast milk, and safety and security measures at all clinical learning environment sites.
5. In addition, the School of Medicine and programs understand that there are circumstances in which residents cannot attend work, including, but not limited to: fatigue, illness, family emergencies and parental leave. Each residency program is required to have a policy that ensures appropriate coverage of patient care in the event that a resident is unable to perform his/her patient care responsibilities. In the event that a resident is unable to perform his/her clinical responsibilities, the resident may utilize the procedures in the School of Medicine Graduate Medical Education *Policy on Vacation and Leave*. These policies and procedures may be implemented without fear of negative consequences for the resident who is unable to attend work.

C. Mental and Behavioral Health Resources

It is the policy of the University and the School of Medicine to support resident and faculty mental health to ensure that the highest quality physicians are practicing medicine.

The following confidential mental health assessments, counseling and treatment options may be used by residents and faculty:

1. Free, same-day doctors' and psychiatric visits;
2. Health coaching;
3. The Tulane University Optum support services - available 24-hours a day, seven days a week for on-line or telephone confidential counseling;
4. The Resident Assistance Program and the University Employee Assistance Program are available for emergent or urgent care 24-hours a day, seven days a week for Tulane residents/employees and their eligible dependents: https://medicine.tulane.edu/sites/default/files/images/Hartford%20EAP_Services_July_2023.pdf and https://hr.tulane.edu/wellness/employee-assistance-program; and
5. The Residents' Assistance Program provides residents with access to confidential counseling and behavioral health services, as further detailed below.

III. Resident Impairment and Assistance

A. Definitions

1. Administrative Personnel: Program Directors, Program Coordinators, Department Chairs, Clinical Site Directors, and Chief Academic Officers, as applicable.
2. Impaired: a resident who is unable to perform his or her duties with reasonable skill and safety because of a medically recognized physical, mental or other condition, including but not limited to, a mental health issue, physical illness, and/or excessive use or abuse of drugs or alcohol.

B. Self-Referral Pathway

1. The School of Medicine is committed to fostering an environment in which residents feel safe in identifying and correcting conditions that may impair their personal and professional performance without fear of reprisal or implications to their career.
2. The Residents' Assistance Program is intended to provide residents with access to confidential counseling and behavioral health services, and/or for the identification and treatment of resident physicians with psychiatric, substance abuse or other impairment.
3. The School of Medicine encourages residents who feel that they may have an impairment, require counseling or require other mental health support to seek assistance with the Residents' Assistance Program. Residents may access the Residents' Assistance Program by calling Atlas Psychiatry at (504-899-1682).
4. Residents who self-refer to the Residents' Assistance Program will only be reported to the DIO and applicable Administrative Personnel if: he/she poses an imminent threat to self or others, **or** if the Director of the Residents' Assistance Program determines that the resident is not fit for duty and refers the resident to the Physicians' Health Foundation of Louisiana for further evaluation and treatment.
    a. If the resident in considered an imminent threat to self or others, the resident will be placed on Interim Leave as further detailed the School of Medicine's Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievances*. As detailed in the Policy on Remediation, Suspension, Dismissal and Grievances, an

Interim Leave is not disciplinary in nature but is designed to provide the DIO and responsible parties with sufficient time to investigate the referral/matter.

b. If the resident is referred by the Director of the Residents' Assistance Program to the Physicians' Health Foundation of Louisiana for evaluation and treatment, the resident may be suspended with pay and benefits as necessary for treatment, and the referral will be transferred to and handled in accordance with the Institutional Referral Pathway described in Section C, below.

5. Administrative Personnel informed of a self-referral shall not communicate with the Residents' Assistance Program nor the Physicians Health Foundation of Louisiana regarding the resident's care. All communications regarding a resident who has self-referred to the Residents' Assistance Program or referred to the Physicians Health Foundation of Louisiana should be directed to the DIO, as described in Section C. Protected health information may be shared with the DIO (and further by the DIO) only in accordance with applicable laws, including through a resident's written authorization.

C. Institutional Referral Pathway

Administrative Personnel, faculty and other institutional leaders shall make an immediate referral of a resident by notification to the DIO if a resident appears to be practicing while Impaired.

1. Upon notification, the DIO will conduct a preliminary investigation, and if the DIO reasonably suspects that the resident is Impaired, the DIO will report such information to the Residents' Assistance Program. The resident will be placed on Interim Leave, pending the resolution of the resident's possible impairment by the Residents' Assistance Program.

   After the resident has been referred to the Residents' Assistance Program, Administrative Personnel should not communicate with the resident or the Residents' Assistance Program regarding the resident or his/her impairment. All communications regarding a resident who has been referred to the Residents' Assistance Program should be directed to the DIO, who will in turn, notify the resident's Program Director. Protected health information may be shared with the DIO by the Assistance Program providers only in accordance with applicable laws, including through a resident's written authorization.

2. If the resident is referred by the Director of the Residents' Assistance Program to the Physicians' Health Foundation of Louisiana for evaluation and treatment, the resident may be suspended with pay and benefits as necessary for treatment. A resident Suspended due to psychological, chemical and/or alcohol impairment will be required to complete a rehabilitation program approved by the Physicians' Health Foundation of Louisiana.

3. If the resident refuses to be evaluated by the Residents' Assistance Program for fitness for duty or further referral or declines a referral to Physician's Health Foundation of Louisiana may be dismissed. Residents suspended or dismissed have a right to appeal and may seek due process in accordance with the School of Medicine's Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance*.

4. Upon completion of the rehabilitation program, the resident may be required by the DIO, the treating physician or The Physicians' Health Foundation of Louisiana to enter into an aftercare treatment program. The aftercare treatment programs must be approved by the DIO, the treating physician and the Physicians' Health Foundation of Louisiana.

5. If the resident is participating in the aftercare treatment program while returning to training, the resident's Program Director is required to make time available in the resident's schedule to participate fully in the program. The DIO, in consultation with the resident's treating physician, is required to document the resident's compliance with the program's requirements. The DIO, in consultation with the resident's treating physician, will also discuss whether modifications or accommodations consistent with Tulane University policies, need to be made for the resident to return to his or her training (e.g., monitoring).

6. If a resident fails to comply with the rehabilitation program or the aftercare treatment program, the resident will be dismissed from his/her residency program. A written notice regarding the dismissal will be provided to the resident. See the School of Medicine's Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance* for information pertaining to resident due process rights for a dismissal. Appropriate state and national bodies will be notified of the dismissal.

7. If a resident is involved in inpatient or aftercare treatment when the resident completes his/her residency training, the Physicians' Health Foundation of the state to which the resident is moving will be notified by the DIO.

8. If a resident subsequently becomes Impaired following treatment in an aftercare treatment program, dismissal from residency will be recommended unless there are extenuating circumstances. The DIO is ultimately responsible for deciding whether the resident should be dismissed.

IV. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Vacation and Leave*
- Tulane University School of Medicine Graduate Medical Education *Policy on Clinical and Educational Work Hours*
- Tulane University School of Medicine Graduate Medical Education *Policy on Accommodations for Disabilities*
- Tulane University School of Medicine Graduate Medical Education *Policy on Harassment and Discrimination*
- Tulane University School of Medicine Graduate Medical Education *Policy on Remediation, Suspension, Dismissal and Grievance*

XVI. Policy on Arrests, Convictions, and Substance Abuse *Approved 12/15/2023*

I. References

In accordance with Section 1.1.c. of the ACGME Institutional Requirements, the Sponsoring Institution must only assign Residents/Fellows ("trainees") to learning and working environments that facilitate patient safety and health care quality. In addition, physicians, including trainees, have a professional obligation to be appropriately rested and fit to provide the care required of their patients.

II. Arrests and/or Convictions

There is an affirmative and ongoing duty for trainees to notify the Designated Institutional Official (DIO) of arrests, convictions, and the disposition of any outstanding charges. A trainee arrested or convicted of a crime – whether the crime is related or unrelated to the individual's employment activities with the University or School of Medicine – must also report the arrest or conviction within 48 hours (2 days) of the arrest or conviction to their Program Director. Failure of trainees to disclose an arrest or a criminal conviction to the DIO and Program Director within 48 hours (2 days) may result in corrective action, up to and including immediate dismissal from their training program. The facts and circumstances of each case will determine what, if any, action is taken, up to and including immediate dismissal, as appropriate.

Additionally, employment of trainees will be contingent upon them not being excluded from participation in programs funded by state and federal governments, including without limitation programs funded by Medicare and Medicaid, and/or research funding sponsored by the National Institutes of Health (NIH) or other agencies.

III. Substance Abuse

Residents/Fellows may not report to work under the influence of alcohol or other drugs. The abuse of alcohol and other drugs can seriously damage physical and mental health and may jeopardize the safety of patients and others. Consistent with Tulane policy and federal and state law, trainees may not manufacture, distribute, sell, possess, or use controlled substances in the workplace.

A. If a trainee reports to work under the influence of alcohol or other drugs, or if the use by a trainee of alcohol, drugs or other mood altering or other controlled substance interferes with a safe workplace or the trainee's obligations, including professionalism obligations, the School of Medicine will take appropriate action. Program Directors, GME Program Administrators (program coordinators), department chairs, faculty and other institutional leaders shall make an immediate referral of an impaired trainee (as defined in the *Resident Wellness and Residents' Assistance Program* policy) by notification to the DIO, for example, if a trainee appears unable to perform his or her duties with reasonable skill and safety because of a medically recognized physical, mental or other condition, including but not limited to, excessive use or the abuse of drugs or alcohol.

B. If a Program Director or the DIO has reasonable suspicion that a trainee may be

impaired/working under the influence, of alcohol or other drugs, a drug screen may be requested through the Office of Human Resources. The Program Director or DIO should complete the "Reasonable Suspicion Checklist" to evaluate if a drug screen is needed and consult with the School of Medicine's Human Resources Business Partner to determine next steps. Additionally, clinical partners (e.g., the Veteran's Administration, LCMC, etc.) may implement random drug testing to trainees working in their facilities.

C. Trainees requiring counseling or support for substance abuse concerns are encouraged to take advantage of the diagnosis, confidential counseling and treatment services that are available through the Residents' Assistance Program. *See Resident Wellness and Residents' Assistance Program.* In addition, resources are available to trainees experiencing a disability through Tulane's Office of Human Resources and Tulane's Americans with Disabilities Act (ADA)/504 Coordinator. See resources on workplace accommodations at https://hr.tulane.edu/disability-accommodations.

IV. Additional Resources

The Tulane Legal Assistance Program (TULAP) is a legal services program funded by the Tulane University Associated Student Body. TULAP provides free legal information and low-cost representation to current Tulane University students, faculty, and staff, including Residents/Fellows. Since it is funded by the University, TULAP cannot represent one member of the Tulane community against another as that would present a conflict of interest.

Medical Residents/Fellows are eligible for TULAP services year-round. In addition to free information and advice on civil, criminal, and immigration issues, provided services also include assistance with coordinating a TULAP-eligible person's release from jail, assistance with setting a bond, or release on own recognizance (ROR). For assistance with urgent criminal matter questions/bail out assistance, contact Attorney Carolyn Cooper on her cellphone at (504) 534-5406.

Additional information is available on the TULAP website at https://law.tulane.edu/tulap. To schedule an appointment, send an email to: tulap@tulane.edu or call (504) 865-5515.

V. Other Legal Actions

Trainees are obligated to notify the Designated Institutional Official and their Program Director of any pending malpractice suits in which they are named resulting from approved Extended Clinical Activities as defined in the *Policy on Moonlighting*

VI. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Resident Wellness and Residents' Assistance Program*
- Tulane University School of Medicine Graduate Medical Education *Policy on Moonlighting*
- Tulane University School of Medicine Graduate Medical Education *Appendix I. Reasonable Suspicion Checklist*

XVII. Policy on Harassment and Discrimination *Revised 12/15/2021*

I. References

In accordance with Sections 4.9.c. and 4.9.e. of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy, not necessarily GME-specific (i) covering sexual and other forms of harassment, that allows residents access to processes to raise and resolve complaints in a safe and non-punitive environment and in a timely manner, consistent with applicable laws and regulations, and (ii) prohibiting discrimination in employment and in the learning and working environment, consistent with all applicable laws and regulations.

II. Policy

Tulane University School of Medicine (the "School of Medicine") is committed to creating and maintaining an environment in which all individuals are treated with respect and dignity. School of Medicine residents, fellows, faculty, administration and staff have the right to train and work in an environment free from unlawful harassment, including sexual harassment, and discrimination. Harassment or discrimination, whether verbal, physical, written, or visual, is unacceptable and will not be tolerated.

Tulane University ("Tulane"), inclusive of the School of Medicine, prohibits discrimination in its employment practices or educational programs/activities on the basis of age, color, disability, gender expression, gender identity, genetic information, marital status, military status, national origin, pregnancy, race, religion, sex, sexual orientation, or veteran status, or any other status or classification protected by federal, state, or local law.

The School of Medicine follows Tulane's policies and procedures on discrimination and sexual and other forms of harassment and has procedures to raise and resolve complaints in a safe, non-punitive manner. Policies governing Equal Employment and Educational Opportunities, Anti-Discrimination, Prohibited Conduct, prohibited Retaliation and additional policies are available from Tulane's Office of Human Resources & Institutional Equity. The policies are available online at: https://equity.tulane.edu/report-claim/policies (Equal Opportunity/Anti-Discrimination Policies).

III. Reporting

Anyone who has information about someone being discriminated, harassed, or retaliated or who believes that they have been discriminated, harassed, or retaliated against is encouraged to file a complaint to the Office of Institutional Equity, either online http://tulane.edu/concerns or by direct contact to the Office of Institutional Equity, as further detailed in the Equal Opportunity/Anti-Discrimination Policies.

A report of possible harassment or discrimination will be taken seriously and addressed in accordance with this Policy and applicable procedures. When the Office of Institutional Equity receives a report of discrimination, harassment - and/or retaliation, the Office of Institutional Equity (or their designee) will begin an initial inquiry as soon as practicable, generally within seven working days, absent extenuating circumstances.

IV. References/Associated Policies

- Tulane University policies on *Equal Opportunity/Anti-Discrimination* https://equity.tulane.edu/report-claim/policies.

XVIII. Policy on Access, Review, Use and Disclosure of Personal Health Information (PHI)

Approved 2/12/2025

I. References

Patient confidentiality is of primary importance, as outlined in The Health Information Portability and Accountability Act [HIPAA]. Personal health information (PHI) is defined by HIPAA as any information about an individual in oral or recorded form, where the information identifies an individual or for which there is a reasonable basis to believe it can be used to identify the individual. Any and all depictions or descriptions of patients must comply with HIPAA. This policy covers the actions of residents and fellows who violate the policies and procedures regarding use or disclosure of personal health information (PHI) and outlines three levels of violations with corresponding sanctions for the respective level that provides trainees with due process in accordance with Section 4.4.b. of the ACGME Institutional Requirements.

II. Purpose

Residents and Fellows ("trainees") are expected to meet and adhere to all academic, clinical, and professional standards set forth in institutional policies, in ACGME requirements and in Tulane University School of Medicine residency program and departmental policies and procedures. All professionals have a collective duty to assure appropriate behavior, particularly as it pertains to professional behavior. Unprofessional behavior during work or outside of work may be investigated if it is brought to the attention of the Program Director of a residency or fellowship program and/or Designated Institutional Official and may be integrated into the Clinical Competency Committee's assessment of the trainee's professionalism core competency.

III. Definitions

Resident/Fellow: an individual enrolled in a residency or fellowship Program. For purposes of this Policy and the School of Medicine's additional GME Policies, "resident" also includes individuals enrolled in a fellowship (subspecialty) program sponsored by the School of Medicine who has completed a residency program in a related specialty ("fellow"). Residents are members of Tulane University and the School of Medicine's workforce and are collectively referred to as "trainees."

Training Program/training program: an ACGME-accredited residency or fellowship program sponsored by Tulane University School of Medicine.

Program Director: refers to the director of a Residency or Fellowship Program.

DIO: the Designated Institutional Official who has the authority and responsibility for all Tulane University School of Medicine residency programs. The DIO at the School of Medicine also has the title of Associate Dean of Graduate Medical Education.

Administrative Personnel/GME Administration (each a GME Administrator): Program Directors, Program Coordinators, Department Chairs, Clinical Site Directors, and Chief Academic Officers, as applicable.

Clinical Competency Committee (CCC): a required body comprising three or more members of the teaching faculty that is advisory to the Program Director and reviews the progress of all residents/fellows in the residency or fellowship program.

Probation: a formal level of discipline in which the trainee may still engage in the residency program within the confines of a Corrective Action Plan.

Corrective Action Plan: a written plan to improve performance that includes a description of deficiencies, documentation, and written feedback on identified deficiencies, a timeline for addressing identified deficiencies, performance requirements, and consequences for facility to successfully meet performance requirements.

Remediation: the process of improving trainee performance to meet applicable academic standards, requirements, policies, or procedures.

Suspension: a formal level of discipline in which the trainee is temporarily restricted from participating in clinical, didactic or research activities associated with the training program.

Dismissal: the act of ending a trainee's participation in a residency or fellowship program prior to the trainee's successful completion of the course of training.

Termination: the act of severing employment prior to the expiration date of the trainee's contract. If a trainee is terminated, his or her contract will not be renewed.

Non-Promotion (Not Promoted): a decision to not promote the trainee to the next post graduate year of training.

Non-Renewal (Non-Reappointment): a decision to not renew a trainee's contract with the School of Medicine for the next post graduate year of training.

Grievance: a process of contesting a decision made by a training program or the School of Medicine in connection with the evaluation and remediation procedure or submitting an issue for resolution in accordance with this Policy.

Adverse Action: an action taken with respect to a trainee which is to be accorded due process consistent with ACGME Requirements or this Policy. Adverse Actions include Dismissal, Non-Renewal/Non-Reappointment, Non-Promotion, Suspension, Delayed Graduation, or other action with respect to which a trainee may receive a Fair Hearing under this Policy.

Academic/Professional Counseling: advising, counseling, or mentoring provided or required of a trainee in accordance with this Policy to address an academic or professional deficiency. Academic or professional counseling is often provided by faculty member of the trainee's residency or fellowship program.

Misconduct: conduct, willful or otherwise, that seriously departs from standards of professionalism or professional expectations, including standards set by the School of Medicine. Misconduct includes behavior by a trainee that endangers patients, peers, staff, medical students, or faculty; subjects peers, staff or faculty to an unacceptable work or learning environment; or dishonest, unethical, and/or illegal behavior.

Unprofessional Behavior: conduct, willful or otherwise, that departs from standards of professionalism or professional expectations, including standards set by the School of Medicine or ACGME. Unprofessional behavior includes, but is not limited to, disrespectful behavior toward faculty, patients, supervisors, staff and/or medical students, and peers; failing to provide patient and family-centered care; poor time management and/or failing to be properly prepared to participate in learning and clinical care activities of a training program.

IV. Descriptions of Patients, Patient Care, and the Work Environment

Trainees shall at all times follow the requirements of HIPAA as well as the policies and procedures of the hospital, clinic, or healthcare system in which they are serving. It is to be understood that in situations where trainees are working at hospitals, clinics, or healthcare systems outside of the University, they must strictly adhere to the policies and procedures of the respective hospital, clinic, or healthcare system in which the patient received care.

These guidelines apply even if the individual patient is the only person who may be able to identify him/her/themself on the basis of the posted description. Anonymous descriptions must not contain information that will enable any person, including people who have access to other sources of information about a patient, to identify the individuals described. This encompasses all emails and text messages sent from personal phones.

At no time shall patients, or patient stories, be depicted in a disparaging, demeaning, or insulting manner. Even if patients are not identified (by name, record number, image), or even if consent has been obtained from the patient, any description of patient care should be professional and respectful of the patient.

All descriptions of the workplace environment shall respect the privacy rights of colleagues and co-workers. Individuals shall not be identified by name or be described in such a fashion that their identity is easily apparent, without explicit consent of that individual.

V. Sanctions

Tulane residents and fellows shall be subject to the sanctions described below which consider, among other factors, the severity of the violation. When determining the appropriate sanction, Tulane will consider the nature of the violation by taking into consideration the severity, whether it was intentional or unintentional, and whether any violation resulted from a pattern or practice of improper use or disclosure of PHI. Misconduct or violations identified by the training program or reported to the training program director may be addressed in a tiered manner as set forth herein or may result in immediate adverse action, depending on the conduct. In all cases, regardless of the level of the infraction, trainees are entitled to due process described in the GME Policy on Remediation, Adverse Actions, Due Process, and Grievances regardless of when the action is taken during a trainee's appointment. Tiered sanctions may be omitted (skipped) or repeated, depending on the frequency, severity, and/or

nature of the violation.

1. **Level 1: Unintentional Disclosure of PHI or records.** This level of violation occurs when a trainee unintentionally or carelessly accesses, reviews, uses, or discloses PHI, which is not for a legitimate purpose or exceeds the minimum necessary for a legitimate purpose. Examples include but are not limited to:
   a. discussing PHI in a public area;
   b. leaving a paper copy of a medical record unattended in an accessible area with PHI unsecured;
   c. leaving an electronic copy of a medical record unattended in an accessible area with PHI unsecured;
   d. leaving a computer unattended with access to PHI;
   e. disclosing PHI to the wrong recipient.

   The resident or fellow will be subject to sanctions based upon the severity and any past incidence of violations of these Polices & Procedures. ***Sanctions may be tiered and progressive, and may range in severity from, for example, a remedial education for a first offense, a written warning for a second or significant offense, to termination of employment for repeated offenses.***

2. **Level 2: Intentional and Unauthorized Access of PHI.** This level of violation occurs when a trainee intentionally accesses, reviews, uses, or discloses PHI in a manner not related to a business purpose, but for reasons not related to their job functions. Examples include but are not limited to:
   a. accessing and reviewing PHI without a business purpose;
   b. trainee shares a password to a system or device containing electronic PHI.

   The trainee will be subject to sanctions based upon the severity and past incidence of these Policies and Procedures. ***Sanctions may be tiered and progressive, and may range in severity from, for example, a written warning for a first offense, to an unpaid suspension or termination of employment for a second or significant offenses.***

3. **Level 3: Intentional and Unauthorized Disclosure of PHI.** This level of violation occurs when a trainee intentionally accesses, reviews, uses, or discloses PHI for personal gain or with malicious intent. Examples include but are not limited to:
   a. Inappropriately disclosing an Individual's PHI without an authorization;
   b. posting an Individual's PHI on social media platforms or on the internet without an authorization;
   c. accessing an Individual's PHI for personal gain or malicious intent, regardless of whether any PHI is disclosed;
   d. accessing PHI for identity theft or fraud purposes.

   The trainee will be subject to sanctions based upon the severity and past incidence of these Policies and Procedures. ***Sanctions for this level of violation may be tiered and progressive or may result in an immediate termination of employment.***

VI. Disciplinary Process

When a trainee violates or is suspected of violating the GME Policy on Access, Review, Use and Disclosure of Personal Health Information (PHI), the following procedures should be followed.

a. The alleged violation should be reported by the Program Director, Designated Institutional Official (DIO), or an Administrative Personnel or member of GME Administration to the HIPAA Privacy Office upon discovery. The HIPAA Privacy Office will notify the Information Security Office of a suspected Information Security violation of the applicable policy.

b. If a trainee becomes aware that a violation may have occurred, he/she/they must immediately report it to the HIPAA Privacy Office or their supervisor.

c. Upon notification of an alleged HIPAA violation, the HIPAA Privacy Office will investigate, review, and assess the alleged violation, and determine the appropriate sanction based on the severity of the violation. The HIPAA Privacy Office will coordinate the appropriate disciplinary action for the trainee with the Office of Graduate Medical Education to address according to the due process as outlined in the GME Policy on Remediation, Adverse Actions, Due Process, and Grievances.

d. All disciplinary actions will be documented in writing and maintained in the trainee's record, in accordance with GME policy. Disciplinary action may be appropriately delayed if the action could adversely affect or compromise patient care. The documentation must include the personnel involved, steps taken, the relevant time period, the reason for the sanction and the final determination of the investigation.

VII. Training

Tulane includes information about its sanctions policy in its annual and onboarding HIPAA training materials to communicate to residents and fellows the potential consequences for failing to comply with HIPAA and these Policies and Procedures.

VIII. Retention Period

The HIPAA Privacy Office will document in writing all sanctions and retain such documentation for six (6) years.

IX. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Policy on Remediation, Adverse Actions, Due Process and Grievances*
- Tulane University School of Medicine Graduate Medical Education *Policy on Social Media and Out-Of-Work Conduct*
- Tulane University *Confidentiality of Protected Health Information Policy*

XIX. Policy on Social Media and Out-Of-Work Conduct *Reviewed May 2022*

A. General Principles

This policy is based upon the following fundamental principles.

1. Patient confidentiality is of primary importance, as outlined in *The Health Information Portability and Accountability Act [HIPAA]*.
2. Tulane University, as a University, values the importance of free speech and open discourse. As such, the University, being respectful of free speech and expression of ideas, does not prohibit residents from engaging in social media and/or voicing opinion outside of the workplace.
3. Maintaining respect for colleagues and co-workers is requisite for establishing a professional environment in the workplace, thereby ensuring optimal team-based patient care.
4. Enrollment in a Tulane University residency or fellowship program bestows upon the resident the reputation and prestige of Tulane University. In exchange, it is the responsibility of each resident to uphold and protect the reputation of Tulane University.

B. Policy on Social, Electronic and Print Media:

1. Patients
   a. Any and all depictions or descriptions of patients must comply with *The Health Information Portability and Accountability Act [HIPAA]*. Personal health information is defined by HIPAA as any information about an individual in oral or recorded form, where the information identifies an individual or for which there is a reasonable basis to believe it can be used to identify the individual.
   b. At no time shall patient information be shared without the signed consent of the patient. The University does not govern the content, format, or process for obtaining this consent; Tulane residents must strictly adhere to the policies and procedures of the respective hospital, clinic or healthcare system in which the patient received care.
   c. These guidelines apply even if the individual patient is the only person who may be able to identify him or herself on the basis of the posted description. Anonymous descriptions must not contain information that will enable *any* person, including people who have access to other sources of information about a patient, to identify the individuals described. This encompasses all emails and text messages sent from personal phones.
   d. At no time shall patients, or patient stories, be depicted in a disparaging, demeaning, or insulting manner. Even if patients are not identified (by name, record number, image), or even if consent has been obtained from the patient, any description of patient care should be professional and respectful of the patient.
2. Description of the Patient Care/Work Environment
   a. All descriptions of the workplace environment shall respect the privacy rights of colleagues and co-workers. Individuals shall not be identified by name or be described in such a fashion that their identity is easily apparent, without explicit consent of that individual.

b. The tone and content of all conversations, social media and otherwise, shall remain professional and respectful of all healthcare and University colleagues. Posting demeaning or insulting comments or images about colleagues and co-workers to third parties is unprofessional behavior, and a violation of the Tulane University GME Policy on Harassment (Chapter XIX).

c. While the University does not prohibit describing disagreements on issues and with people in the workplace, residents are strongly cautioned to not express these disagreements in social, electronic and print media for the following reasons:

   i. The description of the disagreement is likely to be one-sided, without the "other side" having the opportunity to present their side of the agreement.

   ii. Readership of the described disagreement is likely to take the description out of context.

   iii. The description on social, electronic, or print media is unlikely to result in a meaningful solution/resolution of the disagreement.

3. Description of Self and/or Self Opinions

   a. The resident retains the right to express their individuality via pictures, opinions and posts on social, electronic and print media.

      i. All posted opinions and images, however, are to be professional; unprofessional statements evoking, but not limited to, racism, sexism, and discriminatory statements will not be allowed, and are grounds for review by the program's clinical competency committee with respect to the professionalism core competency.

      ii. Residents are advised to be cognizant of the image being portrayed, particularly with respect to posted images and photographs, and how that image would be viewed as being consistent with the professional physician. Employers, patients, and administrators can search and view all information posted in any forum. Enacting privacy settings does not necessarily mean that information will not end up in a public format.

   b. In engaging in social, electronic, or print media communications, residents are reminded of the following:

      i. The resident has full responsibility for the content of individual online postings (for example: blogs, social networking sites and other digital media).

      ii. The permanency of published material on the Web. Most electronic media becomes cached. This means that even if the information is subsequently "taken down," it likely still endures as accessible to the rest of the world on the Internet.

      iii. The importance of your individual safety when posting personal materials, such as phone/pager numbers or daily schedules online.

C. Association with, and Naming of, Tulane University:

1. In expressing opinions via external communications, residents should exercise caution in identifying themselves as Tulane University employees; comments made by an individual are easily ascribed to the opinion/position of the University as a whole. If the resident does disclose their association with Tulane University, the communication should explicitly note

that the opinion/position expressed within the communication is solely the position of the resident, and not of Tulane University or the respective healthcare institution (i.e., hospital, clinic or healthcare system) in which they work.

2. If there is any question as to how an external communication will be received, residents are encouraged to consult with the Tulane University and/or respective hospital's Office of Public Relations. The Graduate Medical Education Office, and the resident's Program Director can also provide advice in reference to external communications.

D. Offering Medical Advice:

1. Residents are not restricted from voicing opinions on medical topics via electronic or print media. Residents are advised, however, to exercise caution in such statements and to utilize the following guidelines in making these statements:
   a. Residents should not misrepresent their qualifications.
   b. The discussion or opinion should be evidenced-based where possible.
   c. The discussion or opinion should be generic to the topic, and not designed to diagnose or treat an individual patient via electronic means.
   d. Advice should not be offered; where the discussion or opinion could be interpreted as offering advice, the communication should include a disclaimer that the reader should consult with a physician prior to making any decision.
2. Residents are reminded that the terms of their employment with Tulane University limits the provision of medical advice within the context of the teaching environment, where appropriate supervision exists; malpractice insurance may not extend to medical advice outside of the teaching environment.

E. Outside-of-Work Conduct

1. It is expected that residents behave professionally in and out of work, as behavior in both settings exemplifies the development of the professionalism competency and reflects upon Tulane University reputation.
2. Tulane University respects the privacy of all of its residents. Tulane does not prospectively monitor residents' outside-of-work activities.
3. All professionals have a collective professional duty to assure appropriate behavior, particularly as it pertains to professional behavior
1. Unprofessional behavior outside of work may be investigated if it is brought to the attention of the program director and/or DIO and may be integrated into the Clinical Competency Committee's assessment of the resident's professionalism core competency.

F. The University's Role in Monitoring and Enforcement

1. Tulane University will not monitor residents' social, electronic or print communications without cause to do so. Tulane University assumes no liability or responsibility for resident's social, electronic or print communications of which it is not aware.
2. All professionals have a collective professional duty to assure appropriate behavior, particularly in matters of privacy and confidentiality. It is the responsibility of each

University employee to self-monitor this policy and report violations to the respective program director and/or DIO.

3. Tulane University reserves the right to inspect a resident's social and/or electronic media for cause, as defined by a report of a violation of this policy.
4. Tulane University reserves the right to monitor a resident's social and/or electronic media for cause, as defined by a previous violation of this policy.
5. Penalties
    a. If a social, electronic, or print media posts/communication is deemed to be inappropriate by the program director or the clinical competency committee, the resident will be asked to redact or take down the communication. The resident has a right to appeal this decision to the DIO, who shall have the final decision regarding redacting or taking down the communication
    b. The clinical competency committee is entitled to integrate violations of this policy into their decisions regarding probation, suspension, non-renewal and termination (Chapter XX), particularly with respect to the core competency.
    c. Residents in violation of this policy may also be subject to discipline from the respective hospital, clinic or healthcare network. Residents in violation of this policy may also be subject to prosecution or a lawsuit for damages for a contravention of HIPAA.

G. Electronic Communication with Residents

1. Afferent communication:
    a. The GME Office recognizes importance of communicating to residents about events, opportunities, and additional information necessary for clinical care.
    b. However, the GME Office also recognizes that excessive electronic communication to residents can lead to "alert" fatigue.
    c. Further, the GME Office also recognizes the potential for abuse in sending electronic communications to the residents that are inappropriate.
2. Efferent communication:
    a. The GME Office recognizes the value of obtaining information from residents via surveys.
    b. However, the GME Office also recognizes that excessive communication leads to "survey fatigue." In such a scenario (i.e., excessive surveys), there is a risk that residents' compliance with essential surveys (such as the ACGME annual survey) will diminish.
    c. Further, the GME Office also recognizes that the residents' opinions are the intellectual property of the residents, and residents should not be compelled to express those opinions unless they are essential to the viability of the training programs and the clinical operations in which our residents participate.
3. The GME Office will operate a resident, program director and program coordinator list-serve. All three list-serves will be centrally monitored in the GME Office.
    a. The list-serve address will only be released to the respective recipients, and entities or individuals approved by the GME Office.

b. Only afferent communications that are within the above guidelines will be allowed to be distributed to the residents.

c. Communications regarding industry or pharmaceuticals will not be authorized, as per the guidelines in the Vendor Policy.

d. Entities or individuals who repeatedly violate the above guidelines regarding appropriate messaging will be excluded from further use of the list-serve.

4. All surveys distributed to the residents must first be approved by the GME Office. Residents will be instructed to disregard any survey that has not been previously approved by the GME Office.

5. Residents' email addresses will not be shared with any individual outside of the University unless there is, in the judgment of the DIO, direct reason, consistent with the training and clinical care environment, to do so.

SECTION 4: INSTITUTIONAL POLICIES & ORGANIZATIONS

XX. The Office of GME & the GMEC: Composition, Mission, and Responsibilities

Updated 9/25/2026

A. The Office of Graduate Medical Education

Under the leadership of the Associate Dean for Graduate Medical Education/Designated Institutional Official (DIO), the Office of Graduate Medical Education ensures that all residents and fellows receive an accredited educational experience of the highest quality and assumes stewardship for creating a supportive and safe clinical environment that facilitates residents' professional, ethical, and personal development. The Office provides support to ensure that each program's clinical environment facilitates residents' professional, ethical, and personal development; and that each program has the educational infrastructure it needs for successful training.

The Office of Graduate Medical Education is composed of:

1. **The Associate Dean of Graduate Medical Education/Designated Institutional Official (DIO),** who is a member of the Executive Medical Faculty and reports directly to the Dean of the School of Medicine. The Associate Dean/DIO's primary responsibility is to assure a safe, effective, and educational work environment for Tulane residents at all participating sites. The DIO chairs the Graduate Medical Education Committee (GMEC). At least 75% of the DIO's professional efforts must be devoted to the role of being the DIO; compensation and sufficient dedicated time to effectively carry out his or her educational, administrative, and leadership responsibilities is to be commensurate with this effort. The DIO, in collaboration with the Graduate Medical Education Committee, has authority and responsibility for the oversight and administration of each of the Sponsoring Institution's ACGME accredited programs, as well as for ensuring institutional compliance with all ACGME Institutional Requirements, as well as assuring that each residency program is in compliance with the Common, specialty/subspecialty-specific Program and Recognition Requirements.

   The DIO's responsibilities are outlined in the ACGME Institutional Requirement found at https://www.acgme.org/designated-institutional-officials/institutional-review-committee/institutional-application-and-requirements/ which includes but is not limited to:

   a. Approval of all correspondence from the program directors to the ACGME, including annual program updates, and all communication to the University's governance body.

   b. Approval of all financial matters, compliance issues, and major educational decisions, including sites for training, that affect residents and fellows.

   c. Approval of all remediation, probation, suspension, and termination issues, as outlined in the Policy on Remediation, Suspension, Termination, and Grievance.

   d. Preparation of an annual report on the State of GME at Tulane University, to be delivered to the GMEC, the Executive Faculty of the SOM, and the Administrators of the Tulane Educational Fund (Board of Tulane) Health Sciences Committee. A written summary of the report is provided to each of the liaisons at the major affiliated clinical training locations.

   e. Ensuring each program completes their annual program evaluation (APE) (*Policy on Program Evaluation, Improvement, and Annual Program Reporting)*

f. Ensuring that Special Reviews occur according to the policy and procedure outlined in *Policy on Special Review and Internal Review Protocol and Policy on Program Evaluation, Improvement, and Annual Program Reporting*

2. **The Assistant DIO(s) for Graduate Medical Education** is responsible for assisting the Associate Dean/DIO in all of the above responsibilities.
   a. In the event of the DIO's absence, the Assistant DIO(s) will fulfill all duties as they relate to the DIO's position, including supervision of the training programs, reviewing and co-signing program information forms, and correspondence with the ACGME and affiliated training sites.
   b. In the event that a matter of business involves the residency program of origin from the DIO, or there is otherwise a perceived conflict of interest in the DIO chairing the GMEC on a matter, the Assistant DIO shall serve as the Chair of the GMEC in overseeing deliberations of that matter of business.
3. The **Senior Director of Graduate Medical Education** (Institutional Coordinator) is responsible for the business and general operations of the GME Office, including collaborating with the DIO, Assistant DIO(s), and the Assistant Vice President of Finance and Decision Support, SOM, to ensure compliance with accreditation requirements and optimal operation of the GME office, and supervises the credentialling staff.
4. **Assistant Vice President of Finance and Decision Support, SOM** is responsible, in support of the DIO, for overseeing GME finances, master affiliation agreements, and institutional financial contracts in coordination with the Senior Director of Graduate Medical Education.
5. The **Manager, Graduate Medical Education** is responsible for ensuring accurate payroll and benefits for each resident at Tulane.
6. The **Manager, GME Systems, Program Support, and Training** oversees and manages the resident education software platform, serves as the primary liaison between the GME department and program coordinators, and develops formal training materials and process guides, manages, and delivers group and one-on-one training sessions to coordinators on software, accreditation requirements, compliance, and policies and procedures.
7. The **Data Analyst** supports the development, collection, aggregation, analysis, and reporting of GME metrics, both financial and non-financial, as needed to support informed decision making.
8. The **Program Manager for GME Operations** supports the administrative functions of the office and the DIO, Assistant DIO(s), and Senior Director, GMEC, and the Tulane Resident & Fellows Congress as needed, and supervises the credentialling staff**.**
9. The **Graduate Medical Education Specialist** is responsible for ensuring accurate attestation of credentials for inquiries regarding past graduates of the Tulane Medical School and the Tulane GME programs.

The **University's Office of the General Counsel** works directly with the Office of Graduate Medical Education, providing guidance for all issues that may involve legal considerations.

The GME Office also works closely with the Residents' Assistance Program.

B. Graduate Medical Education Committee (GMEC)

1. Mission: The Graduate Medical Education Committee governs all activities related to the compliance and strategic mission of all residency programs at the Tulane University School of Medicine (Sponsoring Institution). The GMEC, working in conjunction with the DIO, is responsible for the oversight of all Tulane resident/ fellow programs, and of the quality of the learning and working environment at all participating sites.
2. Composition: The GMEC is composed of:
    a. The Associate Dean of Graduate Medical Education/DIO who shall serve as the chair.
    b. The Assistant DIO(s) of Graduate Medical Education who shall serve as the vice-chair(s).
    c. A representative from the following components of Tulane's GME Programs:
        i. The Internal Medicine Program Director.
        ii. The Surgery Program Director, who shall also represent the plastic surgery program.
        iii. The Ob/GYN Program Director.
        iv. The Pediatrics Program Director, who shall represent the pediatric subspecialties and the med/peds program.
        v. The Psychiatry Program Director, who shall represent the neurology residency program, the vascular neurology program, the child psychiatry program, the addiction medicine program, the forensic psychiatry program, and the combined psychiatry programs (triple board and med/psych).
        vi. One representative (Program Director or Associate Program Director) from the Internal Medicine Subspecialty Fellowships, who shall represent the dermatology residency and the allergy-immunology, cardiology, interventional cardiology, electrophysiology, endocrinology, gastroenterology, hematology/oncology, infectious disease, nephrology, and pulmonary/critical care fellowships. This representative shall be elected by his/her peers every two years (elections will occur on even years).
        vii. One representative from the Surgical Subspecialty Residencies (Program Director or Associate Program Director), who shall represent neurosurgery, Orthopaedics, otolaryngology, ophthalmology, and urology. This representative shall be elected by his/her peers every two years (elections will occur on odd years).
        viii. One representative from the hospital-based services programs (radiology, anesthesia, pathology, pathology sub-specialties) (Program Director or Associate Program Director), who shall represent these respective programs. This representative shall be elected by his/her peers every two years (elections will occur on odd years).
    d. Resident representatives (2-6 in number), as elected from their peers annually through the Tulane Resident and Fellowship Congress.
    e. Two program administrators as elected from their peers. These representatives shall be elected by their peers every two years (one program administrator will be elected in even years, the other will be elected in odd years).

f. A quality improvement/safety officer or his or her designee from East Jefferson General Hospital, the VA Hospital, or LCMC.

g. A non-voting representative from the Tulane University School of Medicine Curriculum Committee.

3. Quorum: Quorum is defined by 50% of the voting members plus 1, with a minimum of one representative from the Tulane Resident and Fellow Congress.

4. Absences. It is expected that all GMEC members attend each GMEC meeting. In the event of an unavoidable absence, each GMEC member should designate an Associate Program Director or other designee to represent them for that meeting.

5. Institutional hierarchy: The governing authority for the University is vested in the Administrators of the Tulane Educational Fund (commonly referred to as the "Tulane Board" or "Board of Administrators"). The President is the Chief Executive Officer of the University, appointed by the Board of Administrators. The President has general responsibility for the management of the University and exercises the authority, including all appointments within the University. The Senior Vice President and Dean of the School of Medicine (the "Dean") is responsible to the President for the leadership of the research, teaching, and clinical practice missions of the School of Medicine. The Dean also has a reporting relationship to the Provost with respect to academic matters.

   The Dean manages the affairs of the School with the assistance of Vice-Dean(s), Senior Associate, Associate and/or Assistant Deans, and the Department Chairs, and with the consent of the Executive Faculty and the General Medical Faculty. The Executive Faculty is the administrative committee of the School, and formulates and makes decisions on School policy, and acts on and responds to recommendations submitted to it by the standing committees, ad hoc committees, the General Medical Faculty, and the Dean.

   The Associate Dean of Graduate Medical Education/DIO reports decisions of the GMEC to the Executive Faculty, of which the Dean of Medicine is the Chair, and the DIO is a member. An organizational chart is included in *Appendix D*.

C. Responsibilities of the GMEC. The GMEC convenes a minimum of once each quarter, and has the following responsibilities:

1. Oversight of institutional accreditation, including review of the ACGME institutional letter of notification and monitoring of action plans for correction of citations and areas of noncompliance

2. Oversight of the ACGME accreditation status of all Tulane ACGME-accredited programs, including a review of all ACGME program accreditation letters of notification, monitoring of action plans for correction of citations and areas of noncompliance, and progress reports requested by a Review Committee

3. Approval of applications for ACGME accreditation of new programs, voluntary withdrawal of ACGME program accreditation, and oversight of all processes related to reductions and closures of individual programs, participating sites and the Sponsoring Institution, as outlined in the *Policy on Program Closure, Reduction, or Expansion* and the *Policy on Disaster/Interruption of Resident Training*

4. Review and approval of all institutional GME policies and procedures.
5. Recommendations for stipends and approval of position allocation requests. The GMEC will review and provide recommendations to the Sponsoring Institution's leadership regarding resident stipends, benefits, and requests for resident positions, as outlined in the *Policy on Residency Program Closure, Reduction, or Expansion*.
6. Oversight of the function and effectiveness of the Tulane Residency and Fellowship Congress, as outlined in *Appendix A. The Tulane Resident and Fellows Congress*, and resident representation on Hospital and University committees, as outlined in the *Policy on Residents' Participation on Institutional Committees.*
7. Vendor interactions between vendor representatives/corporations and residents/GME programs as outlined in the *Policy on Interacting with Vendors.*
8. Approval of the DIO's Annual Institutional Review.
9. Oversight of all GMEC sub-committees.
    a. The composition of ad-hoc or standing subcommittees, unless otherwise explicitly specified, is at the discretion of the GMEC.
    b. Any subcommittee that addresses required GMEC responsibilities must include at least one peer-selected resident/fellow, as assigned by the Tulane Residents and Fellows Congress.
    c. All subcommittee actions that address required GMEC responsibilities must be reviewed and approved by the GMEC.
10. The GMEC is responsible for ensuring that each Tulane program complies with all ACGME Common and Program-Specific requirements, and Tulane University rules and regulations. The GMEC, through review of Annual Program Evaluations, Programs' Annual Reports and ACGME site visit reports, is responsible for:
    a. Oversight of the individual programs' ACGME accreditation, including the quality of the learning and working environment within the Sponsoring Institution, its ACGME-accredited programs
    b. Approval of requests for all temporary or permanent changes in resident complements.
    c. Oversight of 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.
        i. Effective communication and appropriate oversight between Tulane program directors and the site directors at each participating site for their respective programs
        ii. Compliance with resident work hours for each residency program as outlined in the *Policy on Clinical and Educational Work Hours.*
        iii. Resident supervision, including supervision that enables and ensures safe and effective patient care, educational needs of residents, and progressive responsibility appropriate to residents' level of education, competence, and experience, as outlined in the *Policy on Supervision of Residents*
        iv. Curriculum and evaluation that enables residents to demonstrate achievement of the

ACGME general competencies as noted in the ACGME Common and Specialty-specific Program Requirements.

d. Oversight of the programs' annual evaluation and improvement activities.

e. Approval and oversight of major changes in ACGME-accredited programs' structure or duration of education.

f. Oversight of additions and deletions of ACGME-accredited programs' participating sites.

g. Approval of appointment of new program directors.

h. Oversight of all requests for exceptions to work hour requirements, and oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty/subspecialty-specific Program Requirements.

i. Oversight of requests for appeal of an adverse action by a Review Committee and appeal presentations to an ACGME Appeals Panel..

j. Oversight of selection of residents in compliance with the *Policy on Resident Eligibility and Selection*, the *Policy on Accommodations for Disabilities* and the *Policy on Harassment and Discrimination*.

k. Oversight of evaluation, promotion, and transfer or residents in compliance with the *Policy on Resident Eligibility and Selection*.

l. Oversight of discipline, and/or dismissal of residents in compliance with the *Policy on Remediation, Adverse Actions, Due Process, and Grievances*

12. Deliberations and actions of the GMEC will be documented in minutes from each meeting, which will be reviewed and approved at the subsequent GMEC meeting. All GMEC minutes will be posted in MedHUB and/or on the Red Wiki, ensuring that all program directors have access to the minutes.

XXI. Policy on Program Evaluation, Improvement, & Annual Program Reporting Requirements

A. Each residency program is required to have a **Residency Education Committee** (REC).

1. The REC should be composed of the program director or his/her designee (who shall serve as chair), the associate program directors (where applicable), at least two faculty, and at least one resident from each level of training, as elected by their peers.
2. The REC should meet at least quarterly to review the residency program.
3. The responsibilities of the REC include:
   a. A review of at least one component (rotation) of the residency program at each meeting. A summary report of residents' monthly evaluations of the rotation should be presented and addressed during the evaluation of the rotation. The rotation evaluation should include an assessment of its fidelity to program and institutional policies including the following:

      i. Resident educational resources (*Chapter V. Policy on Financial & Resource Support of Residents)*

      ii. Resident duty hours and work environment (*Chapter VIII. Policy on Residents' Duty Hours)*

      iii. Resident Supervision *(Chapter XIII. Policy on Supervision of Residents)*

      iv. Resident Evaluation (*Chapter XIV. Policy on Evaluation and Promotion)*

   b. Addressing resident or faculty concerns regarding the program as a whole, as they might arise.

   c. Once per year, the REC should conduct an annual review of the residency program. The review should incorporate the residents' evaluation of the program and the faculty's evaluations of the program in constructing this review. This should be used to systematically evaluate the program, including the curriculum, and to construct an annual report as detailed below. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas. The action plan should be reviewed and approved by the REC and documented via meeting minutes.

B. Each residency program is required to have a **Clinical Competency Committee** (CCC).

1. The CCC should be comprised of faculty instrumental to the operation of the training program.
2. The program director can be a member of the CCC, but ideally should not chair the CCC.
3. Residents from the program should not be members of the CCC; chief residents who have finished their training and are operating in a faculty role may participate in the CCC.
4. The CCC should meet at least quarterly to review the performance of each resident in the training program with respect to progress in each entrustable professional activity (EPA).
   a. The CCC should integrate faculty-of-resident, nurse-of-resident, patient-of-resident, resident-of-self evaluations in assessing at which milestone each resident is on each EPA.

   b. The CCC must make an assessment for each resident on each EPA at least twice per year.

Decisions for promotion, retention and termination should be made by this committee

c. The CCC must communicate their assessment of each resident to the program director, who will be responsible for uploading individual resident's milestone progress to the ACGME WebAds.

d. The CCC, in concert with the program director, must ensure that each resident is informed of his or her progress on each EPA at least twice per year. The program director or his/her designee must meet in person with each resident twice a year to discuss their summative performance in each entrustable activity, their performance in each of the six core competencies, and where applicable, their performance on required procedures/cases.

5. The CCC is responsible for identifying any resident whose performance warrants remediation, probation, non-renewal or termination.

C. **Raise and Resolve Committee**

1. The Tulane University Graduate Medical Education office recognizes that all individuals involved with graduate medical education have a responsibility to ensure a work environment that is conducive to optimal education and patient care. Students, residents, faculty, and staff are all encouraged to raise and resolve any and all issues that might potentially compromise the educational and clinical care environment. While the majority of these issues can and should be resolved via formal or informal interactions with the faculty and program leadership, some misunderstandings, disagreements or complaints might still persist. The following procedure is to resolve residency-related issues that cannot be resolved through the program's leadership.

2. Issues Addressed
   a. Issues shall not be limited, but should generally involve matters that compromise, or have the potential to compromise, the graduate medical education educational and patient care environment.

   b. The Raise and Resolve Committee will not hear issues related to probation, suspension or termination. These will be addressed according to the GME Policies and Procedures, *Chapter XV. Policy on Remediation, Suspension, Termination and Grievance.*

3. To the extent possible, students, residents, faculty, and staff are encouraged to exhaust all means of resolving the matter within regular channels of reporting in their respective role.
   a. Students are encouraged to bring issues first to one or more of the following: their supervising faculty, the clerkship director, the respective program director, the respective program's Residency Education Committee, the Office of Medical Education, the Chair of the Department, the Designated Institutional Official, or the University Professionalism Committee.

   b. Residents are encouraged to bring issues first to one or more of the following: their supervising faculty, their program director, the program's Residency Education Committee, the Chair of the Department, the Associate Dean of GME (DIO), the Assistant Dean of GME, or the University's Professionalism Reporting Platform. https://medicine.tulane.edu/education/professionalismenvironment-learning-program

   c. Faculty are encouraged to bring issues first to one or more of the following: their program director, their immediate supervisor (Section Chief or Chair), hospital administration, the

program's Residency Education Committee, the Chair of the Department, the Associate Dean of GME (DIO), the Assistant Dean of GME, or the University's Professionalism Reporting Platform. https://medicine.tulane.edu/education/professionalismenvironment-learning-program

d. Staff are encouraged to bring issues first to one or more of the following: their immediate supervisor, the hospital/clinic site director, hospital administration, the program's program director, the program's Residency Education Committee, the Chair of the Department, the Associate Dean of GME (DIO), the Assistant Dean of GME, or the University's Professionalism Reporting Platform. https://medicine.tulane.edu/education/professionalismenvironment-learning-program

4. If the matter is not, or cannot, be resolved through these channels, the student, resident, faculty or staff may approach one of the members of the Raise and Resolve Committee Chair to address the issue,

5. The Raise and Resolve Committee shall be comprised of the following:
   a. Three faculty, at least one of which must be a program director. All three shall be from different departments.
   b. Two residents, both from different programs.

6. The Raise and Resolve Committee shall function as follows:
   a. The Raise and Resolve Committee Chair, who has received the concern via the institution's reporting platform or directly from an individual, will either:
      i. Attempt to manage the issue directly with the program in question, if it can be effectively done so, or
      ii. Notify the other members of the Raise and Resolve Committee. Those members who are from the program in question will be recused from participating in the subsequent discussion and mediation.
   b. The Raise and Resolve Committee will hear from the individual bringing the concern, either in person or via the concern, as well as from leadership from the program in question.
   c. The Raise and Resolve Committee will endeavor to mediate a compromise suitable to both parties.
   d. If The Raise and Resolve Committee cannot find a successful resolution of the issue, the matter shall be referred to the GMEC for consideration. The GMEC will then be responsible for ensuring the final resolution of the matter.

D. **Annual Reports**. Each program is required to provide an annual report at the end of each academic year. The report is due by July 30th of each academic year and should be posted to the program's wiki page.

The goal of the annual report is to identify areas of improvement in the training program. The GME Office recognizes that program directors and coordinators are busy, and additional bureaucratic work detracts from time that could be devoted to the residents and the residency program. As such, the Annual Report is divided into three sections:

Section 1 is Data the GME Office will pull directly from WebAds, (thereby relieving program

directors from repetitive work);

Section 2 is data that the Program Director/Coordinator is responsible for providing on an annual basis.

Section 3 is endurable materials that should be on file with the GME Office, and updated as needed

1. Section 1: Data the GME Office will pull directly from WebAds
   a. The program's resident roster, including start/end dates, demographic data, and scholarly activity
   b. The program's faculty roster, including scholarly activity.
   c. A listing of program citations, if any, and program responses.
   d. The ACGME resident and faculty survey reports
   e. Financial resident allocations by training site.
   f. Notification of each of its ACGME-accredited programs' accreditation statuses and self-study visits.
2. Section 2: Data to be provided by the program on an annual basis (See Appendix F)
   a. Board pass rate by resident
   b. In-service scores by resident
   c. USMLE scores by resident
   d. The composition of the program evaluation committee and the process used to conduct the annual review.
   e. The source data used to inform and measure the annual review
   f. A narrative account of the previous year's goals for improvement, with subsequent results.
   g. The three priority areas for improvement for the coming academic year
   h. A narrative response to all ACGME fallouts (compliance <80%) on the resident and faculty surveys.
   i. A narrative description of the program's quality improvement project(s) and a listing of residents and faculty who participated in the project.

3. Section 3: Endurable Materials to be on-file in the GME Office, with updates occurring on a pro re nada basis.
   a. The Program's resident manual.
   b. A copy of the resident-of-faculty, resident-of-rotation, resident-of-resident, patient/nurse-of-resident and faculty-of-resident evaluations
   c. A description of how the program addresses the following curricular components:
      i. Sleep deprivation and fatigue mitigation
      ii. Training residents on how to teach
      iii. Patient safety/Quality Improvement
      iv. Resident wellness, sustainability and burnout mitigation
   d. A sample copy of the mid-year, end-of-year promotion, and end-of-training letters to be sent to residents, documenting the resident's interval progress with the core competencies.
   e. Updated Copies of Program Letters of Affiliation (PLA) for each Participating Training Site. The PLA should include (See also Chapter XIII)

i. The faculty responsible for the educational and supervisory responsibilities for residents;
ii. The responsibilities of faculty for teaching, supervision, and formal evaluation of residents.
iii. The duration and content of the educational experience
iv. The policies and procedures that will govern resident education during the assignment.
v. The name of the site director serving as the liaison between the program director and the clinical site.
vi. The number of residents assigned to this site each year, the nature of the rotation (in-house call, no call, home call) and the number of months residents rotates to this facility.

E. The Residency Manual: This should be organized as follows, and posted to the program's wiki webpage:
   1. Section I: The Academic Year Calendar
      a. The Residency Education Committee (REC) Composition and meeting schedule
      b. The Clinical Competency Committee (CCC) Composition and meeting schedule
      c. The Curriculum Calendar and Matrix (by core competency)
   2. Section II: Program Expectations
      a. Overview of the Training Program
      b. Overall Goals and Objectives: Core Competencies and Learning Goals
      c. Overall Goals and Objectives by year of training (Progressive Lines of Responsibility)
      d. Block Diagram of a Sample Clinical Curriculum (Rotations)
      e. Scholarly Activity Opportunities
      f. A Description of Conferences and Educational Resources
      g. A Description of Participating Institutions (including rationale for why these sites have been chosen to be a part of the training program), and the local director at each participating site who is accountable for resident education;
   3. Section III: Description of Clinical Rotations and Electives with Goals and Objectives (Organized by core competencies)
   4. Section IV: Evaluation
   5. Section V: Program Policies. These policies should be compatible with the institutional policies, but they must be unique to the training program (i.e., the program cannot simply default to institutional policies).
      a. Moonlighting (Chapter VI)
      b. Interacting with vendors (Chapter VII)
      c. Duty hours (VIII)
      d. Vacation and leave (Chapter XI)
      e. Supervision and evaluation of residents (XIII)

XXII. Special Review Protocol and Policy *Revised 7/7/2025*

I. REFERENCES

In accordance with Section 1.15 of the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming residency and fellowship program (s) sponsored by Tulane University School of Medicine (the "Sponsoring Institution") to ensure compliance with ACGME and Tulane GME requirements.

The Special Review process must include a protocol that:

(1) establishes a variety of criteria for identifying underperformance; and,

(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

II. SCOPE

This policy applies to all Tulane-sponsored ACGME-accredited residency and fellowship programs.

III. PURPOSE

The ultimate goals of Special Reviews are to improve the quality of Tulane School of Medicine's ("Sponsoring Institution") training programs and reduce the number of Accreditation Council for Graduate Medical Education (ACGME) citations received by its programs. Special Reviews will be conducted by an ad hoc team based on review of various program performance metrics monitored by the GMEC, its subcommittees, and/or the GME Office.

The Special Review process is designed to:

1) critically assess and identify areas of improvement for the educational and clinical training experience provided to residents and fellows,
2) improve program compliance with ACGME requirements,
3) guide programs in making corrective actions where necessary, and
4) advocate for learners and programs within the broader Tulane School of Medicine environment.

IV. SPECIAL REVIEW PROTOCOL

A. The GMEC may consider whether a Special Review is needed and determine the type and format of a review, based on consideration of the external or internal criteria listed below. The GMEC may also recommend a focused review or additional monitoring of programs based on the number of citations or AFI received or other information.

EXTERNAL CRITERIA	INTERNAL CRITERIA
ACGME Letter of Notification indicating: a. Initial Accreditation with Warning b. Continued Accreditation with Warning c. Probationary Accreditation d. or any other adverse ACGME accreditation status as described by ACGME policies	Review of the Annual Program Evaluation (APE) by the Accreditation Subcommittee indicates that focused mentoring or heightened program accountability is recommended based on GMEC-approved tiered stratification levels.
Inquiry from ACGME Office of Resident Affairs.	A pattern of Clinical and Educational work hours non-compliance identified by the GMEC.
Annual ACGME Resident Survey identifying program mean less than 4.0 for the work hour domain.	Concerns communicated by the GME Office indicating substantive non-compliance with ACGME requirements and/or institutional policy.
10 or more domain areas below 80% compliance rate on either or both of the annual ACGME Resident or Faculty surveys.	Annual Program Evaluation and improvement plans that fail to satisfactorily address required elements, such as current citations, areas for improvement, and/or issues raised from prior Special Reviews.
Down trending performance from Annual ACGME Resident or Faculty Surveys in 3 or more domains (or below 80%) indicating concerns in the clinical learning environment excluding Work Hours.	Request of the Designated Institutional Official, program director, departmental chair, or dean of the medical school.
	Concerns communicated to the DIO or GME Office by residents or faculty.
	Concerns identified by the GMEC or its subcommittees, e.g., a high percentage or number of trainees on tiered remediation or probation compared to overall # of trainees in the program, low or downward trends in board pass rates, low EMR completion rates, or concerns identified from internal surveys, or other circumstances, as approved by a majority vote of the GMEC.

B. Process

The GMEC will determine the type of Special Review the program will undergo based on the number and type of criteria of concern.

1. Focused review: the Special Review Committee and/or DIO to meet with the Program Director to provide clarity and guidance to the program on where efforts need to be focused to address areas of concern identified by the GMEC.

2. Full review: to follow the protocol listed below for programs with multiple areas of external or internal concerns or deficiencies, or unresolved or worsening previously identified items.

Special Reviews will be managed through the GME Office. Special Review Committee members will participate on an *ad hoc* basis to ensure that no conflict of interest exists between the individuals and the program under review.

Depending on the type of Review (Focused or Full), the process may include interviews with peer-selected residents/fellows representing each training level in the program, teaching/core faculty, program leadership (e.g., program director, program administrator, others as indicated), and departmental leadership, or some combination of these constituent groups in the program under review.

C. Procedure

The GME Office will alert the program of the Special Review and will schedule meetings with program constituents.

Documentation reviewed during the Special Review will vary based on areas of underperformance identified for the program, and may include:

a. Accreditation Data System (ADS) Program Information and Annual Updates.

b. Accreditation Letters of Notification (LON) from recent ACGME reviews and progress reports sent from the respective review committee, if applicable.

c. Previous Annual Program Evaluations (APEs), including improvement plans.

d. Recent ACGME Resident/Fellow and Faculty Survey results.

e. Compliance with ACGME requirements, and

f. Other materials considered relevant as determined by the Special Review Committee, including metrics developed and tracked by the GME Office (e.g., scorecard, program trends, etc.)

The Special Review Committee may identify additional areas of underperformance through review of supplemental documentation and program interviews.

D. Special Review Committee

Each Special Review of a residency or fellowship will be conducted by an ad hoc committee appointed by the GMEC (a "Special Review Committee"). No member of a Special Review Committee may be selected from the residency program under review or from within the residency program's department. Each Special Review Committee shall include, at a minimum:

1) The DIO or his or her appointed designee or in the event of a conflict of interest, the Assistant DIO.

2) At least one faculty member or program director from the GMEC, a Program Director who is not a member of the GMEC, or a member of the Accreditation Subcommittee.

3) At least one resident as nominated, selected, and approved by the Tulane Resident and Fellow Congress; and

4) The GME Manager of GME Systems, Program Support & Training.

The DIO, his or her appointed designee, or the Assistant DIO, as applicable, shall serve as the Chair of a Residency Program Special Review Committee.

The Special Review Committee will review program documents, feedback from constituents, and formulate recommendations for program quality improvement and steps the program should take to achieve identified goals.

The GMEC will approve the quality improvement goals and corrective actions recommended by the Special Review Committee, and the process by which it will monitor the program's outcomes. *[Institutional Requirement 1.15a.2.]*.

E. Confidentiality of Special Review Documents

The Special Program Review is a peer-review activity conducted by the Graduate Medical Education Committee. Each Special Program Review Committee member will be required to sign a statement of confidentiality.

V. SPECIAL REVIEW TIMELINE AND MONITORING

After the GMEC approves a program for Special Review, the DIO will assemble an ad hoc Special Review Committee to avoid conflict of interest between the members of the Special Review and the program to be reviewed. Both Focused and Full Special Reviews will be initiated as soon as possible, ideally within 30 days of approval by the GMEC and completed within an additional 30 days, pending availability of participants.

The Senior Director of Graduate Medical Education will send a letter to the Program Director informing him or her that a Special Review of the program has been approved by the GMEC, with copies to the Program Director's Department Chair Section Chief and/or Vice Chair for Education, and the DIO. The Special Review Committee will review documents received from the program and will meet with:

1) Peer-selected residents/fellows from each residency training level

2) Teaching faculty; preferably from different participating sites

3) Program leadership and

4) Departmental leadership,

or some combination of these constituent groups depending on the type of review (Focused or Full) approved by the GMEC.

The Special Review Committee will provide a verbal progress report to the GMEC at the next scheduled meeting following the start of the review, and incorporate feedback and suggestions as needed or as appropriate. The Chair of the Committee will also provide a verbal summary of the report to the Program Director prior to providing a final report to the GMEC/DIO.

The Special Review Committee will complete and submit a final report to the DIO, GMEC, and Senior Director of GME as soon as the review is completed, no later than 60 days following the GMEC's approval of the Review if possible. The GMEC will vote to accept the report's recommendations or determine if other follow-up is needed.

The Senior Director will provide a copy of the final Special Review Report to the Program Director, Section Chief, and Department Chair on behalf of the GMEC. The Program Director will prepare a response to the Special Review Report including a written action plan and will provide the response to the GMEC no later than 30 days after receipt of the Report.

The GMEC will request that the Program Director and department leadership attend the next scheduled GMEC meeting to present the program's response to the Report. The GMEC will review and discuss the report at the next scheduled GMEC meeting following the Program Director's presentation/response.

The Program Director will share the Special Review report with 1) residents/fellows; 2) teaching/core faculty; and 3) program administrative staff and will convene meetings with each group to discuss the report's contents.

The Program Director will provide a written update to the DIO and Senior Director of GME 5 months following receipt of the Special Review Report, or sooner if deemed necessary by the GMEC. The GMEC will continue to monitor progress until all areas of concern and citations have been addressed.

Following a single annual accreditation cycle and review of the letter of accreditation received by the program subsequent to the Special Review, if ongoing evidence of underperformance persists, the Program Director, Section Chief and/or Vice Chair of Education, and the Department Chair will be asked to deliver a progress report to the GMEC at 4- and 8-month intervals. Extenuating circumstances or barriers beyond the program's control that may impact the program's overall performance may be considered in determining a timeline for progress reports. The GMEC may choose to close the Special Review, request continued monitoring of the program for specific areas of concern, or request another special review be performed. The program director will be notified of the GMEC's evaluation outcome.

Following two annual accreditation cycles, if ongoing evidence of underperformance persists, the GMEC will formally refer the program to the Dean of the School of Medicine for additional interventions.

If the Special Review Committee finds that there are egregious violations of University or School of Medicine policies or procedures, or of ACGME requirements, the DIO will oversee, with the GMEC, the expeditious development of an Action Plan(s) to address such egregious violations and shall ensure that the Action Plan is implemented immediately and with continuous monitoring.

VI. References/Associated Policies

- Tulane University School of Medicine Graduate Medical Education *Appendix E. Special Review Templates*

XXIII. Policy on ACGME Communications

A. The Office of Graduate Medical Education encourages program directors to interact with their respective specialty-specific Review Committees for matters of guidance and advice as it pertains to their compliance with the Common and Program-specific ACGME regulations, except as noted in Chapter XXII.

B. The Associate Dean of GME/DIO and subsequently, the GMEC, must approve all communications with the ACGME that involve the following, prior to their submission.

1. All applications for ACGME accreditation of new programs
2. Changes in resident complement
3. Major changes in program structure or length of training
4. Additions and deletions of participating sites
5. Appointments of new program directors
6. Progress reports requested by any Review Committee
7. Responses to all proposed adverse actions
8. Requests for exceptions of resident work hours
9. Voluntary withdrawal of program accreditation
10. Requests for an appeal of an adverse action
11. Appeal presentations to a Board of Appeal or the ACGME.
12. All requests for experimentation/innovation as it regards exceptions to the ACGME Common and Specialty-specific requirements.

XXIV. Policy on Non-Competition *Revised 12/16/2021*

I. References

In accordance with Section 4.13 of the ACGME Institutional Requirements, 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 to sign a non-competition guarantee or restrictive covenant.

II. Policy

Neither Tulane University School of Medicine nor any of its ACGME-accredited residency programs will require a resident to sign a non-competition guarantee or restrictive covenant. Resident agreements of appointment shall not include non-compete provisions or restrictive covenants.

APPENDIX

Appendix A: **The Tulane Resident and Fellow Congress** *Revised 6/27/2023*

A. ARTICLE ONE: NAME, PURPOSE, AND OBJECTIVES

Section 1. Name

The name of this organization shall be: The Tulane Resident and Fellow Congress

Section 2. Purpose

The Tulane Resident and Fellow Congress is the residents' voice to ensure the Office of Graduate Medical Education's mission of striving for excellence in education. This organization will provide a mechanism by which residents can participate directly in GME activities for the purpose of:

A. Opening dialog to identify concerns and facilitate resolution
B. Encouraging resident input into graduate medical education governance and policy
C. Fostering professionalism, empathy and personal growth and development for our physicians in training
D. Improving:
    1. The educational experience and opportunities
    2. Representation of the interest of its members in deliberations with affiliated hospitals on issues regarding working conditions and benefits
    3. Communication with other health care providers, program directors, the medical staff and administration
    4. Active membership and participation in constituent societies of organized medicine
    5. Overall quality of patient care
    6. Resident and resident's significant other's well-being through social and charitable activities

B. ARTICLE TWO: MEMBERSHIP

Section 1: Membership

The membership shall be comprised of all physicians holding an internship, residency, or fellowship appointment at Tulane University School of Medicine and its affiliated hospitals and clinics.

Section 2: Rights of Membership

Physician members in good standing shall be entitled to all privileges of membership as provided in the bylaws, including the duty to vote and the right to hold office.

Section 3: Termination of Membership.

Membership shall be terminated upon:

A. Written resignation
B. Death
C. Completion of training program
D. Transfer or dismissal from training program
E. A determination by 2/3 majority vote of the Congress that an individual's actions are contrary to the Bylaws, or best interest of the Organization.

C. ARTICLE THREE: MEETINGS

Section 1. Meetings

All regular and annual meetings of the Resident and Fellow Congress shall be conducted following the guidelines of Robert's Rules of Order.

Section 2. Board Meeting

TRFC will determine the frequency of their meetings at the beginning of the academic year. The TRFC Board must meet a minimum of two times a year but can increase the frequency of the meetings as needed. The executive committee shall meet at least six times annually, and other times as deemed necessary by the President.

Section 3. Quorum

No meeting of the Congress shall take place, nor shall any business of the Congress be conducted in the absence of a quorum as outlined in the Bylaws.

D. ARTICLE FOUR: OFFICERS (Members of the Executive Committee)

Section 1. Election of Officers

A. Nominations for all the elected positions, except President-elect, shall be made by the Resident and Fellow Congress membership no less than 30 days (about 4 and a half weeks) prior to the Annual Meeting.
B. Nominations for President-Elect shall take place before May 1. Election by majority shall take place in February.
C. In the event that there are no nominations for an elected position, a special meeting of the Board shall be called, and the position filled via appointment.
D. Voting may occur and be executed via online ballot.
E. Election will be determined by majority of votes received. Run-off elections will be held if no candidate receives a majority vote.

Section 2. Officers

A. GME Liaison: Assistant Dean of Graduate Medical Education or appointee by the GME Committee:
    1. Supervise all operations of the Resident Congress.
    2. Avenue for direct interface between the Resident and Fellow Congress and the DIO and GMEC.
    3. Assist and advise the President in Operations of the Resident and Fellow Congress.
    4. Attend or designate attendee for all Annual and Special Congress meetings.
B. President—Duties of the President:
    1. Preside over all Annual and Special meetings; under the supervision of the GME Liaison
    2. Preside over all Board meetings.
    3. Shall appoint all committee chairpersons and maintain summary documentation of active committee's and agenda items. This will be communicated to the GME Liaison at least quarterly.
    4. Serve as an ex-officio member of all committees.
    5. Within seven days of any meeting submit, in writing to the GME Liaison, all recommendations arising from the Resident and Fellow Congress.
    6. Maintain open lines of communication with the GME Liaison on all issues which pertain to and encompass the overall Resident and Fellow Congress goals and objectives.
    7. Serve as the Resident and Fellow Congress GMEC representative and report findings to this organization.

C. Vice-President (President-Elect)—Duties of the Vice-President:
   1. Preside over all meetings where the President is not in attendance
   2. Will work directly with the president to help supervise the operations of the Congress
   3. Facilitate communication between committees and departments
   4. Will be a representative to meeting with the chief residents of all departments
   5. May serve as Chairperson of any committee
   6. Serve as a Graduate Medical Education Committee representative

D. Secretary—Duties of the Secretary:
   1. Maintains a current roster of membership and Board members
   2. Oversees interdepartmental communications
   3. Ensures the taking of minutes and communications
   4. Chair of Membership Committee.

E. Treasurer—Duties of Treasurer:
   1. Provide the Association with a proposed balanced budget for the year
   2. Keep the Association informed on monetary issues affecting the Association
   3. Chair of Finance Committee
   4. Investigate mechanisms for funding

Section 3.
Officers shall be elected or appointed for the term of one academic year at the Annual Meeting, with the exception of the President-Elect who will begin service when elected and become President at the conclusion of the Annual Meeting in May of each year.

Section 4. Qualifications
Candidates for elected or appointed offices shall be a member in good standing.
Candidates for the office of President-Elect must be members in good standing for at least one year before running for office.
Exceptions must be approved by the Board.

Section 5. Vacancies
Elected or appointed officers will be considered vacant when an officer ceases to perform their duties secondary to death, resignation, removal and/or disqualification.

Section 6. Removal of Officers
An officer may be removed during any Annual or Board meeting by a simple majority vote. The officer shall be afforded due process prior to any dismissal proceedings.
Any officer who disqualifies from membership immediately ceases to be an officer.

E. ARTICLE FIVE: Executive Committee

Section 1. Board Membership
A. The Executive Committee shall consist of a minimum of the President, two Vice-Presidents, President-Elect, Secretary, Treasurer.
B. All board member terms expire at the conclusion of the Annual Meeting following their election.

Section 2. Selection of Executive Committee Members
A. The Directors of the Board shall be elected by majority vote at the Annual Meeting according to Article Two, Section B of the Bylaws.
B. Qualifications, vacancies, and removal of members from the Executive Committee will follow the same guidelines as other officers.

Section 3. Meetings of the Executive Committee

A. All meetings of the Resident and Fellow Congress Executive Committee shall be conducted under the Robert's Rules of Order.
B. Special meetings of the Executive Board may be called by either the President or by the majority of Board members. The GME Liaison will be notified of Board meetings and attends upon formal invitation. The GME Liaison will attend all Annual and Regular Resident and Fellow Congress meetings.

Section 4. Duties of the Executive Committee

The duties of the Executive Committee members shall be:

A. To advise the Program Representatives on matters brought to the association's attention.
B. To aid in developing policy that shall guide the affairs of the Resident and Fellow Congress.
C. To assist in the dissemination of information to the members and serve as a voice from their represented departments.
D. To assist in the dissemination of information from the Executive Committee back to their respective departments.

F. ARTICLE SIX: COMMITTEES

The committees of the Congress shall be composed of members of the Congress. Committees will be designated each year according to the concerns and goals of the Congress.

G. ARTICLE SEVEN: DUES, FUNDING AND ASSESSMENT

Funds may be set by annual dues or assessment of the members or on recommendation of the Board as provided by the bylaws.

H. ARTICLE EIGHT: AMENDMENT OF THE BYLAWS

A. The Resident and Fellow Congress Bylaws may be amended at any annual meeting or as approved by the TRFC Board.
B. Proposed amendments to the bylaws shall be presented in writing to the Tulane Dean of Graduate Medical Education and publicized to the membership at least six months prior to the proposed amendment shall be considered.
C. Vote will be conducted electronically and securely.
D. An amendment to the bylaws must be approved by a ¾ majority vote of the TRFC Board in order to pass.

Bylaws Tulane University School of Medicine Resident and Fellow Congress *Revised 6/27/2023*

I. Membership

A. The membership shall be comprised of all physicians holding an internship, residency, or fellowship appointment at Tulane University School of Medicine and its affiliated hospitals and clinics.

B. Good Standing
   a. A member shall be considered to be in good standing if said member is currently a resident or a fellow with Tulane University and is not on probation or serving any disciplinary sanctions.

C. Privileges
   a. A member in good standing shall have the:
      i. Right to vote in TRFC business
      ii. Right to hold office
      iii. Right to serve on the committees
      iv. Right to participate and attend all meetings

D. TRFC Board
   1. The TRFC Board shall consist of elected Program Representatives (as defined below) and the members of the Executive Committee (as defined in section I. e below).
   2. Two members from each residency and fellowship program shall serve on the TRFC Board as Program Representatives.
   3. Due to the increased size of the programs, four (4) members from each of the Internal Medicine and General Surgery Programs shall serve on the TRFC Board as Program Representatives.

E. TRFC Executive Committee
   1. Members of the TRFC Board will nominate and subsequently vote upon members to fill the roles of the executive committee.
   2. Executive Committee should consist of President, 2 Vice Presidents, Secretary, and Treasurer.
   3. Upon election of President-Elect, President Elect should also serve on TRFC Executive Committee.

F. Section 3. GME liaison
   1. The GME Liaison shall be the Assistant Dean of GME or appointed faculty member and shall serve as the interface between the TRFC and the DIO and GMEC. The GME Liaison will provide direct supervision and function in an advisory role. The GME Liaison will attend all Regular, Special and Annual Resident Congress Meetings.

II. Elections:

A. Elections for Program Representatives should be held annually.

B. Members of the TRFC Board will nominate and subsequently vote upon members to fill the roles of the Executive Committee as defined above.

C. One of the two executive vice presidents will be selected by the current executive committee president.

III. Budgeting & Funding:

A. TRFC funding should be directed towards projects and events that are open to all residents and fellows at Tulane (i.e., Ball, resident rec rooms, workout areas, etc.)
B. Plans for the annual budget should be reviewed by the TRFC Board at the beginning of each academic/resident year that align with the principles as above. These plans should be shared with the Tulane resident and fellow community so they may provide feedback or raise concerns regarding the spending by the TRFC Board in an effort to create transparency.
C. Surplus funds may be awarded to individual programs as applied for.

IV. Communication with the Residents and the Fellows:

A. Program Representatives should make an effort to send updates within their own programs regarding the decisions and topics for discussion within the TRFC to include residents in the decision-making process.

V. GMEC Representation:

A. The President and Vice Presidents will be present at GMEC meetings as able
B. Additionally, there will be additional TRFC Program Representatives nominated and selected by the TRFC Board to represent resident interests at the GMEC.

VI. Meetings:

A. The TRFC Board will determine the frequency of meetings at the beginning of the academic year. The TRFC Board must meet a minimum of two times a year but can increase the frequency of the meetings as needed.
B. General Meetings
    1. Any member of the TRFC (I.e., any resident or fellow) may attend a general meeting. These are open meetings where residents and fellows may share information or discuss concerns.
    2. General Meetings shall be held annually in May
    3. The GME Liaison will attend both Annual and Regular TRFC Board Meetings.
C. TRFC Board Meetings
    1. Program Representatives may attend any TRFC Board Meeting. Any person other than Program Representatives, who wish to participate in discussions of an agenda item pertinent to their responsibility, must be invited by either a member of the Board or the Executive Committee.
    2. The TRFC Board or General Body reserves the right to meet without the DIO, faculty members, or other administrators present.
    3. Program Representatives shall be expected to attend meetings on a regular basis. Representatives must attend at least one meeting per quarter and if attendance is not met, the TRFC Board will reach out to programs with lapsed participation to seek further representation
D. Special meetings
    1. Special or Executive Committee meetings may be called at any time by the President or upon written request of a majority of the TRFC Board.
E. Quorum
    1. An assembly of 1/3 of the elected Program Representatives shall constitute a quorum for the conduct of business at all TRFC Board meetings. Program Representatives on scheduled vacation, leave of absence or rotations more than 30 miles from Tulane's downtown medical campus are excused from TRFC Board meetings and shall not count for or against a quorum.

VII. Voting on Propositions/Business:

A. Each elected member of the TRFC Board will have 1 vote to cast on new propositions raised during meetings.
B. A quorum of 1/3 of the TRFC Board is required for any passing of decisions
C. Voting may take place via an electronic and secure method
D. The GME Liaison shall be a non-voting member.

VIII. Due process

A. An Executive Committee member or TRFC Board Member may be removed from office at any Annual, Special, or General meeting of the Congress.
B. The Executive Committee or TRFC Board member shall be given notice of the intent to remove one week prior to the meeting. The officer shall have the right to speak on his/her behalf to the general assembly prior to any removal vote.

IX. Vacancies

A. A vacancy of any elected office shall be filled by a member nominated by the President and confirmed by simple majority vote of the TRFC Board at any TRFC Board meeting. A vacancy in the office of President shall be filled a Vice-President.

X. Committees

A. Committee Chairpersons shall be appointed by the President. All committee members shall be selected at the discretion of the Chairperson.
B. Any person other than committee members that should attend a committee meeting must be invited by one of the committee members.
C. Any person denied participation on any committee shall have the right to petition the TRFC for review. The TRFC Board shall have the power by majority vote to assign additional committee members

XI. Amendments

A. The TRFC Bylaws may be amended at any Annual, Special, or Board meeting.
B. Proposed amendments to the Bylaws shall be presented in writing at least one meeting before the proposed amendment shall be considered. The two meetings must be at least fourteen days apart.
C. Members in good standing may vote in absentee electronically or via a signed letter to be opened only at the time of counting the votes.
D. To pass, an amendment to the Bylaws must be approved by a majority of the voting members present at the meeting in which the amendment is being considered. The meeting must satisfy quorum requirements.
E. Bylaws changes shall be forwarded to the Tulane Dean of Graduate Medical Education upon their passage.

XII. Reporting

A. The President of the TRFC shall report to the GME Liaison, within seven days and in writing, the minutes, and recommendations from all meetings. The President in consultation with the GME Liaison shall regularly report to the GMEC. The GME Liaison is responsible to directly oversee operations of the TRFC.

Appendix B: **Written Statement of Institutional Commitment** *7/9/2025*

Tulane University School of Medicine
Mission and Statement of Commitment to Graduate Medical Education
July 9, 2025

Tulane University School of Medicine's mission for graduate medical education is to ensure that each of its residents and fellows are provided with an educational experience of the highest quality. The School of Medicine strives to be a true leader in graduate medical education, with a vision of being a distinctive, preeminent research-intensive medical school for residents, fellows, students, and all trainees, transforming health through discovery, lifelong learning, and patient-centered health care.

Statement of Commitment

The School of Medicine is committed to promoting a culture that demonstrates a commitment to academic excellence and community engagement. The School is committed to bringing together and engaging with talented residents, fellows, faculty, and staff to fulfill its mission of improving human health and fostering healthy communities. Tulane seeks to understand and invest resources into recruiting, supporting, and retaining a talented physician workforce that includes individuals from varied life experiences and perspectives. In doing so, the School understands the importance of providing a training environment intolerant of discrimination against any individual. It is our goal that all residents and fellows feel supported and mentored and are provided with equal access to opportunities for professional growth and advancement.

Tulane University School of Medicine is committed to providing organized graduate medical educational programs with guidance and supervision of residents and fellows and facilitation of their professional and personal development, while ensuring safe and appropriate care for patients. Graduate medical education is integral to the missions of Tulane University and the School of Medicine. The School's graduate medical education programs are conducted in compliance with the requirements of the Accreditation Council for Graduate Medical Education, as applicable.

As the Sponsoring Institution for all Tulane University graduate medical education programs, the School of Medicine is committed to ensuring the provision of the administrative, educational, financial, human, and clinical resources necessary to support each of its graduate medical education programs, its residents, fellows, faculty, and staff. The School of Medicine's support includes the provision of the necessary facilities, equipment, and personnel required for successful graduate medical education training.

The School of Medicine's commitment is monitored and further supported by the Tulane University Board of Administrators, the Dean of the School of Medicine, the Associate Dean for Graduate Medical Education (Designated Institutional Official), the Chairs of the School of Medicine's clinical departments, and by the School of Medicine's Graduate Medical Education Committee.

Michael A. Fitts, JD
President, Tulane University
As a representative of
the Administrators of the Educational Fund of Tulane University

L. Lee Hamm, MD
Dean, Tulane University School of Medicine
As a representative of
School of Medicine senior administration

Paul Gladden, MD
Designated Institutional Official

Appendix C: **Sample Contract AY26 (July 1, 2026 – June 30, 2027)**

TULANE UNIVERSITY SCHOOL OF MEDICINE RESIDENT AGREEMENT
1430 Tulane Avenue, New Orleans, Louisiana 70112

THIS AGREEMENT between The Administrators of the Tulane Educational Fund, on behalf of the Tulane University School of Medicine (the "School of Medicine") and XXX ("Resident") is entered into for the period from 7/1/2026 through 6/30/2027. Under the sponsorship of the School of Medicine and supervision by faculty members of the School of Medicine, Resident will serve as a PGY- XXX resident in the XXX (TMC) Residency/Fellowship Program (the "Program").

1. Policies and Procedures Resident Handbook. The Resident and Staff Graduate Medical Education Policies and Procedures (hereinafter "the Manual") contains the institutional guidelines, policies and procedures governing the selection, appointment, evaluation, and retention of residents at the School of Medicine, including policies referenced in this Agreement. The Manual is posted on the GME website (https://medicine.tulane.edu/education/ graduate-medical-education). The Manual, and the policies therein, are subject to revision from time to time. It is the responsibility of Resident to be familiar with the information contained in the Manual, including any revisions, and to be in compliance with the policies and procedures contained in the Manual at all times during the term of this Agreement.

2. Salary. Commencing 7/1/2026 through 6/30/2027, the annual salary for this position will not be less than $ XXX. The salary is subject to the applicable federal and state income tax, social security tax, and other applicable deductions.

3. Leaves. The School of Medicine provides for discretionary vacation, sick leave, parental leave, bereavement leave, educational leave and additional leaves of absence as further set forth in the Section 2, XI of the Manual.

4. Effect of Leave. The use of leave exceeding the time frames established by the School of Medicine or by the Program may require an extension of Resident's training in order for Resident to satisfy requirements for Program completion and eligibility to participate in specialty board examinations. Further information on the effects of leave and timely notice regarding the effects of leave are set forth in Section 2, XI of the Manual.

5. Additional Benefits.

a. Support Services. The School of Medicine provides access to confidential, affordable medical health assessments, counseling, medical and psychological support services and treatment, 24 hours a day, seven days a week, as further detailed in the Manual.

b. Benefits; Disability Insurance; Health Insurance. Subject to the terms and conditions of the plan documents and underlying insurance policies in effect from time to time, Resident is

eligible to participate in employee benefit programs generally available to School of Medicine residents. These benefit programs currently include payment of premiums for life insurance and disability insurance. Health insurance is offered for residents and their eligible dependents. These and other benefits, including enrollment information, as applicable, are described more fully in benefit summaries on the web site of the School of Medicine (https://medicine.tulane.edu/education/graduate-medical-education/resources-residents-fellows) and in Section 2, V of the Manual on financial and resource support of residents. Eligibility for medical insurance benefits and disability insurance benefits for Resident and Resident's eligible dependents begin on the first day that Resident is required to report for residency/fellowship. Residents new to a residency program at the School of Medicine will need to select and enroll in a medical insurance plan, or waive coverage, within the applicable enrollment period.

c. Professional Insurance. Professional liability insurance coverage for claims arising from care and treatment provided by Resident while acting in the course and scope of his/her/their residency program at the School of Medicine or other Tulane affiliated facilities ("Tulane") is a combination of coverages that include qualification of residents with the Louisiana Patient's Compensation Fund ("PCF") pursuant to La. R.S. 40:1231.1 et seq. (the Louisiana Medical Malpractice Act, the "Act"). Residents are enrolled with the PCF and are qualified health care providers entitled to the protections and benefits of the Act, including the limitation of liability. The Act's statutory scheme includes Tulane's coverage of residents by its Self-Insurance Program. Both of these coverages are occurrence based and provide legal defense and protection against claims or actions arising out of an event that occurred while the person was a resident acting on behalf of the School of Medicine in Louisiana, regardless of when the action is filed. Coverage with respect to State of Louisiana and/or Federal facilities have separate coverages from the School of Medicine's Program and additional information pertaining to such coverages can be found in Section 2, V in the Manual, if applicable. Tulane also secures excess coverage by commercial insurance policies that apply to claims arising when residents are rotating or acting in the course and scope of his/her/their residency on behalf of Tulane in other states than Louisiana. These excess insurance policies are claims made.

d. Educational Resources; Board Eligibility. Resident shall have access to information related to eligibility for specialty-based examinations. Information related to eligibility for specialty board examinations is maintained by and available from each Program.

6. Duration of Appointment/Termination.

a. One-Year Term. The term of this Agreement is one year, as stated in the opening paragraph of this Agreement. Resident is not guaranteed subsequent reappointment even if Resident is participating in a residency program that requires multiple years of training to complete the residency.

b. Condition for Reappointment and Promotion. Reappointment and promotion decisions are based on Resident's performance in the Program. Conditions for reappointment and promotion to a subsequent program year are described Section 3, XIV in the Manual. Any

subsequent appointment will be documented by execution of a new agreement.

c. Termination/Dismissal. During the term of this Agreement, the School of Medicine may dismiss Resident from the Program and terminate this Agreement according to the conditions and processes described in the Manual, including due to a failure by Resident to adhere to academic, clinical and professional program and institution standards. This Agreement will terminate as of the effective date of a dismissal of Resident from his/her/their Program.

7. Grievances and Due Process. The School of Medicine's policy relating to resident grievances and the appeals and fair hearing policy and procedure is set forth in Section 3, XV of the Manual. Residents are afforded a hearing with respect to certain actions, including suspension, non-renewal of a resident contract, non-promotion or resident dismissal.

8. Resident Responsibilities. Resident physicians must:

a. Meet the qualifications for resident eligibility outlined in Section 1, I of the Manual.

b. Comply with Tulane's verification procedures, which include:
   a. Provide identification verification (social security number and additional verifications) and verification of Resident's right to work in the United States, as further outlined in Section 18 of this Agreement.
   b. Provide proof of Resident's compliance with the School of Medicine's then-current immunization policy.
   c. Accurately complete the Tulane application for appointment including all information requested and return the document in a timely manner prior to the hiring date so all information can be verified including medical school and previous residency training prior to beginning patient responsibilities.
   iv) If Resident's eligibility for employment is dependent on the Resident's ability to obtain appropriate immigration status, such status must be obtained on or prior to the date on which the Resident's appointment is scheduled to begin.
   v) Completion of authorization forms as may be required for participation in the Program or in connection with the appointment application.

c. Obtain, prior to the start of employment, and thereafter maintain, a full, unrestricted Louisiana medical license or a training permit from the Louisiana State Board of Medical Examiners (LSBME). In connection with obtaining a medical license in Louisiana, Resident must undergo and satisfy LSBME's applicable background checks.

d. Develop a personal program of self-study and professional growth under the general supervision of appropriately credentialed attending teaching staff.

e. Participate in safe, effective and compassionate patient care under supervision, commensurate with Resident's level of training, advancement and responsibility.

f. Participate fully in the educational activities of the Resident's program and, as

required, assume responsibility for teaching and supervising medical students, and other residents.

g. Participate fully in institutional orientation and activities and attend/participate in at least fifty percent of education programs and other activities involving the medical staff.

h. Participate in institutional programs and activities involving the medical staff and adhere to professional standards of the medical staff.

i. Develop an understanding of ethical, socioeconomic and medical/legal issues that affect graduate medical education and participate in institutional committees and councils, especially those committees or councils that conduct patient care/peer reviews or involve quality assurance or qualify improvement. Resident is expected to apply appropriate cost containment measures in the provision of patient care.

j. Keep charts, records, and/or reports up to date and signed in compliance with applicable medical record policies at all times. Failure to complete medical records and outstanding clinical or academic paperwork will result in discipline, including, but not limited to, suspension without pay.

k. Follow applicable rules, regulations, policies and procedures of Tulane University School of Medicine, Tulane University and its affiliated institutions.

l. Act in a professional and ethical manner.

Resident's failure to meet and continue to satisfy each of the responsibilities listed in this Section 8 may result in discipline, up to and including dismissal and termination of this Agreement.

9. Resident Review. The position of a resident physician in the School of Medicine involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities. Resident's competence and progress in clinical training is evaluated on a regular basis in accordance with the Manual.

10. Closures or Reduction in Funding. In the event the School of Medicine decides to close or decides to close or reduce the size of residency or fellowship program, affected residents will be notified as soon as possible. The School of Medicine will work to replace those training slots at another institution affiliated with the School of Medicine to allow current residents in affected program(s) to complete their residency at the School of Medicine or assistance will be provided to residents in enrolling in another ACGME-accredited program in which residents can continue their education, as detailed in the School of Medicine's Policy on Closure, Reduction or Expansion set forth in the Manual.

11. Counseling Services, Disability, and Impairment. The School of Medicine provides access and/or referral to medical, psychological and/or financial counseling, and support services as described in the Manual. The Manual describes the policies pertaining to residents with disabilities and includes policies relating to physician impairment and

substance abuse.

12. Clinical and Educational Work Hours. Resident's training, research, teaching and clinical assignments are the primary responsibility of Resident's program with additional review and approval by the Chairman of the Department of Pediatrics Department (TMC). Resident's work hours will be consistent with program requirements and School of Medicine work hour limitations, as further set out in Section 2, VIII of the Manual.

13. Moonlighting. The School of Medicine has incorporated policies covering professional activities outside of the residency program (moonlighting) into the Manual at Section 2, VI. First year residents (PGY-1 residents) are not permitted to moonlight. Resident agrees to abide by the School of Medicine's moonlighting policy.

14. Harassment/Discrimination. The School of Medicine is committed to maintaining a learning environment in which all individuals are treated with respect and dignity. Concerns related to harassment, discrimination, or unwelcome conduct of a sexual nature will be handled as described in Tulane University's Equal Opportunity/Anti-Discrimination Policy. A copy of Tulane's EO/Anti-Discrimination Policy can be found at: https://equity.tulane.edu/report-claim/policies. All concerns related to harassment, discrimination, or unwelcome conduct of a sexual nature should be directed to the Office of Institutional Equity (504-862-8083) or at oie@tulane.edu, or by submitting a concerns report at Tulane.edu/concerns.

15. Severability. If any provision of this Agreement is held invalid, such invalidity shall not affect any other provision of this Agreement not held so invalid, and each such other provision shall, to the full extent consistent with law, continue in full force and effect.

16. Modification and Waiver. This Agreement may not be modified or amended except by an instrument in writing signed by the parties hereto. No term or condition of this Agreement shall be deemed to have been waived, nor shall there be any estoppel against the enforcement of any provision of this Agreement, except by written instrument of the party charged with such waiver or estoppel. No such written waiver shall be deemed a continuing waiver unless specifically stated therein, and each such waiver shall operate only as to the specific term or condition waived and shall not constitute a waiver of such term or condition for the future or as to any act other than that specifically waived.

17. Consent to Provide Vaccination Status. I voluntarily grant permission for the School of Medicine to transfer, share, and or/exchange my vaccination documentation, including my COVID vaccination status, from any source such documents were obtained to clinical partners, and/or associated accrediting agencies or entities to remain compliant with institutional policy while participating in required clinical or educational activities. I understand this data transmission will be strictly confidential and transferred in a manner consistent with all policies and procedures pursuant to federal and state law. I understand that I may not be able to participate in programs at clinical partners' facilities if clinical partners do not receive the above information. I understand that participation in programs like those available at clinical partners' facilities may be a requirement to serve in my position and/or to complete education at the School of Medicine.

18. Governing Law. This Agreement is made in the state of Louisiana and shall be controlled by the laws of the state of Louisiana in all matters or interpretations of this Agreement.

19. Eligibility for Employment: The Immigration Reform and Control Act requires that the identity and residency status of all persons employed by Tulane University be verified and that the candidate be legally eligible for employment in the United States. On or before the Resident's first day of employment the Resident must present documentation to establish the Resident's identity and employment eligibility and complete an Employment Eligibility Verification form. This appointment is contingent upon Resident's production of such documents and completion of the required form upon Resident's date of hire. In addition, Tulane University participates in the Department of Homeland Security's E-Verify program. This appointment is also contingent on receiving an appropriate authorization from the Department of Homeland Security.

I accept the appointment outlined above and agree to all rules and regulations of Tulane University, the School of Medicine and of the affiliation institution/participating sites to which I am assigned. I agree to discharge all the duties of a resident as determined jointly by the affiliated institutions and the respective directors of training programs at Tulane University School of Medicine, and I acknowledge that I have read and understand the institutional policies in the Manual referred to in Paragraph 1.

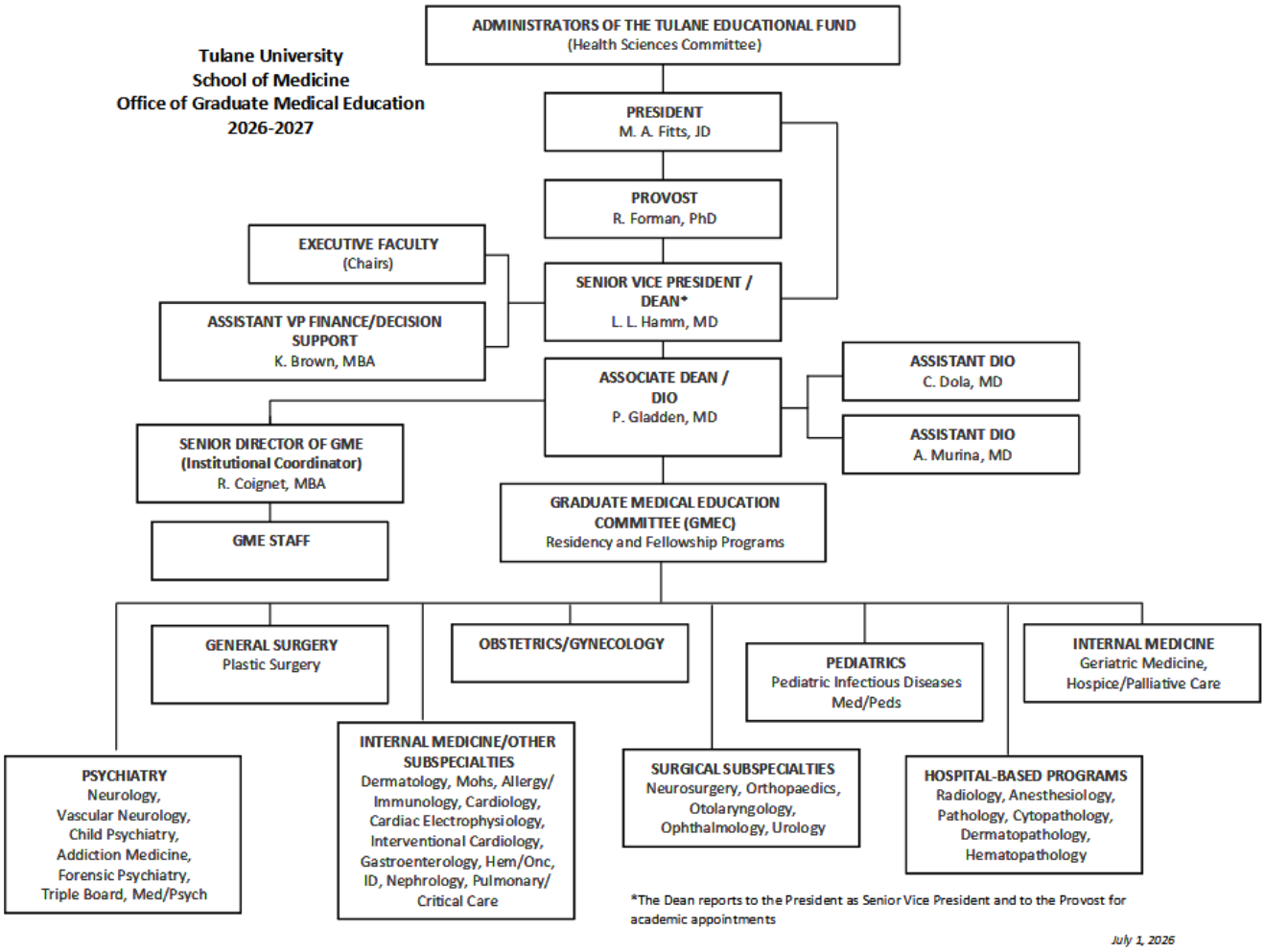
ACCEPTED:

_____
Trainee Signature

_____
Program Director, XXX

_____
Paul Gladden, MD
Associate Dean for Graduate Medical Education/DIO

Appendix D: **Office of Graduate Medical Education Organizational Chart 7/1/2026-6/30/2027**



Tulane University School of Medicine
Graduate Medical Education Committee
Special Review Report
(Template #1)

Program Reviewed	
Names & Titles of Reviewers	
Date of Special Review	
Cause of Review	

Method:

The Special Review Committee comprised of (*Insert names and titles of team members),* members of the GME Committee, reviewed the *(Insert program name)* program.

Materials Used: (The Committee may choose to review all or some of the documents listed below or may request to review information not included in the list.)

Most recent ACGME program requirements, previous ACGME letter of accreditation, all other communications with the ACGME, previous Special Review Report(s), list of trainees in the program, moonlighting policy, duty hours policy, monitoring tool(s) and logs, completed resident surveys, and core curriculum with goals and objectives, evaluation tools, resident files, Board Requirements (as appropriate) and Program self-assessment regarding ACGME Outcomes Projects

Program Under Special Review:_____

Program Compliance Documents: Please indicate which documents were reviewed			
	ACGME Notification Letter with Citations		Program Summary
	Faculty Survey		Faculty Scholarly Activity
	Resident Survey		Resident Scholarly Activity
	Procedure Log		Specialty CPR
	Patient Safety Activities		QI Projects
	Prior Report		GMEC Approved GME Policies
	Program Supervision Policy		Program Transition Policy
	Duty Hours		PLA
Resident Files			
	Current		Graduate
	Transfer In/Out		Resign/Dismissal
Evaluations:			
	Resident Evaluation by:		
	Faculty		Peers
	Patients		Self
	Other Staff		
	Semi-Annual Evals		Final Evals
	Goals and Objectives by PGY year		Goals and Objectives by Rotation
	Conference Schedule		Eval of Faculty by resident
	Eval of Faculty by resident		Eval of Rotation by resident
	Eval of Program by Resident		Eval of Program by Faculty
Clinical Competency Committee:			
	Written Description with evaluation process		Membership
	Milestones		Promotion policy
	Remediation policy		Dismissal policy
PEC:			
	Written description		Eval and tracking protocols
	APE		Action Plan
	WebADS Review		WebADS Deadline Date: _____

Process:
Each member of the Special Review Committee reviewed the material submitted. The Committee interviewed (*INSERT NAMES of Program Director, Program Coordinator, Department Chair, others*). The faculty meeting included (*list faculty participants*). The resident meeting, with at least one peer-selected resident from each level of training in the program, included (*resident participants and PGY level of each.)*

Provide a brief overview of the Program. Give a brief overview of the program (i.e., when was it established, length of training, general goals and objectives, total number of residents, etc.)

Provide a brief overview of Program's accreditation history, including Date of Initial Program Accreditation, date of most recent program accreditation letter, current and recent accreditation status, etc.

List the most recent, if any, ACGME Citations, exactly as they appear on the Letter of Accreditation

a) **Program Response**: *Summarize below each of the program responses to the citations (if any).*

b) **Reviewers' Response**: *Comment on the effectiveness and adequacy of the Program's response to the citations.*

c) Summarize, if applicable, how the DIO and GMEC monitored the response by the program to actions recommended by the GMEC in the Special Review process.

Sponsoring and Participating Institutions: Briefly describe the adequacy and availability of the following: sufficient protected time for Program Director, financial support provided, patient support services (patient transport, phlebotomy services, etc.), in-house call facilities, rooms, and food while on call, laboratory and radiologic information retrieval systems, medical record availability, etc. (See specific program requirements.) Are Institutional affiliation agreements and Program Letters of Agreement in place?

Briefly describe the program's recruitment, including the quality, number and demographics of applicants, and match result. Note any trends.

Briefly discuss the number, if any, of residents/fellows dismissed or not promoted in the past five years.

Describe and discuss the educational goals and objectives of the program. Are they well defined and clearly stated? Do they exist for each year of training and each major rotation? Are they distributed annually either in writing or electronic form to faculty and residents? Are they reviewed by the resident at the start of each rotation? Are they reviewed and updated regularly? Has the Program developed a curriculum that incorporates teaching and learning in each of the six areas of General Competency? Are there at least two (2) objectives from each area explicitly included in the didactic and/or clinical educational experiences? Are residents given an opportunity to participate in educational and professional activities? See specific program requirements.

Describe and discuss the adequacy of available educational resources to meet the program's stated objectives: Comment on availability of teaching equipment, space, books, journals, etc. Comment on availability of broad and diverse patient population and case mix and how these compare to ACGME program requirements. Is access to specialty/subspecialty specific reference material, electronic medical literature databases, with search capabilities readily available? Evaluation tools used by the Program: What evaluation tools are used by the Program? How has

the Program responded to the ACGME Outcome Project, and adapted, changed, or in any way improved its evaluation methodologies?

Describe and discuss the process of Program Evaluation: How has the Program assessed itself in the Annual Program Evaluation (APE)? What changes has the Program made as a result of resident and faculty feedback and analysis of its educational outcomes?

Summarize the effectiveness of the program in meeting its objectives: What are graduates doing upon completion of program? What percent go into Academic and Private Practice? What type of job market entering? What is the Board Pass Rate, (compare to national rate)? What explicit outcome measures (patient care and educational) is the program tracking? What is the scholarly input of the Program's residents and faculty? How are the results of these measures benchmarked? How are the results of these outcome measures used in combination with evaluation feedback (resident, faculty, program, institutional) to continually improve the Program?

Summarize Faculty Qualifications and Responsibilities: Is there a single Program Director with authority and accountability for program operations? What is the ratio of teaching faculty to residents, how effective are the faculty in providing a scholarly environment for the conduct of research, comment on faculty availability for supervision at all sites. See specific program requirements.

Briefly describe and discuss the Evaluation Process: Do residents receive timely, regular, and documented feedback at least semi-annually? Do residents evaluate faculty (at lease semi-annually) and program rotations? Are the processes consistent with the specific program requirements? Do they protect resident confidentiality? Do they actually occur? Does it enable residents to demonstrate achievement of the ACGME general competencies? Has the program been improved as a result of the evaluation process?

Describe the Evaluation Tools used by the Program*:* Attach the Evaluation Tool Table if available.

Comment on the adequacy of financial resources to meet these objectives and implement new evaluation methods*:* Does the program have an educational budget?

Comment on the adequacy of the documentation available for review: Does a file exist for every resident containing: appointment letters, completed evaluations, logs, when appropriate, etc. Confirm that there are completed program and faculty evaluations. Confirm that the Program documents compliance with School's policies and procedures for resident call and duty hours.

Resident input regarding the Program
Sub-headings as needed (e.g., goals and objectives, evaluations, faculty evaluations, CCC, PEC, fatigue mitigation, program sufficiency, duty hours, scholarly activities, ACGME resident survey, action plans and ACGME updates, resident suggestions, and concerns).

Faculty input regarding the Program

Sub-headings as needed – (e.g., goals and objectives, evaluations, faculty evaluations, CCC, PEC, fatigue mitigation, program sufficiency, duty hours, scholarly activities, ACGME resident survey, action plans and ACGME updates, resident suggestions, and concerns).

External factors that may influence the learning environment
Sub-headings as needed – (e.g., institutional, etc.)

Program's Future Goals: Comment on the program's goals, if any (i.e., change resident complement, change curriculum, training sites, space, etc.)

Program's Best Practices: List any administrative or educational practices the program uses that are innovative and work well, and that could be shared with other programs as "best practices." Submit copies of forms that you consider being effective with the report.

Findings: Discuss the Special Review Committee's findings.

Recommendations:

1. List areas NOT in compliance with the ACGME program and Institutional Requirements and make a recommendation(s) for how to correct; cite the specific ACGME program requirement.

1. List and make recommendations about areas that, although in compliance with requirements, need to be strengthened.
2. List and make recommendations on areas that are not described in the ACGME requirements but that need to be monitored or strengthened. (e.g., quality of applicants, etc.)

Follow-up
As a result of this review the GMEC has determined that the following actions are necessary (use additional space as needed):

1. Please submit a plan to the GMEC to address the potential threats, areas of concern and focused items by *Insert date.*

2. A follow-up report to the GMEC will be needed by *Insert date.*

Example:
1a. Residents are not regularly evaluated. There was only one completed resident evaluation in resident folders. The residents did not remember twice yearly review meetings with Program Director. Program Requirement V2a.

1b. Recommendation: Program Director must ensure that the faculty complete the residents' evaluation. Consider implementing a web-based evaluation system to increase accessibility. Review the web-based system being used by the Internal Medicine and Pediatric Programs. Program Director must meet at least semi-annually with the residents to discuss performance and have the resident sign a summary of the meeting discussion.

Signature – Special Review Committee Chair

Date:

Special Review (SR) Report Template (#2)

Sponsoring Institution:	Tulane School of Medicine
Program Being Reviewed:	
Program Director:	
Current Accreditation Status:	
Date Special Review Instituted	
Date Formal SR Meetings:	
Date report presented to GMEC:	

SPECIAL REVIEW COMMITTEE (SRC)

NAME	TITLE/ SRC Chair/ PGY Level	DEPT/INSTITUTION

SPECIAL REVIEW - FACULTY REPRESENTING PROGRAM:

NAME	TITLE	DEPT/INSTITUTION

SPECIAL REVIEW – RESIDENTS REPRESENTING PROGRAM:

NAME	PGY Level	DEPT/INSTITUTION

PROCESS:
A Special Review (SR) of the _____program was conducted in accordance with the ACGME Institutional Requirements that became effective July 1, 2014 and include the expectation that GMEC provide oversight of underperforming programs through a Special Review process.

OVERVIEW:

Accreditation Status:
Cycle Length:

1. Concerns that triggered Special Review

2. Findings regarding concerns from Special Review

3. Additional concerns identified during Special Review

4. Action plan and follow-up

SPECIAL REVIEW TEAM RECOMMENDED ACTIONS

Quality improvement goals to address areas of non-compliance and/or concerns

Corrective actions ***required*** to achieve accreditation compliance and achieve established educational objectives:

Corrective actions ***recommended*** for enhancing or strengthening the quality of the Program;

SIGNATURE: DATE:
Special Review Committee Chair

Program Under Special Review:_____

Program Compliance Documents: Please indicate which documents were reviewed			
	ACGME Notification Letter with Citations		Program Summary
	Faculty Survey		Faculty Scholarly Activity
	Resident Survey		Resident Scholarly Activity
	Procedure Log		Specialty CPR
	Patient Safety Activities		QI Projects
	Prior Report		GMEC Approved GME Policies
	Program Supervision Policy		Program Transition Policy
	Duty Hours		PLA
Resident Files			
	Current		Graduate
	Transfer In/Out		Resign/Dismissal
Evaluations:			
	Resident Evaluation by:		
	Faculty		Peers
	Patients		Self
	Other Staff		
	Semi-Annual Evals		Final Evals
	Goals and Objectives by PGY year		Goals and Objectives by Rotation
	Conference Schedule		Eval of Faculty by resident
	Eval of Faculty by resident		Eval of Rotation by resident
	Eval of Program by Resident		Eval of Program by Faculty
Clinical Competency Committee:			
	Written Description with evaluation process		Membership
	Milestones		Promotion policy
	Remediation policy		Dismissal policy
PEC:			
	Written description		Eval and tracking protocols
	APE		Action Plan
	WebADS Review		WebADS Deadline Date: _____

Additional Guidance

1. **Is guidance available to Program Directors, and to residents, regarding the impact of extended absences on a resident's eligibility to take the resident's respective specialty board exams?**

   Each specialty board sets the maximum time that a resident may be absent from training before additional training is required. Each American Board of Medical Specialties ("ABMS") member board must have a written and accessible policy that states the training requirements for candidates to become eligible for initial board certification. ABMS member boards with training programs of two (2) or more years duration must allow for a minimum of six (6) weeks of time away from training for purposes of parental, caregiver, and medical leave, at least once during training, without exhausting all other allowed time away from training and without extending training. ABMS member boards must allow all new parents, including birthing and non-birthing parents, adoptive/foster parents, and surrogates to take parental leave. The ABMS guidance is available here: https://www.abms.org/wp-content/uploads/2020/11/parental-caregiver-and-medical-leave-during-training-policy.pdf and may be updated from time to time.

General

2. **In the event a resident uses the total of the six (6) week paid parental leave benefit and has or adopts another child while training in the same program, does the resident qualify for additional six (6) weeks of paid parental leave?**

   No. The six (6) weeks paid medical, parental and caregiver leave benefit will renew for a second period of eligibility only if a resident continues to a different graduate medical education program.

   In the event a resident uses the six (6) weeks paid medical, parental and caregiver leave as parental leave and has or adopts another child while training in the same program, FMLA (after at least 12 months of employment) and other unpaid time may still be available to the resident for leave.

3. **May a resident take six (6) weeks of paid medical, parental and caregiver leave and twelve (12) weeks of unpaid leave?**

   No. The first 6 weeks of paid leave runs concurrently with the first 6 weeks of FMLA leave. Once the first 6 weeks of paid leave are exhausted, the remaining 6 weeks of FMLA leave are unpaid.

4. **Are there any limitations under the FMLA for spouses working for the same employer?**

   A husband and wife who are eligible for FMLA leave and are employed by the same covered employer may be limited to a combined total of 12 weeks of leave during any 12-month period if the leave is taken for birth of the employee's son or daughter or to care for the child after birth or for placement of a son or daughter with the employee for adoption or foster care or to care for the child after placement, or to care for the employee's parent with a serious health condition.

   Under Department of Labor regulations, spouses working for the same employer are entitled to a combined total of 12 weeks of FMLA leave for the birth or adoption of a child or to care for a sick child or parent. If residents are married and both residents are training with the School of Medicine and are eligible for FMLA, each spouse is eligible to take 6 weeks of paid leave* individually per training program that runs concurrently with FMLA. Once the total amount of combined 12 weeks (6 and 6) of

paid leave is exhausted, any additional FMLA leave for the birth or to care for the child after birth or for placement will be unpaid. * Paid Medical, Parental/Pregnancy and Caregiver Leave, pg. 5 sec G.

5. **If a resident has taken his/her/their six (6) weeks of paid parental leave and the resident qualifies and elects to take an additional two (2) weeks of parental leave under the FMLA, is additional training required?**

   The Institution must "ensure that each of its ACGME-accredited programs provides its 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)." (ACGME Institutional Requirement 4.8.g.)) The Program Director, in consultation with the Clinical Competency Committee regarding a resident's competency and considering specialty board policies, must determine if a resident taking leave will need to extend his/her/their training, either to satisfy competency and program training requirements or due to the policy of the applicable specialty certifying board.

6. **Is there a timeframe within which residents must use the week of paid time off that is reserved for use outside of the first six (6) weeks of the first approved medical, parental, or caregiver leave(s) of absence taken?**

   The reserved one week of paid time off (outside the first six weeks of approved medical, parental, and caregiver leave of absence) is to be available within the appointment year in which the 6 weeks of paid medical, parental or caregiver leave is taken. The reserved week does not carry over into subsequent years of the resident's program.

7. **If a resident taking his/her/their six (6) weeks of paid caregiver leave has two (2) weeks of sick leave and four (4) weeks of vacation time available, are all six (6) weeks of sick and vacation leave applied to the leave?**

   The sick leave and vacation time would be applied to the paid caregiver leave. One (1) additional week of paid time off would be available for the resident's use during the appointment year in which 6 weeks of caregiver leave was taken.

<u>Medical and Caregiver Leave</u>

8. **How is "child," "parent" and "spouse" defined for leaves of absences?**

   "Child," "spouse" and "parent" are interpreted consistent with the FMLA. For example, "child" includes a biological, adopted, or foster child, stepchild, legal ward, or child of a person standing in *loco parentis.*

   "Parent" means a biological, adoptive, step or foster father or mother, or any other individual who stood in *loco parentis* to the qualifying resident when the resident was a child. The term does not include parents-in-law.

   "Spouse" includes individuals in same-sex marriages.

8. **Must (eligible) residents prove that either they have or that a qualifying family member has a serious health condition?**

   The School of Medicine may require that the need for leave for a serious health condition of the resident or the resident's immediate family member be supported by a certification issued by a health

care provider. The School of Medicine must allow the employee resident at least 15 calendar days to obtain the medical certification.

Recording Leaves of Absences for Resident Hours

9. **How are resident leaves of absence recorded?**

Residents are responsible for requesting vacation, educational leave, or other, short-term leaves of absence from their Program Directors. Once approved, the GME Program Administrator provides a personnel action form to the GME Office for confirmation and inclusion in the resident's GME personnel files.

Requests for medical leave are considered separately. Residents requesting 3 or more days of medical leave must complete a "Resident/Fellow Medical, Parental or Caregiver (6 weeks) Leave of Absence Request Form" as far in advance as possible, and simultaneously obtain PD approval and submit to leaverequest@tulane.edu to determine FMLA eligibility. A copy of the request must also be sent to HWeisler@tulane.edu in the GME Office.

10. **How are resident Wellness Days recorded?**

Departments will be asked to track this leave time separate from sick and vacation time but may not require that residents/fellows provide documentation of appointments.

Appendix G: **Request to Be Excused from Jury Duty template** *7/14/2023*

TULANE LETTERHEAD

DATE

ADDRESS OF COURT

RE: TRAINEE NAME
TRAINEE ADDRESS

To Whom It May Concern:

NAME OF TRAINEE, MD/DO, is a resident in his/her/their INSERT PGY # year of training at Tulane School of Medicine Department of NAME in New Orleans, Louisiana. It is my understanding that he/she/they has recently been summoned for jury duty in the NAME OF COURT, Parish of NAME, State of Louisiana.

This letter is a request for an exemption of jury duty on DATE. Dr. NAME has obligations concerning primary on-call patient care for INSERT BRIEF DESCRIPTION OF DUTIES. According to the Accreditation Council of Graduate Medical Education and NAME OF SPECIALTY BOARD, if he/she/they is unable to fulfill all requirements during his/her/their academic years throughout the residency, Dr. NAME would be unable to complete his/her/their residency on time.

Please consider the above information to excuse NAME OF TRAINEE from jury duty. After the completion of his/her/their residency, he/she/they will be pleased to perform his/her/their jury duty obligation.

Please feel free to contact me at (504) PHONE NUMBER if I can be of further assistance.

Sincerely,

NAME OF PROGRAM DIRECTOR
FULL TITLE
NAME OF TRAINING PROGRAM

Appendix H: **Approval for Resident Moonlighting** *Revised 11/12/2025*
(addendum to Moonlighting Policy approved 11/12/2025)

Individual specialties may have specific restrictions for moonlighting that supersede the GME Policy. Residents/Fellows should consult with their Program Directors prior to accepting moonlighting assignments of any kind to ensure compliance with their program's requirements.

Please check type of activity you will be performing:

☐ **Expanded Clinical Activity** (ECA): additional voluntary clinical work beyond the hours usually assigned as part of a residency/fellowship training program which is within the scope of the current training program for which the resident/fellow ("trainee") is compensated beyond the regular annual salary specified in the Tulane residency employment contract. The ECA complies with training requirements established by the ACGME and the Exchange Visitor Sponsorship Program of ECFMG/Intealth, including but not limited to requirements for faculty supervision and work hour limitations; occurs under the direction of a faculty member associated with the training program; and is provided only at a participating institution at which the trainee's residency or fellowship program has established rotations.

ECA Requirements:

- PGY-1 residents are not allowed to moonlight under this scenario.
- J-1 Visa holders are allowed to moonlight under this scenario. Approval from the Program Director and ECFMG/Intealth is required for each ECA.
- The trainee must be in good academic standing.
- Expanded Clinical Activities must be educationally appropriate and comply with the trainee's core training responsibilities and cannot extend the length of the trainee's residency or fellowship (training period).
- The trainee is supervised by an attending physician.
- The Expanded Clinical Activity can be done with a physician in training permit.
- Tulane's professional liability insurance covers the Expanded Clinical Activity.
- Hours worked COUNT towards ACGME work-hour requirements and limits and must be logged in MedHub by the trainee.
- ECAs can only be done on off hours or evening hours and cannot be done during night float or Tulane rotations.
- If, in the opinion of the Program Director or the trainee's Clinical Competency Committee, an ECA adversely affects the trainee's performance, these privileges may be revoked.

☐ **Internal Moonlighting:** professional activity that is outside the course and scope of a trainee's educational program and that takes place at a participating institution at which the trainee's residency or fellowship program has established rotations. Trainees are not covered by Tulane professional liability insurance for internal moonlighting activity and are not supervised by an attending physician

Internal Moonlighting Requirements:

- PGY-1 residents are not allowed to moonlight under this scenario.
- J-1 Visa holders are not allowed to moonlight under this scenario.
- The trainee must be in good academic standing.
- The trainee must have professional liability insurance coverage which either the trainee or the hiring entity has purchased. Trainee is NOT covered by Tulane's professional liability insurance for internal moonlighting activity.
- The trainee must have a full Louisiana medical license.
- Hours worked COUNT towards ACGME work-hour requirements and limits and must be logged in MedHub by the trainee.
- If, in the opinion of the Program Director or the trainee's Clinical Competency Committee, an ECA adversely affects the trainee's performance, these privileges may be revoked.

☐ **External Moonlighting:** professional activity that is outside the course and scope of a trainee's educational program, and that takes place at a hospital/clinic that is not a participating institution at which the trainee's residency or fellowship program has established rotations. Trainees are not supervised by an attending physician while providing external moonlighting services.

External Moonlighting Requirements:

- J-1 Visa holders are not allowed to moonlight under this scenario.
- The trainee must be in good academic standing.
- The trainee must have professional liability insurance coverage either purchased by the trainee or the entity hiring the trainee for moonlighting service. Trainee is NOT covered by Tulane's professional liability insurance for external moonlighting activity.
- The trainee must have a full Louisiana medical license.
- The trainee must have Drug Enforcement Agency (DEA) licenses.
- Trainees are not permitted to wear any article of clothing that could connect the resident to the Sponsoring Institution
- Residents may only engage in approved Moonlighting activities in the State of Louisiana.
- Moonlighting can only be done on off-hours or evening hours and cannot be done during night float.
- If, in the opinion of the program director or the clinical competency committee, moonlighting activities are adversely affecting the resident's performance, moonlighting privilege may be revoked by the program director.

Name of Resident:_____ **PGY Level:**_____

Moonlighting Facility & Service: _____

(A new form must be completed for each facility)

Description of Moonlighting Activity:

Dates and Hours of Proposed Moonlighting:

Maximum Number of Hours of Moonlighting: _____/week or _____/month

In addition (please check each statement below),

☐ I understand that moonlighting activities are a privilege and an aspect of my professional activity that is separate and apart from my residency or fellowship training.

☐ I understand that I will not let these activities conflict with my attendance of or assigned clinical duties in my training program, and that they can only be done on off-hours or evening hours outside of scheduled residency or fellowship shifts.

☐ I understand that these activities are subject to the established institutional principles in the GME *Policy on Clinical and Educational Work Hours* and that these hours must be counted toward the 80-hour weekly work hour limit as outlined in the GME *Policy on Clinical and Educational Work Hours*, and that I am responsible for maintaining and logging these hours in MedHub.

☐ I have read the Tulane GME *Policy on Moonlighting* and my training program's Policy on Moonlighting, and understand that a violation of either of these policies may result in immediate suspension or dismissal in compliance with the GME *Policy on Remediation, Suspension, Dismissal and Grievance.*

☐ If I am a J-1 Visa holder, I understand that moonlighting activities are also subject to policies and guidelines of the Exchange Visitor Sponsorship Program of ECFMG/ Intealth.

_____ _____

Signature of Resident/Fellow Date

For Internal and External Moonlighting:

Resident/Fellow Name (please print):

Medical License #

Required Attachments:
1. Professional Liability Insurance in the trainee's own name
2. Federal Drug Enforcement Agency (DEA) Certificate

TO BE COMPLETED BY THE PROGRAM DIRECTOR (please check):

I approve the above request for:

☐	**Expanded Clinical Activity**	Maximum hours/month:
☐	**Internal Moonlighting**	Maximum hours/month:
☐	**External Moonlighting**	Maximum hours/month:
☐	**This resident is in good standing.**	
☐	**This resident/fellow is a J-1 Visa holder**. The Intealth Attestation of Supplemental Clinical Activity within the Training Institution form has been submitted and approved by ECFMG/Intealth.	

Signature of Program Director Date

A signed copy of this form (and the Attestation of Supplemental Clinical Activity within the Training Institution for J-1 Visa holders) must be retained in the trainee's department file.

Reasonable Suspicion Checklist and Reporting Form

Date of Report: _____ **Date/Time Period Covered by Observation**:_____

Employee Name: _____ **Job Title**:_____

Supervisor: _____

Corroborating Witness (*if applicable*): _____

Physical Symptoms

(***Provide explanation where appropriate***)

- ❑ flushed or pale face
- ❑ dilated or constricted pupils (note which)
- ❑ constricted pupils
- ❑ glassy eyes
- ❑ bloodshot or red eyes
- ❑ sniffles/runny nose
- ❑ swaying, wobbling, staggering or falling
- ❑ dizziness
- ❑ excessive sweating in cool areas
- ❑ smell of liquor
- ❑ strange chemical odor on breath
- ❑ burnt rope smell on clothes, hair or body
- ❑ drowsiness
- ❑ incoherent, confused or slurred speech
- ❑ apparent insensitivity to pain
- ❑ reduced reaction time
- ❑ poor coordination
- ❑ increased or depressed breathing rate
- ❑ tremors
- ❑ other (*explain*) _____

Behavioral

- ❑ antagonistic
- ❑ restless
- ❑ overreacts to minor things
- ❑ unusually talkative/rapid speech
- ❑ excessive laughter or hilarity
- ❑ baseless panic
- ❑ withdrawn
- ❑ rapid mood swings
- ❑ irritable
- ❑ combative
- ❑ depressed
- ❑ paranoid
- ❑ other (*explain*) _____

Work Symptoms (*Provide explanation where appropriate*)

- ❑ doesn't follow task instructions
- ❑ shows disregard for safety of self and others
- ❑ exhibits excessive carelessness
- ❑ appears unable to concentrate fully
- ❑ excessive mistakes
- ❑ unexplained declines in productivity
- ❑ dangerous behavior/needless risk taking
- ❑ unable to order tasks
- ❑ forgetfulness
- ❑ excessive focus on minute details
- ❑ unexplained and frequent absences from work area
- ❑ other (*explain*) _____

Long Term Symptoms

- ❑ complaints from coworkers
- ❑ excessive work absences
- ❑ leaves job early for variety of excuses
- ❑ comes late form a variety of excuses
- ❑ accident prone
- ❑ general poor and deteriorating physical condition
- ❑ weight loss
- ❑ other (*explain*) _____

General Comments: _____

_____

_____

By (*signature*) _____

Title: _____

Action

- **Refer to Drug Test ❑**
- **Refer to MAP/EAP ❑**
- **No further action at this time ❑**

Meeting Notes: _____

_____

_____

_____Date of meeting: _____

Appendix J: **School of Medicine Student/Trainee Mistreatment Policy** *12/13/2023*



Policy Title: Student/Trainee Mistreatment

Accountable Dean(s) or Office(s):

Office of the Dean
Associate Dean for Admissions and Student Affairs
Associate Dean for Education and Academic Affairs
Associate Dean for Graduate Medical Education/Designated Institutional Official

Reviewed By:
Professionalism Program Advisory Board

Approval Body:
Executive Faculty

RELEVANT ACCREDITATION STANDARDS:
LCME: 3.6 Student Mistreatment
ACGME: VI The Learning and Work Environment

POLICY STATEMENT AND PURPOSE:
The LCME states: A medical school develops effective written policies that define mistreatment, has effective mechanisms in place for a prompt response to any complaints, and supports educational activities aimed at preventing mistreatment. Mechanisms for reporting mistreatment are understood by medical students, including visiting medical students, and ensure that any violations can be recorded and investigated without fear of retaliation.

The ACGME states: The Sponsoring Institution must ensure that its ACGME-accredited 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. Residents/fellows and faculty members must have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. Moreover, the Sponsoring Institution must have a process for education of residents/fellows and faculty members regarding unprofessional behavior, and a confidential process for reporting, investigating, monitoring, and addressing such concerns in a timely manner.

POLICY STANDARDS:

Tulane University School of Medicine (SOM) is committed to creating and maintaining a positive and supportive learning environment that is professional, respectful, inclusive, and intellectually stimulating. The SOM's Guiding Principles outline our core institutional values and include respect, ethical integrity, communication, accountability, and drive for excellence. When observed or experienced behaviors do not align with these core values, the SOM has a clear process for reporting incidents, a transparent process for reviewing and resolving them, and a system to ensure accountability of all members of our community. It should be noted that Tulane SOM has a zero-tolerance policy regarding retaliation against those submitting concerns, and if reported, will be the focus of investigation and sanctions.

DEFINITIONS:

For purposes of this policy, the following definition applies:

- Mistreatment: As defined by the AAMC, mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process (Medical School Graduation Questionnaire, 2011).

EXAMPLES OF MISTREATMENT AND/OR UNPROFESSIONAL BEHAVIOR:

When submitting a concern form, reporters are asked to select the type of behavior witnessed or experienced using categories derived from the LCMC B-SAFE system. These categories were modified to include other relevant examples as well as definitions – see below.

- *Discrimination* – the practice of unfairly treating a person or group based on the class or category to which that person belongs rather than individual merit.
- *Disruptive/inappropriate behavior* – Behavior that interferes with the normal flow and functioning of the learning and/or work environment.
- *Bullying* – persistent pattern of mistreatment from someone in the workplace that causes either physical or emotional harm.
- *Harassment* – any act of verbal or non-verbal physical aggression, intimidation, or hostility. Examples: conduct or material (physical, oral, written, graphic, social media) involving slurs, negative stereotyping, threatening, intimidating, or hostile acts toward an individual or group because of age, color, disability, etc.
- *Implicit bias*- attitudes or stereotypes that unconsciously affect our actions, decisions, and understanding.
- *Inconsiderate/rude* – lack of regard for the rights or feelings of others.
- *Intimidation* – any behavior, educational process, or tradition that induces fear in the learner.
- *Microaggression* – subtle verbal or nonverbal insults or denigrating messages communicated toward a marginalized person, sometimes by someone who may be well-intentioned but unaware of the impact of their words/actions. Examples: Where are you *really* from?
- *Macroaggression* – making statements or actions towards whole classes of groups or populations.
- *Verbal abuse* – engaging in shouting, belittling, or ridiculing remarks.

- *Physical abuse* – throwing objects at, pushing, or exposing to hazardous situations.
- *Ineffective communication* – failure to demonstrate active listening, benign neglect or ignoring, or lack of respect/empathy.
- *Retaliation* – actions or words intentionally taken against an individual due to the individual's reporting of unwelcome or unprofessional behaviors, discrimination, or harassment. Examples: disciplining, changing working or educational conditions when not related to legitimate reasons; providing inaccurate information to or about a person; preventing professional development or advancement, or refusing to discuss the work central to one's assigned duties.
- *Sexual harassment* – any unwelcome sexual advance, request for sexual favors, or other unwanted conduct of a sexual or suggestive nature, whether verbal, nonverbal, graphic, physical, electronic, or otherwise.
- *Sexual assault* – having or attempting to have sexual contact with another individual without consent.
- *Failure to uphold ethical/professional principles related to the practice of medicine* – behavior that violates the ideals of medical professional conduct. For example: failure to meet clinical responsibilities, such as arriving late or failing to show up to clinic or a required activity; misrepresenting work; failure to correct deficiencies in academic performance in a responsible and timely fashion, etc.
- *Other*

REPORTING AND INVESTIGATING ALLEGED INCIDENTS:

Perceived mistreatment of a learner or any member of the learning environment, either experienced or witnessed, should be reported via the mechanisms outlined on the Professionalism/Environment of Learning website.

In brief, online reporting mechanisms include:

1) Tulane University Campus Reporting Form, particularly for issues involving Title IX/Sexual Misconduct and Bias/Discrimination. 2) Professionalism Program Concern Form.

For medical students, the following should also be noted:

3) Students can report mistreatment verbally or in writing to the course or clerkship director, the Associate Dean for Admissions & Student Affairs, the Associate Dean for Education and Academic Affairs, or another individual whom they trust. If reported via this mechanism, the reporter and/or person receiving the complaint is encouraged to submit the concern via the Concern Form for tracking and follow-up purposes.

4) All module and clerkship evaluations include a link to the Professionalism Program Concern Form.

5) Links to the Concern Form are also accessible via the student learning management system.

PROCEDURES FOR RESPONDING TO ALLEGATIONS OF MISTREATMENT:

All reports submitted via the Professionalism Program concern form are first received and documented by the Professionalism Program administrators. Concerns are then reviewed by the TRIO and triaged

using established protocols for intervention. If the concern involves behavior that suggests a violation of Title IX or imminent danger, the report is immediately referred to the Office of Institutional Equity (OIE) and/or TUPD for a complete review.

Processes for review and follow-up vary depending on the nature of the concern and are summarized under the tab '*Review of Reports of Concerning Behavior'* on the Professionalism/Environment of Learning website.

In terms of concern resolution, all individuals responsible for addressing concerns (identified in algorithms on the website) will formally notify Professionalism Program administrators when the intervention is complete. If the reporter identifies themselves on the submission form, they are notified directly via email when the concern has been addressed. For those who report concerns anonymously, they are provided with a Case ID number upon submission and can track the status of their concern on the Professionalism Program website via the Status Update on Submitted Form. Regardless of whether the reporter self-identifies or is anonymous, specifics about how the concern is addressed are not provided. Reporters are, however, kept informed regarding when the concern has been evaluated, appropriately triaged, and a resolution report received.

ACCOUNTABILITY:

In order to build and maintain trust in the Professionalism Program and reporting system, all relevant data and metrics associated with concern reports are reviewed in aggregate by the Advisory Board, Graduate Medical Education Council Professionalism Subcommittee, and
General Medical Faculty on a quarterly basis. Moreover, statistics are posted on the Professionalism Program website under the tab titled Program Statistics. These reports are updated quarterly and include an aggregate summary of concern types, counts by employee classification, as well as the outcome status. Cumulative statistics, which include a 36-month rolling average of concerns, are also updated quarterly and accessible via the website. Finally, Department Chairs receive a quarterly report detailing the count of concerns received about their department, the classification of the person being reported, and how the concern was addressed.

LAST REVIEW DATE/APPROVAL:

Professionalism Advisory Board: 09/12/23
Executive Faculty: 10/16/23

REVIEW CYCLE:

Annually

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