

TULANE UNIVERSITY SCHOOL OF MEDICINE

RESIDENT AND FELLOW
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES

2022-2023

*Effective July 1, 2022
Updated January 2023*

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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 12/01/2021*

I. References

In accordance with Section IV.B 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

Throughout this Policy and the School of Medicine's additional GME Policies and Procedures, the term "resident" collectively refers to both residents and fellows and "residency program" or "School of Medicine residency program" collectively refers to residency programs and fellowship programs.

III. Policy

A. Resident Eligibility

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. International medical graduates who are not United States citizens must also hold a current, valid J-1 Visa sponsored by the ECFMG. In general, the School of Medicine does not sponsor work visas (H1-B) for graduate medical education. The School of Medicine makes limited exceptions to this policy. A program seeking to sponsor an international medical graduate through the H1-B work visa process must obtain the written approval of the DIO.
3. 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.

4. 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.
5. 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.
6. 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. 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 National Board of Medical Examiners (NBME) (i.e., United States Medical Licensing Exam (USMLE)) or COMLEX scores;
 - f. The applicant's scholarly and community service record;

- g. The applicant's noteworthy achievements, humanistic qualities, personal qualities consistent with excellence in medicine and qualities important to the desired specialty; and/or
 - h. 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 in order 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 or its participating sites.

C. 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 the preventive medicine fellowship programs (or 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, that 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.

D. 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 start date for the resident in the new program must also be approved by the resident's current Program Director.
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.

E. Agreement of Resident Appointment/Contract

1. Residents who match to a School of Medicine residency 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 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.

F. 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.

G. Completion of USMLE Step Examinations

1. The USMLE Step II Clinical Knowledge (CK) and Clinical Skills (CS) tests must be passed prior to matriculation into a residency program.
2. STEP III must be passed by December 31st of the PGY2 year of residency training. Failure to pass STEP III 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 II or Step III (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 III by June 30th of the PGY-1 of training will be placed on immediate probation and leave without pay in accordance with the *Policy on Remediation, Suspension, Dismissal and Grievance*. The probation will remain in effect until Step III has been taken and the Program Director receives the supporting documentation that the resident has taken the exam. The Clinical Competency Committee and/or Program Director will determine the maximum probation and leave timeline.
5. Step III must be passed by December 31st of the PGY-2 year of residency training. Failure to pass Step III by December 31st may result in a formal letter of non-renewal of contract for the upcoming academic year.
6. No resident may advance into PGY-3 of training unless the resident has passed Step III.

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

1. To provide additional educational experiences or assignments, residents may, occasionally, be permitted to rotate to a residency program outside of Tulane Medical Center and/or other School of Medicine participating sites. All external rotations must be approved by the resident's Program Director.
2. To receive training credit for external rotations, the rotation must be at an ACGME-approved training location and the rotation must be under the supervision of an ACGME-accredited residency program. 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.

I. 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.

J. External Resident Rotations at a School of Medicine Participating Site

1. External rotators 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 external rotator seeks to rotate and the GME Office must approve the external rotation to ensure that the presence of the external rotator enhances and does not disrupt the educational experience of the residency program's appointed residents.
3. The external rotator's sponsoring institution must financially support the rotator, including salary, benefits, and professional liability insurance, while the resident is rotating in a School of Medicine sponsored residency program.
 - a. If the external rotator'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 approve the rotation, not to facilitate the contract between the external rotator's sponsoring institution and the hospital.
 - b. If the external rotator'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 an external rotator 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 external rotator 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 external rotator's sponsoring institution;
 - ii. Verification of malpractice insurance;
 - iii. Assuring the appropriate orientation for the hospital/clinic rotations at which the external rotator will rotate;
 - iv. Completing appropriate forms (TB testing, etc.) as required by the hospital at which the external rotator will rotate;
 - v. Obtaining a hospital ID card;
 - vi. Arranging for parking/beeper and other required amenities;
 - vii. 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;
 - viii. Ensuring appropriate evaluation forms are returned to the rotator's sponsoring institution; and
 - ix. 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.
- 5. Once the external rotator has complied with these procedures, for the purposes of hospital credentialing, the external rotator will be considered a part of the residency program for the time that the external rotator rotates at the School of Medicine affiliated hospital. All School of Medicine policies and procedures that apply to School of Medicine residents apply to external rotators during the rotator's time with the School of Medicine, including, but not limited to, grievance and supervision policies.
- 6. As stated above, the GME Office is not responsible for the credentialing of an external rotator. The receiving Program Coordinator and Program Director have this responsibility.
- 7. Programs must report circumstances when the presence of an external rotator interferes with the residents' education to the DIO and to the GMEC.

K. Residents not in ACGME-accredited programs

- 1. Post residency or fellowship trainee are trainees who have previously completed their residency in an ACGME-accredited program who are now seeking to engage in additional clinical training for which there is no ACGME-accredited program (e.g., fellows seeking additional clinical training outside of ACGME-accredited training programs).
- 2. The procedure and policies for a non-accredited trainee to participate in a residency program is as follows:

- a. The trainee must receive prior approval from the Program Director. The Program Director is responsible for ensuring that the non-accredited trainee's presence enhances and does not disrupt the educational experience of the residents in the residency program;
- b. The DIO must approve the non-accredited trainee's participation in the residency program;
- c. The non-accredited trainee must be credentialed by the credentialing committee for the hospital at which the non-accredited trainee will rotate. Credentialing of non-accredited trainees is the responsibility of the hospital credentialing committee and not the responsibility of the GME Office. The GME Office will provide no verification of training for non-accredited trainees;
- d. The departmental Chair is responsible for ensuring that the non-accredited trainee complies with all applicable School of Medicine and affiliated hospital policies, including but not limited to, HIPAA training and compliance;
- e. Non-accredited trainees are the responsibility of the sponsoring department and residency program and not of the GME Office or any other residency program. Non-accredited trainees will not be provided financial compensation or benefits, including malpractice and health insurance, by the School of Medicine; and
- f. The rights afforded to residents in residency programs are not extended to non-accredited trainees, including but not limited to, due process and grievance. Applicable rights are the responsibility of the sponsoring department. Non-accredited trainees 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.
- g. Programs must report circumstances when the presence of a non-accredited trainee interferes with the residents' education to the DIO and to the GMEC.

L. Observers

1. Observers are trainees who have not completed nor are they enrolled in an ACGME-accredited residency program.
2. Observers may participate in a residency program as follows:
 - a. The observer must receive prior approval from the Program Director. The Program Director is responsible for ensuring that the observer's presence does not disrupt the educational experience of the residents in the residency program;
 - b. A School of Medicine faculty member must agree to sponsor the observer. 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;
 - c. The DIO must approve the observer's participation in the residency program;
 - d. 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;
 - e. Observers are not employees of the School of Medicine, instead:
 - i. The School of Medicine will not provide financial compensation or benefits, including professional liability insurance, to observers;

- ii. The rights afforded to Tulane employees and residents, including but not limited to, due process and grievance, are not extended to observers; and
 - iii. 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; and
- f. Observers will not be offered credit towards residency requirements.
3. Residency programs may not charge observers for their participation.

M. Institutional Oversight

1. In fulfilling institutional oversight responsibilities, the GMEC, directly and through applicable GMEC subcommittees, will monitor residency program compliance with this Policy.

IV. References/Associated Policies

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

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

I. References

In accordance with Section IV.I.4 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 oe@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>.

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

Revised 12/15/2021

I. References

In accordance with Section IV.O 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 *IV. Policy on Disaster/Interruption of Resident Training*

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

I. References

In accordance with Section IV.N of the ACGME Institutional Requirements, the Sponsoring Institution must have 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, *III. Policy on Closure, Reduction, or Expansion*

SECTION 2: RESIDENT SUPPORT & CURRICULUM

V. Policy on Financial & Resource Support of Residents

- A. Parking is provided for residents assigned to UMC, TMC, and SLVHCS (VANO) at the downtown medical campus, and through individual affiliated training locations as specified in affiliation agreements.
1. All residents will be provided parking at the downtown medical campus.
 2. Select programs will be provided additional parking for residents at UMC and the SLVHCS (VANO).
 - a. These positions are prioritized for programs that have:
 - i. Prolonged shifts in the hospital (whereby they would be leaving at odd hours of the night when the shuttles do not run),
 - ii. Programs that are already up against the 80 hour/week duty limit, such that waiting for shuttles on the afferent and efferent side of transportation would risk non-compliance with the 80 hour limit.
 3. For residents that do not have additional parking at UMC and the VA, a shuttle service will be provided that rotates on a downtown-only campus loop.
 - a. Shuttle times can be found at <http://www.shuttles.tulane.edu>
 - b. Residents can access the PassioGo app for real-time GPS shuttle locations and the TAP-RIDE app, which enables a resident to request a shuttle on the downtown medical campus when needed.
 - c. Residents can access the Everbridge app which provides safety information and enables residents to request a virtual safety escort regardless of method of transportation.
<https://publicsafety.tulane.edu/rave-guardian>
 4. Residents coming into the VA or UMC after hours, or those on a service where they are emergently called over to the hospital for an emergent procedure/operation, can stop by the security desk next to the ED and get their parking validated for a free exit.
- B. Pagers are provided for the duration of the residencies. Each resident is responsible for returning the pager at the completion or termination of training; a seventy (\$70) dollar charge will be assessed for lost or stolen pagers. The GME Office provides each program with an adequate number of pagers; distribution is the responsibility of the program coordinators.
- C. Technology Services Support. Tulane University provides free informational and tech support for all resident/faculty computer questions/assistance through the Technology Services Help Desk (504-988-8888).
1. Each resident is given an email account and password, providing 24-hour access to educational materials on the Tulane University website, including on-line streaming video of important lectures, and the Tulane Library. Through the Tulane Library website, residents have 24-hour access to Up-to-Date, Medline, Ovid, DynaMed Program, and Exammaster. These services provide access to full-text journal subscriptions as well as other on-line medical textbooks, providing access to specialty-specific and other appropriate reference material in print as well as electronic format.
 2. On-line evaluation services are provided at no charge for each resident, allowing for the convenience of at-home evaluation review and completion.
 3. Each resident is provided HIPAA training as a part of the orientation, and after completing this training, can receive additional training at no cost to learn how to access the electronic medical records of the three primary training locations at Tulane: UMC (EPIC), TMC (Meditech and E-Clinical Works) and the VA (CPRS). For residents enrolled off-cycle, it is the responsibility of the sponsoring training program to

ensure that the resident has received appropriate HIPAA training at each clinical institution through which he or she will rotate. Residents will be required to complete HIPAA training annually.

4. Each call room is to contain a telephone and a computer, to ensure 24-hour access to the medical literature and educational resources necessary for optimal learning and patient care, as well as access to the electronic medical record of the hospital in which the resident is providing patient care.
- D. Each hospital in which residents perform inpatient and home-call care must have the following components:
1. Safe, quiet, and private sleep/rest facilities for those residents on call. Each call room must have access to a computer and a telephone.
 2. Each facility must offer 24-hour access to food for those residents who are on-duty at that location.
 3. Security and safety measures appropriate to the participating site.
- E. Simulation Center. Each resident is offered access to Tulane University's simulation center at no additional cost.
- F. Health Insurance is provided to residents at no cost. Family health coverage is available at an additional cost to the resident. Health insurance eligibility is available to the resident on the first date that the resident is to report for employment, as specified in the resident contract.
- G. Optional dental and/or vision insurance is available to residents and their families at an additional cost. Dental and vision insurance eligibility is available to the resident on the first date that the resident is to report for employment, as specified in the resident contract.
- H. Life & Disability Insurance - A \$25,000 life insurance policy is provided at no cost to residents. Supplemental insurance may be purchased by the resident. Disability insurance is provided at no cost to the residents. Life and disability insurance eligibility is available to the resident on the first date that the resident is to report for employment, as specified in the resident contract.
- I. Malpractice insurance is provided at no cost to the residents through the Office of the General Counsel. Tulane residents are included in the Self-Insurance Trust Program for professional liability coverage (Occurrence Coverage). Under the following circumstances, this coverage is secondary to coverage that is otherwise provided. Official documentation of the details of liability coverage are available to the resident at the request of the individual. Any questions about the coverage addressed below can be addressed to the Director of Risk Management for Tulane University (504-865-5783) or the Office of Associate General Counsel for the Health Sciences Center (504-988-5031).
1. Private Healthcare Institutions within the State. Under the Tulane coverage, the first \$100,000 is covered by Tulane; the remaining \$400,000 (up to the statutory limit of \$500,000) is provided through the Patient's Compensation Fund. As a safety net in case the statutory cap is removed, the Tulane Self-Insurance Trust program provides an additional \$900,000 coverage under a separate policy. The coverage provided by Tulane through its Self-Insurance Trust and through the Patient's Compensation Fund is an occurrence-based coverage and therefore when residents leave Tulane, no tail coverage would be required.
 2. Rotations at State-operated Facilities. Residents are provided coverage through the State Malpractice Program. This is statutory coverage that provides that health care providers, including residents, who treat patients at any of the state institutions are considered State employees and the State is liable for their conduct. UMC is now a privately-operated facility and, therefore, the above provision #1 will apply.
 3. Veterans Administration Rotation. Those Residents on rotation within the VA system are considered covered under the Federal Tort Claims Act and therefore would be immune from any personal liability. In those situations, the federal government is obligated to provide the cost of defense and the satisfaction of

any judgments and/or settlements.

4. In all of the above cases, insurance is available to the resident on the first date of employment, as specified in the resident contract.
 5. Out of State Rotations. The primary coverage is determined pursuant to the affiliation agreement between Tulane and the affiliate institution. Residents would have primary coverage by the Tulane program, which includes a Self-Insurance component and/or coverage under a commercial insurance policy purchased by the University.
 6. Moonlighting. Tulane does not provide any coverage for moonlighting activities of a resident.
- J. Vacations & Educational Leave- With the approval of the program director, educational leave is allowed in some programs as outlined in Policy on Vacation and Leave Each resident is allowed no less than three (3) weeks of vacation per academic year. Additional weeks are at the discretion of the each residency program.
- K. Annual resident and fellow salaries for July 1, 2022 - June 30, 2023:

PGY I	\$55,912	PGY V	\$64,694
PGY II	\$57,787	PGY VI	\$67,496
PGY III	\$59,763	PGY VII	\$70,196
PGY IV	\$62,068	PGY VIII	\$70,196

- L. Counseling Services and Physician Impairment Resources. Tulane University is committed to fostering an environment in which residents feel safe in identifying and correcting academic and professional deficiencies without fear of reprisal or implications to their career. Residents are provided confidential counseling and behavioral health services, at no cost to the resident, as outlined in Chapter XV. Policy on Remediation, Suspension, Termination and Grievance, and Chapter XVI. Residents' Assistance Program and Resident Wellness. Residents are not reported to licensing agencies or The Tulane Administration for self-referral except in the extenuating circumstances as noted in Chapter XV. Policy on Remediation, Suspension, Termination and Grievance.
- M. Other Program Personnel and Support Services. The DIO, on behalf of the Sponsoring Institution, the respective chair and program director must jointly ensure:
1. The availability of all necessary professional, technical, and clerical personnel for the effective administration of the program.
 2. The appropriate number of program coordinator(s) to sustain the effective operation of the training program. Program coordinators must have sufficient support and time to effectively carry out their responsibilities.
 3. The availability of adequate resources for resident education, including space, technology, and supplies, are available to provide effective support for ACGME-accredited programs.
 4. All clinical rotations have support services to minimize residents' work that is extraneous to their ACGME-accredited programs' educational goals and objectives
 5. Residents' educational experience is not compromised by excessive reliance on residents to fulfill non-physician service obligations. These support services and systems must include:
 - a. Peripheral intravenous access placement, phlebotomy, laboratory, pathology and radiology services and patient transportation services provided in a manner appropriate to and consistent with educational objectives and to support high quality and safe patient care;

- b. Medical records available at all participating sites to support high quality and safe patient care, residents' education, quality improvement and scholarly activities.

VI. Policy on Moonlighting *Revised 12-21-2021*

I. References

In accordance with Section IV.K.1 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.

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. External Moonlighting: voluntary, compensated, medically-related work performed outside the site where the resident or fellow is in training and any of its related participating sites.
 - b. Internal Moonlighting: voluntary, compensated, medically-related work performed within the site where the resident or fellow is in training or at any of its related participating sites. Internal Moonlighting may have particular procedures or definitions specific to individual residency programs, not inconsistent with this definition.
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.

III. Moonlighting Requirements

1. All residency programs must have a written policy regarding Moonlighting that identifies whether or not 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 and any applicable ACGME Institutional, Common Program, Specialty/Subspecialty and Residency Review Committee Requirements. A residency program's Moonlighting policy may be more restrictive, but not less restrictive, than this Policy.
2. No PGY-1 resident may be permitted to Moonlight.
3. A resident may not Moonlight if the resident holds a J-1 visa or if Moonlighting is otherwise restricted under the terms of the resident's visa, as applicable.
4. Residents are not permitted to wear any article of clothing that could connect the resident to the Sponsoring Institution while participating in External Moonlighting, including but not limited to, white coats or scrubs that have "Tulane University School of Medicine" or a residency program name, logo, or emblem on them.
5. Programs may not require residents to engage in Moonlighting. Tulane University School of Medicine and/or any of its residency programs may prohibit Moonlighting at any time.
6. A resident who wishes to engage in Moonlighting, whether Internal Moonlighting or External

Moonlighting, must be in good standing and receive written approval from his/her Program Director. The Program Director's written permission must be included in the resident's training record maintained by the residency program with a copy to the GME Office. A resident 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.

7. Moonlighting must be conducted in compliance with relevant state and federal laws and regulations. All residents who engage in Moonlighting must have all licenses and registrations necessary to engage in Moonlighting, including Drug Enforcement Agency (DEA) licenses or registrations. Residents may only engage in approved Moonlighting activities in the State of Louisiana.
8. Residents must also have or carry professional liability coverage extending to the resident's Moonlighting activities. Professional liability insurance coverage (including any self-insurance coverage) provided to residents by Tulane University School of Medicine or by its participating sites cannot be used by residents for the purpose of 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 resident and the employer for which a resident is Moonlighting, to determine whether the resident has the appropriate licensure, training and skills to carry out Moonlighting duties.
9. 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*. Residents are responsible for maintaining and logging accurate works hours and time spent Moonlighting.
10. Moonlighting is a privilege and it must not interfere with the ability of a resident to achieve the goals and objectives of his/her residency program and must not interfere with the resident'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 resident's ability to provide effective patient care, adversely affecting the resident's participation in the residency program, is putting the resident at risk of a work hours violation, is causing excessive fatigue or if the resident fails to accurately report Moonlighting hours.
11. A violation of this Policy may result in immediate suspension or dismissal in compliance with the *Policy on Remediation, Suspension, Dismissal and Grievance*.

IV. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *VIII. Policy on Clinical and Educational Work Hours*
- Tulane University School of Medicine, Graduate Medical Education *XV. Policy on Remediation, Suspension, Dismissal and Grievance*

VII. Policy on Interaction with Vendors *Revised 11/12/2021*

I. References

In accordance with Section IV.L 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.

II. Policy

1. Tulane University School of Medicine residents 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. Residents 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. Attendance at educational programs that are not accredited by an Accreditation Council for Continuing Medical Education (ACCME) accredited provider should be approved in advance by the resident's Program Director and/or the Associate Dean for Graduate Medical Education/DIO for the School of Medicine. Registration fees and other support for participation in educational programs should not be accepted directly by any resident from an industry representative. Questions regarding attendance at and support for educational programs should be addressed to the Tulane Center for Continuing Medical Education in conjunction with the Office of Graduate Medical Education.
 - c. Individual gifts of minimal value that are related to the work of the resident, such as pens and notepads.
2. Residents should not participate in activities or accept gifts not included on the list above without specific permission from the DIO. In addition to this Policy, residents are expected to comply with the policies on vendor interactions in effect at each hospital or other participating site to which a resident rotates. If there is discordance between this Policy and a participating site's policy, the more stringent of the two will apply.
3. Questions regarding this Policy should be directed to the resident's Program Director or the Tulane University Office of General Counsel.

I. References

In accordance with Section IV.K of the ACGME Institutional Requirements, the Sponsoring Institution shall maintain a clinical and educational work hours 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 responsible 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, further monitors Work Hours. 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 and Internal Review Protocol and Policy Graduate Medical Education Programs* 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 *VI. 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

- A. Residents must have appropriate representation on institutional committees and counsels whose actions effect their education and patient care. Residents must be aware of, and participate in, institutional programs and medical staff activities. They must be knowledgeable about, and adhere to, established practices, procedures, and policies of each institution participating in the educational experiences and activities of their training program.
- B. The GME Office advocates on behalf of the Tulane Residency Programs to ensure that residents have representation on each of the following committees. During their course of training, each resident will have the opportunity to participate in one or more of the following institutional committees, as well as other similarly established institutional committees as they occur in all affiliated training institutions:
 - 1. Tulane University Hospital & Clinic:
 - Cancer
 - Critical Care Advisory
 - Ethics
 - Emergency Services
 - Infection Control
 - Information and technology committee
 - Medical Records
 - Operating Room
 - Pharmacy & Therapeutics
 - Performance Improvement
 - Transfusion
 - Utilization Review
 - Quality Improvement Counsel, Hospital
 - 2. Tulane University Medical School
 - Code Blue
 - Infection Control
 - Environment of Care
 - Utilization Review
 - PI Council
 - Stroke
 - Blood Utilization
 - QDC
 - Pharmacy/Therapeutics
 - Ethics
 - Critical Care
 - Perinatal
 - Radiation Safety
 - IRB work group
 - QIC
 - Chest Pain
 - SMAT
 - 3. VA Medical Center, New Orleans Executive Committee of the Medical Staff:
 - Cancer
 - Patient Rights/Ethics
 - Infection Control
 - Information and technology committee
 - Medical Records
 - Operative/Invasive Procedure
 - Pharmacy & Therapeutics
 - Performance Improvement
 - Utilization Review
 - Quality of Care
 - 4. UMC
 - Cancer Care Committee (Quarterly; 12 N)

Critical Care Committee (1st Friday of Even Months; 11:30 AM)
 Department Directors Meeting (3rd Thursday of every other month; 9:30 AM)
 Environment of Care Committee (3rd Tuesday of the Month; 10 AM)
 Ethics Committee (Last Wednesday of the month; 12 N)
 Lasers Committee (3rd Tuesday the last Month of the quarter; 1 PM)
 Medicine Surgical Unit PI Committee (1st Thursday of the Month; 9 AM)
 Mortality Review Committee (2nd Wednesday of the Month; 11 AM)
 Nutrition Committee (2nd Tuesday of the Month; 12 N)
 Patient Safety & Satisfaction (2nd Tuesday of the Month; 10 AM)
 Prisoner Care Committee (2nd Wednesday of every other Month; 10:30 AM)
 Research Committee (First Monday of odd months; 2 PM)
 Stroke Committee (2nd Thursday of the Month; 12 N)
 Trauma Care Committee (Every Monday at 1 PM)
 Trauma Peer Review Committee (Every Monday at 2 PM)
 Anesthesia/OR Committee (2nd Wednesday of the Month; 7AM)
 Comprehensive QM Committee (Last Thursday of the every month; 9AM)
 Credentials Committee (1st Thursday of the Month; 7AM)
 Infection Control Committee (4th Thursday of the Month; 12 N)
 Medical Records Committee (2nd Wednesday of the Month; 1 PM)
 Pharmacy and Therapeutics (3rd Tuesday of the Month; 12 N)
 Transfusion Committee (Last Monday of the Month; 10 AM)

5. External Organizations: Orleans Parish Medical Society, Local and National Specialty and Subspecialty Organizations

X. Policy on Core Curriculum and the Core Competencies

A. GENERAL COMPETENCIES

For the purposes of promotion and graduation, all Tulane residents must demonstrate progressive competency in the following areas. Failure to demonstrate competence in any one area is grounds for non-promotion.

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

B. PATIENT CARE

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

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

C. MEDICAL KNOWLEDGE

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

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

D. PRACTICE-BASED LEARNING AND IMPROVEMENT

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

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

E. INTERPERSONAL AND COMMUNICATION SKILLS

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

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

F. PROFESSIONALISM

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

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

G. SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

1. Understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
2. Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
3. Practice cost-effective health care and resource allocation that does not compromise quality of care.

4. Advocate for quality patient care and assist patients in dealing with system complexities.
5. Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.
6. Understand and be able to apply the Plan-Do-Check-Act (PDCA) method of systems improvement.

H. TRANSITIONS OF CARE

Residents must demonstrate knowledge and proficiency in the safe and effective transition of care for patients under their stewardship. Residents are expected to

1. Understand 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).
2. Identify the components of closed-loop communication, and successfully demonstrate proficiency of this communication strategy.
3. Identify the component of the written (or electronic) sign-out form that ensures patient safety.
4. Recognize the importance of timely completion of documents essential to facilitating successful transitions of care from one arena to the next (i.e., off-service notes, post-operative notes, discharge dictations).

I. PATIENT SAFETY AND QUALITY IMPROVEMENT

Residents must develop competence in the core components of patient safety and quality improvement. Residents are expected to:

1. Develop competency, through active participation, in Root Cause Analysis and Failure Modes Effect Analysis.
2. Identify how to report actual and near-miss patient safety events at each of the training facilities at which they rotate.
3. Demonstrate competence in the attitude of patient safety by regularly reporting such events, including:
 - a. Medication errors
 - b. Adverse medication reactions
 - c. Falls
 - d. Decubitus ulcers
 - e. Deep vein thrombosis
 - f. Unexpected changes in levels of care
 - g. Transitions of care fallouts
 - h. Hospital acquired infections (CAUTI, CLASBI, Vent-associated pneumonia, surgical site infections)
 - i. Antibiotic stewardship
 - j. And other events specific to the resident's field of practice
4. Identify the importance of closed-loop communication and situational awareness in the prevention of patient safety events
5. Identify common heuristics that lead to misdiagnosis or inappropriate assignment of treatment regimens.
6. Identify the role the healthcare system plays in augmenting or closing the gap in healthcare disparities

7. Recognize the role the healthcare system plays in making patient safety events more or less probable:
8. Recognize the importance of receiving data on physician performance in identifying areas for improvement in the healthcare system
9. Identify the components of the Plan-Do-Act-Study quality improvement model.
10. Demonstrate competence in the attitude of quality improvement, by regular participation in team-based, multidisciplinary quality improvement projects.

J. THE RESIDENCY PROGRAM'S RESPONSIBILITIES FOR ENSURING COMPETENCY IN EACH OF THE CORE COMPETENCIES

1. Each residency program director must ensure that the residency program curriculum addresses each of the six core competencies, and that all residents in the program are taught and evaluated in each of the six core competencies. Further, residents must be provided the entrustable professional activities (EPA's) within each of the core competencies, and the associated milestones of performance in each of these EPA's.
2. Resident evaluations must include an assessment of each of the six core competencies, as outlined by the milestone performance in each of the EPA's
3. Resident evaluations must utilize a 360° evaluation system to ensure an accurate assessment of professionalism and communication/interpersonal skills, including evaluations by faculty, patients, nurses, students, peers and other ancillary staff, as applicable to the rotation.
4. Mid-year and end-of-year summary evaluations must include an assessment of each of the six core competencies as detailed in Chapter XIV. Policy on Evaluation and Promotion.
5. Decisions for promotion or graduation must be made based upon demonstrated competency in each of the six core competencies. Failure to achieve competence in any one of the six core competency areas is grounds for non-promotion, as detailed in Chapter XIV. Policy on Evaluation and Promotion.
6. In addition to the above requirements, procedural-based specialties must monitor procedure, operative, and case logs, and incorporate an assessment of procedural competency into mid-year/end-year evaluations and promotion and graduation decisions.
7. Program directors must ensure that all residents entering a training program at Tulane University have successfully completed the TeamSTEPPS training.
8. Program directors must ensure that all residents receive formal instruction in the principles of safe and effective transitions-of-care.
9. Program directors, or their designees, must ensure that interns are directly observed in their transitions of care (i.e., sign out) until which point the program director is satisfied that the intern has demonstrated sufficient mastery of transitions communication to warrant transitions of care duties without direct supervision.
10. Program directors must ensure that residents understand how to report, and regularly report, patient safety events, including near-miss events.
11. Program directors must ensure that residents receive training in conducting RCA's and FMEA's, and that residents regularly participate in actual or simulated RCA's and FMEA's.
12. Each program must have a regularly occurring Morbidity/Mortality series throughout the year, with an emphasis on how the system contributed to the adverse events, and how the system could be changed to

prevent such events in the future.

13. Program directors must ensure that residents receive data from their respective hospitals on their practice habits such that there is an opportunity to improve in these areas.
14. Program directors must ensure that each resident participates in at least one team-based quality improvement project each year.
15. Program directors must submit an annual “State of the Program” document in June of each year to the GME Office as outlined in *Chapter XXII. Policy on Program Evaluation, Improvement, and Annual Program Reporting*. This document must contain a description of how the residency program teaches and evaluates the core competencies, and ensures compliance with the responsibilities outlined above.

K. THE RESIDENCY PROGRAM’S RESPONSIBILITIES FOR ENSURING COMPETENCY IN RESIDENTS’ TEACHING, EVALUATION AND SUPERVISION ABILITIES

1. In a medical school, residents provide an essential role in the instruction and supervision of medical students. Further, the act of teaching provides insight into the teacher’s own understanding of medicine, enabling him or her to identify areas of weaknesses, and subsequently to improve. Tulane Graduate Medical Education, therefore, is committed to the development of residents as teachers.
2. Training programs whose residents regularly interact with medical students are required to integrate the following principles of medical education into their curriculum:
 - a. Identify and understand the goals and objectives of the medical student curriculum, as applicable to the residents’ training program.
 - b. Develop and execute tangible expectations for the day-to-day activities of the clinical team.
 - c. Identify and effectively utilize strategies to optimize learner engagement in the learning content (motivation)
 - d. Apply visualization techniques such that learners can identify the utility of the teaching topic for their career, and identify areas of weakness they might encounter in utilizing the skill.
 - e. Anticipate areas of confusion, or areas prone to errors in the learners’ application of the material, and provide solutions proactively in preventing those areas.
 - f. Effectively utilize formative and summative feedback strategies to improve learner performance.
 - g. Identify strategies to ensuring an effective and respectful learning environment.
3. Training programs whose residents regularly interact with medical students are required to regularly assess residents’ teaching and supervision abilities using student evaluations of residents’ teaching abilities and direct observation by peers or supervisors of residents’ teaching and feedback abilities.

L. SUPPLEMENTAL TRAINING IN CORE COMPETENCY TRAINING UNIVERSAL TO ALL TRAINING PROGRAMS

1. The Tulane University GME Office provides initial training, as part of orientation, to all residents newly matriculating to a training program at Tulane. This training includes the following areas:
 - a. Sleep Deprivation and Fatigue Mitigation
 - b. Introduction of GME Staff/ Review of Policies and Procedures
 - c. Review of the Six Core Competencies
 - d. Clinical Coaching: Motivation, Visualization, Anticipation, Retention

- e. Feedback Strategies
 - f. Medical Malpractice, Error Reporting, and Patient Apologies
 - g. Sexual Harassment
 - h. Transitions of Care
 - i. Patient Safety
 - j. Quality Improvement
2. Following orientation, the Tulane University GME Office provides supplemental training in the core competencies, particularly for training modules that are universal to all training programs. These modules are not to preclude a training program from integrating similar or more in-depth training in each area, but rather to ensure that all Tulane residents receive foundational and on-going training in these topics.
 3. The on-line module approach is designed to allow residents to engage in self-directed learning that is conducive to their life schedule. Further, it is designed such that residents have the time to appropriately address and reflect upon the subject matter.
 4. Each module in the online course has a post-test, course evaluation and certificate of completion for users who successfully complete the course requirements. The respective program director is responsible for ensuring that each resident in his or her training program has successfully completed the required module.
 5. Each program director is responsible for ensuring that each resident completes his or her required modules, or a suitable alternative in the program's curriculum, prior to promotion to the next level of training, or in the case of the final year of training, prior to graduation.
 6. Requirements by PGY Level for the FY22-23 year are as follows.

LEVEL I (PGY-1) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Privacy and Confidentiality Resident Intimidation Patient Safety Building the Patient-Physician Relationship Thriving Through Residency: The Resilient Resident Creating an Effective and Respectful Learning Environment	LEVEL V (PGY-5) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Physician Health: Physicians Caring for Ourselves Creating an Effective and Respectful Learning Environment Fraud and Abuse Coding and Documentation for Resident Physicians
LEVEL II (PGY-2) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Working Effectively Within an Interprofessional Team Residents as Teachers Cultural Competency Coding and Documentation for Resident Physicians Physician Health: Physicians Caring for Ourselves	LEVEL VI (PGY-6) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Physician Health: Physicians Caring for Ourselves Creating an Effective and Respectful Learning Environment Fraud and Abuse Coding and Documentation for Resident Physicians
LEVEL III (PGY-3) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Health Care Quality: Measuring Physician Performance Patient Safety Quality Improvement Practices Physician Health: Physicians Caring for Ourselves Fraud and Abuse	LEVEL VII (PGY-7) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Physician Health: Physicians Caring for Ourselves Creating an Effective and Respectful Learning Environment Fraud and Abuse Coding and Documentation for Resident Physicians

Coding and Documentation for Resident Physicians LEVEL IV (PGY-4) Managing Unconscious Bias Sleep Deprivation: Your Life and Your Work Physician Health: Physicians Caring for Ourselves Creating an Effective and Respectful Learning Environment Fraud and Abuse Coding and Documentation for Resident Physicians	
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e. Any resident from a non-Tulane training program who has matriculated into Tulane University GME programs at the PGY 4 or above level will be required to complete Level II training for their first year at Tulane, and Level III for their second year at Tulane, in addition to the Level IV+ training requirements.

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

1. The Office of Graduate Medical Education must ensure that residency programs are fulfilling their obligation to ensuring that each resident develops competency in each of the six core competencies, and the components of patient safety and quality improvement.
2. Annual Program Evaluations will include specific questions as to how the program's educational curriculum teaches and assesses the six core competencies and the components of patient safety and quality improvement. See Chapter XXII Policy on Program Evaluation, Improvement, and Annual Program Reporting.
3. The Office of Graduate Medical Education will receive and review Annual Program Evaluations (APEs) from each program each year.
 - a. Programs not in compliance with ensuring the teaching and evaluation of the core competencies may undergo additional internal review to identify and correct the deficiencies in the core competency curriculum.
 - b. State of the Program reports will be compiled into the annual GME report, that will be delivered orally and by writing to: The TUHC Administrative Board, the UMC Executive Committee, and the Tulane Executive Faculty. A written copy will be delivered to each of the affiliated training institutions.
4. The DIO or his/her representative will meet with residents from each program at least once per year to ensure compliance with the core competencies and other RRC requirements.
5. The DIO or his/her representative will meet with each program director at least once per year to ensure that the residency program's curriculum ensures compliance with respect to the instruction and supervision of the core competencies.
6. The Office of Graduate Medical Education will ensure that each incoming resident or fellow new to the Tulane GME system receives formal training in the TeamSTEPPS curriculum.
7. The Office of Graduate Medical Education will ensure that affiliated hospitals provide effective electronic sign-out systems for those patients requiring on-going care across residency shifts (i.e., hospitalized patients for which night float coverage is provided).

8. The Office of Graduate Medical Education will facilitate communication between affiliated hospitals and the Tulane residency training programs regarding quality and patient safety initiatives, including ensuring residents know the hospital's patient safety priorities.
9. The Office of Graduate Medical Education will facilitate communication between affiliated hospitals and the Tulane residency training programs regarding how to report errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal.
10. The Office of Graduate Medical Education will facilitate communication between affiliated hospitals and the Tulane residency training programs regarding receiving appropriate data streams necessary to provide residents with information on their practice habits, and to enact meaningful quality and patient safety initiatives designed to improve systems of care, reduce health care disparities, and improve patient outcomes,
11. The Office of Graduate Medical Education will facilitate communication between affiliated hospitals and the Tulane residency training programs to ensure that residents have an opportunity to participate in actual RCA's/FMEA's, hospital-based quality improvement projects, and to participate on committees essential for patient safety. See Chapter IX. Residents' Participation on Institutional Committees and Counsels.
12. The DIO or his/her representative will facilitate communication between hospital leadership and program director leadership regarding any resident/fellow event that is judged to be inconsistent with patient safety and quality.

XI. Policy on Vacation and Leave *Revised 6/8/2022*

I. References

In accordance with Section IV.H. 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 additionally 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 IV.H of the Institutional Requirements effective July 1, 2022, as set forth herein.

II. Policy

A. Program Requirements

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 a general leave of absence; military leave; jury duty; sick leave; medical, parental or caregiver leave; bereavement leave 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 implement these policies without fear of negative consequences. Each program must comply with this Policy and applicable ACGME Common Program and Program-Specific requirements in implementation of leaves of absence.

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 board examinations. The aggregate amount of leave time a resident may take without the need for additional time in training is determined by the Program Director considering program and specialty board requirements but may not exceed the maximum time away from training permitted by a program’s specialty board or specialty board rules. Program Directors are responsible for providing a resident requesting or taking an extended leave of absence (or a leave of an unknown duration) with accurate information regarding the impact of the leave upon the criteria for satisfactorily completing the program, including the potential need to extend training, if applicable, as well on the resident’s eligibility to participate in certifying board examinations.

C. Requesting Leaves of Absence; Failure to Return

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 or 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 shall provide a timely response to the resident seeking leave. Family and Medical Leave (FMLA), medical, caregiver and parental leave and military leave should be coordinated through the Office of Graduate Medical Education.

As stated in Section C of this Policy, upon request for a leave of absence, the Program Director must provide the resident with accurate information regarding the impact of the proposed leave of absence, both for completing the residency program and with respect to the resident's eligibility to participate in specialty board examinations. The number of total months required to complete program requirements for graduation is determined by the Program Director and the residency program's Clinical Competency Committee, in accordance with program and specialty board requirements.

Residents failing to timely return from an 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 their program.

D. 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.

E. Sick, Personal and Wellness Days

Residents are permitted two (2) weeks of paid sick, personal, and wellness leave during each academic year (collectively "sick leave"). Sick leave in excess of two (2) weeks may be taken from the resident's vacation time for the academic year.

Residents may use sick leave to attend to their personal well-being and health; for medical, dental, and mental health appointments; to attend to a resident dependent's healthcare needs, or the healthcare needs of an ill or elderly family member or partner, where the resident's presence is needed. If a resident needs to attend a medical, dental, or mental health appointment during training hours and the resident has exhausted their sick leave for the academic year, the Program Director will be responsible for working with the resident to determine how to best allow the impacted resident to attend to their appointment(s). Residents are asked to provide advance notice of the need for sick days if the circumstances allow.

Residents are advised that that their specialty or residency program may have a requirement on the maximum length of time the resident can be away from their training program without necessitating additional training to complete residency. Absences beyond that designated time each academic year, including vacation or sick leave, may extend the resident's time in training. Unused sick leave is not carried over to the next academic year and is forfeited at the end of the academic year.

F. Medical, Parental, and Caregiver Leaves of Absence (Maternity and Paternity Leave)

Paid 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 starting the day the resident is required to report to 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. Approved leave may be taken as a continuous leave or divided into shorter leave periods, over the course of the program, not to exceed six weeks of paid approved, medical, parental or caregiver leave.

A resident taking paid medical, parental or caregiver leave shall use any vacation and sick leave available to the resident for the applicable academic year in excess of one week, as the first sources of funding for the medical, parental or caregiver leave. One (1) week of paid sick or vacation leave shall be reserved for use outside the six (6) weeks of paid leave during the academic/appointment year that a resident takes a paid medical, parental or caregiver leave. 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 unless the resident has unused sick or vacation time available to apply to the medical, parental or caregiver leave. Unused vacation leave is not carried over to the next academic year and is forfeited at the end of the academic year.

Unpaid Leave

Unpaid medical, parental or caregiver leave may be available under the FMLA to a resident who has exhausted their 6 weeks of paid parental, medical or caregiver leave or for whom paid parental, medical or caregiver leave is not otherwise available. Unpaid leave may also be available to extend the total period of qualifying leave for a resident first taking paid leave. Additional information is available from the Tulane University Office of Human Resources and Institutional Equity. Group health insurance coverage during FMLA leave will be available to the resident and eligible dependents on the same terms and conditions as if the resident had not taken leave.

Scope of Leave

Parental leave 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. Parental leave applies to biologic, adoptive, and domestic-partner parents. Leave is also available for the care of an immediate family member with a serious health condition or the trainee's own serious health condition.

Requesting Parental, Medical or Caregiver Leave

To the extent reasonably possible and practical to do so, the resident shall notify their Program Director, providing at least a 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. Duration of leave exceeding the period of time allowed by a program's specialty board or

program for a leave of absence without additional training, will extend the resident's time in training.

G. Bereavement Leave

Bereavement leave will be granted for a death in the resident's or the resident's significant other's immediate family. Bereavement leave is unpaid leave; however, residents are permitted to use paid remaining sick leave or vacation time for bereavement leave.

Bereavement leave shall not exceed three (3) working days for a funeral that is held within a 300-mile radius of New Orleans, Louisiana and shall not exceed five (5) working days for a funeral outside this radius. For purposes of this Policy, immediate family is defined as the resident's or the resident's significant other's mother, father, sister, brother, children, grandparents, and grandchildren.

Bereavement leave in excess of a resident's remaining sick leave or vacation time is unpaid, though benefits will continue for up to six (6) weeks. As with all forms of leave, extended leave may result in a resident needing to extend his/her/their training to complete residency or sit for a resident's specialty board examinations. The Program Director may request confirmation of the location of a funeral for purposes of approving the length of bereavement leave.

H. Educational Leave

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.

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 the 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 education leave. Reimbursement or payment of expenses connected to an educational or scientific meeting is at the discretion of the Program Director.

I. Military Leave

Eligible employees, including residents, who are members of the National Guard, Naval Militia, a reserve component of the United States military forces or any other category of persons designated in the Uniformed Services Employment and Reemployment Act (USERRA) and who are required to undergo annual field or periodic weekend training, or active-duty training shall be granted military leave for such period as provided by regulation or emergency situation. Tulane University provides a "pay differential" to preclude loss of earnings while on a military leave of absence for up to 10 days. This pay will be the difference between the resident's regular salary and the money received from the National Guard or other reserve unit. Military leave for hours 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. 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. Contact the Tulane University Office of Human Resources and Institutional Equity (attention: Bunnie Sylve).

J. Jury Duty

The Sponsoring Institution encourages residents to fulfill their civic responsibility to serve as jurors when called. If a resident is called for jury duty, they must present the summons to the Program Director as soon as it is received. 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. Residents will receive pay during jury duty. 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.

K. Review/Oversight

1. This Policy must be available at any time in the GME Office for review by residents.
2. 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:
 - a. Direct reporting to Program Directors;
 - b. Direct reporting to the Department Chair;
 - c. Direct reporting to the GMEC or DIO;
 - d. The Residency Education Committee, either directly or via the resident's/faculty's representative; and/or
 - e. Tulane Resident and Fellow Congress, either directly or via the resident's representative.
 - f. Tulane's Office of Human Resources
3. Extension of training determinations under Section F (medical, parental and caregiver leave) may be applied retroactively to all residents currently in a program, to the extent allowed by a program's applicable certifying board.

XII. 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 COVIDpositive 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 workrelated 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

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

I. References

In accordance with Section IV.J 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 III.B.4 of the ACGME Institutional Requirements, the Sponsoring Institution must oversee supervision of residents consistent with an 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 *X. Policy on Core Curriculum and the Core Competencies*
- Tulane University School of Medicine, Graduate Medical Education *XIV. Policy on Evaluation and Promotion*

- Tulane University School of Medicine, Graduate Medical Education *XXIII. Policy on Program Evaluation, Improvement, and Annual Program Reporting*
- Tulane University School of Medicine, Graduate Medical Education *XV. Policy on Remediation, Suspension, Dismissal and Grievance*
- Tulane University School of Medicine, Graduate Medical Education *I. Policy on Resident Eligibility and Selection*
- Tulane University School of Medicine, Graduate Medical Education *II. Policy on Equal-Opportunity, Affirmative Action, and Disabilities*
- Tulane University School of Medicine, Graduate Medical Education *VI. Policy on Moonlighting*
- Tulane University School of Medicine, Graduate Medical Education *VIII. Policy on Clinical and Educational Work Hours*

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

I. References

In accordance with Section IV.D of the ACGME Institutional Requirements, the Sponsoring Institution shall 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. *General.* 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 Evaluators.* 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.

VI. 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.
 - i. 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*.
 - ii. 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.

VIII. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *X. Policy on Core Curriculum and the Core Competencies*
- Tulane University School of Medicine, Graduate Medical Education *XV. Policy on Remediation, Suspension, Dismissal and Grievance*

XV. Policy on Remediation, Adverse Actions, Due Process and Grievances *Revised 6/8/2022*

I. References

In accordance with Section IV.D.1.b) of the ACGME Institutional Requirements, the Sponsoring Institution must have a policy that provides residents with due process 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 IV.E 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 Program. 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.
2. Residency Program/residency program: an ACGME-accredited residency or fellowship program sponsored by Tulane University School of Medicine.
3. Program Director: refers to the director of a Residency Program.
4. 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.
5. Administrative Personnel/GME Administration (each a GME Administrator): Program Directors, Program 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. 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.
8. Remediation: the process of improving resident performance to meet applicable academic standards, requirements, policies or procedures.
9. Suspension: a formal level of discipline in which the resident is temporarily restricted from participating in clinical, didactic or research activities associated with the resident's residency program.
10. 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.

11. 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.
12. Non-Promotion (Not Promoted): a decision to not promote the resident to the next post graduate year of training.
13. 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.
14. 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.
15. 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 or other action with respect to which a resident may receive a Fair Hearing under this Policy.
16. 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 faculty member of the resident's residency program.
17. 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.
18. 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 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* and the *Policy on Core Curriculum and the Core Competencies*.

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. 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*.
6. 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 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.
3. 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 ("Memorandum of Record" or "MOR"). The resident shall acknowledge receipt of the MOR in writing.
4. 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.
5. The Program Director is responsible for determining if a resident has satisfied the elements of the MOR, with input from the Resident Advisor regarding the resident's efforts. A copy of the MOR and the resident's progress as related to the MOR 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 MOR/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 placed on Remediation will be notified in writing and informed of their right to address and submit a grievance to the CCC to contest the decision. Residents shall acknowledge receipt of the notification of Remediation in writing. Remediation, unless connected to an Adverse Action (e.g., Non-Promotion), does not serve as grounds for a hearing in accordance with the Grievance and Fair Hearing Procedure section of this Policy. The CCC will review a grievance submitted by a resident pertaining to the Remediation decision and may meet with the resident regarding the Remediation and Academic Excellence Plan, as described below. The final decision placing a resident on Remediation remains with the Program Director.
4. A resident on Remediation will receive a plan that outlines the terms, goals, and timeframe of the Remediation (“Academic Excellence Plan”). Academic Excellence Plans 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.
5. An Academic Excellence Plan 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. written feedback from the Program Director on the resident’s deficiencies.
 - c. a timeline for the Plan not to exceed sixty (60) - ninety (90) days; however, the Academic Excellence Plan may be renewed.
 - 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.
 - e. Consequences for failing to successfully complete these performance requirements.
6. 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.
7. The resident’s performance against the Academic Excellence Plan shall be documented. The resident should have at least one evaluation on their progress at the halfway point on the Academic Excellence Plan. 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 Academic Excellence 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.

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.

- 8. 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. Probation decisions may involve consulting with the DIO and institutional resources, as necessary.
- 2. Examples of reasons to place a resident on Probation include, but are not limited to: failure to successfully complete an Academic Excellence 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 plan that outlines the terms, goals and timeframe of the Probation (the "Corrective Action Plan" or "CAP").
- 5. The resident will be notified of their Probationary status in writing and the resident must acknowledge his/her/their receipt of the notification in writing.
- 6. The resident will be given an opportunity to address and submit a grievance to the CCC and Program Director to contest Probation or the terms of the CAP. The CCC will review a

grievance 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.

7. CAPs are developed for the resident by the resident's Program Director with input from the CCC. CAPs must be approved by the DIO.
8. 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; however, the CAP may be renewed.
 - 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.
 - f. consequences for failing to successfully complete these performance requirements.
9. 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.
10. The resident's performance against the CAP should be documented. The resident should have at least one evaluation on their progress at the halfway point on the Probation timeline.
11. If the resident successfully completes the requirements in the CAP, the resident will be removed from Probation.
12. 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.
13. 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.

14. Documentation regarding the resident's Probation will remain a part of the resident's file.

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 no later than four (4) months prior to the start of the resident's next contract year or year of training; however, Non-Renewal within four (4) months of the end of a contract year remains an option.
 - a. If a resident's contract will not be renewed, the resident must be given written notice of intent not to renew the resident's contract with notice on the opportunity to appeal this decision to the Program Director. The resident shall acknowledge receipt of the notice of intent in writing. If upon appeal, the Program Director upholds the decision not to renew the resident's contract, the resident has a right to request reconsideration of the decision and review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.
2. 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. The resident must be given an opportunity to appeal the decision to the Program Director and CCC. If upon appeal, the Program Director upholds the Non-Promotion decision, the resident has a right to request reconsideration of the decision and review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.
3. Delayed Graduation:
 - a. As is 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 residency program requirements, the resident will be given written notice of intent and the resident shall acknowledge receipt of this intent in writing. The resident will be given an opportunity to appeal the decision to the CCC and the Program Director. If upon appeal, the Program Director upholds the decision to extend training, the resident has a right to request reconsideration of the decision and review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.

4. Dismissal:

- a. Dismissal of a resident 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 and/or DIO, are significant, repeated or severe;
 - ii. Abandonment of patient care or training demonstrated by a failure to show to training or work for a series of days without notice or request for leave, pending appropriate consideration of any extenuating circumstances;
 - iii. Failure to participate in, or successfully complete, a CAP; and/or
 - iv. Failure to maintain the requirements of employment, as outlined in the resident contract.
 - b. The decision to dismiss a resident should be initiated by and be made by the resident's Program Director in consultation with the Tulane University Office of General Counsel, the Office of Human Resources and Institutional Equity and the DIO.
 - c. In all cases, the resident will be informed of their Dismissal by written notice of intent to Dismiss, which should be acknowledged, when possible, in writing.
 - d. The resident has a right to appeal the decision and request review by the 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 after being informed of the resident's Dismissal to file a Grievance. If a resident is Dismissed, the resident's contract shall terminate as of the effective date of Dismissal (following the completion of any due process procedures).
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 appeal the decision and request review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy. A Resident may be Suspended from a residency program pending appeal of a Dismissal.

G. Administrative Referrals and Interim Leave

1. 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."
2. At the discretion of the DIO, the resident may be placed on interim leave (an "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.

3. To make a referral of a matter using the Administrative Referral Pathway, a GME Administrator must submit a written request to the DIO. Alternatively, the DIO may directly initiate the Administrative Referral process.
4. Upon receiving or initiating the request, 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 render 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 Academic Excellence Plan. The GME Administrator who made the referral will be informed that the resident will be working through an Academic Excellence Plan.
 - c. The resident is considered by the DIO to require Probation, in which case the resident’s Interim Leave will be lifted, but that matter will be referred by the DIO to the resident’s Program Director and CCC to allow for further review of whether Probation is appropriate. The Program Director, in collaboration with the program’s CCC, will review the applicable circumstances, including inciting events if any, and the resident’s performance evaluations. If the Program Director and CCC determine that the resident does not require Probation, the resident will be reinstated, either with no further action required, or an Academic Excellence Plan without Probation. If either the CCC or the Program Director determines that Probation is appropriate, the Probation section of this Policy will be followed.
 - d. The resident remains on Interim Leave and is referred to The Resident’s Assistance Program by the DIO in accordance with the *Resident Wellness and Residents’ Assistance Program* policy. After the resident has been referred, Administrative Personnel should not communicate with the resident or the Residents’ Assistance Program regarding the resident or his/her impairment.
 - i. The Residents’ Assistance Program is generally intended for residents who require behavioral health services, and/or for the identification and treatment of residents with psychiatric, substance abuse or other impairment. If the resident refuses to be evaluated by The Residents’ Assistance Program for fitness for duty or further referral, the resident may be Dismissed. The resident has a right to

appeal this decision and may request review by the Grievance and Fair Hearing Committee in compliance with the Grievance and Fair Hearing Procedure section of this Policy.

- ii. Upon completion of an evaluation, the Residents' Assistance Program Director will communicate the results of the evaluation to the DIO, who will in turn, notify the resident's Program Director.

e. The resident is Dismissed.

H. Grievance and Fair Hearing Procedure

1. A resident may submit a grievance with respect to a Remediation or Probation decision in accordance with the procedures set forth in Section D (Remediation) and Section E (Probation), respectively. A resident with a concern related to the resident's 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 the resident's 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 hearing on an Adverse Action by a Grievance and Fair Hearing Committee, following any appeals in Section F, in accordance with the procedures set forth below.
3. A request for hearing must be filed in writing within ten (10) calendar days of the resident's receipt of notice of the Adverse Action. The request should describe the reason for requesting the hearing, the basis upon which the request for a hearing is being made and shall be dated as of the date of submission of the request. A resident who fails to submit a written request within 5 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) set out in the notice of Adverse Action will immediately become final.
4. The request must be addressed to the DIO and submitted to the GME Office.
5. Following receipt of a request for a hearing, the DIO will promptly begin to form the Grievance and Fair Hearing Committee. 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 from a program other than the resident's program (at least two of whom from departments other than the department that includes the program); and
 - b. Two (2) residents 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.
6. 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 (generally within twenty-one (21)) days barring extenuating circumstances) from the date the resident submitted a written request for a hearing. The DIO or the Associate DIO shall make the necessary appointments to the Fair Hearing Committee if the Committee has not been formed within fourteen (14) days of the resident's hearing request.
7. The resident, within five (5) days of receiving notice of the Committee members, may formally submit an objection to the participation of one or all of the Hearing Committee members. In the objection, the resident must provide reasonable evidence that the objected to member(s)' participation on the Fair Hearing Committee would represent a conflict of interest or unduly bias the proceedings. The Chair of the Grievance and Fair Hearing Committee will make the decision as to the whether the resident has established reasonable evidence that the member has a conflict of interest or will unduly bias the proceedings.
8. Unless sooner requested by a resident in writing, the Committee shall commence the hearing within forty-five (45) days from the date of the resident's written request for review or forty-five (45) days from finalization of the Fair Hearing Committee members, if there are objections to the initially appointed members.
9. At least five (5) business days before the hearing, both the resident and the School of Medicine shall submit 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 to be presented at the hearing shall be delivered to the Chair of the Grievance and Fair Hearing Committee.
10. If the resident fails to appear and has not provided notice to the Chair of good reason/cause (illness, family emergency), 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.
11. The resident and the School of Medicine may have an advisor present at the Grievance and Fair Hearing, which may include counsel. The resident or counsel may ask questions of witnesses. The Chair of the Grievance and Fair Hearing Committee may exclude irrelevant or immaterial evidence or information.
12. 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 resident has the burden of showing, by a preponderance of the evidence, that the Adverse Action was improper or not supported by the record taken as a whole.

13. 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 request. Only the members of the 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 shall be reached by a majority vote of all of the voting members that were present at the hearing.
14. The Grievance and Fair Hearing Committee's decision and written findings shall be delivered in writing to the Dean of the School of Medicine, to the DIO and the resident within ten (10) business days of the conclusion of the hearing.
15. The Dean of the School of Medicine shall review the hearing record. The Dean may call for further evidence/information or argument and may affirm, reverse, or modify the decision. The decision of the Dean of the School of Medicine is final.

I. Reporting

1. The School of Medicine 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 with reporting these incidents to the appropriate agencies or organizations.

V. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *XVI. Resident Wellness and Residents' Assistance Program*
- Tulane University School of Medicine, Graduate Medical Education *XIV. Policy on Evaluation and Promotion*
- Tulane University School of Medicine, Graduate Medical Education *X. Policy on Core Curriculum and the Core Competencies*

XVI. Resident Wellness and Residents' Assistance Program *Revised 12/12/2021*

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 University Employee Assistance Program - available for emergent or urgent care 24-hours a day, seven days a week for Tulane employees their eligible dependents <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 (504-322-3837) or emailing dr.morson@ibhnola.com.
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 is 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.
2. 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.
3. 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.
4. 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*.
5. 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.
6. 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).
7. 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.

8. 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.
9. 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.

III. References/Associated Policies

- Tulane University School of Medicine, Graduate Medical Education *XI. Policy on Vacation and Leave*
- Tulane University School of Medicine, Graduate Medical Education *VIII. Policy on Clinical and Educational Work Hours*
- Tulane University School of Medicine, Graduate Medical Education *II. Policy on Equal Opportunity, Affirmative Action, and Disability Accommodations*
- Tulane University School of Medicine, Graduate Medical Education *XV. Policy on Remediation, Suspension, Dismissal and Grievance*

XVII. Policy on Substance Abuse

- A. The abuse of alcohol and other drugs can seriously damage physical and mental health, and may jeopardize safety and the safety of others. Whenever use or abuse of any mood altering or other controlled substance (such as alcohol or other drugs) interferes with a safe workplace, appropriate action will be taken.
- B. According to the provisions of the Drug-Free Workplace Act of 1988, and the Drug- Free Schools and Communities Act amendments of 1989, the unlawful manufacture, distribution, sale, possession or use of controlled substances in the workplace is prohibited. Residents may not report to work under the influence of alcohol or other drugs. Residents who violate this policy will be sanctioned in accordance with Tulane policy and federal and state law.
- D. Residents convicted of illegal drug activity in the workplace must notify Tulane within five (5) business days of conviction. Failure to do so may be grounds for immediate termination.
- E. Residents are encouraged to take advantage of the diagnosis, counseling and treatment services that are available through the Office of Graduate Medical Education's Residents' Assistance Program. *(See Chapter XVI. Residents' Assistance Program and Resident Wellness).*

XVIII. Policy on Arrest

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

I. References

In accordance with Sections IV.I.3 and IV.I.5 of the ACGME Institutional Requirements, the Sponsoring Institution must have policies, 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>.

XX. 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
4. 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

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

(Revised 7/18/2022)

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) (*Chapter XXII. Policy on Program Evaluation, Improvement, and Annual Program Reporting*)
- f. Ensuring that Special Reviews occur according to the policy and procedure outlined in Chapter XXII. (*Chapter XXII. Policy on Program Evaluation, Improvement, and Annual Program Reporting*)

2. **The Assistant DIO(s) for Graduate Medical Education.**

- a. The Assistant DIO(s) is responsible for assisting the Associate Dean/DIO in all of the above responsibilities
 - b. 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.
 - c. 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 Dean of Finance, SOM, to ensure optimal operation of the GME office.
4. **Assistant Dean for Finance, SOM** (Institutional Coordinator) is responsible, in support of the DIO, for overseeing GME finances, master affiliation agreements, and institutional financial contracts.
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 **Credentialing and Documentation Specialist** is responsible for ensuring accurate attestation of credentials for inquiries regarding past graduates of the Tulane Medical School and the Tulane GME programs.
9. The **Senior Administrative Program Coordinator(s)** support the administrative functions of the office.

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 (*See Chapter XVI, Residents' Assistance Program and Resident Wellness*).

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, the med-peds program, and the preventive medicine 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 Tulane 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 displayed in Appendix D.

C. Responsibilities of the GMEC. The GMEC convenes every month, 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 *Chapter III: Policy on Program Closure, Reduction, or Expansion* and *Chapter IV: 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. The GMEC will review and provide recommendations to the Sponsoring Institution’s leadership regarding resident stipends, benefits, and funding for resident positions, as outlined in *Chapter III: Policy on Residency Program Closure, Reduction, or Expansion*, and *Chapter V: Policy on Financial & Resource Support of Residents*.
6. Responses to Clinical Learning Environment Review (CLER) reports
7. Oversight of the function and effectiveness of the Tulane Residency and Fellowship Congress, as outlined in Appendix A. The Residency Congress, and resident representation on Hospital and University committees, as outlined in *Chapter IX. Residents’ Participation on Institutional*

Committees.

8. Vendor interactions between vendor representatives/corporations and residents/GME programs as outlined in *Chapter VII. Policy on Interacting with Vendors*.
9. Approval of the DIO's Annual Institutional Review.
10. 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.
11. 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' Self-Study/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 *Chapter VIII. Policy on Residents' Duty 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 *Chapter XIII. Policy on Supervision of Residents*
 - iv. Curriculum and evaluation that enables residents to demonstrate achievement of the ACGME general competencies as defined in *Chapter X. Policy on Core Curriculum and the Core Competencies* and as noted in the ACGME Common and Specialty-specific Program Requirements.
 - 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 Chapter I: Policy on Resident Eligibility and Selection, and *Chapter II. Policy on Equal-Opportunity, Affirmative Action, & Disabilities*,
 - k. Oversight of evaluation, promotion, and transfer of residents in compliance with *Chapter I. Policy on Resident Eligibility and Selection*
 - l. Oversight of discipline, and/or dismissal of residents in compliance with *Chapter XV. Policy on Remediation, Suspension, Termination and Grievance*
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.

XXII. 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 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 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 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)

I. References

In accordance with Section I.B.6 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 are 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. Policy

A. Criteria for Special Review

Programs may be identified as underperforming according to a variety of criteria, including but not limited to those listed below:

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) indicated that a Special Review is recommended.
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.
Annual ACGME Residents and/or Faculty Survey program means that fall below 3.0 in three or more domains, excluding those domains in which 50% of programs have less than 3.0 (60%) Improvement in programs with a means lower than 3.0 will be considered.	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 from the Designated Institutional Official.
	Request from the Program director, departmental chair, or dean of the medical school.
	As per majority vote of the GMEC for all other circumstances.

B. Process

If a program is identified as underperforming, the GMEC will approve a special review of the program, after which the program will be notified in a timely manner of the quality improvement goals and corrective actions recommended for the program, and the process by which GMEC will monitor the program's outcomes, including timelines [*Institutional Requirement I.B.6.a).(2)*].

Special Reviews will be managed through the GME Office. Special Review team members will participate on an *ad hoc* basis to ensure that no conflict of interest exists between the individuals and the program under review.

The Special Review process will include group 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.

C. Procedure

1. The GMEC will approve programs for a Special Review.
2. The GME Office will alert the program of the Special Review and will schedule meetings with program constituents.
3. 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 to 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.)
4. The Special Review Committee may identify additional areas of underperformance through review of supplemental documentation and program interviews.
5. The Special Review Committee will identify quality improvement goals and corrective actions recommended for the program, and the process for GMEC monitoring of outcomes in a written, timely report to the GMEC for approval. After approval, the report will be shared with the program, which will share the report with residents/fellows and faculty with scheduled progress reports to GMEC on a pre-determined timeline.
6. The GMEC will monitor progress towards program improvement goals and determine when corrective actions have resolved areas of underperformance or require escalation.

D. Special Review Committee

Each Special Review of a residency or fellowship Program 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.

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.

SPECIAL REVIEW PROTOCOL: PROCESS, MONITORING, AND TIMELINE

1. Based on various program performance metrics monitored by the GMEC committee, the underperformance program (s) may be identified by GMEC Accreditation Subcommittee based on Special review criteria and other metrics. Recommendations from the DIO, Department Chair, or others may also be considered.
2. GMEC approves of programs selected for Special Review and assembles an ad hoc Special Review Subcommittee to avoid conflict of interest between the members of the Special Review and the program to be reviewed. Special Reviews will be initiated within 30 days of approval by the GMEC and completed within an additional 30 days.
3. GMEC will send a letter to Program Director informing him or her that a special review of the program is indicated, with copies to the Department Chair, Vice Chair for Education, and DIO. All Special Review Letters are uploaded to MedHub. The Special Review Letter requests meetings 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.

The Special Review Committee reviews documents received from Program and meets with program(s) to discuss.

4. The Special Review Committee team will provide a verbal progress report to the GMEC at the next scheduled meeting following the start of the program review. The Special Review Team will complete the Review and submit a report to the DIO, GMEC, and the Program Director no later than 60 days following the Committee's approval of the Review, including quality improvement goals, corrective action plan, the GMEC process for monitoring outcomes, including timelines, using the attached Special Review template.
5. The Special Review Report is given to Program Director and Department Chair. The GMEC will provide the Program Director an opportunity to respond to the Report at the meeting when the Special Review Report is presented to the GMEC.
6. The Program Director shares the content of the Special Review report with 1) residents/fellows; 2) teaching/core faculty; 3) program administrative staff and convenes meetings with each group to discuss contents.
7. The Program Director responds to contents of the Special Review Report with a written action plan ~~within~~ no later than 30 days of receipt.
8. The Program Director provides a written update 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.
9. Following a single annual accreditation cycle, if ongoing evidence of underperformance persists, the PD and Department Chair are asked to deliver a progress report to the GMEC at 4- and 8-month intervals.

10. Following two annual accreditation cycles, if ongoing evidence of underperformance persists, the GMEC will formally referred to the Dean of the School of Medicine for additional interventions.
11. 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.

XXIV. 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.

XXV. Policy on Non-Competition *Revised 12/16/2021*

I. References

In accordance with Section IV.M 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

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 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 association
 - 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 3/4 majority vote of the TRFC Board in order to pass.

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.

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 2/3 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. An amendment to the Bylaws must be approved by a 2/3 majority of the voting membership in order to pass.
- 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.

Tulane University School of Medicine
Mission and Statement of Commitment to Graduate Medical Education

December 21, 2021

Mission

Tulane University School of Medicine's mission for graduate medical education is to ensure that each of its residents and fellows are provided 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.

As part of the School of Medicine's responsibility to provide an educational experience of the highest quality, our mission includes supporting and expanding equity, diversity, and inclusion in graduate medical education. 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.

Statement of Commitment

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 the School's 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
President, Tulane University
As a representative of
the Board of Tulane University



Lee Hamm, MD
Dean, Tulane University School of Medicine
As a representative of
School of Medicine senior administration



Paul Gladden, MD
Designated Institutional Official

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 _____ (“Resident”) is entered into for the period from dd/mm/yyyy through dd/mm/yyyy. Under the sponsorship of the School of Medicine and supervision by faculty members of the School of Medicine, Resident will serve as a _____ (#) (PGY) year resident in the _____ Residency/Fellowship Program (the “Program”).

1. Policies and Procedures Resident Handbook. The Resident and Staff Graduate Medical Education Policies and Procedures for ____ (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. Resident will receive a copy of the Manual during orientation and it 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. **[IV.C.2.c)] Stipend**. Commencing dd/mm/yyyy through dd/mm/yyyy, Resident will receive an annualized stipend of \$ _____. The stipend is subject to the applicable federal and state income tax, social security tax, and other applicable deductions.
3. **[IV.C.2.i)] 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. **[IV.C.2.j)] 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. **[IV.C.2.c)] 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. **[IV.C.2.g)]; [IV.C.2.h)] 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. **[IV.C.2.f)] 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. **[IV.C.2.k)] 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. **[IV.C.2.b)] 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. **[IV.C.2.d)] 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. **[IV.C.2.e)] 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. **[IV.C.2.a)] Resident Responsibilities**. Resident physicians must:
- Meet the qualifications for resident eligibility outlined in Section 1, I of the Manual.
- a. Comply with Tulane’s verification procedures, which include:
 - i) 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.
 - ii) Provide proof of Resident’s compliance with the School of Medicine’s then-current immunization policy.
 - iii) 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.
 - b. 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.
 - c. Develop a personal program of self-study and professional growth under the general supervision of appropriately credentialed attending teaching staff.
 - d. Participate in safe, effective and compassionate patient care under supervision, commensurate with Resident’s level of training, advancement and responsibility.
 - e. 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.
 - f. 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.
 - g. Participate in institutional programs and activities involving the medical staff and adhere to professional standards of the medical staff.

- h. 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 quality improvement. Resident is expected to apply appropriate cost containment measures in the provision of patient care.
- i. 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.
- j. Follow applicable rules, regulations, policies and procedures of Tulane University School of Medicine, Tulane University, and its affiliated institutions.
- k. 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. **[IV.C.2.I)]** 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 [_____]. 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. **[IV.C.2.I)]** 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](https://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. 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.
18. 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:

Date

_____, M.D.
Resident/Fellow Signature

_____, M.D.
Resident/Fellow Printed Name

Date

Residency/Fellowship Program Director Signature

Residency/Fellowship Program Director Printed Name

Date

Program Department Chair Signature

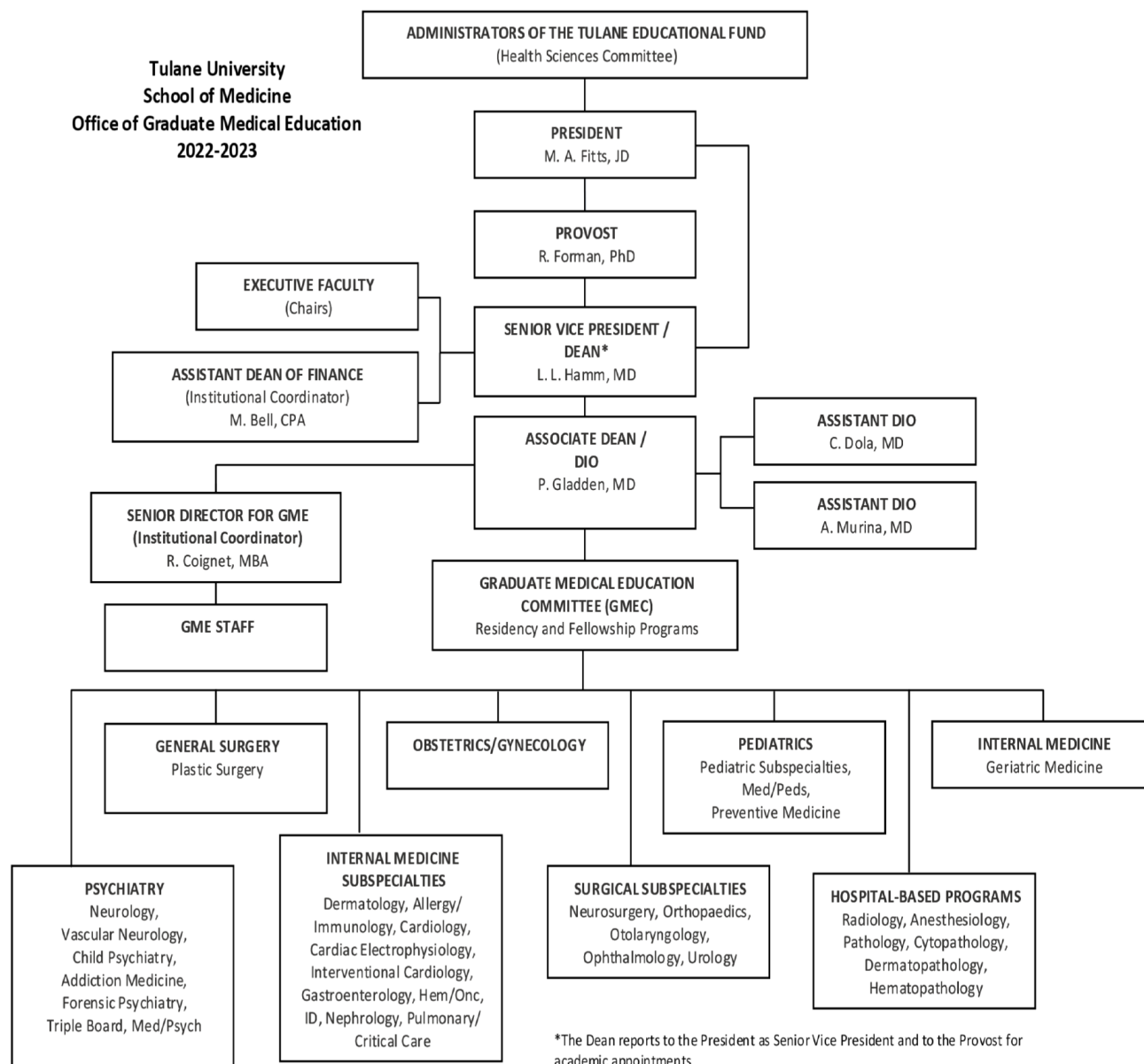
Program Department Chair Printed Name

Date

Associate Dean for Graduate Medical Education/DIO

Associate Dean Printed Name

Appendix D: Organizational Chart July 1, 2022 – June 30, 2023



July 1, 2022

Appendix F: List of Affiliated Sites

Institution Code	Name	Institution Type	Ownership or Control Type	Recognized Healthcare Entity by
MAJOR FACILITIES				
210485	Tulane University Hospital and Clinics	General/Teaching Hospital	For-profit	Joint Commission
218063	Tulane-Lakeside Hospital	General/Teaching Hospital	For-profit	Joint Commission
210727	University Medical Center New Orleans	General/Teaching Hospital	Non-profit	Joint Commission
210100	Veterans Affairs Medical Center (Alexandria)	Specialty Hospital	Governmental Agency	Joint Commission
210381	Ochsner Clinic Foundation	General/Teaching Hospital	Non-profit	Joint Commission
210731	Children's Hospital (New Orleans)	Children's Hospital	Non-profit	Joint Commission
MINOR FACILITIES				
218021	East Jefferson General Hospital	General/Teaching Hospital	Non-profit	Joint Commission
218040	West Jefferson Medical Center	General/Teaching Hospital	Governmental Agency	Joint Commission
210193	Touro Infirmary	General/Teaching Hospital	Non-profit	Joint Commission
OUTLYING MINOR FACILITIES				
210430	Huey P Long Regional Medical Center	General/Teaching Hospital	Governmental Agency	Joint Commission
217005	Baton Rouge General Medical Center	Community Hospital	Non-profit	Joint Commission
218028	Rapides Regional Medical Center	General/Teaching Hospital	Non-profit	Joint Commission
218059	Our Lady of the Lake Regional Medical Center	General/Teaching Hospital	Non-profit	Joint Commission
218086	Lakeview Regional Medical Center	General/Teaching Hospital	For-profit	Joint Commission
219536	Ochsner West Bank Hospital	General/Teaching Hospital	Non-profit	Joint Commission
270425	Veterans Affairs Medical Center (Biloxi)	Ambulatory Care Clinic/Office	Governmental Agency	Joint Commission
480172	Methodist Hospital (Houston)	General/Teaching Hospital	Non-profit	Det Norske Veritas (DNV)
PSYCHIATRIC/ PUBLIC HEALTH CONTRACT FACILITIES				
210490	Southeast Louisiana Hospital	Specialty Hospital	Governmental Agency	Joint Commission
108022	Occupational Safety & Health Administration Washington, DC	Other	Governmental Agency	
210493	Tulane Univ School of Public Health and Tropical Medicine	Academic Medical Center/Medical School	Non-profit	
218050	Jefferson Parish Human Services Authority	Ambulatory Care Clinic/Office	Governmental Agency	
218064	Louisiana Office of Public Health	Community Hospital	Governmental Agency	
218079	Region III Mental Health Clinic	Ambulatory Care Clinic/Office	Governmental Agency	
218082	Metropolitan Human Services District	Ambulatory Care Clinic/Office	Governmental Agency	
218083	Odyssey House Louisiana	Specialty Hospital	Non-profit	
218104	Eastern Louisiana Mental Health System	Specialty Hospital	Governmental Agency	Joint Commission
218113	St. Anna's Episcopal Church	Ambulatory Care Clinic/Office	Non-profit	
219518	River Oaks Hospital	Specialty Hospital	For-profit	NONE
219519	Jefferson Parish School System	Other	Governmental Agency	Other
219520	DHH Office of Behavioral Health, Region V	Other	Governmental Agency	Other
219521	DHH Office of South Central Louisiana Human Services Authority	Other	Governmental Agency	Other
219522	Florida Parishes Human Services Authority	Other	Governmental Agency	Other
219523	Southeast Louisiana Veterans Health Care System	Federally Qualified Health Center	Governmental Agency	Joint Commission
219542	Renew School Clinic	Ambulatory Care Clinic/Office	Non-profit	Other
219549	Recovery School District-New Orleans Therapeutic Day Program	Ambulatory Care Clinic/Office	Non-profit	NONE
21C118	Bridge City Correctional Facility for Youth	Ambulatory Care Clinic/Office	Governmental Agency	Joint Commission
21C954	Jefferson Parish Coroner's Office	Community Hospital	Governmental Agency	

**Tulane University School of Medicine
Graduate Medical Education Committee
Special Review Report
(Template)**

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 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

- Program Response:** Summarize below each of the program responses to the citations (if any).
- Reviewers' Response:** Comment on the effectiveness and adequacy of the Program's response to the citations.
- 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 least 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

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

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