

2020-2021 AY Appointment Packet
John Quagmire Resident
Ophthalmology

Items listed below are due to GME Office by 5/31/2020:



2020-2021 Agreement of Appointment (GME-A)

2020-2021 Agreement of Appointment needs to be signed by all parties and returned with this packet to the GME Office.



2020-2021 TB Test (GME-B)

2020-2021 TB Test needs to be completed and results returned with this packet to the GME Office.



2020-2021 Driver Safety (GME-C)

The Annual Driver Safety Record Form and either following must be attached:

- Louisiana Drivers License
- Out of State Drivers License AND a CERTIFIED copy of out of state driving record (available from licensing state's DMV office). Records from 3rd party sites are NOT ACCEPTABLE.



House Officer Moonlighting Form (GME-D)

House Officer Moonlighting Form required for incoming house officers. The included Form should be signed by both the House Officer and Department Head and submitted to the GME office.



Health Requirements (GME-E)

Health Requirements / Proof of Immunizations are required for incoming house officers. The included Health Requirements Form and necessary records need to be included with this packet and submitted to the GME office.

Errors and items to check/verify

Appointment Packet Cover Sheet

Instructions: Each entry listed in this box on each page should be double-checked by the coordinator. The headings indicate who is responsible for entering/completing the relevant section of the forms. Headings are highlighted with the color matching the highlighted form sections above.

Program Coordinator – Check off each item as you attach it to the packet. Items already received by the GME Office will be automatically marked with a check, and items not required will be automatically marked with an N/A. Additionally, some items (such as Health Requirements) will not be shown unless needed.

2020-2021
HOUSE OFFICER AGREEMENT OF APPOINTMENT

BETWEEN

John Quagmire Resident

AND

**BOARD OF SUPERVISORS OF LOUISIANA STATE UNIVERSITY AND AGRICULTURAL AND
MECHANICAL COLLEGE**

(Hereinafter referred to as "University"), herein represented by Charles Hilton, M.D., Associate Dean of Academic Affairs, Louisiana State University School of Medicine in New Orleans, Department Head, M.D. _____, Head, Department of Ophthalmology _____, Louisiana State University School of Medicine in New Orleans, and Janet Director, MD _____, Program Director of the Ophthalmology _____ Program in the Department of Ophthalmology _____, Louisiana State University School of Medicine in New Orleans.

This Agreement of Appointment shall be for one training period effective (date) 7/1/2020 and ending (date) 6/30/2021 in the Program of Ophthalmology through the Department of Ophthalmology.

DEFINITIONS:

For purposes of this Agreement of Appointment, the following terms shall have the meaning ascribed thereto unless otherwise clearly required by the context in which such term is used:

House Officer – The term "House Officer" shall mean and include interns, residents and fellows.

Program – The term "Program" shall mean a Resident and Fellow Training Program of University.

University to assume and discharge responsibility for the administrative and supervisory services related to a Program for a Department at University, as set forth in this Agreement of Appointment. One or more Program Directors may be appointed with respect to each Program.

HOUSE OFFICER RESPONSIBILITIES

(Department specific responsibilities may be appended to this document)

House Officers are responsible for patient care, teaching, and scholarly activities as discussed at orientation, detailed in the House Officer Manual, and specified in Departmental Guidelines, which are available in House Officers' Department's Office. In the event a program or departmental policy or guideline conflicts with the LSU SOM NO House Officer Manual, the House Officer Manual takes precedent. Specific daily responsibilities will be assigned to House Officers on the call schedule and in day-to-day work team meetings.

The position of House Officer involves a combination of supervised, progressively more complex and independent patient evaluation and management functions and formal educational activities. The Department on a regular basis will evaluate the competence of Officers and confidential records of the evaluations will be maintained as departmental property to which House Officers have access.

House Officers shall provide patient care commensurate with their level of advancement; competence and privileges, under the supervision of appropriately credentialed attending teaching staff. House Officers' general obligations include:

- Providing safe, effective and compassionate patient care.
- Documentation of care by appropriate and prompt maintenance of medical records, orders, and notes.
- Developing and understanding of ethical, socioeconomic and medical/legal issues, and cost containment measures in the provision of patient care.

GME-A Agreement of Appointment – 2020-2021
Revised March 2020
XXX



SAMPLE



1 of 7
John Quagmire Resident
HO 2

Errors and items to check/verify

House Office Agreement of Appointment (Contract)

NOTE: While only pages 1, 2, and 7 of the contract has been included in this sample packet, all pages are required for each resident. Additionally, resident information is included in the footer of each page, so pages from one contract cannot be substituted for another.

Auto-populated – Verify department and program information, and check appointment period dates.

- Participation in the educational activities of the training program and assumption of responsibility for teaching and supervising other residents and students.
- Participation in institutional orientation and education programs and other activities involving the clinical staff.
- Participation in institutional committees and councils to which House Officers are appointed and invited.
- Performance of these duties in accordance with the established practices, procedures and policies of the University, its programs and clinical departments, and those of other hospitals or institutions to which the House Officer is assigned.
- Your appointment is contingent upon obtaining and maintaining current licensure to practice medicine in the State of Louisiana or other appropriate licensure.
- The LSBME requires passage of USMLE Step 3 to enter PGY 3.
- The resident will review, note corrections if needed, and sign monthly attestation/certification report.

FACULTY RESPONSIBILITIES

The supervising faculty as appointed by the department of will be responsible for providing adequate supervision of the house officer during the course of their educational experience while rotating at all training sites as embodied by both LSU School of Medicine House Staff Policy and Procedure Manual, and affiliating entity department's staff policies. Residents will be expected to be supervised in all their activities commensurate with the complexity of care being given and the residents own abilities and experience.

FINANCIAL SUPPORT FOR RESIDENTS/FELLOWS

For and in consideration of services rendered under this Agreement of Appointment, compensation will be provided in accordance with the pay scale determined by the managing entity of the Louisiana Public Hospital System.

For a House Officer (level) HO 2, the minimum salary will be \$55,056.10 and may be amended from time to time.

House Officer level and compensation is based on a resident successfully completing all requirements for academic promotion to the next PGY level. Residents not academically promoted or who must repeat all or part of a year prior to academic promotion will be paid at the current PGY level until academically promoted by the program.

Availability of housing, meals, lab coats, etc. will vary among the hospitals to which House Officers are assigned. House Officer work hours vary within acceptable ranges determined by House Officer Program. House Officers are paid on the 15th of the month and on the last working day of the month, calculated from the above salary expressed as hourly pay for a 7-day workweek of 8 hours per day.

INSURANCE

Health Plans: House Officers are eligible for the same health insurance/HMO plans as those for state employees or for Health Science Center students. Other health insurance may be chosen if desired and paid for by House Officers. As a condition of employment, House Officers agree to maintain one of these health plans or another plan with equal or better benefits.

Disability Insurance: The Graduate Medical Education Office provides Long-term basic disability.

Medical Practice Liability Coverage: House Officers providing services pursuant to this Agreement of Appointment are provided professional occurrence liability coverage in accordance with the provisions of Louisiana Revised Statutes 40:1299.39 et seq. House Officers assigned as part of their prescribed training under this Agreement of Appointment to facilities outside the state of Louisiana must provide additional professional liability coverage with indemnity limits set by the House Officer Program. House Officers while engaged in activities outside the scope of the House Officer program are not provided professional liability coverage under LSA-R.S. 40:1299.39.

House Office Agreement of Appointment (Page 2)


Auto-Populated – Verify HO level and salary are correct. For gratis house officers, the salary should be shown as **GRATIS**. Contact the GME office to obtain a gratis contract with no salary.

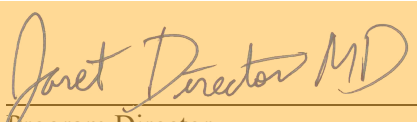
By signing this Agreement of Appointment, House Officer affirms that House Officer has read and agrees to all the terms and conditions delineated in the House Officer Manual. The House Officer Manual is updated frequently and updates are in force at the time that they are made. In addition House Officer agrees to comply with any and all University policies or procedures as are from time to time adopted, authorized and approved by University.


This Agreement of Appointment is not valid until it is executed by: (i) the House Officer; (ii) the Program Director, or designee; (iii) the Department Head or designee; and (iii) the Associate Dean for Academic Affairs or designee.

A copy of this executed contract is available upon request in your program office.

This document, with any appendices represents the entire agreement between the parties.


House Officer
John Quagmire Resident
Date: 3/9/2017


Program Director
Janet Director, MD
Date: 3/25/2017


Department Head
Department Head, M.D.
Date: 3/10/2017

Associate Dean for Academic Affairs
Charles W. Hilton, M.D.
Date: _____

House Office Agreement of Appointment (Page 7)

NOTE: This contract **must** be signed by all parties. Program Coordinators may **NOT** sign on behalf of any parties on this contract.

Resident – Should be signed and dated.

Department Head – Should be signed and dated.

Program Director – Should be signed and dated.

Annual TB Test

House Officer Name: John Quagmire Resident EMPLID: _____

Birthdate: 4/18/1987 Program: Ophthalmology

Patient instructed and agrees to return to clinic within 48-72 hours of PPD placement for reading of TB skin test.

John Q Resident (Resident Signature) 3/29/2017 (Date)

For clinician use only

The results cannot be read by the individual taking the TB test

Results		Negative	Positive	
PPD*	Date <u>4/1/2017</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>0</u> mm
Chest XRay	Date _____	<input type="checkbox"/>	<input type="checkbox"/>	Attach results
QuantiFERON Gold or T-SPOT	Date _____	<input type="checkbox"/>	<input type="checkbox"/>	Attach results

Doctor Fred M.D. (Clinician Name) Doctor Fred M.D. (Signature) 4/1/2017 (Date)

If Positive Test Result:

1) Date of positive PPD testing: _____

2) Treatment: _____ Dates: _____

3) Chest X-Ray: _____ Dates: _____

Results within past 24 months*
*for incoming HOs, must be within with 6 months of start

 (Clinician Name) (Signature) (Date)

Yearly symptom review for all positive testing:

Are you currently experiencing any of the following symptoms:

	Yes	No
Fever	<input type="checkbox"/>	<input type="checkbox"/>
Cough	<input type="checkbox"/>	<input type="checkbox"/>
Recent Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>
Hemoptysis	<input type="checkbox"/>	<input type="checkbox"/>

House Officer Signature _____

Please attach all necessary documentation to this form

GME-B



Errors and items to check/verify

Annual TB Test Form

Resident – Should be signed and dated

Clinician – Form should be adequately filled in, or alternative test form must be attached to this form.

School of Medicine
Office of Medical Education

First Name John

Last Name Resident

Program Ophthalmology

EMPLID _____

Date of Birth 4/18/1987

Driver's License Number 011196243

State of Issuance Louisiana

OFFICIAL DRIVING RECORD

1. Louisiana drivers' license holders:

ATTACH a copy of your Louisiana Driver's License so LSUHSC can obtain your Official Driving Record (ODR) from the Office of Motor Vehicles (OMV) to ensure that State of Louisiana Office of Risk Management (ORM) requirements are met.

2. Non-Louisiana driver's license holders:

If you possess an Out-of-State Driver's License, you are required to obtain a **CERTIFIED** copy of your Official Driving Record (ODR) and **ATTACH** it to this form, along with a copy of your out-of-state license. **Note:** A copy of your ODR that is not certified, such as those provided by privately-owned web sites, is not acceptable.

By signing this document, I agree to notify my agency in writing should any of the following change on my license: Drivers' License No., State of Issuance, Class of License or Driving Restrictions.

Signature John Q Resident
Date 3/9/2017

GME-C



SAMPLE



2020 Gravier Street, Suite 602 • New Orleans, Louisiana 70112
Office 504-568-4006 • Fax 504-599-1453 • www.medschool.lsuhs.edu/medical_education

Errors and items to check/verify

Driver Safety Record

Resident – Driver's license number and state should be entered, and form should be signed and dated.

Out of State License Holders – **CERTIFIED** copy of driving record must also be attached when submitted.



Errors and items to check/verify

Driver's License

Non-expired driver's license issued by US state/territory must be attached. If house officer is a non-citizen and does not yet have a US driver's license, contact the GME office for assistance.

School of Medicine
Office of Medical Education

Acknowledgement of policy regarding extracurricular medical activities for trainees of Louisiana State University School of Medicine programs

I understand that I must make a request to, and receive the explicit permission of, my Department Head at the School of Medicine (or Chief of Service at free-standing affiliated training programs) before engaging in any extracurricular medical practice. Further, I understand that I must receive such permission for any additional extracurricular medical practice which differs in location or nature from that which may have originally been approved, or for any substantive change (increase in frequency or duration) from that which may have been originally approved.


Foreign Medical Graduates sponsored for clinical training as a J-1 by ECFMG are not allowed to moonlight or perform activities outside of the clinical training program.

For purposes of this Acknowledgment, "extracurricular medical practice" activities shall mean medical practice which is not an official part of the undergraduate medical education program, or any post-graduate training medical education program of the School, or any of the School's free-standing affiliated post-graduate medical education programs.

I understand that the School, by its approval of permission to participate in extracurricular medical practice, is not a party to any such arrangement, nor will the School furnish medical malpractice insurance for extracurricular medical practice, nor defend any claim made against me (malpractice or otherwise) that arises out of, or is in connection with, any extracurricular medical practice.

John Quagmire Resident

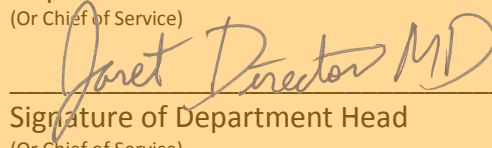
Trainee


Signature of Trainee
3/9/2017
Date

Janet Director, M.D.

Department Head

(Or Chief of Service)


Signature of Department Head
(Or Chief of Service)
3/25/2017
Date

GME-D



Revised March 2018

2020 Gravier Street, Suite 602 • New Orleans, Louisiana 70112
Office 504-568-4006 • Fax 504-599-1453 • www.medschool.lsuhsu.edu/medical_education

Errors and items to check/verify

Moonlighting Form

Resident – Should be signed and dated.

Department Head – Should be signed and dated.

School of Medicine
Office of Medical Education

All vaccination records and lab reports should be attached to this worksheet, and all vaccination dates and results should also be filled out on this form. Form should be returned to Program Coordinator.

Resident John Quagmire 4/18/1987
Last First Middle/Maiden Birthdate

Measles, Mumps & Rubella – Proof of immunization by titers and documentation of 2 MMR vaccinations (after age 1) are required. If titers are low or negative, a booster is also required. If vaccine records are unavailable, the positive titers are sufficient

MMR Vaccination
#1 Date: 11/12/1985
#2 Date: 8/25/1993

AND

Measles, Mumps & Rubella Titers:
Measles Result: Positive Date: 5/31/2012
Mumps Result: Positive Date: 5/31/2012
Rubella Result: Positive Date: 5/31/2012

MMR Booster
Date: _____

Varicella – Proof of immunization by titer or documentation of 2 vaccinations at least 4 weeks apart.

Varicella Vaccination
#1 Date: _____
#2 Date: _____

OR

Varicella Titer:
Result: Positive Date: 5/31/2012

Tetanus/Diphtheria with Pertussis – Documentation of Tdap vaccination required. If Tdap vaccination was more than 10 years ago, documentation of TD less than 10 years ago is also required.

Tdap Vaccination
Date: 6/14/2010

AND
If > 10 years ago

Td Vaccination
Date: _____

Hepatitis B – Documentation of 3 Hepatitis B vaccinations and Hepatitis B Surface AB Titer are required.

Hepatitis B Vaccination
#1 Date: 10/30/1997
#2 Date: 11/28/1997
#3 Date: 8/5/1998

AND

Hepatitis B Surface AB Titer:
Result: Positive Date: 3/6/2015

Tuberculosis – Documentation required using additional attached worksheet.

If unable to receive vaccinations, please explain and attach all relevant supporting documentation.



GME-D

**Errors and items to check/verify
Health Requirements Worksheet**

Resident – All of these fields must be completed.

Resident – MMR Booster only required if titer results are negative.

Resident – Varicella vaccination only requires one of these 2 boxes to be completed.

Resident – Td vaccination only required if Tdap vaccination was longer than 10 years ago.



Student Immunization / Health Record

Date: March 21, 2016

Student: Resident, John Quagmire
 Emplid:
 Career: Medicine, New Orleans

SSN: XXX-XX-3333
 Blocked? NO

<u>Immunization/Test</u>	<u>Status</u>	<u>Date Taken</u>	<u>Comment</u>
Medical History	Complete	2012-05-19	
Physical Exam	Complete	2012-05-19	
Varicella Titer	Positive	2012-05-31	
Measles Titer	Positive	2012-05-31	
Mumps Titer	Positive	2012-05-31	
Rubella Titer	Positive	2012-05-31	
MMR Vaccine 1	Complete	1985-11-12	
MMR Vaccine 2	Complete	1993-08-25	
Tetanus, Diptheria, Pertussis	Complete	2010-06-14	
Hepatitis Vaccine 1	Complete	1997-10-30	
Hepatitis Vaccine 2	Complete	1997-11-28	
Hepatitis Vaccine 3	Complete	1998-08-05	Booster 6/22/12
HBSAB Titer	Positive	2015-03-06	
Tuberculosis Test	Negative	2015-06-08	
Meningococcal vaccine	Complete	2012-05-30	
Flu Vaccine	Complete	2015-10-02	Rec'd @ LSUHSC

**Errors and items to check/verify
 Immunization Documentation**

Acceptable Documentation

Previous Program / School Records – documentation from medical school or previous residency program/employer which shows vaccination status (vaccination/titer status and dates) is allowed (as shown in the example above).

Vaccination record from provider – official vaccination record or lab report from physician/clinic/practitioner showing vaccination/test type and administration date.