

INSTITUTIONAL OVERSIGHT OF NON-ACGME ACCREDITED CLINICAL FELLOWSHIP PROGRAMS

INTRODUCTION

The Washington University/Barnes Jewish Hospital/St. Louis Children's Hospital Consortium is the sponsoring institution for all clinical training programs in graduate medical education. As such, the Consortium has the responsibility to assure a consistently excellent educational environment for all trainees in those programs. Clinical fellowships that are not accredited by the ACGME will come under the oversight of the Graduate Medical Education Board, the Office of the Associate Dean for Graduate Medical Education and the Graduate Medical Education Committee. These policies will be ratified by the governing bodies of each institution and will serve as the policies for oversight of non-ACGME accredited graduate medical education by each institution unless specific delegator authority to specific institutions is granted in these policies. Nothing in this document is intended to, nor should it be construed as placing within the Consortium's scope of responsibility and authority, the ability to determine how any party will bill for services provided by individuals who participate in the GME Program, including, but not limited to, billing for services provided under the Medicaid Program, or the Medicare Program, or to impact the reporting of associated costs by any party to Medicare.

DEFINITIONS

Clinical Fellow:

Any medical graduate participating in a graduate medical education program requiring completion of a prior graduate medical education program which may lead to certification by a recognized professional board. Most such programs will be accredited by the ACGME but for some disciplines ACGME accreditation is not available or desired. Some programs may be accredited through other organizations. Trainees must have 50% or more clinical responsibility in the training program.

GME Board:

This Board has ultimate responsibility for all graduate medical education training programs sponsored by the Consortium. It consists of:

- A. The Dean of the School of Medicine, or his/her designee
- B. The Senior Executive Officer of Barnes-Jewish Hospital, or his/her designee.
- C. The Senior Executive Officer of St. Louis Children's Hospital, or his/her designee.
- D. Two Clinical Department Head selected by the Dean, at least one from a department with a significant clinical presence in Barnes Jewish Hospital and at least one from a department with a significant clinical presence in St. Louis Children's Hospital.
- E. The Senior Associate Dean for Education (non-voting unless serving as the designee for the Dean.)

The term of appointment for the Clinical Department Heads shall be 2 years in duration, with the option of renewal by the Dean.

Designated Institutional Official (DIO):

The DIO has the responsibility and authority for oversight and administration of programs sponsored by the GME Consortium. The DIO will oversee the actions and responsibilities of the Graduate Medical Education Committee (GMEC). After review and approval by the GMEC, the DIO will communicate directly with the GME Board on matters pertaining to the non-ACGME accredited clinical fellowship programs. The DIO will provide an Annual Report to the GME Board on the status of these programs.

The DIO will be the Associate Dean for Graduate Medical Education for Washington University School of Medicine unless otherwise determined by the Board of the GME Consortium. In the absence of the DIO, the Executive Director for Graduate Medical Education will assume authority of DIO responsibilities. In the event of a long-term absence of the DIO the Executive Vice Chancellor and Dean may elect to appoint an interim DIO to maintain oversight of accredited programs.

Graduate Medical Education Committee (GMEC):

The Graduate Medical Education Committee (GMEC) has the responsibility for monitoring and advising on all aspects of fellowship education, subject to the authority and control of the GME Board. Fellowship Program Directors of non-ACGME accredited training programs will be non-voting members of the GMEC.

- A. The GMEC will establish policies and procedures pertaining to the quality of education and work environment for the fellows.
- B. During periodic program reviews, the GMEC will establish and maintain appropriate oversight of and liaison with Fellowship Program Directors and assure that Program Directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the GME program.
- C. The GMEC will establish policies and procedures for dealing with grievances brought forward by clinical fellows relevant to the conduct of their graduate medical education programs. The GMEC will ensure that such policies and procedures satisfy the requirements of fair procedures. The GMEC will also ensure that such policies and procedures are applied equally to all clinical fellows, and faculty as related to graduate medical education programs.
- D. The GMEC will coordinate and monitor regular reviews of all GME programs with regard to compliance with institutional (medical school and hospital) policies.

Educational Monitoring Subcommittee (EMS):

The EMS is a standing subcommittee of the GMEC. This subcommittee will review reports from Annual Program Reviews, Special Reviews and Monitoring Reviews of GME programs according to the prescribed schedule, and submit recommendations to the GMEC. If the subcommittee identifies a problem in a particular fellowship program through the review process, the EMS will develop a course of action. The Chair of the GMEC will report all EMS actions and recommendations to the GMEC for final approval.

REVIEW OF THE NON-ACGME FELLOWSHIP PROGRAMS BY THE GMEC

Non-ACGME accredited fellowship programs sponsored by the GME Consortium will undergo an Annual Program Review (APR) of the educational program. APRs are designed to ensure a consistently excellent educational environment and compliance with institutional policies. If significant concerns are identified

following the APR, the EMS may recommend a Special Review of the training program. EMS program reviews will be conducted in the following manner:

A. Annual Program Reviews (APR)

The GMEC will conduct an APR of each fellowship program. The following information will be reviewed:

1. Statement of scope and length of duration of the training program
2. Names of individuals currently enrolled in the training program
3. Names of all institutions in which the training occurs
4. Results of the Institutional Anonymous Resident Survey
5. All documents will be submitted to Designated Institutional Officialthe Designated Institutional Official and shared with the EMS.
6. Based on the information provided by the training program, the EMS will develop action items for programs to address prior to the next scheduled program review.
7. All APRs by the EMS are forwarded to the GMEC for final approval.

B. Special Reviews (SRs)

The EMS may request additional follow up with an individual program based on identified concerns during an APR. An SR may be conducted to investigate the concerns as described in the GMEC Protocol for Oversight of GME Programs.

1. A draft report with suggested quality improvement goals, any corrective actions deemed necessary, and the GMEC process for monitoring outcomes will be prepared by the GME office. This report will be submitted to the EMS for further consideration.
2. When the EMS has reviewed the materials submitted on a particular program, the subcommittee will revise the report and recommendations as needed for the program under review, and submit the plan to the GMEC for final approval.
3. After consideration by the GMEC, the members will amend the report as needed and release it to the Fellowship Program Director, Core Residency Program Director and Department Head.

A summary of APRs and SRs conducted during the academic year will be included in the Annual Institutional Review (AIR) that is reported to the GME Board.

RESPONSIBILITIES OF CLINICAL FELLOWS

In participating in educational activities and providing services in the clinical fellowship program, the clinical fellow agrees to do the following:

- A. Obey and adhere to the applicable policies, procedures, rules, bylaws, and regulations of the Consortium, School of Medicine and Hospitals to which he or she rotates.

- B. Obey and adhere to all applicable state, federal, and local laws, as well as the standards required to maintain accreditation by the Joint Commission, HIPAA and any other relevant accrediting, certifying, or licensing organizations.
- C. Participate fully in the educational and scholarly activities of the program, including the performance of scholarly and research activities as assigned by the Program Director, attend all required educational conferences, assume responsibility for teaching and supervising other residents/clinical fellows and students, and participate in assigned Hospital and University committee activities.
- D. Fulfill the educational requirements of the program.
- E. Use his or her best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at the School of Medicine, Hospitals and other facilities and rotation sites to which the resident/clinical fellow is assigned.
- F. Provide clinical services:
 - 1. Commensurate with his/her level of advancement and responsibilities.
 - 2. Under appropriate supervision.
 - 3. At sites specifically approved by the program.
 - 4. Under circumstances and at locations covered by the professional liability insurance maintained for the resident/clinical fellow by the Hospital or School of Medicine as appropriate.
 - 5. Develop and follow a personal program of self-study and professional growth under guidance of the program's teaching faculty.
 - 6. Fully cooperate with the program, School of Medicine and Hospital in coordinating and completing documentation required by the Hospital, School of Medicine, department and/or program, including but not limited to the legible and timely completion of patient medical records, charts, and reports.

Failure of the resident or clinical fellow to comply with any of the responsibilities set forth above shall constitute grounds for disciplinary action, up to and including suspension or termination from the program.

EVALUATION AND PROMOTION OF CLINICAL FELLOWS

EVALUATION:

Fellowship training programs will provide written evaluations of fellows at least every 6 months and at the end of the training program. A final summative evaluation will be completed that affirms that the fellow has satisfactorily completed the program and, if applicable, what procedures she/he is qualified to perform without supervision after satisfactorily completing the program.

An evaluation file shall be maintained by the Program Director for each clinical fellow and treated as confidential. The file may be reviewed by the clinical fellow and by departmental faculty and staff with legitimate educational and administrative purposes. This file must be maintained by the department to allow for future verification of training requests.

PROMOTION:

Promotion of residents/clinical fellows to the next level of the program depends upon the clinical fellow's performance and qualifications. Recommendations about promotion or reappointment of clinical fellows are determined by the Program Director with input from faculty as appropriate. If the clinical fellow will not be advancing to the next level of training or graduating, the Program Director will communicate this to the clinical fellow in writing as soon as reasonably practicable under the circumstances and should occur at least four months prior to the end of the academic year.

Communication between Program Directors and the Hospital GME office, when applicable, will generally occur at least four months in advance of a new appointment year. Each program will develop individual policies detailing standards and specific processes for determining promotion or graduation from the training program.

COMPLETION OF TRAINING:

The requirements for satisfactory completion of a clinical fellow's training program are defined by the program. However, each clinical fellow must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the fellowship program:

- A. Demonstrate a level of clinical and procedural competence to the satisfaction of the program.
- B. Fulfill the requirements of the applicable American Board of Medical Specialties (ABMS) accrediting body, if any, for completion of approved training in the clinical fellow's specialty.
- D. Demonstrate attitude, demeanor and behavior appropriate to the clinical fellow's specialty as the clinical fellow relates to patients, other health care professionals and colleagues.
- E. Complete all documentation in patient medical records.
- F. Complete any other requirements of the clinical fellow's program.

Certificates are issued upon satisfactory completion of the respective training programs. In addition to the requirements of each program, satisfactory completion requires that each clinical fellow's medical records be in order and completed, that any financial obligations owed the Hospitals or School of Medicine are paid or terms established for payment, that all Hospital or School of Medicine property issued solely for use during an academic year, including identification badges, pagers and/or cell phones, must be returned or paid for, and that a forwarding mailing address be provided to the Hospital's GME office or the program office for clinical fellows.

DISCIPLINARY ACTION, SUSPENSION OR TERMINATION

- A. INFORMAL PROCEDURES/PROGRAM SPECIFIC DISCIPLINARY POLICIES

Each program must develop written program specific procedures for addressing academic or professional issues in clinical fellows. Program Directors are encouraged to use informal efforts to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, the program specific policy shall include notification by the Program Director to the resident/clinical fellow in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the clinical fellow to address it. Individual training programs may outline other departmental or division resources that clinical fellows should use to discuss disputes over informal actions related to poor performance and/or misconduct. If the remediation efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal adverse disciplinary action.

B. FORMAL ADVERSE DISCIPLINARY ACTION

Formal adverse disciplinary action may be taken for due cause, including but not limited to any of the following:

1. Failure to satisfy the academic or clinical requirements of the training program.
2. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient care or safety.
3. Conduct that is detrimental to the professional reputation of the Hospital or School of Medicine.
4. Conduct that calls into question the professional qualifications, ethics, or judgment of the resident/clinical fellow, or that could prove detrimental to the Hospital's or School of Medicine's patients, employees, staff, volunteers, or operations.
5. Violation of the bylaws, rules, regulations, policies, or procedures of the Consortium, School of Medicine, Hospital, Department, Division, or training program, including violation of the Responsibilities of Residents and Clinical Fellows set forth above.
6. Scientific misconduct.

Programs will develop written program specific policies for decisions regarding formal adverse disciplinary actions.

C. SPECIFIC PROCEDURES

Formal adverse disciplinary action includes (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the clinical fellows clinical responsibilities; (3) extension of the fellowship program or denial of academic credit that has the effect of extending the fellowship; or (4) denial of certification of satisfactory completion of the fellowship program.

The Department Chair or Program Director shall notify the clinical fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME office, if applicable, and the Associate Dean for Graduate Medical Education. The notification should advise the clinical

fellow of his or her right to request a review of the action in accordance with the Procedure for Review of Academic and Disciplinary Decisions Relating to Clinical Fellows set forth below. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Department Chair or Program Director determines in good faith that the continued appointment of the clinical fellow places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

D. COMPLAINTS BY HOSPITAL

If the President of the Hospital or his or her designee has a complaint about performance or conduct of a clinical fellow, the matter should first be brought to the attention of the Department Chair or Program Director. If the Hospital's complaint is not resolved at the departmental level, then the Hospital shall have the right to request a review of the complaint under the Procedure for Review of Academic and Disciplinary Decisions Relating to Clinical Fellows set forth below.

E. REPORTING OBLIGATION

Section 383.133 of the Missouri Revised Statutes requires the chief executive officer of any hospital or ambulatory surgical center to report to the State Board of Healing Arts any final disciplinary action against a physician holding a temporary or permanent license in Missouri for activities which are also grounds for disciplinary action by the State Board, as determined by law. In addition, the CEO must report the voluntary resignation of any physicians' permanent or temporary license in Missouri against whom any complaints or reports have been made which might have led to disciplinary action as determined by law.

PROCEDURE FOR REVIEW OF ACADEMIC AND DISCIPLINARY DECISIONS RELATING TO CLINICAL FELLOWS

1. PREAMBLE

Both the School of medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to clinical fellows and fellowship programs resides within the departments and the individual fellowship programs. Academic and performance standards and methods of clinical fellows training and evaluation are to be determined by the departments and programs and may differ among them.

The interests of the clinical fellows, the Medical School, and the Hospitals are best served when problems are resolved as part of the regular communication between the clinical fellows and departmental officials in charge of the training program. Thus clinical fellows are encouraged to make every effort to resolve disagreements or disputes over academic or disciplinary decisions, or evaluations by discussing the matter with the Program Director, Division Chief and Department Chair, as appropriate. The Office of the Associate Dean for Graduate Medical Education is available to provide confidential guidance in this effort.

If the matter is not resolved, either by informal or formal means, at the departmental level, and the action taken by the department involves (1) suspension, termination, or non-reappointment; (2)

reduction, limitation, or restriction of the fellow's clinical responsibilities; (3) extension of the fellowship program or denial of academic credit that has the effect of extending the fellowship; (4) denial of certification of satisfactory completion of the fellowship program, then the fellow may request a review of the departmental decision, which will follow the procedure set forth below. Decision or actions other than those described in the preceding sentence are not subject to review under this procedure. The availability of this procedure for review of certain kinds of decisions in no way is intended to affect the right of the department and/or the Hospital to counsel and evaluate clinical fellows routinely on performance or progress in the normal course of the training program.

ASSOCIATE DEAN FOR GRADUATE MEDICAL EDUCATION

The clinical fellow shall make the request for a formal review in writing within 15 calendar days after the departmental decision to the Associate Dean for Graduate Medical Education, describing the matter in dispute and all previous attempts at resolution. The Associate Dean shall forward a copy of the request to the Program Director, who shall have the opportunity to respond in writing within 5 calendar days, a copy of which shall be furnished to the clinical fellow. (Copies of all correspondence relating to the review shall be furnished by the Associate Dean's office on a confidential basis to the President of the Hospital in the case of a clinical fellow.) The Associate Dean shall discuss the dispute with the fellow and the Program Director (and the Hospital, if appropriate) in an effort to resolve the matter. If the matter is not resolved within 15 calendar days from the date of receipt of the request for review, the Associate Dean shall notify the clinical fellow in writing that the matter has not been resolved and that the clinical fellow has a right to request a hearing. If the matter is resolved, the Associate Dean shall summarize the resolution in a letter to the clinical fellow, Program Director, and President of the Hospital.

Periodically, the Associate Dean shall report to the GMEC on the nature of matters brought to his or her attention under this procedure and the nature of the resolution, if any.

HEARING PANEL

The clinical fellow shall make the request for a hearing in writing to the Chair of the GMEC within 7 calendar days after the date of the notice from the Associate Dean that the matter has not been resolved. The Chair of the GMEC shall appoint a hearing panel to be composed as follows: three program directors from the GMEC membership one of whom shall act as chair of the hearing panel, one senior resident or clinical fellow, one Hospital representative. No member of these bodies who has been involved in the dispute in any way shall serve on the hearing panel.

A hearing date shall be set by the chair of the hearing panel within 30 calendar days of the receipt of the clinical fellows request for a hearing. At least 7 calendar days before the hearing, the Program Director shall furnish the chair of the hearing panel and the clinical fellow with a statement of reasons for the action taken, along with any supporting documentation. The clinical fellow shall have the opportunity to respond in writing at least two calendar days before the hearing, copies to be furnished to the chair of the hearing panel and the Program Director.

At the hearing, both the clinical fellow and the Program Director may present evidence and witnesses, subject to limitations set by the chair based on relevancy or time, and may examine the evidence and witnesses presented by the other. The members of the hearing panel may also ask questions and request the presence of additional witnesses if deemed necessary. A stenographic record of the hearing will be made. The clinical fellow may be accompanied by one advisor, identified by name and title at

least 6 days before the hearing, who may advise the resident/clinical fellow but not otherwise participate in the hearing. The hearing shall not be construed as a formal legal proceeding, and formal rules of law or evidence shall not apply.

Subsequent to the conclusion of the hearing, the hearing panel shall deliberate in private and reach a decision as to its recommendation by majority vote. It shall make a written report and recommendation to the Dean of the Medical School and President of the Hospital within 7 calendar days after the conclusion of the hearing, copies of which shall be sent to the clinical fellow, the Program Director and the Associate Dean.

The recommendation of the hearing panel shall be accepted, rejected or modified by the Dean and President of the Hospital, or their designees, in writing, within 7 calendar days after the date of the recommendation and report. Copies shall be sent to the chair of the hearing panel, the clinical fellow, the Program Director, and the Associate Dean. The decision of the Dean and President or their designees, shall be final.

APPLICABILITY

This procedure applies to non-ACGME accredited clinical fellows in all sponsored fellowship programs at Washington University School of Medicine, Barnes-Jewish Hospital, and St. Louis Children's Hospital.

COMPLAINT PROCEDURE RELATED TO THE WORK ENVIRONMENT

This procedure shall apply to any clinical fellow complaints or grievances relating to any aspect of the fellowship programs, except for departmental decisions and actions falling within the four categories set forth in the Procedure for Review of Academic and Disciplinary Decisions Relating to Clinical Fellows above.

The principles set forth in the "Preamble" to the Procedure for Review of Academic and Disciplinary Decisions Relating to Clinical Fellows above apply as well to this grievance policy, and thus clinical fellows are encouraged to make every effort to resolve disagreements or disputes over any matter relating to the fellowship programs by discussing the matter first with the Program Director, Division Chief or Department Chair, as appropriate. If the matter is not resolved at the departmental level, or if the clinical fellow feels it is inappropriate or impractical to discuss the matter at the departmental level, the clinical fellow may confidentially submit the complaint or grievance in writing to the Associate Dean for Graduate Medical Education for consideration. The Associate Dean for Graduate Medical Education, in his or her discretion, taking into account the nature of the complaint or grievance, may, but is not required, to refer the matter to either a standing GMEC subcommittee or an ad hoc GMEC subcommittee to consider the matter. If the matter is referred by the Associate Dean to a subcommittee, the subcommittee shall report back to the Associate Dean, the GMEC and the GME Board on the process followed by the subcommittee in considering the complaint or grievance and any findings or recommendations resulting therefrom. Additionally, the Designated Institutional Official will periodically report to the GMEC on the nature of complaints filed under this proceeding. In the event the GMEC recommends further follow up on a specific complaint filed, it will be submitted to the standing GMEC subcommittee or an ad hoc GMEC committee for further review.

TRANSFER OF PATIENT CARE (HAND OFF) PROCEDURES

A system that is preferably electronic must be in place to assure fluid exchange of patient care information between health care team members. Programs must also provide written schedules that inform all members of the health care team of attending physician and resident coverage in each patient's care.

Sponsored training program should periodically monitor effective, structured, hand-over processes to facilitate both continuity of care and patient safety. The program's evaluation of a fellow's performance should also document whether fellows are competent in communicating with team members in the hand-over process.

INTER-INSTITUTIONAL AFFILIATION AGREEMENTS

The Hospital GME office and the Designated Institutional Official will facilitate execution of appropriate inter-institutional affiliation agreements.

In order to provide programs with appropriate Business Associate Agreements (BAA), which are mandated by HIPAA, program directors must notify the GME Office when there is a change in the covered entity or participating training site.

Program Directors must notify the GME office when there is a major change in the involvement (i.e., new site, discontinuation of a site, substantial change in the program at a site, etc.) of a participating institution. Programs must utilize the policy and procedure for requesting GMEC approval of major changes to accredited training programs.

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