

Date: April 2019

To: House Officers Appointed to St. Louis Children's Hospital for the 2019-2020 Academic Year

From: Peggy Gordin
Interim President

Re: St. Louis Children's Hospital Memorandum of Appointment to House Staff

- PURPOSE:** The primary purpose of this program is educational, and the program follows policies and procedures set forth by the Washington University School of Medicine/Barnes-Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium (GME Consortium) in the GME Consortium Operating Principles. The training program will meet the standards of the Essentials of Accredited Residency as approved by the Accreditation Council for Graduate Medical Education (ACGME) for each ACGME accredited training program.
- STIPENDS:** Stipends for the academic year for St. Louis Children's Hospital appointed House Officers are determined annually by St. Louis Children's Hospital and reviewed by the Graduate Medical Education Committee (GMEC) and approved by the GME Board. Stipends are paid bi-weekly; your stipend from St. Louis Children's Hospital for this academic year is noted on the acceptance letter. Stipend levels are posted on the GME website at <https://gme.wustl.edu>. Select the "About" tab, select Policies and Operations" and "Stipends". Stipend levels are determined by level of training. A Chief Resident year after the training program, research years and training not required as pre-requisite are not counted in the determination of the PGY Level.
- MEDICAL LICENSURE:** All House Officers are required to have a license to practice medicine in the State of Missouri. The Hospital will pay for one temporary license fee annually and one fee for the Department of Health Bureau of Narcotic and Dangerous Drug registration for each House Officer. House Officers with a temporary license are authorized to prescribe prescription drugs, including controlled substances, only for patient care within the framework of the training program. **This prohibits prescribing for self, family members, friends, hospital staff or other persons except as patients of the training program.** Federal regulations require that each controlled substance prescription written in the training program shall have the name (printed, typed or stamped) and signature of the issuing physician plus his or her temporary DEA number printed on the prescription.

House Officers who graduate from other than a United States or Canadian Medical School must meet the requirements of the Education Council for Foreign Medical Graduates (ECFMG) for certification. House Officers who do not have a permanent or temporary license must function as senior medical students until a license is secured. Completed temporary license applications shall be sent to the State Board by the Hospital. **This requirement does not relieve the applicant of the responsibility for completing the application and requesting all supporting documents required for the filing of the application.** No applicant shall begin practicing until the temporary or permanent license has been issued. In Missouri, it is a felony to practice medicine without a license.

House Officers may choose to apply for permanent licensure. In this case, the House Officers are responsible for all fees associated with the permanent license application as well as the fees associated with permanent medical license renewal. The House Officers are responsible for obtaining the permanent application from the Board of Registration for the Healing Arts web-site and assembling the necessary documents. The House Officers are responsible for notifying the GME Office that a permanent license has been granted. Once a permanent license is granted State Board regulations do not allow for a return to a temporary license.

4. PERSONAL TIME OFF, LEAVE, MEALS, LAB COATS, PARKING: Through the auspices of the GME Consortium and the Hospital, House Officers are provided the following schedule of benefits:

- a. Personal time off and Leave:** House Officers have a total of 30 paid workdays off. For purposes of this policy, a workday is defined as Monday through Friday. Twenty (20) of those days are defined as personal time off. Personal time off may consist of vacation days, paternity leave, maternity leave beyond what is covered by sick time, bonding time, and other personal needs. Personal time off days should be scheduled in advance and may be taken at any time during the year with the approval of the Program Director. There are no recognized holidays. Duties are assigned by each Program Director. If personal time off extends beyond 15 consecutive days, the House Officer must apply for leave.

House Officers may be paid for up to 10 days in case of illness. This sick time may be used for your personal illness or medical condition (including medical conditions related to pregnancy and childbirth) or for illness of a family member. In the case of any extended illness or disability, House Officers must use available vacation days after they have exhausted their 10 days of paid sick days.

Paid time off does not carry over from year to year nor is there a payment for any days that are not used. For purposes of this policy, the year begins on the first date of your employment. Time off will be prorated for House Officers who join St. Louis Children's Hospital throughout the year.

Additional unpaid leave may be available in certain circumstances, with the approval of the Program Director. Additional leave may require extension of the training program depending on the guidelines established by the ACGME, Residency Review Committee and/or certifying Board for that particular program. Leave must be requested in advance of the actual leave. Additional documentation may be required by your training program to suspend the award and/or accrual of service in order to calculate the time away from the training program. To obtain further information regarding how a leave relates to Board requirements, contact your Program Director.

The Leave Policy is intended to provide you with specified paid time off, as well as unpaid leave should the need arise. This leave policy ensures that House Officers have the opportunity to rest and provides financial security in case of illness. It is intended to comply with the Federal Family and Medical Leave Act (FMLA) as applicable.

- b. FMLA:** House Officers who are eligible (employed within BJC HealthCare for at least 12 months and worked at least 1250 hours during the 12 months prior to the commencement of the leave) may request leave for his/her own serious health condition, the care of a new child or the health care of a seriously ill family member or for any other reason as outlined under the FMLA unpaid leave for a maximum of 12 weeks in a 12 month period of time, which is calculated by looking backward at the amount of leave taken within the 12 month period immediately preceding the commencement of the requested leave, will be granted per FMLA stipulations. Medical certification will be required for leaves due to your or your family member's serious health condition. Conditions and requirements apply; see also BJC Policy 4.08, Family and Medical Leaves of Absence, FMLA.

Non-FMLA: For those situations in which you, for any reason, do not qualify for a FMLA leave, you may request a leave from the Program Director. The granting of such leave, as well as the duration thereof, is at the discretion of the Program Director. You may apply for such leave with respect to absences in excess of thirty (30) consecutive calendar days. You must supply such supporting documentation as requested by the Program Director including, for medical leaves, a physician's certification.

Additional training after a leave of absence may be needed for successful completion of program requirements and/or for Board certification requirements. The amount of time you must extend your training program shall be determined by the Program Director and the requirements of the pertinent RRC and/or certifying Board. For more information and for information regarding compensation during non-FMLA leaves see BJC HealthCare Policy 4.09, Non-FMLA Leaves of Absence.

- c. **Meals:** Meals are available at reduced rates in the cafeteria with the use of a hospital issued identification badge throughout the regular business day and overnight during in-house call periods. Vending machines with nutritious food and other refreshments are also available throughout St. Louis Children's Hospital on a 24-hour basis.
- d. **On-Call Quarters:** On-call quarters are provided in the Hospital for overnight assignments. Problems with call rooms should be reported to the appropriate housekeeping, information systems, maintenance, or telecommunications offices. It is important to provide a thorough description of the problem in the call room, as well as the location of the call room. The Hospital does not provide living quarters for House Officers or their families during the training year.
- e. **Free Parking:** Free Parking is provided to all employees. Shuttle buses serve the parking areas and the Hospital. There is a secured pedestrian link that runs from the St. Louis Children's Hospital employee garage to the medical center. Your St. Louis Children's Hospital identification badge will be programmed for access to the garage and the link. Parking Information and maps will be provided for incoming House Officers during their hospital orientation session. Discounted Metro passes are available from the Parking Office.
- f. **Lab Coats:** A lab coat is provided to each House Officer paid by St. Louis Children's Hospital. Scrubs are provided for those in surgical programs. Scrubs are to be worn in areas set forth in the Perioperative Services policy which will be provided to all new surgical program trainees.
- g. **Stress Counseling and/or Mental Illness:** The BJC Employee Assistance Program (EAP) helps you deal with problems that can affect your job performance and quality of life. The EAP provides professional counseling and work/life referral services to ensure that you and your family receive the help, guidance and support that you need.

The EAP offers a variety of short-term problem resolution therapy services in person, by phone and through the internet. The number of short-term counseling sessions provided under the EAP is based on clinical need.

Call 314-747-7490 or if you are out of the St. Louis area at 1-888-505-6444 for EAP service information, to make an appointment or to speak with a professional to talk over your concern.

- h. **Impaired Physician in Training:** The Hospital follows the GME Consortium's Policies and Procedures for Identification and Treatment of Impaired Physicians in Training when performance is affected by mental health problems or substance abuse. The intent of this policy is to facilitate treatment of the impaired House Officer and to ensure the safety of the House Officer, patients, family and significant others. A copy of the policy is provided during orientation and when revisions occur they are posted on the GME website.
- i. As a member of Graduate Medical Education Training Programs, House Officers are not afforded participation in the Hospital's tuition reimbursement program.

5. **PROFESSIONAL LIABILITY INSURANCE:** House Officers are provided professional liability coverage while acting within the scope of the training program. St. Louis Children’s Hospital provides coverage through a self-funded trust at a minimum of \$1,000,000 per occurrence. Excess coverage is provided through BJC HealthCare.

Professional liability coverage for elective rotations must be requested for approval in advance of the rotation. Contact the GME office for additional information.

While coverage levels change from time to time, levels will be maintained to provide coverage commensurate with the needs of the Hospital, its employees and BJC HealthCare. The occurrence type coverage provided through the self-funded trust precludes the need for extended reporting (“tail”) coverage when you finish your program.

Potential claims, patient injury or concerns regarding events arising from your training at St. Louis Children’s Hospital should be directed to St. Louis Children’s Hospital Risk Management at 314-454-SAFE. EARLY REPORTING IS ESSENTIAL to manage loss or damage. We encourage verbal or telephone reports to expedite contact with Risk Management. Examples of reportable occurrences include: unexpected adverse complications, permanent injury, unexpected death, significant temporary injury.

If you are involved in potential liability incident, do not provide written accounts of the incident to anyone (including your attending) without first consulting Risk Management. Without proper protection, this information can be discoverable in a subsequent lawsuit. The Risk Management Director or Coordinators will help you deal with an incident without creating additional risk.

As a condition of professional liability coverage and your employment you must participate in the defense of claims against you, your fellow St. Louis Children’s Hospital employees and related institutions. For continuation of your coverage, even after completion of your program, continued cooperation is required. St. Louis Children’s Hospital reserves the right to terminate your coverage or otherwise recover resulting losses should you fail to cooperate in the defense of a malpractice claim in which you are involved in any way, even as a fact witness. Your participation may require time for a deposition or trial testimony once you are in private practice or other settings. It also will include time to meet with risk management personnel and defense counsel. Risk Management makes every effort to minimize impositions on your schedule, but they are essential. Live testimony from House Officers and presence at trial help provide a strong defense. The self-funded trust covers thousands of House Officers and other employees. We do not reimburse for your time involved in the defense process; we will reimburse for pre-approved out-of-pocket expenses.

On request and with your written authorization, BJC Risk Management will provide information concerning your coverage and claims history to any licensing or insuring entities or provider institutions where you are requesting appointment. Please direct request to:

BJC HealthCare
Department of Risk Management
Attn: Insurance Services Coordinator
8300 Eager Road, Suite 600A
Saint Louis, MO 63144
Phone: (314) 286-0664
Fax: (314) 286-0675

NOTICE: The benefits described in section 6 through 11 are available to House Officers and their dependents who meet the eligibility requirements of the corresponding benefits plans. The plan documents provide a full description of the benefits offered, including eligibility, coverage, limitations, and exclusions. The plan documents will always govern if there is a discrepancy between this letter and any of the plan documents. BJC hopes to continue the plans indefinitely, but it reserves the right to end or change any of the plans at any time and for any reason, without notice. To obtain a copy of the Summary Plan Description (SPD) and any Summary of Material Modifications (SMM) for each plan, please see the “Benefits” section of the BJC Total Rewards website (BJCtotalrewards.org) or contact your Human Resources Department.

- 6. MEDICAL, DENTAL AND VISION:** As a newly benefit eligible House Officer, enrollment is available to you, your eligible spouse, your eligible dependent child(ren) up to age 26, and your eligible disabled unmarried children age 26 or older. Qualified dependents are eligible to participate in medical, dental and vision plans under which the House Officer is enrolled provided enrollment is completed **within the first thirty-one (31) days of employment**. Your medical coverage will be effective on your first day of employment, provided enrollment is timely completed. Your dental and vision coverage will be effective on the first day of the month after **30 days of employment** provided enrollment is timely completed. You may make changes at the next fall annual enrollment period (which changes are generally effective the following January 1st). It is your responsibility to enroll each year and verify the appropriate payroll deductions are being taken for the benefits you have elected.

DEPENDENT ELIGIBILITY VERIFICATION: If you are enrolling your spouse or dependent child(ren) for the first time, your dependents will need to be verified by our eligibility administrator, Secova. If this applies to you, you will receive a verification packet from Secova, and you will be asked to provide appropriate documentation by the deadline indicated in your packet. Verifying a spouse typically requires a marriage certificate, utility bill/bank statement or a tax return. You may verify a child with a birth certificate or tax return.

Note: The deductibles, out-of-pocket maximums, copays, coinsurance, and other amounts noted in Sections 6 through 10 below are applicable to the 2019 plan (calendar) year.

- a. Medical:** To service the different personal and family needs of individuals, you are offered a choice of two medical coverage options: the BJC Choice Plus option and the BJC Choice option. The medical coverage options are administered by Cigna HealthCare using the Cigna Open Access Plus (OAP) provider network. Each medical option has a BJC Facility network benefit and a Cigna network benefit, as well as non-network benefit with higher copayment levels.

Prescription drug benefits are administered by Express Scripts and are the same regardless of the medical option in which you enroll. There are no non-network benefits; participating pharmacies must be used in order to receive coverage.

- b. Dental:** BJC offers you two dental options, administered by Delta Dental: High Option and Low Option. Both dental options provide access to the Delta Dental Premier network, which features more than 80 percent of dental care providers nationwide as well as access to the Delta Dental PPO (preferred provider organization) network, which includes nearly 50 percent of all dentist nationwide. Both the High and Low options cover in-network preventive services (e.g., two dental cleanings per year) with no deductible. Both options also cover services for basic care and major care, with dental plan participants paying more for these services under the Low option.
- c. Vision:** Vision coverage is offered through Vision Service Plan (VSP). You can select coverage for yourself and any of your eligible dependents. If you obtain services from a VSP provider, VSP will pay the provider directly. You pay only a copayment for an annual eye examination and an

additional copayment for eyeglasses. You are responsible for the cost of any additional services such as tints, coated lenses, progressive lenses, etc., or the cost of a frame over the VSP allowance. Note: The Cigna medical plan provides an annual preventive vision wellness exam at no cost. If you and your family are not in need of glasses or contact lens, then you may want to utilize just the Cigna medical coverage.

- 7. FLEXIBLE SPENDING ACCOUNTS (FSA):** You will have an opportunity to take advantage of Healthcare and/or Dependent Care (daycare) Flexible Spending Accounts (FSA). With these accounts, you can set aside money from your paycheck before taxes are withheld to pay for eligible health and dependent daycare expenses during the calendar year. You must use the money set aside in the FSAs for eligible services. Any money left in the Dependent Care account(s) after the submission deadline will be forfeited. Participants with Health Care account balances of \$50 or more can carry over up to \$500 of unused funds from the previous year.
- 8. LIFE AND AD&D INSURANCE:** Basic life and accidental death and dismemberment (AD&D) coverage equal to one (1) times your annual base salary is provided and paid by BJC for regular, full-time employees. Additional coverage may be purchased up to five (5) times your annual base salary. Your basic and supplemental life and AD&D coverage is effective on the first day of the month following 30 days from your hire date provided enrollment is timely completed.
- 9. DEPENDENT LIFE INSURANCE:** You may purchase life insurance coverage for your spouse and/or eligible dependent child(ren). There are two coverage options for your eligible spouse and two for your child(ren). Evidence of Insurability (EOI) is not required for coverage when enrolling as a new employee.
- 10. LONG-TERM DISABILITY:** You are automatically enrolled in long-term disability (LTD) coverage the first day of the month following 30 days from your hire date through group coverage insured by Unum. LTD coverage will provide benefits after you have been continuously disabled for 90 days. The LTD coverage is 60 percent of base monthly pay (subject to maximum benefit of \$3,000 per month). You are required to purchase the BJC LTD coverage unless you demonstrate to the satisfaction of BJC within 31 days that you currently have LTD coverage with another plan. Also, you may waive LTD coverage annually if you provide proof of other LTD coverage during the annual benefits enrollment period. For more information regarding the coverage, restrictions, and exclusions, please refer to your Certificate of Coverage, your Summary Plan Description (SPD) and any Summary of Material Modifications located in the Benefits section on the BJC Total Rewards website.
- 11. RETIREMENT SAVINGS:** You will have the opportunity to save for retirement through the BJC 401(k) Plan or the BJC 403(b) Plan, as applicable. Your contributions are deducted from your paycheck on a pre-tax basis – which means you do not pay federal or state income taxes on these contributions (or investment earnings) until you make withdrawals during retirement. Employees who contribute to the BJC 401(k)/403(b) Plans are eligible for a matching contribution from BJC. Contributions from employees are always 100 percent vested. BJC matching contribution are 50 percent vested after one year of service and 100 percent vested after two years of service.
- 12. OUTSIDE EMPLOYMENT/MOONLIGHTING:** Outside employment of House Officers is not encouraged and may adversely affect your duty hour requirements. Further, outside employment is not permitted without prior, written authorization of the Program Director. If such authorization is granted, you must obtain permanent licensure, a personal DEA registration and a personal BNDD registration. You will be required to maintain each registration throughout the remainder of your training program. Documentation of outside employment and the written authorization will be part of your file. For purposes of this agreement, outside employment is defined as the practice of medicine for financial remuneration in a setting not recognized as part of the training program by the Program Director, Department Chair, and/or President of

the Hospital. Any House Officer who violates this prohibition may be subject to Disciplinary Action, including termination from his/her respective residency training program. In addition, St. Louis Children's Hospital is not responsible for and will not defend or cover a House Officer's liability resulting from claims arising out of occurrences off St. Louis Children's Hospital premises or other than pursuant to this appointment.

- 13. ASSIGNMENT AND DUTY HOURS:** The guidelines for monitoring and reporting duty hours can be found in the "Consortium Policy for Monitoring and Reporting Duty Hour Compliance" <https://gme.wustl.edu> . Each program will develop written program-specific policies on duty hours, work environment and moonlighting.

Graduate Medical Education, sponsored by the GME Consortium, is a full time experience. Patients have the right to expect their care delivered by alert, health, responsible and responsive physicians. Additional working time may result in excessive fatigue and will be monitored by Program Directors.

- 14. SUPERVISION OF RESIDENTS AND FELLOWS:** The GME Consortium requires that programs provide a written plan for adequate supervision that is distributed to faculty and House Officers for review. The plan should include the following elements:

- a. Residents and clinical fellows must be provided with prompt, reliable systems for communication and interaction with supervisory physicians.
- b. Clear indication of supervisory lines or responsibility that outline expectations for direct supervision, indirect supervision or faculty oversight by PGY level, as outlined in the ACGME Common Requirements, if applicable.
- c. The institutional policy regarding supervision of residents/clinical fellows can be found on the GME website

- 15. MEDICAL STAFF APPOINTMENT:** The completion of residency or fellowship training at St. Louis Children's Hospital does not automatically qualify a physician for appointment to the Medical Staff.

- 16. RESPONSIBILITIES OF HOUSE OFFICERS:** In participating in educational activities and providing services in the Residency/Clinical Fellowship program, you agree to do the following:

- a. Comply with all applicable policies, procedures, rules, bylaws, and regulations of the Consortium, Washington University School of Medicine and hospitals to which he or she rotates, including without limitation all policies requiring immunizations, an annual flu shot, annual tuberculosis skin testing and drug testing policies.
- b. Comply with all applicable state, federal and local laws, as well as the standards required to maintain accreditation by the ACGME, RRC, Joint Commission and any other relevant accrediting, certifying or licensing organizations. Also includes participation in formal education and training for HIPAA and other regulatory compliance, and reviewing and affirming compliance with BJC's Code of Conduct on an annual basis.
- 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 House Officers, and participate in assigned Hospital and University committee activities.
- d. Participate in hospital quality improvement programs, committees and councils as requested, especially those related to patient care review activities; and apply cost containment measures in the provision of care.

- e. Fulfill the educational requirements of the program.
- f. Use your 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 you are assigned.
- g. Provide clinical services:
 - i. Commensurate with his/her level of advancement and responsibilities
 - ii. Under the appropriate supervision
 - iii. At sites specifically approved by the Program
 - iv. Under circumstances and at locations covered by the professional liability insurance maintained by the Hospital
- h. Develop and follow a personal program of self-study and professional growth under guidance of the Program's teaching faculty.
- i. Fully cooperate with the Program, School of Medicine and Hospital in coordinating and completing documentation required by the RRC, ACGME, Hospital, School of Medicine, Department and/or Program including but not limited to the legible and timely completion of patient medical records, charts, reports, time cards, operative and procedure logs, and faculty and program evaluations.
- j. Use computers and Internet technology in support of patient care and education in a responsible manner and in compliance with applicable policies and regulations of the Hospital and other regulatory bodies, utilizing only the unique user ID assigned to you.

Failure of the House Officer 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.

17. EVALUATION AND PROMOTION OF HOUSE OFFICERS

a. Evaluation

Each program will develop written program specific procedures detailing the methods used to evaluate the trainees and the frequency of those evaluations. Training programs sponsored by the GME Consortium will, at a minimum, provide semi-annual formal written evaluations (unless otherwise required by the RRC if applicable) and feedback of residents and clinical fellows performance to determine their competence in the various areas outlined in the relevant program requirements or by the training program for non-accredited programs. Programs must also provide timely feedback following regularly scheduled assignments, as outlined by the RRC program requirements if applicable. A Clinical Competency Committee (CCC) will be used by the training programs to document achievement of specialty specific milestones. Programs will report milestone assessment for each resident/fellow to the RRC via the Web Accreditation System (WebADS) on a semi-annual basis.

The evaluations are based on the following competencies:

- Fund of medical knowledge and the application of this knowledge to patient care

- Patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health
- Communication skills and personal character traits displayed through interpersonal skills
- Clinical and technical skills
- Ability to assume increased responsibility for patient care
- Professionalism manifested through commitment to ethical principles, and sensitivity to diverse patient population
- Systems-based practice skills manifested through the ability to effectively utilize the health care system and through cost-effective risk/benefit analyses.
- Practice-based learning and improvement that involves investigation and evaluation of the following:
 - Patient care
 - Appraisal and assimilation of scientific evidence
 - Improvement in patient care
 - Systematic analyses of practice using QI model
 - Review and analyses of personal learning and improvement goals

An evaluation file shall be maintained by the Program Director for each House Officers and treated as confidential. The file may be reviewed by the House Officers and by department faculty and staff with legitimate educational and administrative purposes. THE EMS will review the evaluation plan of a program at the time of Special Review or Monitoring Review. The review team that meets with program faculty and House Officers as outlined in the Consortium Operating Principals may ask to review a representative set of resident files.

b. Promotion

Promotion to the next level of the Program depends upon the individuals' performance and qualifications. Recommendations about promotion or reappointment is determined by the CCC with final decisions by the Program Director. If the trainee will not be advancing to the next level of training or graduating, the Program Director will communicate this to the individual in writing as soon as reasonably practicable under the circumstances and/or 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 determine promotion or graduation from the training program.

18. COMPLETION OF TRAINING: The requirements for satisfactory completion of a training program are defined by the training program. However, you must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the residency or fellowship program:

- a. Demonstrate a level of clinical and procedural competence to the satisfaction of the program.
- b. Fulfill the program's scoring requirements on the In-Training Examination, as applicable, as used by the program.
- c. Fulfill the requirements of the applicable American Board of Medical Specialties (ABMS) accrediting body, if any, for completion of approved training in the House Officer's specialty.
- d. Demonstrate attitude, demeanor and behavior appropriate to the House Officer's specialty regarding how you relate to patients, other health care professionals and colleagues.
- e. Complete any other requirements of your programs

- f. In addition to the requirements of each Department, satisfactory completion requires that your 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, scrubs, pagers and cell phones must be returned or paid for, and that a forwarding mailing address be provided to the Hospital's GME office.

19. DISCIPLINARY ACTION, SUSPENSION, OR TERMINATION

a. Informal Procedures

Each program must develop written program specific procedures for addressing academic or professional issues in residents and 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 House Officer in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the House Officer to address it. Individual training programs may outline other department or division resources that residents/clinical fellows should use to discuss disputes over information 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:

- i. Failure to satisfy the academic or clinical requirements of the training program.
- ii. Professional incompetence, misconduct, or conduct that might be inconsistent with or harmful to patient safety.
- iii. Conduct that is detrimental to the professional reputation of the Hospital or School of Medicine.
- iv. Conduct that calls into question the professional qualifications, ethics, or judgment of the House Officer or that could prove detrimental to the Hospital's or School of Medicine's patients, employees, staff, volunteers, or operations.
- v. 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 House Staff set forth above.
- vi. Scientific misconduct.

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

c. Specific Procedures

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

The Department Chair or Program Director shall notify the House Officer in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME office and the Associate Dean for Graduate Medical Education. The notification should advise the House Officer 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 Residents and 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 House Officer 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 House Officer, 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 Residents and 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 physician licensed in Missouri against whom any complaints or reports have been made which might have led to such disciplinary action as determined by law..

20. PROCEDURE FOR REVIEW OF ACADEMIC AND DISCIPLINARY DECISIONS RELATING TO RESIDENTS & CLINICAL FELLOWS

- a. Preamble. Both the School of Medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to House Officers and residency/fellowship programs resides within the departments and the individual residency/fellowship programs. Academic and performance standards and methods of House Officers training and evaluation are to be determined by the departments and programs and may differ among them.

The interests of the House Officer, the Medical School, and the Hospitals are best served when problems are resolved as part of the regular communication between the House Officer and departmental officials in charge of the training program. Thus House Officers 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 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 House Officers clinical responsibilities; (3) extension of the residency/clinical fellowship or denial of academic credit that has the effect of extending the residency/fellowship; (4) denial of certification of

satisfactory completion of the residency/fellowship program, then the resident/fellow may request a review of the departmental decision, which will follow the procedure set forth below. Decisions 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 House Officers routinely on performance or progress in the normal course of the training program.

- b.** Review of Academic and Disciplinary Decisions. The House Officer 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 House Officer. (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 House Officer). The Associate Dean shall forward this information to the Senior Associate Dean for Education who will then discuss the dispute with the House Officer 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 Senior Associate Dean shall notify the Associate Dean for Graduate Medical Education who will advise the House Officer in writing that the matter has not been resolved and that the House Officers has a right to request a hearing. If the matter is resolved, the Associate Dean shall summarize the resolution in a letter to the House Officer, Program Director, and President of the Hospital in the case of a House Officers

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.

- c.** Hearing Panel. The House Officer shall make the request for a hearing in writing to the Chair of the GMEC within seven (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 who shall act as chair of the hearing panel, one senior resident, and one Hospital representative. No member of these bodies who has been involved in the dispute in any way shall serve on the hearing panel.
- d.** A hearing date shall be set by the chair of the hearing panel within 30 calendar days of the receipt of the House Officers request for a hearing. At least seven (7) calendar days before the hearing, the Program Director shall furnish the chair of the hearing panel and the House Officer with a statement of reasons for the action taken, along with any supporting documentation. The House Officer 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 House Officer 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 House Officer may be accompanied by one advisor, identified by name and title at least six (6) days before the hearing, who may advise the House Officer 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 House Officer, the Program Director and the Associate Dean.

The recommendation of the hearing panel shall be accepted, rejected or modified by the Dean and President, 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 House Officer, the Program Director, and the Associate Dean. The decision of the Dean and President, or their designees, shall be final.

- e. Applicability. This procedure applies to all House Officers in all sponsored residency/fellowship programs at Washington University School of Medicine, Barnes-Jewish Hospital, St. Louis Children's Hospital.

21. COMPLAINT PROCEDURE RELATED TO WORK ENVIRONMENT: This procedure shall apply to any House Officer complaint or grievances relating to any aspect of the residency/fellowship programs, except for departmental decisions and actions falling within four categories set forth in the Procedure for Review of Academic and Disciplinary Decisions Relating to House Officers in Section 20 above.

The principles set forth in the "Preamble" to the Procedure for Review of Academic and Disciplinary Decisions Relating to Resident and Clinical Fellows in Section 20 above apply as well to this grievance policy, and thus House Officers are encouraged to make every effort to resolve disagreements or disputes over any matter relating to the residency/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 House Officer feels it is inappropriate or impractical to discuss the matter at the departmental level, the House Officer 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 GME Board on the process followed by the subcommittee in considering the complaint or grievance and any findings or recommendations resulting therefrom. Additionally, the Associate Dean for GME 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 a standing GMEC subcommittee or an ad hoc GMEC committee for further review.

22. POLICY AGAINST HARASSMENT: St. Louis Children's Hospital is committed to providing a working environment in which its employees are treated with courtesy, respect and dignity. Harassment based on such factors as race, color, sex, religion, national origin, age, mental or physical disability, sexual orientation, or any other reason. Additionally, St. Louis Children's Hospital will not tolerate or condone any action by any person, including co-workers, physicians, customers, vendors, agents or other third parties which constitutes sexual harassment of any employee or any individual working in facilities of the Consortium or any of their affiliates.

- a. Harassment includes verbal, physical or visual conduct that creates an intimidating, offensive or hostile work environment or that unreasonably interferes with job performance. Harassment may also include unwelcome, offensive slurs, jokes, or other similar conduct. Additionally, sexual harassment includes any request or demand for sexual favors that is implicitly or expressly a condition of employment, continued employment, or considered in employment decisions.

Some examples of sexual harassment include sexual advances or suggestions; retaliation for refusing sexual advances; unwelcome sexually oriented remarks; sexual jokes or ridicule; the display or distribution of offensive pictures, posters or cartoons; and any unwelcome, intentional touching of another person's body.

- b. Reporting Violations: Employees are encouraged to report any incident of harassment by any BJC employee or any other person. Employees should report incidents promptly to their supervisor, department director, human resources consultant or any other member of management with whom the employee feels comfortable. An employee is not required to complain first to his or her supervisor or department director.

Discussions of sexual harassment with the Employee Assistance Program (EAP) will be confidential and will not be considered notification to management unless the employee signs a release allowing the EAP office to inform Human Resources of the incident(s).

Management employees who receive complaints, observe or become aware of possible harassment must immediately report it to and consult with their human resources consultant to ensure proper handling. Failure to do so may result in discipline, up to and including discharge.

- i. Investigating Complaints: Every complaint or report of harassment will be investigated thoroughly and promptly. Although absolute confidentiality cannot be guaranteed, all complaints will be handled as confidentially as possible, and only those persons with a need to know will be informed of the investigation findings.

The investigation findings will be documented, and the complaining employee and alleged harasser will be kept advised of the progress of the investigation and of the hospital's ultimate decision. St. Louis Children's Hospital will not tolerate any form of retaliation against any employee for making a complaint about harassment, reporting a possible incident of harassment, or cooperating in the investigation of a complaint.

- ii. Discipline: In the case of BJC employees, if harassment is established, BJC will discipline the offender and take any other appropriate remedial action. Disciplinary action for a violation of this policy can range from written warnings up to and including discharge, depending upon the circumstances. With regard to acts of harassment by physicians, patients, visitors or vendors, remedial action within the reasonable control of St. Louis Children's Hospital will be taken after consultation with the appropriate management personnel.
- iii. Appealing Decisions: If the complaining employee is dissatisfied with the handling of the investigation, the employee may submit a written letter of appeal to their senior line executive and the senior human resources officer at their hospital/service within seven (7) days of being notified of the findings and the ultimate decision. The senior human resources officer will review the investigation documentation and any other information and will provide a written response to the complaining employee within 30 days.

- 23. GMCC POLICY ON CONSENSUAL RELATIONSHIPS BETWEEN FACULTY AND HOUSE OFFICERS:** Faculty members shall not engage in consensual relationships with House Officers whenever the faculty member has a professional "position of authority" with respect to the House Officer in such matters which involve evaluation of House Officer performance as part of the graduate medical education program. Should a consensual relationship develop, or appear likely to develop, while the faculty member is in a position of authority, the faculty member and/or the House Officer shall terminate the position of authority. Even when the faculty member has no professional responsibility for a House Officer, the faculty member should be sensitive to perceptions of other House Officers that a House Officer who has a consensual relationship

with a faculty member may receive preferential treatment from the faculty member or the faculty member's colleagues.

The policy also applies to relationships between House Officers and students during student rotation/experiences in which the performance of the student as part of his or her approved curriculum is being evaluated by the House Officer. For more detail with respect to this policy, please see the policy statement appended to the GME Consortium Operating Principles, which is posted on the GME website at <http://gme.wustl.edu> or you may also obtain a copy of this policy from the office for the Associate Dean for Graduate Medical Education.

- 24. DRUG, ALCOHOL AND NICOTINE-FREE POLICIES:** St. Louis Children's Hospital is committed to maintaining a safe, healthy and efficient environment for itself and affiliates, employees, customers and visitors. Therefore, employees must remain free of impairment related to the use of drugs or alcohol. The illegal possession or sale of any drug or alcohol on BJC Health System property or the property of any of its affiliates or related entities is prohibited.

The Drug-Free Workplace Act of 1988 requires BJC entities that receive federal grants to certify that they will provide a drug-free workplace. The BJC HealthCare Drug-Free Workplace Policy provides for drug testing in situations, which include, among others:

- a. Drug-testing will occur during orientation and/or on arrival at St. Louis Children's Hospital and before participation in the clinical duties of the training program begins. Commencement of training is contingent on negative drug test results.
- b. BJC only hires nicotine-free applicants who commit to remaining nicotine-free during their employment. House Officers must test negative for nicotine at the time of hire. Those House Officers who test positive will be required to complete the BJC smoking cessation program. Failure to complete the program will result in termination of employment and removal from the training program.
- c. "For Cause" testing – Guidelines have been established relating to testing when management suspects drug or alcohol-related impairment on the job.

For a complete list of situations subject to drug testing or for additional information, refer to Policy #7.7 in the BJC Personnel Policies Manual. Additional information is available in the GME Consortium Policy on Impaired Physicians in Training.

- 25. BACKGROUND CHECK:** In order to comply with state and regulatory agency requirements all incoming House Officers must submit to a thorough background check. The GME office requires all incoming House Officers to submit complete and accurate information related to prior employment and living history. Issues raised during the check may be shared with the Legal Department and Program Director as necessary. Commencement of training is contingent upon an acceptable background check.

- 26. EVALUATION OF THE PROGRAM:** Residents and clinical fellows will be provided with the opportunity to submit confidential written evaluations of the Program and the Program faculty to the Program Director on a least an annual basis or more frequently as required by the individual RRC, if applicable

The program evaluation information should be reviewed by the program's PEC (Program Evaluation Committee) if applicable and noted in the APE (Annual Program Evaluation). The information provided in the APE will be reviewed annually by the EMS during the program's APR.

- 27. RESIDENCY CLOSURE/REDUCTION:** In accordance with the institutional requirements of the ACGME, if the GME Consortium intended to reduce the size of a residency program or to close a residency program, the

Consortium would inform the House Officers as soon as possible. In the event of such a reduction or closure, the Consortium would make every effort to allow House Officers already in the program to complete their education. If any House Officers would be displaced by the closure of a program or a reduction in the number of House Officers, the Consortium would make every effort to assist the House Officers in identifying a program in which they can continue their education.

- 28. MEDICAL SCREENING:** New GME House Officers must complete a medical screening examination at the time training begins. This will be done at your St. Louis Children's Hospital orientation session. The examination includes medical history, PPD Tuberculin skin test (chest x-ray, if necessary), and proof of immunizations or immune status for varicella, rubella, rubeola, tetanus, diphtheria, and hepatitis B as appropriate.
- 29. RESTRICTIVE COVENANTS:** All ACGME accredited programs under the sponsorship of the Graduate Medical Education Consortium prohibit the use of non-compete clauses while in training. Non-ACGME accredited programs may utilize these contracts with written authorization of the Vice Chancellor for Medical Affairs.
- 30. ELIGIBILITY TO WORK IN THE UNITED STATES:** This appointment is expressly conditioned upon the House Officer's continuing eligibility to be employed in the United States. All required documentation and visas or work permits are the responsibility of the House Officer. All incoming House Officers are required to provide the appropriate documentation to establish identity and employment authorization during their orientation session.
- 31. CONTROLLING DOCUMENTS OR POLICIES:** If there are inconsistencies between this Hospital Memorandum of Appointment and St. Louis Children's Hospital personnel policies, this Memorandum of Appointment will govern and control.
- 32. GME CONSORTIUM OPERATING PRINCIPLES:** In addition to the Memorandum of Appointment the GME Consortium Operating Principles, policies and procedures that provide governance structure for graduate medical education may be found on the web site <http://gme.wustl.edu>
- 33. MANDATORY COMPLIANCE:** Each House Officer must comply with this Memorandum of Appointment, the GME Consortium Operating Principles rules, regulations and all applicable St. Louis Children's Hospital rules, regulations, policies and procedures as now in existence and as hereafter amended from time to time. Failure of a House Officer to comply with all of the terms, and conditions of the Memorandum of Appointment, as well as the St. Louis Children's Hospital and the GME Consortium Operating Principles rules, regulations, policies and procedures in effect from time to time may result in Disciplinary Action including dismissal from the St. Louis Children's Hospital Residency/Fellowship program.

Your signature on the House Officers Memorandum of Appointment: Acceptance Letter mailed to you indicates acknowledgement and agreement to the terms of the St. Louis Children's Hospital Memorandum of Appointment to the House Officers and the GME Consortium Operating Principles as described herein. Return one signed original (keep one for your files) of the Appointment Acceptance to:

St. Louis Children's Hospital
Mail Stop 3N18
Graduate Medical Education

St. Louis, MO 63110