Date: June 2021

To: House Officers Appointed to St. Louis Children's Hospital for the 2021-2022 Academic Year

From: Trisha Lollo

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

1. **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/St. Louis Children's 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.

2. **STIPENDS:** Stipends for the academic year for St. Louis Children's Hospital appointed House Officers are determined annually by the Graduate Medical Education Committee (GMEC) with final approval by the Graduate Medical Education 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 - https://gme.wustl.edu 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.

3. **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 website and assembling the necessary documents**. <u>The House Officers are responsible for notifying the GME Office that a permanent license has been granted</u>**. 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 sick days in case of illness. Sick days 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 personal time off days after they have exhausted their 10 paid sick days. The 10 sick days may also be applied to time away to care for or bond with children following birth or placement via adoption, surrogacy or foster care.

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 day of your first clinical rotation. The 30 paid days of personal time off reset on this date each calendar year. For example, if your first clinical rotation started on June 21, your 30 days will reset on June 21 each year. Time off will be prorated for House Officers who join Barnes-Jewish during the midst of an academic year.

You may obtain a full copy of the GME Consortium Leave Policy from the GME website at https://gme.wustl.edu/ along with an accompanying FAQ.

b) **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. Per the schedules we receive from the training program each House Officer will receive one (1) $5.00 meal voucher for each fourteen (14) hour extended shift and two (2) $5.00 meal vouchers for each sixteen (16) hour extended shift. An extended shift or on-call period is defined as restricted to premises. Off-site training locations may also offer access to training site cafeteria and/or lounges at the respective site.

c) **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.

d) **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 Duncan Central 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 Public Safety Office, Suite 1100 in the Mid Campus Center.

e) **Lab Coats**: Lab Coats are provided to each House Officer paid by St. Louis Children's Hospital. Scrubs for personal use are also provided. There are specific scrubs and requirements set forth in the Perioperative Services policy for surgical services.

f) **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.

Graduate Medical Education Wellness Counseling provides free and confidential mental health and wellness counseling to resident and clinical fellows in the Washington University/Barnes Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium. GME Wellness Counseling services promote well-being, help reduce clinician burnout, and assist with mental health concerns. Our counselors are trained to work with a variety of emotional and psychological concerns including anxiety, depression, relationship difficulties, work related stress, and much more. Services include individual counseling, group debriefs, support groups, educational workshops and consultations.

g) 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 314-747-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

6. **NOTICE:** The benefits described in items a-g below are available to House Officers and their dependents who meet the eligibility requirements of the corresponding benefits plans (i.e., eligible medical resident house staff employees through the GME office). 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 Descriptions (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.

Information for Medical, Dental and Vision can be found on the BJC Total Rewards website using the following links:

a) Medical
https://www.bjctotalrewards.org/Benefits/Medical

b) Dental
https://www.bjctotalrewards.org/Benefits/Dental

c) Vision
https://www.bjctotalrewards.org/Benefits/Vision

You can enroll your eligible dependents in the benefits you elect, including your spouse, children up to age 26, and a disabled child of any age. Eligibility details can be found in the Benefits Summary Plan Descriptions (SPD) on the BJC Total Rewards website (https://www.bjctotalrewards.org/Benefits/Plan-Information).

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 if you experience a qualified change in status event during the plan year, or during annual enrollment (which generally occurs in the fall). It is your responsibility to timely enroll and verify your benefits elections and payroll deductions are accurate.

DEPENDENT ELIGIBILITY VERIFICATION: BJC uses a dependent verification administrator that will contact you if enrolling a new dependent or a dependent not previously verified as eligible by BJC. You will need to provide documentation in a timely manner verifying their eligibility for coverage.

d) **FLEXIBLE SPENDING ACCOUNTS (FSA)**
https://www.bjctotalrewards.org/Benefits/Flexible-Spending-Accounts

e) **LIFE AND AD&D INSURANCE AND DEPENDENT LIFE INSURACE**
https://www.bjctotalrewards.org/Benefits/Life-Insurance

f) **RETIREMENT SAVINGS (401(k)/403(b))**
https://www.bjctotalrewards.org/Benefits/Retirement-Financial-Planning#5089-401k403b

g) **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 The Paul Revere Life Insurance Company/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). The cost of the LTD coverage will automatically be deducted from your paycheck unless you demonstrate to the satisfaction of BJC Benefits department within 31 days that you currently have LTD coverage with another plan. You will be required to timely provide proof of other LTD coverage during each annual benefits enrollment period as well. For more information regarding the coverage, restrictions, and exclusions, please refer to your applicable Certificate of Coverage and SMM, which can be obtained by contacting your HR or Benefits department

7. 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.

8. ASSIGNMENT AND DUTY HOURS: In accordance with the GME Consortium Policy on Monitoring and Reporting Duty Hours to Assure Program Compliance duty hours will be assigned, monitored and reported in accordance with the ACGME's Institutional, Common and Program Specific Requirements. House officers will collect raw data in the manner required by the training program, and accurately report time worked to their program director and/or the Office for the DIO upon request. Periodic review of this information may be requested by the Office of the DIO. House Officers are strongly encouraged to inform the program director, faculty or program staff of problems with work hour compliance to allow ample opportunity to adjust schedules to assure compliance. House Officers may also report unresolved concerns to the Office of the DIO by utilizing the "Complaint Procedure" located on the GME website at https://gme.wustl.edu/ under About, Policies & Procedures. Follow up with the program will be determined based on the severity of the issues raised.

In order to ensure institutional compliance of accredited training programs sponsored by the GME Consortium (WUSM/BJH/SLCH), house officers in ACGME accredited training programs must participate in all anonymous surveys conducted by the sponsoring institution as outlined in the policy on Monitoring and Reporting Duty Hour Compliance, which can be found on the GME Website at gme.wustl.edu under About → Policies & Procedures House officers must also participate in an annual anonymous survey conducted by the Accreditation Council for Graduate Medical Education (ACGME) upon their request. The data obtained from the internal and external surveys noted above may require follow up by the Office of the DIO depending on the severity of issues raised.

All time spent moonlighting, whether internal or external, must be counted toward the 80-hour maximum weekly hour limit. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Moonlighting options must have written approval by the program director and must not interfere with the ability of the resident to achieve the goals and objectives of the program.

One 24-hour span of time in seven days (averaged over four weeks) free from all educational and clinical responsibilities must be provided to all house staff. At-home call cannot be assigned on these free days.

In-house call will not be scheduled more frequently than every third night.

Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit. The frequency of at-home call is not subject to the every-third-night requirement. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.

Unless otherwise specified by the relevant ACGME Review Committee, continuous on-site duty, including in-house call, must not exceed a maximum of 24 consecutive hours. It is essential for patient safety and resident education that effective transitions of care occur. Residents and clinical fellows may be allowed to remain on-site to accomplish these tasks however this period of time must be no longer than an additional 4 hours.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justification for such extensions of duty are limited to reasons of required continuity for severely ill or unstable patients, academic importance of the event transpiring, or humanistic attention to the needs of a patient or family. Under these circumstances, the residents must report the incident to appropriate program leadership (including the program director) and follow program specific procedures for handing over the care of other patients to the appropriate team responsible for continuing care. The Office of the DIO will periodically monitor program and house staff compliance with justification of extended work hours.

No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24-hours of continuous duty. Your Program Director will clarify the relevant RRC Program Requirements to provide additional guidance in this area.

Residents and clinical fellows must have 8 hours, free of duty between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty,

Issues related to sleep deprivation and fatigue must be reported to the administrative chief, supervising attending or program director to allow for appropriate coverage. Please refer to program specific policies for specific arrangements for coverage.

Resident, Fellows and faculty will participate in educational opportunities to identify the signs and effects sleep deprivation may have on their performance.

9. **SUPERVISION OF RESIDENTS AND FELLOWS:** The Program Director, together with faculty, is responsible for the general administration of the program, and for the establishment and maintenance of a stable educational environment. This will include the provision of qualified faculty at all training sites that provide appropriate supervision of house officers. The program director will delineate the lines of supervision expected for all educational rotations, as well as the level of direct supervision, indirect supervision or oversight as required by the ACGME.

10. **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.

11. **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 and actively participate in all required educational conferences, assume responsibility for teaching and supervising other House Officers and students, 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. House Officers must utilize the method(s) developed by the training program to collect raw duty hour data to ensure compliance with ACGME Institutional and Common requirements. Upon request of the program director, each House Officer must submit an accurate account of time worked to the program that can be used as evidence for compliance.

    g. As outlined in the Policy on Monitoring and Reporting Duty Hour Compliance, House officers must participate fully in anonymous institutional surveys on duty hours, and submit an accurate account of the time worked while obtaining training in ACGME accredited programs sponsored by the WUSM/BJH/SLCH GME Consortium.

    h. 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 House Officers is assigned.

i. 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

j. Develop and follow a personal program of self-study and professional growth under guidance of the Program's teaching faculty.

k. 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.

l. 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.

12. EVALUATION AND PROMOTION OF HOUSE OFFICERS

a. Evaluation

The educational and professional progress and achievement of each Resident/Clinical Fellow are evaluated by the Program Director and Program faculty on a regular and periodic basis. The Program Director or designee shall have a meeting with the Resident/Clinical Fellow to discuss a written summary of the evaluations at least once in each six-month period of more frequently as dictated by individual program RRC requirements.

The evaluations are based on the following competencies:

- Compassionate patient care
- Fund of medical knowledge and the application of that knowledge
- Judgment
- Professionalism
- Interpersonal and communication skills
- Systems-based learning and improvement
- Practice-based learning and improvement
- Ability to assume increased responsibility for patient care

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 Internal Review Subcommittee 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 generally 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

13. 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 and approved by the relevant RRC.

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, and that a forwarding mailing address be provided to the Hospital's GME office.

14. DISCIPLINARY ACTION, SUSPENSION, OR TERMINATION

a. Informal Procedures

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, informal efforts t by the Program Director shall include notifying the resident in writing of the nature of the pattern of deficient performance and remediation steps, if appropriate, to be taken by the resident to address it. If these informal efforts are unsuccessful or where performance or misconduct is of a serious nature, the Department Chair or Program Director may impose formal disciplinary action.

b. Formal Disciplinary Action

Disciplinary action may be taken for reasons, 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.

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 DIO 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.

In the case of non-renewal, the written notice of intent not to renew a House Officers appointment must be given no later than four months prior to the end of the current appointment. However, if the primary reason(s) for the non-reappointment occur(s) within the four months prior to the end of the appointment, as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the appointment, is required. The notification should advise the House Officer of his/her right to request a review of the action in accordance with the grievance procedures sent forth below.

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 compliant 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.

15. PROCEDURE FOR REVIEW OF FORMAL ADVERSE DISCIPLINARY DECISIONS RELATING TO RESIDENTS & CLINICAL FELLOWS

This procedure applies to all residents/clinical fellows in all sponsored residency/fellowship programs at Washington University School of Medicine, St. Louis Children's Hospital, and St. Louis Children's Hospital.

The School of Medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to resident/clinical fellows and residency/fellowship programs resides within the departments and the individual residency/fellowship programs. Academic and performance standards and methods of resident/clinical fellows training and evaluation are to be determined by the departments and programs in accordance with ACGME requirements and guidelines and may differ among programs.

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

If the matter is not resolved at the departmental/program level, the resident/clinical fellow may request further review of formal adverse disciplinary decisions (i.e., 1) suspension, termination, or non-reappointment; 2) reduction, limitation, or restriction of clinical responsibilities; 3) extension of the residency/fellowship program, or denial of academic credit that has the effect of extending the residency/fellowship; or 4) denial of certification of satisfactory completion of the residency/fellowship program). The procedure for such reviews is as follows:

- Within 14 calendar days of the formal adverse disciplinary decision, the resident/clinical fellow must submit to the DIO and Office Graduate Medical Education a written request for review of the decision. The resident/clinical fellow must provide a detailed description of the basis for the request and pertinent documentation.

- The DIO will forward to the Program Director the written request and documentation submitted by the resident/clinical fellow. Within 14 calendar days of receipt of those materials, the Program Director will submit to the DIO a written response to the request, along with pertinent documentation.

- Upon receipt of the resident/clinical fellow's written request for review, the DIO will appoint a five-member Review Panel comprised of the following: three program directors from the GMEC membership, one of whom shall act as chair of the Panel; one senior resident or clinical fellow; and one Hospital representative. No person who is a member of the resident/clinical fellow's program or who has been involved in the matter may serve on the Panel. The DIO will forward to the Panel

copies of the written materials submitted by the resident/clinical fellow and the Program Director.

- The Review Panel will review the written materials and may interview the resident/clinical fellow, Program Director, or other persons as it deems appropriate. The Panel may also request additional documents from the resident/clinical fellow and Program Director. No representatives from outside the School of Medicine or Hospitals will be permitted to attend interviews or communicate with the Panel.

- The Review Panel will complete its review ordinarily within 21 calendar days of receipt from the DIO of the materials submitted by both the resident/clinical fellow and the Program Director. The Panel will reach a decision as to its recommendation by majority vote and will submit its recommendation in writing to the Dean of the School of Medicine and the President of the Hospital.

- If the review concerns a Hospital-employed resident or clinical fellow, the final decision will be made by the President of the Hospital or his/her designee, after consultation with the Dean of the School of Medicine or his/her designee. If the review concerns a School of Medicine-employed clinical fellow, the final decision will be made by the Dean or his/her designee, after consultation with the President or his/her designee. Ordinarily within seven calendar days of receipt of the Review Panel's recommendation, the final decision will be communicated in writing to the resident/clinical fellow, the Program Director, and the DIO.

- The DIO retains the authority to make reasonable adjustments to the deadlines and timeframes set out above.

16. **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 Disciplinary Action, Suspension, or Termination in Section 19 above.

    The principles set forth in the Procedure for Review of Formal Adverse 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 Designated Institutional Official (DIO) for consideration. The DIO, 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 DIO to a subcommittee, the subcommittee shall report back to the DIO, 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 DIO 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.

17. **POLICY AGAINST HARASSMENT:** Barnes-Jewish 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, Barnes-Jewish 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. Barnes-Jewish 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 Barnes-Jewish 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.

18. **GMEC 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

19. **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 much 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.

20. **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.

21. **EVALUATION OF THE PROGRAM AND FACULTY:** 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 files from these evaluations may be reviewed during the internal review process.

22. **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.

    In the event of a disaster or emergent situation causing prolonged disruption in training, the Office of Graduate Medical Education will work with the program director and ACGME Review Committee as outlined in the policy on Disaster Planning. Details regarding this process can be found on the GME website at https://gme.wustl.edu/

23. **MEDICAL SCREENING:** New GME House Officers must complete a medical screening examination at the time training begins. This will be done prior to you St. Louis Children's Hospital onboarding session. The examination includes medical history, PPD Tuberculin skin test (chest x-ray, if necessary), and proof of vaccinations, immunizations or immune status for varicella, rubella, rubeola, tetanus, diphtheria, and hepatitis B as appropriate.

24. **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.

25. **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.

26. **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.

27. **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

28. **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: 90-29-928
Graduate Medical Education
4590 Children's Place
St. Louis, MO 63110