

Washington University School of Medicine
MEMORANDUM OF APPOINTMENT

Date: July 1, 2023

To: Clinical Fellows Appointed to Washington University School of Medicine for
Academic Year 2023 - 2024

From: Dominique Cosco, MD
Designated Institutional Official
WUSM/BJH/SLCH GME Consortium

Re: Appointment of Clinical Fellows to Training Programs

1.0 PURPOSE (IR.IV.C.2.b):

The primary purpose of the clinical fellows training program is educational. The program is accredited or recognized as Non-Standard Programs by the Accreditation Council for Graduate Medical Education (ACGME). Appointments to accredited programs are for one academic year. Decisions regarding reappointment to the next training level will be determined by the Training Program Director, and communicated to the Office of the DIO as outlined in the Consortium Operating Principles policies on Promotion and Completion of Training.

The policies and procedures referenced in the Memorandum of Appointment will be edited by the Graduate Medical Education Board on an as needed basis. Any updated policies/procedures will be included in the Consortium Operating Principles document and posted to the GME Website at gme.wustl.edu.

2.0 STIPENDS (IR. IV.C.2.c):

Stipends for Clinical Fellows and Trainees for the academic year are determined annually by the Graduate Medical Education Board with final approval from the Graduate Medical Education Committee (GMEC). Once approved, stipend levels are posted on the GME website at gme.wustl.edu. Payments are made on a monthly basis.

3.0 MEDICAL LICENSURE:

All Clinical Fellows are required to have a license to practice medicine in the State of Missouri. The State Board of Registration for the Healing Arts has ruled that trainees engaged in outside electives and/or in-house or outside moonlighting are required to have permanent licensure. The Hospital will pay one temporary license fee and one temporary Missouri Bureau of Narcotic and Dangerous Drug registration fee for each accredited Clinical Fellow at the beginning of each academic year. Neither the hospital nor the University will reimburse Clinical Fellows for any permanent licenses or registration fees.

Clinical Fellows with a temporary license are authorized to prescribe prescription drugs, including controlled substances, only for patients cared for within the framework of the training programs. 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 of the issuing physician stamped, typed or printed on it as well as the signature of the physician. Failure to comply with Missouri guidelines for prescribing drugs may result in disciplinary action, which could include termination from service.

Clinical Fellows who graduate from countries other than United States or Canadian Medical Schools must meet the requirements of the Education Council for Foreign Medical Graduates (ECFMG). Clinical Fellows who do not have a permanent or temporary license must function as senior medical students until a license is secured. Completed temporary licensure applications shall be sent to the State Board by the Hospital. This requirement does not relieve the applicant of the responsibility for the filing of the application and no applicant shall begin practicing until the temporary license has been issued. In Missouri it is a felony to practice medicine without a license.

4.0 OTHER FRINGE BENEFITS (Including Leaves of Absence) (IR. IV.C.2. (i – k):

In regard to benefits, it is each Clinical Fellow's responsibility to verify that benefits deductions are made from stipend checks.

4.1 Personal time off and Leave:

Personal Time Off and Leave Policies

This policy describes current benefits that are provided to House Officers including specified paid time off, as well as paid and unpaid leave should the need arise. Individual Training Programs may have department policies that provide further information regarding how these benefits may be requested and used. This policy is intended to comply with the Federal Family and Medical Leave Act (FMLA) as applicable.

House Officers refers to all residents and clinical fellows in ACGME accredited or non-ACGME accredited training programs sponsored by the GME Consortium.

Since each House Officer must meet certain education requirements, as defined by the individual Training Program, ACGME and/or by the applicable American Board of Medical Specialties (ABMS), the House Officer may be required to make up missed time due to a leave prior to advancing to the next level of training and/or prior to completion of the graduate medical education (GME) program.

Paid time off

Vacation and Personal Days: House Officers are given 4 weeks (7 days per week) of paid time off each academic year. This time off can be taken in 1-2 week blocks for vacation or in shorter full day intervals for the purpose of personal days. The number of individual days that can be taken for personal reasons are limited to 7 total days. A House Officer who is scheduled to work during the weekend may request an individual weekend day off for personal reasons as part of the 7 total days.

Sick Days: House Officers are provided 14 sick days (which includes weekends) each academic year. Sick days may be used for personal illness or for your own medical condition (including medical conditions related to pregnancy and childbirth) or for illness of a family member. Sick days may be taken one day at a time and during scheduled weekends.

Additional Paid Time Off: House Officers who exhaust six weeks of paid time off due to taking an approved medical, parental or caregiver leave will have two additional weeks of paid time off, per academic Training Program that may be used to extend a paid leave or to take a vacation or personal days later in the same academic year. If a qualifying medical, parental or caregiver leave event spans across two academic years, the additional two weeks may be taken in the next academic year.

Any of the paid time off may also be applied to time away to care for or to bond with children following birth or placement via adoption, surrogacy or foster care or for other caregiver or medical leave.

There are no recognized paid holidays.

House Officers should follow their Training Program's and Institution's policies for requesting and scheduling time off and when applying for applicable paid and unpaid leaves. For any unscheduled absence, it is the House Officer's responsibility to notify the department as soon as is feasible and, if required by the department, to provide documentation per institutional policies. Any non-vacation time off that extends beyond 14 consecutive days require the House Officer to apply for leave.

Paid Leaves of Absence: Whenever the need for leave is foreseeable, the House Officer will make a reasonable effort to schedule the leave so as not to unduly burden the program and give notice no fewer than 30 days before the leave is to begin. If the nature of the leave requires that the leave begin in fewer than thirty days, the House Officer will give notice as soon as is practical. A House Officer must give the Program Director notice (confidentially) as far in advance as possible regarding requests for planned leave after the birth of a child or planned adoption, surrogacy or foster care, in order to facilitate appropriate scheduling. It is the responsibility of the program director, not the House Officer, to facilitate schedule changes for requested leaves of absence and sick days. The House Officer will need to apply for the leave of absence through the appropriate HR or GME Consortium office.

Parental, caregiver and medical leave: House Officers may apply for parental, caregiver and medical leaves of absence in accordance with GME and applicable Institutional policies. House Officers may use up to six weeks of paid time off per academic year for these types of leaves by using their available vacation, personal and sick days to cover for missed work time during these types of leaves. House Officers may also use the available two weeks of additional paid time off (if eligible), one time during their Training Program, to extend their paid leave up to an additional two weeks. If applicable, FMLA leave will run concurrently with parental, caregiver and medical leave. House Officers and their eligible dependents will continue to have elected health insurance benefits and applicable disability insurance coverage during any approved medical, parental, or caregiver leave of absence.

Parental leave – taken in the event of childbirth, or for parenting a newborn child, or placement of a child for adoption or foster care within one year of birth or placement.

Caregiver leave – taken in order to care for an eligible family member (in accordance with institutional policy) with a serious health condition. A “serious health condition” is an illness, injury, impairment (physical or mental) that involves either inpatient care or continuing treatment by a health care provider.

Medical leave – taken because of a serious health condition for the House Officer that makes the individual unable to perform the essential functions of his/her position.

Trainees should follow institutional policies for return to work after any leaves. Moonlighting while on parental, caregiver or medical leave, including concurrent FMLA leave is not allowed and may result in the termination of the previously approved leave from Training Program shifts or disciplinary action.

Bereavement: House Officers may be paid up to 3 days in the event of the death of an immediate family member to attend a funeral or fulfill other additional responsibilities taken on by the House Officer with regard to funerals, settlement of estates, etc. The 3 paid days applies per event.

- a) Bereavement days do not need to be taken off consecutively and are to be scheduled with the Program Director. House Officers are to notify their supervisor of the need for time off as soon as is practically possible.
- b) Program Directors may allow additional days taken from personal or sick days as well as unpaid days based on circumstances and in accordance with state law.
- c) For the purposes of bereavement leave, the immediate family is defined as:
 - a. parents, siblings, spouse or domestic partner, child (including biological, legal guardianship or adopted),
 - b. grandparents, including great grandparents,
 - c. grandchildren,
 - d. In-law, step, foster and domestic relationship of all of the above are also covered. *A domestic partner is defined as a person who shares residency with a romantic partner without a legally recognized union.*

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 vacation, personal days and sick days reset on this same date each calendar year. For example, if your first clinical rotation started on June 21, your paid time off days will reset on June 21 each year. Time off will be prorated for House Officers who join Barnes Jewish Hospital/St. Louis Children's Hospital/ Washington University School of Medicine during the middle of an academic year. The additional two weeks of paid time off is only available once during the entire length of the Training Program and does not reset each academic year.

Unpaid Leaves of Absence:

Additional unpaid leave may be available in certain circumstances, with the approval of the Program Director.

Family Medical Leave Act (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 Leave policy. House Officers will use available paid time off hours (vacation, personal, sick, additional time off for paid parental, caregiver, or medical leave) during FMLA leave until exhausted. The remainder of approved FMLA is unpaid. Regardless of whether a House Officer receives pay during the FMLA leave, the full amount of leave time (paid and unpaid) will be counted toward the 12-week maximum available in a 12-month rolling period for FMLA leave in accordance with the FMLA Leave policy. 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 6 weeks. You must supply such supporting documentation as requested by the Program Director including, for medical leaves, a physician's certification. For more information and for information regarding compensation during non-FMLA leaves, contact the GME Consortium Office or see BJC Health Care Policy 4.09, Non-FMLA Leaves of Absence.

Leave for Military Service: House Officers may also be eligible for leave for Military Service in accordance with Institutional Policies. For more information regarding leaves for Military Service contact the GME Consortium Office or see BJC HealthCare Policy 4.09.

Qualifying Time for Board Requirements & Make-up Time

While this policy provides a summary of the types of leave a House Officer may be entitled to, please note that it is the responsibility of the department, program and trainee to be in compliance with program requirements concerning the effect of leaves of absence on satisfying the criteria for completion of the training program and Certifying Board.

If make-up time is required to meet the educational objectives or American Specialty Board requirements, salary and benefits remain in effect.

The Trainee should discuss these issues with the Program Director prior to taking a leave of absence.

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

4.2 Meals are available at a reduced rate for eligible clinical fellows in ACGME accredited training programs 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 options and other refreshments are also available throughout Barnes-Jewish Hospital and St. Louis Children's Hospital and the Medical School. Off-site training locations may also offer access to training site cafeteria and/or lounges at the respective site.

4.3 On-call quarters are provided in the Hospital for overnight in-house call assignments. Problems with call rooms should be reported to the respective Hospital GME Office. For problems with Barnes-Jewish Hospital call rooms contact the BJH GME Office at 314-362-1935. For St. Louis Children's Hospital contact the House Staff Office at 314-454-6006. It is important to provide a thorough description of the problem in the call room, as well as the location of the call room. Living quarters for the Clinical Fellows or their families during the training year are not provided.

4.4 Parking Facilities: You may be eligible for Medical School parking facilities to the extent that space is available. Fees vary depending on the parking lot/garage location. You should contact your program director for information on the parking facilities and the procedures for obtaining a parking permit. If you obtain a Medical School parking permit, you are expected to become familiar with and observe the rules governing the use of these facilities. For more information regarding lots, fees, types of permits and methods of payment (payroll deduction available) contact the Transportation Services Office at 314-362-6824; Hours: 7:30am – 4:30pm Monday – Friday.

Shuttle Bus, Metrolink Service and other Transportation options: The Medical Center provides free shuttle bus service for the campus. Several routes provide transportation throughout the Medical School complex as well as to the Danforth Campus. Some departure and arrival times and bus stops may vary because of student semester schedules or campus construction. Clinical Fellows are also eligible for the Washington University's Metro Universal Pass (U-Pass) program. The U-Pass program provides free Metro passes to Metro buses and the Metrolink light-rail system. Call the Transportation Office on the Main Campus at 314-362-6824 for more information. Faculty, Staff and Clinical fellows may request an escort from the Security Office to their car during evening and early morning hours for security purposes. Please allow appropriate time for security to

arrive and provide this service. Other transportation options are available for extenuating circumstances, including transportation needs for fatigued clinical fellows by contacting the Office of the DIO.

4.5 Lab Coats/Jackets are provided for each service. Scrubs are laundered by the hospitals.

5.0 PROFESSIONAL LIABILITY INSURANCE (IRIV.C.2.f):

Washington University is self-insured for professional liability claims. Washington University School of Medicine coverage is on an occurrence-based type basis. Occurrence type coverage precludes the need for extended reporting (“tail coverage”) when you finish your program. The Washington University Risk Management Office manages professional liability claims under the direction of Washington University’s Office of General Counsel. All Washington University fellows are provided indemnification and defense of medical professional liability claims arising from clinical activities within the course and scope of their Washington University fellowship approved by their supervisor or department heads. Risk Management provides advice on handling difficult patients, subpoenas, summons, requests for depositions or records, attorney inquiries, etc. All adverse patient incidents should be reported to Washington University Risk Management. All protected fellows must report promptly any patient situation which could reasonably be expected to result in a claim involving the following occurrences when they are unexpected:

- Death, including suicide
- Paraplegia, quadriplegia, or paralysis
- Spinal cord injuries
- Nerve injury or neurological deficit
- Brain damage
- Total or partial loss of limb or use of a limb
- Sensory or reproductive organ loss or impairment
- Serious impairment or disfigurement including burns
- Loss of sensory capacity (sight or hearing)
- HIV, AIDS, ARC or any related virus, complex or Syndrome

Washington University will contact the hospitals about such events, as needed. Also, the law requires that serious patient injuries or deaths involving medical devices be reported to the FDA and/or the manufacturer within 10 days. The Washington University Risk Management Office handles such reports. Questions should be addressed to Risk Management staff at 314-362-6956.

In the event of a claim or lawsuit triggering professional liability coverage, all Clinical Fellows (or other covered persons) must cooperate fully with the investigation and defense of the matter in order to assure ongoing coverage, whether or not the Clinical Fellow remains in the program or has left the program.

6.0 MEDICAL INSURANCE (IR. IV.C.2.G):

Health Insurance is available under two plans offered through United Healthcare (UHC). Enrollment must be made within the first 31 days of your appointment start date with the School of Medicine. You may enroll for coverage for yourself and your dependents. Your coverage effective date for health insurance will be the same as your appointment start date. If you enroll in one of the University health insurance plans, you and your enrolled dependents will also be automatically covered under the University’s prescription drug plan.

You are responsible for complying with the procedures for your particular plan. Insurance premium payments are made by payroll deduction. All Clinical Fellows are encouraged to purchase insurance coverage for themselves and/or their families. You are responsible for all applicable deductible and co-payment amounts.

This description is intended as a summary of benefits and is not intended to replace the official plan documents. Washington University reserves the right to change any policy or benefit at any time including those covered here.

If you have any questions regarding your benefits, you may contact the WashU Benefits Team by phone at 314-935-2332, option 1 or by email at hr-benefitsmail@wustl.edu

7.0 VISION INSURANCE:

Vision insurance is administered by VSP and you may enroll for coverage for yourself and your dependents. You must enroll within 31 days of your appointment start date and you may enroll in coverage for yourself and your dependents. You will have a choice of two options.

8.0 DENTAL INSURANCE:

Dental Insurance is available through Delta Dental, a preferred provider organization (PPO) plan. If you do not require health insurance coverage through the University, you may enroll in Dental-Only coverage. You must enroll within your first 31 days of your appointment start date, and you may enroll for coverage for yourself and your dependents. Your coverage effective date for dental insurance will be the same as your appointment start date.

This description is intended as a summary of benefits and is not intended to replace the official plan documents. Washington University reserves the right to change any policy or benefit at any time including those covered here.

9.0 LIFE AND AD&D INSURANCE (IR.IV.C.2.G):

Clinical Fellows are automatically enrolled in University-paid Basic Term Life Insurance coverage equal to 1 times your annual stipend and University-paid Accidental Death & Dismemberment (AD&D) Insurance coverage equal to 4 times your annual stipend. This coverage is effective with your appointment start date. Optional term life and accidental death and dismemberment (AD&D) insurance is available through MetLife. You may purchase optional coverage equal to from one up to four times your annual stipend. You may also purchase optional dependent coverage of \$25,000, \$50,000, \$75,000 or \$100,000 for your spouse/domestic partner, and \$4,000 for your dependent children. Premium payments are made by payroll deduction.

10.0 LONG-TERM DISABILITY (IR.IV.C.2.H):

Clinical Fellows are automatically enrolled upon their appointment with the School of Medicine. This Long-Term Disability plan, insured by The Paul Revere Life Insurance Company, provides a benefit of 60 percent of your monthly stipend, to a maximum benefit of \$3,000 per month, after an elimination period of 90 days, if you are disabled due to an accident or illness. Premium payments are made by payroll deduction.

11.0 MENTAL HEALTH AND WELLNESS SERVICES (IR. III.B.7.b):

Psychological Counseling can be obtained free of charge through Graduate Medical Education (GME) Wellness Counseling or through the Employee Assistance Program (EAP) administered by Work-Life Solutions, or the United Health Care medical plan. Psychiatric services are also available free of charge through [GME Wellness Counseling](#).

GME Wellness Counseling:

Graduate Medical Education Wellness Counseling provides free and confidential mental health and wellness counseling to residents and clinical fellows in the Washington University Medical School/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. The GME Wellness team also provides a well-being self-assessment through the [Mayo Well-being Index](#) (WBI). You can access the screening tool on the [GME Wellness website](#).

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. Counseling services are intended to be short-term (~8-12 sessions/year).

Our counselors are available by appointment during day time and early evening hours. For more information and to schedule a time to meet with a counselor, please visit <https://gme.wustl.edu/wellness/counseling>

Work-Life Solutions

Work-Life Solutions is a prepaid benefit offered as a way to help clinical fellows resolve issues that may impact their personal lives and their job performance.

Program Summary:

Work-Life Solutions, the Employee Assistance Program for the University, provides confidential, professional assistance to benefits eligible University fellows and their family members to help resolve problems that are affecting any aspect of your life. They provide resources and referrals for:

- Confidential emotional support from highly trained clinicians
- Work-life resources from qualified referrals for just about anything on your to-do list
- Legal guidance – talk to attorneys for practical assistance with your most pressing legal issues
- Financial resources from financial experts to assist with a wide range of issues.

House Officers can contact Work-Life Solutions 24 hours a day, seven days a week to arrange a confidential appointment with a specialist. Work-Life Solutions specialists have professional training and expertise in a wide range of issues.

Work-Life Solutions can be reached by visiting their web site at <https://hr.wustl.edu/worklife/eap/>. A username and password can be obtained via WUSOM HR.

Clinical Fellows seeking assistance for psychological counseling may also choose to contact United Health Care for a referral to a covered specialist for Clinical Fellows enrolled in United Health Care. Anyone wishing to utilize providers outside the network should be advised that United Health Care does not cover these services. Additional assistance can also be obtained via Work-Life Solutions.

Additional Wellness Resources

The [GME Wellness website](#) offers information about wellness resources across multiple domains of life, including physician and fitness information, alternative resources to support emotional health, family and work-life resources and more.

Wellness Connection programs are available to help WUSM employees thrive at work and outside of work. Services include annual health screenings, free wellness consultations, mind-body stress reduction (MBSR), nurse advocate, and more. For more information please visit: <https://hr.wustl.edu/wellness-connection/>

12.0 DUTY HOURS (IRIV.C.2.1):

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, Program Specific and Non-Standard Program 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. Clinical Fellows 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. Clinical Fellows may also report unresolved concerns to the Office of the DIO by utilizing the "Complaint Procedure" located on the GME website at 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 accredited and non- ACGME accredited training programs sponsored by the GME Consortium (WUSM/BJH/SLCH), house officers in all programs must participate in anonymous surveys conducted by the Office of the DIO. House officers in ACGME accredited programs 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.

12.2 All time spent moonlighting, whether internal or external, and time spent engaged in patient care at home 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 (CPR.VI.F.5b).

12.3 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 (CPR.VI.F.2.c).

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

12.5 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 (CPR.VI.F.I).

12.6 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 (CPR. VI.F.3.a).(1).

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 (CPR.VI.F.2.b). (1).

12.7 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.

12.8 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 (CPR.VI.F.2).

12.9 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.

12.10 Clinical Fellows and faculty will participate in educational opportunities to identify the signs and effects sleep deprivation may have on their performance (CPR. VI.D.1.a).

13.0 MOONLIGHTING (IR: IV.K.1):

Graduate Medical Education at WUSOM is a full time experience. No moonlighting by Clinical Fellows is permitted without the express written authorization of the Program Director, and the Department Chairman or Hospital Administrator. The Program Director's authorization will be retained in the clinical fellow's permanent file. The clinical fellow will report all hours spent moonlighting, utilizing the method identified by the program to assure ongoing compliance with current RRC work hour requirements.

Training programs may offer moonlighting options however Clinical Fellows are not required to participate. Moonlighting is defined as any internal or external medical responsibilities that are not a component of the accredited training program. If the Program Director grants such authorization, the Clinical Fellow must obtain permanent licensure, a personal DEA number, and a personal BNDD number. The resident/clinical fellows' performance will be monitored for the effects of these activities on their performance. Moonlighting privileges will be withdrawn if an adverse effect is identified. Any Clinical Fellow who violates this prohibition may be subject to Disciplinary Action, including termination from the Washington University Fellowship Program. In addition, Washington University is not responsible for and will not defend or cover liability resulting from claims against Clinical Fellows arising out of moonlighting occurrences as defined above.

14.0 RESTRICTIVE COVENANTS (IR: IV.M):

All ACGME accredited programs under the sponsorship of the Graduate Medical Education Consortium may not require Resident/Clinical Fellows to sign non-complete clauses while in training. Non-ACGME accredited programs may utilize these contracts with written authorization of the Vice Chancellor for Medical Affairs.

15.0 RESPONSIBILITIES OF RESIDENTS AND CLINICAL FELLOWS (IR: IV.C.2.a):

15.1 In participating in educational activities and providing services in the Residency/Clinical Fellowship program, the Resident/Clinical Fellow agrees to do the following:

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

15.3 Obey and adhere to all applicable state, federal, and local laws, as well as the standards required to maintain accreditation by the ACGME, RRC, JCAHO and any other relevant accrediting, certifying, or licensing organizations. Including participation in formal education and training for HIPAA Compliance.

15.4 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 residents and students, and participate in assigned Hospital and University committee activities.

15.5 Fulfill the educational requirements of the program.

15.5.1 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 the 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.

15.5.2 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 time worked while obtaining training in ACGME accredited programs sponsored by the WUSM/BJH/SLCH GME Consortium.

15.6 Use his or her best efforts to provide safe, effective, and compassionate patient care and present at all times a courteous and respectful attitude toward all patients, colleagues, employees and visitors at the School of Medicine, Hospitals and other facilities and rotation sites to which the Resident/Clinical Fellow is assigned.

15.7 Provide clinical services:

15.7.1 Commensurate with his/her level of advancement and responsibilities

15.6.2 Under appropriate supervision

15.7.3 At sites specifically approved by the Program

15.7.4 Under circumstances and at locations covered by the professional liability insurance maintained for the Resident/Clinical Fellow by the Hospital or School of Medicine as appropriate

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

15.7.6 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.

15.7.7 Accommodations for Clinical Fellows with disabilities will comply with Hospital and University Guidelines as well as American Board of Medical Specialty (ABMS) guidelines, as applicable. Additional information regarding accommodations for house staff can be found on the GME website at gme.wustl.edu under About → Policies & Procedures.

16.0 FACULTY RESPONSIBILITIES AND SUPERVISION (IR.III.B.4):

The Program Director of ACGME accredited and Non-Standard Training (NST) Programs, 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. An appropriate level of supervision is intended to allow clinical fellows to achieve progressive autonomy as they achieve competence in an area of training.

16.1 EVALUATION AND PROMOTION OF RESIDENTS AND CLINICAL FELLOWS (CPR.V.A1.a):

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 or 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 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 Resident/Clinical Fellow and treated as confidential. The file may be reviewed by the trainee and by departmental 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 the program Internal Review. The review panel who meets with program faculty may ask to review a representative set of resident files.

B. Promotion (IR: IV.C.2.d)

Promotion of Residents/Clinical Fellows to the next level of the Program depends upon the Resident/Clinical Fellow's performance and qualifications. In cases where reappointment letters or contracts are issued, communication between program directors and the hospital GME office will occur in advance of a new appointment year. Decisions about promotion or reappointment of Residents/Clinical Fellows by the Program Director are generally communicated to the House Officer at least four months prior to the end of the appointment contract.

17.0 COMPLETION OF TRAINING:

The requirements for satisfactory completion of a House Officer's training program are defined by the Department. However, each Resident/Clinical Fellow must, at a minimum, fulfill the following criteria to achieve satisfactory completion of the Residency program:

17.1 Demonstrate a level of clinical and procedural competence to the satisfaction of the Department.

17.2 Fulfill the Department's scoring requirements on the Resident's In-Training Examination as used by the program and approved by the relevant RRC.

17.3 Fulfill the requirements of the applicable American Board for completion of approved training in the Resident's specialty.

17.4 Demonstrate attitude, demeanor and behavior appropriate to the Resident's specialty as the Resident relates to patients, other health care professionals and colleagues.

17.5 Complete any other requirements of the Resident/Clinical Fellow's Department.

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

18.0 DISCIPLINARY ACTION, SUSPENSION, OR TERMINATION (CPR. II.A.4.a).(12):

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 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:

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

C. Specific Procedures

Formal disciplinary action includes (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the Resident/Clinical Fellow's responsibilities; (3) extension of the residency or fellowship 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 Resident/Clinical Fellow in writing of the action taken and the reasons. A copy of the notification shall be furnished to the Hospital's GME Office (in the case of Residents) and the Associate Dean for Medical Education (Graduate Medical Education). The notification should advise the Resident/Clinical Fellow of his or her right to request a review of the action in accordance with the grievance procedure 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 Resident/Clinical Fellow places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

In the case of non-renewal, the written notice of intent not to renew a Resident's/Clinical Fellow's contract must be given no later than four months prior to the end of the current contract. However, if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract, as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract, is required. The notification should advise the Resident/Clinical Fellow of his/her right to request a review of the action in accordance with the grievance procedures set 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 Resident/Clinical Fellow, the matter should first be brought to the attention of the Department Chair or Program Director. If the Hospital's complaint is not resolved at the departmental level, then the Hospital shall have the right to request a review of the complaint under the Procedure for Review of Academic and Disciplinary Decisions Relating to 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 licensed in Missouri for activities which are also grounds for disciplinary action by the State Board or the voluntary resignation or any physician licensed in Missouri against whom any complaints or reports have been made which might have led to such disciplinary action.

19.0 Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows (IR: IV.E)

This procedure applies to all residents/clinical fellows in all sponsored residency/fellowship programs at Washington University School of Medicine, Barnes-Jewish 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 Designated Institutional Official (DIO) 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 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 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 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.

GME Board Approved October 31, 2019

20.0 COMPLAINT PROCEDURE RELATED TO WORK ENVIRONMENT:

This procedure shall apply to any resident/clinical fellow complaints or grievances relating to any aspect of the residency/fellowship programs, except for departmental decisions and actions falling within the four categories set forth in the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows in Section XV 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 XV above apply as well to this grievance policy, and thus resident/clinical fellows 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 resident/clinical fellow feels it is inappropriate or impractical to discuss the matter at the departmental level, the resident/clinical fellow may confidentially submit the complaint or grievance in writing to the Designated Institutional Official (DIO) for consideration. The Designated Institutional Official (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 Designated Institutional Official (DIO) to a subcommittee, the subcommittee shall report back to the Designated Institutional Official (DIO) the GMEC and the GME Board on the process followed by the subcommittee in considering the complaint or grievance and any findings or recommendations resulting therefrom. Additionally, the Designated Institutional Official (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 the standing GMEC subcommittee or an ad hoc GMEC committee for further review.

21.0 HARASSMENT (including Sexual Harassment) (IR.IV.I.3):

It is the policy of the Medical School that all fellows have the right to enjoy a working and learning environment free from all forms of discrimination and conduct which can be considered harassing, coercive, or disruptive, including sexual harassment.

Washington University has a policy on sexual harassment that applies to all students, faculty, and staff, including fellows. Copies of the full policy are available to fellows in the Human Resources Department. Sexual harassment is defined in that policy as any unwelcome sexual advance, request for sexual favor, or other unwelcome verbal or physical conduct of a sexual nature, whether committed on or off campus, when (1) submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual's employment or academic advancement; (2) submission to or rejection of such conduct by an individual is used as the basis, or threatened to be used as the basis, for employment or academic decisions or assessments affecting an individual; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work or educational performance or creating an intimidating or hostile environment for work or learning.

Sexual harassment includes but is not limited to situations where one person has authority over another. In such situations, sexual harassment is particularly serious because it may unfairly exploit the power inherent in a faculty member or supervisor's position.

Any fellow who believes that he or she has been sexually harassed should report the allegations immediately to either their Program Director or the Human Resources Department. All allegations of sexual harassment will be promptly and thoroughly investigated and appropriate action taken, including disciplinary action up to and including discharge, depending on the facts of the case as developed by the investigation.

This policy also prohibits retaliation against fellows who bring sexual harassment charges or assist in investigating charges. Any fellow bringing a sexual harassment complaint or assisting in the investigation of such a complaint will not be adversely affected in terms and conditions of service.

21.1 GMEC Policy on Consensual Relationships between Faculty and Residents/Clinical Fellows:

The GME Committee policy provides:

“Faculty members shall not engage in consensual relationships with resident/fellows whenever the faculty member has a professional “position of authority” with respect to the student in such matters which involve evaluation of resident/fellow 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 student shall terminate the position of authority. Even when the faculty member has no professional responsibility for a student, the faculty member should be sensitive to the perceptions of other resident/fellows that a student 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 resident/fellows 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 resident/fellow. For more detail with respect to this policy, please see the policy statement

outlined in 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 DIO.

22.0 Pre-Program Screening:

Clinical Fellows must submit to a thorough background check and drug screen prior to participation in any clinical duties required by the training program. **Commencement of the training program is contingent upon a negative background check and drug screen.** Pre-training screening will be conducted of all new clinical fellows no more than one month prior to the start of training. Clinical Fellows transferring from BJH, SLCH or an outside institution will be required to submit to an updated screen. The GME office will contact the program to obtain Clinical Fellow information then the GME office will contact the Clinical Fellow with further details.

22.1 BACKGROUND CHECK. In order to comply with hospital policy to ensure that all incoming fellows have submitted to a thorough background check, the Office of the DIO requires all incoming clinical fellows to submit complete and accurate information related to prior employment and living history. A final background check must be on file with the Office of the DIO PRIOR to participating in any clinical duties required by the training program. The Office of General Counsel, Department Chair and Program Director will be advised of any resident or clinical fellow in violation of this policy, and the clinical fellow will be immediately removed from service until further notice. Issues raised during the check may be shared with the Office of General Counsel, the Hospital(s) and the Program Director, as necessary. **Commencement of the training program is contingent upon an acceptable background check.**

22.2 DRUG and ALCOHOL POLICY / PHYSICIAN IMPAIRMENT. The GME Consortium is committed to maintaining a safe, healthful and efficient environment for itself and its affiliates, students, employees, customers and visitors. Therefore, clinical fellows must remain free of impairment related to the use of drugs or alcohol. The illegal possession or sale of any drug or alcohol on Washington University property or the property of any of its affiliated hospitals is prohibited.

The Drug-Free Workplace Act of 1988 requires entities that receive federal grants to certify that they will provide a drug-free workplace. The GME Consortium requires that a completed drug screen is on file in the Office of the DIO prior to the start of training. All drug screens must be complete before participation in the any clinical duties required by the training program. The Office of General Counsel, Department Chair and Program Director will be advised of any resident or clinical fellow in violation of this policy, and the clinical fellow will be immediately removed from service until further notice. Issues raised during the drug screen may be shared with the Office of General Counsel, the Hospital(s) and/or the Program Director, as necessary. Commencement of the training program is contingent upon a negative screen.

"For Cause" testing may also occur. The Policy on Physician Impairment provides guidelines related to testing and follow up of clinical fellows suspected of drug or alcohol-related impairment during training.

Violation of this policy will be handled according to existing WUSOM policies and procedures covering the conduct of administrators, faculty, fellows, students and staff. However, a positive drug test(s) may prevent the GME Consortium and/or affiliated hospitals from allowing you to complete your clinical fellowship training. For more detail, please see the policy statement, a copy of which may be obtained from the GME Website at gme.wustl.edu/gme under About → Policies & Procedures

23.0 POLICY AGAINST ABUSIVE CONDUCT

Washington University School of Medicine is committed to having a positive learning and working environment for its students, faculty, and staff. The Medical School's policy against abusive conduct is designed to allow all individuals to enjoy an environment free from all forms of conduct that can be considered harassing, threatening, or intimidating, as well as to pursue academic freedom and freedom of expression in a non-threatening atmosphere of mutual respect.

Specifically, abusive conduct is defined as any conduct that creates an intimidating environment and is likely to interfere with an individual's work or education. It can be verbal, visual, physical, or communicated in writing or electronically and includes, among other things, threatening or obscene gestures, degrading a person or group on the basis of a personal or cultural characteristic, screaming at or around others and/or insulting someone, especially in the presence of others.

Any fellow who believes that he or she has experienced abusive conduct should report it to a faculty member, manager, dean, director or to the University's Human Resources department. Once a complaint is received the faculty member, manager, dean, director must respond and take corrective action, if appropriate or work with Human Resources to do so.

24.0 SUPERVISION OF RESIDENTS AND FELLOWS (IR.IV.J):

The GME Consortium requires that programs outline a written plan for adequate levels supervision of clinical fellows. The plan should include the following elements:

24.1 The policy will outline when direct supervision, indirect supervision or oversight is expected.

24.2 Residents and Clinical Fellows will be provided with prompt reliable systems for communication and interaction with supervisory lines of responsibility.

24.3 Clear indication of supervisory lines of responsibility.

25.0 EVALUATION OF THE PROGRAM and FACULTY (CPR.V.B.1):

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 at least an annual basis or more frequently as required by an individual RRC.

The files from these evaluations may be reviewed during the internal review process.

26.0 CLOSURE/REDUCTION OF ACCREDITED TRAINING PROGRAMS (IR.IV.O):

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

26.1 In the event of a disaster or emergent situation causing prolonged disruption in training, the Office of the Associate Dean for GME 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 gme.wustl.edu under About → Policies & Procedures.

27.0 LEGAL ELIGIBILITY:

This Appointment is conditioned upon the fellow's continuing eligibility to lawfully participate in the program. Documentation of eligibility (e.g., visas, licenses, work permits) is the responsibility of the fellow.

28.0 CONTROLLING DOCUMENTS OR POLICIES:

If there are inconsistencies between the WUSOM Memorandum of Appointment and Washington University Medical School policies, this Memorandum of Appointment will govern and control.

29.0 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 website.

30.0 MANDATORY COMPLIANCE:

Each Clinical Fellow must comply with the terms and conditions of this Memorandum of Appointment and all applicable Washington University School of Medicine and GME Consortium Operating Principles rules, regulations, policies and procedures as now in existence and as hereafter amended from time to time. Failure of a Clinical Fellow to comply with all of the terms, and conditions of this Memorandum of Appointment, as well as the Washington University School of Medicine and GME Consortium Operating Principles rules, regulations, policies and procedures in effect from time to time, may result in Disciplinary Action including dismissal from the Washington University Fellowship Training Program.

Your signature on the attached **Letter of Appointment - Acceptance** indicates acknowledgement and agreement to the terms of the Washington University School of Medicine Memorandum of Appointment and the GME Consortium Operating Principles as described herein. Please return one signed copy (keep one for your files) of the Appointment Acceptance to the training Program Coordinators.

Revisions to WUSM Memorandum of Appointment:

Minor edits by the Office of the DIO: April 17, 2020, July 22, 2020 and June 2021, January 2023, June 2023

Approved by the Office of General Counsel and WUSM Human Resources: April 24, 2020 and July 22, 2020, January 2023,