

Date: May 20, 2024

To: House Officers Appointed to Barnes-Jewish Hospital for the 2023-2024 Academic Year

From: Katherine E. Henderson, M.D.
Vice President & Chief Medical Officer

Re: Barnes-Jewish Hospital Memorandum of Appointment to House Staff

- 1. PURPOSE:** The primary purpose of this program is educational. The program follows policies and procedures set forth by the Washington University School of Medicine/Barnes-Jewish Hospital/St. Louis Children's Hospital Graduate Medical Education Consortium (GME Consortium) in the GME Consortium Operating Principles. The training program will meet the standards of the Essentials of Accredited Residency as approved by the Accreditation Council for Graduate Medical Education (ACGME) for each ACGME accredited training program.
- 2. STIPENDS:** Stipends for the academic year for Barnes-Jewish 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 Barnes-Jewish 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 Post Graduate Year (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.** The Drug Enforcement Agency DEA has promulgated federal rules for the requirements pertaining to electronic prescribing. The Missouri Legislature enacted a law to mandate electronic prescribing effective January 1, 2021.

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. 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 and the review and follow up for items missing for the application to be deemed complete.** House Officers who do not have a permanent or temporary license must function as a medical student until a license is secured. 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, House Officers are responsible for all fees associated with the permanent license application as well as the fees associated with permanent medical license renewal. House Officers are responsible for obtaining the permanent application from the Board of Registration for the Healing Arts website and assembling the necessary documents. **House Officers are responsible for notifying the GME Office that a permanent license has been granted.** Once a permanent license is granted the house officer should maintain the license until completion of the training program(s).

4. **PERSONAL TIME OFF, LEAVE:** Through the GME Consortium and the Hospital, House Officers are provided the following schedule of benefits:

a) **Personal time off and Leave:**

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 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 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 requires 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 request for planned leave after the birth of a child or planned adoption, surrogacy, or foster care, 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 Lincoln Financial. Lincoln Financial (LFG): [800.213.1580](tel:800.213.1580) or MyLincolnPortal.com BJC company code BJC10128.

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, Family Medical Leave Act (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 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 allowed up to 3 days off with pay for bereavement due to the loss of an immediate family member or pregnancy/loss miscarriage. This provides time to attend a funeral or fulfill other additional responsibilities taken on by the House Officer due to the death, estate settlement 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. For details see 4.04 Time Off for Bereavement Policy.

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.

For details and other leave options, see the Leave of Absence Overview.

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 4.08 FMLA Leaves of Absence 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 4.08, Family and Medical Leaves of Absence Policy.

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 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 Policy 4.09, Non-FMLA Leaves of Absence Policy.

Military Leave: 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 Policy 4.18 Military Leave Policy.

Qualifying Time for Board Requirements & Make-up Time

While the above 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.

5. MEALS, ON-CALL QUARTERS, LAB COATS, PARKING, WELLNESS:

- a) 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 Barnes-Jewish Hospital on a 24-hour basis. Per the information received from the training program Coordinator each House Officer will receive two (2) \$5.00 meal vouchers for each on call shift. An on-call shift is defined as a minimum of 14 hours restricted to premises. Off-site training locations may also offer access to training site cafeteria and/or lounges at the respective site.

- b) **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.
- c) **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 Barnes-Jewish 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.
- d) **Lab Coats/Scrubs:** Lab Coats are provided to each House Officer paid by Barnes-Jewish Hospital. Scrubs for personal use are also provided. There are specific scrubs and requirements set forth in the Perioperative Services policy for surgical services. [Surgical Attire Policy: System v.2 \(policytech.com\)](#)

e) **Wellness:**

The GME Wellness Program aims to improve resident and fellow well-being.

BJC provides many resources to support your mental health and help you manage everyday life. The BJC Employee Assistance Program (EAP) provides free professional counseling and work/life referral services to ensure that you and your family receive the support you need.

Go to: <https://www.bjceap.com/> or call 1-888-505-6444 for EAP service information, to make an appointment or to speak with a professional. See additional resources on the HR Hub.

GME 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 GMEC. GME Wellness Counseling services promote well-being, help reduce clinician burnout, and assist with mental health concerns.

Go to: [Wellbeing - Graduate Medical Education Consortium \(wustl.edu\)](#)

- f) As a member of GME Training Programs, House Officers are not eligible for the tuition reimbursement program.

6. **PROFESSIONAL LIABILITY INSURANCE:** House Officers are provided professional liability coverage while acting within the scope of the training program. Barnes-Jewish 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 Barnes-Jewish Hospital should be directed to Barnes-Jewish 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 Barnes-Jewish Hospital employees and related institutions. For continuation of your coverage, even after completion of your program, continued cooperation is required. Barnes-Jewish 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
gs-bjcriskmgt@bjc.org

- 7. BENEFITS:** House Officers are provided the BJC HealthCare benefits described below and, on the BJC Total Rewards website.

You must enroll within 31 days of your hire date to have benefit coverage. Review your benefit options and enrollment instructions on the New Employee webpage located on the BJC Total Rewards website: <https://www.bjctotalrewards.org/Home/New-Employees>.

Your medical/pharmacy coverage will be effective on your first day of employment, provided enrollment is timely completed. When applicable your dental, vision, life insurance, flexible spending accounts, and legal services will be effective on the first day of the month after your hire date provided enrollment is timely completed. Once enrolled, you can only make mid-year changes to your benefits during the plan year within 31 days of a change in life status (qualified life event). It is your responsibility to enroll and verify your benefit elections and payroll deductions are accurate.

Verifying Dependent Eligibility: If you have enrolled your dependent's in medical, dental or vision you will need to provide documentation to verify your dependent's eligibility for coverage. Verifi1, BJC's eligibility verification administrator, will send multiple emails and mail a packet to your home outlining the

requirements. If you do not provide sufficient documentation by the due date, or your dependent does not meet the eligibility rules, your dependent will not be added to your health care coverage.

Long-term Disability: You are automatically enrolled in long-term disability (LTD) coverage the first day of the month after your hire date through group coverage insured by Unum. LTD coverage will provide benefits after you have been continuously disabled for 90 days. The LTD coverage is 60 percent of base monthly pay (subject to maximum benefit of \$3,000 per month). The cost of the LTD coverage will automatically be deducted from your paycheck unless you request to waive the coverage and provide a copy of your personal LTD policy to www.BJChrhub.org within 31 days of your hire date. During each annual benefits enrollment, you will again be automatically enrolled in the BJC LTD coverage unless you request to waive the coverage and provide proof of your personal LTD policy to www.BJChrhub.org.

Plan Information: 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 memorandum of appointment 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 <https://www.bjctotalrewards.org/Benefits/Plan-Information> or contact the HR Hub at www.BJChrhub.org or 314-362-4482.

- 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. While moonlighting you are required to maintain all three license and registrations. If you are no longer allowed or cease to moonlight you must maintain your permanent license and BNDD registration. You must notify the GME office for your record to be updated with the Hospital DEA number prior to the expiration of your individual DEA registration. Documentation of outside employment and the written authorization will be part of your training 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, Barnes-Jewish Hospital is not responsible for and will not defend or cover a House Officer's liability resulting from claims arising out of occurrences off Barnes-Jewish 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 [Policy-on-Monitoring-and-Reporting-Duty-Hours.pdf \(wustl.edu\)](http://wustl.edu) 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 Hours. 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 Barnes-Jewish 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 Hours , 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, timecards, 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 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 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 Specific Disciplinary Policies

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

b. Formal Disciplinary Action

Formal adverse disciplinary action may be taken for due cause, ME 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 care or 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 adverse 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 GME. 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 Formal Adverse Disciplinary Decisions Relating to Residents and Clinical Fellows set forth below. In the case of a suspension, the written notification should precede the effective date of the suspension unless the Department Chair or Program Director determines in good faith that the continued appointment of the House Officer places safety or health of Hospital or School of Medicine patients or personnel in jeopardy or immediate suspension is required by law or necessary in order to prevent imminent or further disruption of Hospital or School of Medicine activities, in which case the notice shall be provided at the time of suspension.

d. Complaints by Hospital

If the President of the Hospital or his or her designee has a complaint about performance or conduct of a House Officer, the matter should first be brought to the attention of the Department Chair or Program Director. If the Hospital's complaint is not resolved at the departmental level, then the Hospital shall have the right to request a review of the complaint under the Procedure for Review of Formal Adverse 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 physicians' permanent or temporary license 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, 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 DIO and the Office of GME 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 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, and neither the resident/clinical fellow nor the Program Director will be allowed to attend or participate in the Review Panel's interview of any other person.

- The Review Panel will complete its review ordinarily within 30 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, with a copy to the DIO.
- If the review concerns a hospital-employed resident or clinical fellow, the final decision will be made by the President of the Hospital or their designee, after consultation with the Dean of the School of Medicine or their designee. If the review concerns a School of Medicine-employed clinical fellow, the final decision will be made by the Dean or their designee, after consultation with the President or their 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 14 above.

The principles set forth in the Procedure for Review of Formal Adverse Disciplinary Decisions Relating to Resident and Clinical Fellows in Section 15 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. EQUAL EMPLOYMENT OPPORTUNITY, NO DISCRIMINATION, NO HARASSMENT:

1. Commitment to Equal Employment Opportunity

a) BJC is committed to providing equal employment opportunities to all qualified employees and applicants without regard to race, color, ancestry, national origin, sex, religion, age, disability, sexual orientation, gender identity, genetic information, military or veteran status or any other legally protected status.

2. No Discrimination/No Harassment Policy

a) Consistent with applicable federal, state, and local laws, BJC expressly prohibits all forms of employment discrimination or harassment based on race, color, ancestry, national origin, sex, religion, age, disability, sexual orientation, gender identity, genetic information, military or veteran status or any other legally protected status. It is the goal of BJC to ensure conduct never rises to the level of “unlawful” behavior. Therefore, BJC prohibits conduct that is inconsistent with BJC’s policies even though it may not violate the law. Additionally, BJC will not tolerate or condone any action by any person, including employees, physicians, patients, visitors, vendors, agents or other third parties which constitutes illegal discrimination or harassment of any employee.

For details see 7.08 Equal Employment Opportunity, No Discrimination, No Harassment Policy.

- 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 GME 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. SUBSTANCE ABUSE POLICY:** It is the policy of BJC HealthCare and its health service organizations to provide a safe environment for its patients, employees, customers, health care providers, students, volunteers, and visitors. A safe environment will be attained by appropriate employee screening, employee education and training, and the effective management of situations involving drugs, alcohol, or any other substance that can cause impairment. It is the intent of BJC through its policy, procedures, and practices to reduce the potential for:
- a) The manufacture, possession, use, sale, distribution, dispensation, receipt, or transportation of illegal substances while on BJC Premises or while otherwise engaged in BJC business
 - b) The theft, unauthorized use, intentional mishandling or misuse of any medication and/or substance that is present at BJC
 - c) The consumption of alcoholic beverages or marijuana in all forms while performing work or on call
 - d) Being impaired or under the influence of substances, including marijuana in all forms, while performing work or on call, while on BJC Premises or while otherwise engaged in BJC business
 - e) In addition, the Drug-Free Workplace Act of 1988 requires BJC hospitals/service organizations who receive federal grants to certify that they will provide a drug-free workplace.

The BJC- Policy provides for drug testing in situations, which include, among others:

- a. Drug-testing will occur before onboarding at Barnes-Jewish Hospital and before participation in clinical duties of the training program begins. Commencement of training is contingent on negative drug test results.

- b. For Cause testing – This drug testing will be conducted on any employee/non-employee who exhibits behavior or a physical condition that supports a reasonable belief that the employee is impaired and/or under the influence while on duty or on-call. For-Cause Testing may be prompted by observations, discovery of prohibited substances pursuant to workplace searches, or a credible anonymous tip that includes specific details.

For details see 7.07 Substance Abuse Policy. 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. Barnes-Jewish Hospital 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 GMEC, DIO and affected 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 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 <https://gme.wustl.edu/>
- 23. MEDICAL SCREENING:** New GME House Officers must complete a medical screening examination prior to the beginning of training. This will be done prior to you Barnes-Jewish 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 GME 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 onboarding session.
- 26. CONTROLLING DOCUMENTS OR POLICIES:** If there are inconsistencies between this Hospital Memorandum of Appointment and Barnes-Jewish 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 GME 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 Barnes-Jewish 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 Barnes-Jewish 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 Barnes-Jewish Hospital Residency/Fellowship program.

Your signature on the House Officers Memorandum of Appointment: Acceptance Letter indicates acknowledgement and agreement to the terms of the Barnes-Jewish Hospital Memorandum of Appointment to the House Officers and the GME Consortium Operating Principles as described herein. Return a copy of the signed document of the Appointment Acceptance to: gme@bjc.org