

Washington University School of Medicine  
MEMORANDUM OF APPOINTMENT

Date: February 17, 2007

To: Clinical Fellows Appointed  
to Washington University School of Medicine for  
Academic Year 2007-2008

From: Rebecca P. McAlister, M.D.  
Associate Dean for Graduate Medical Education  
Designated Institutional Official/ WUSM/BJH/SLCH GME Consortium

Re: Appointment of Clinical Fellows to Training Programs

**1.0 PURPOSE:**

Washington University School of Medicine (WUSM) states that the primary purpose of this program is educational, and that the program is accredited by the Accreditation Council for Graduate Medical Education.

**2.0 STIPENDS:**

Stipends for Clinical Fellows and Trainees for the academic year are determined annually by the Graduate Medical Education Committee (GMEC), with final approval from the Graduate Medical Education Board. Stipend levels are posted on the GME website at <http://medicine.wustl.edu/gme> under the link "About the Consortium". 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 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.

Clinical Fellows who graduate from 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:**

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

4.1 Fifteen days of vacation will be scheduled with the approval of the appropriate Program Director.

4.2 Fifteen days of paid sick leave will be granted in accordance with GME Consortium Operating Principles and policies appended thereto. Please refer to these policies for more information regarding leaves of absence for personal, family and medical reasons.

Additional training after an approved leave of absence may be needed for successful completion of program requirements and/or for Board certification requirements. The amount of sick leave, leave of absence, or disability time that will necessitate prolongation of the training time for the Clinical Fellow shall be determined by the Program Director and the requirements of the pertinent Residency Review Committee (RRC) and/or certifying Board.

4.3 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.

4.4 On-call quarters are provided in the Hospital for overnight inhouse call assignments. Problems with call rooms should be reported to the respective Hospital BJH GME Office. For problems with Barnes-Jewish Hospital call rooms contact the BJH GME Office at 362-1935. For St. Louis Children's Hospital contact the House Staff Office at 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.

4.5 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 362-6824; Hours: 7:30am – 4:30pm Monday – Friday.

Shuttle Bus Service: 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. Call the Transportation Office on the Main

Campus at 362-6824 for more information. Clinical fellows may also request an escort from the Security Office to their car during evening and early morning hours for security purposes.

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

## **5.0 PROFESSIONAL LIABILITY INSURANCE:**

Washington University is self-insured for professional liability claims. Washington University School of Medicine coverage is on an occurrence 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 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
- ?? 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
- ?? Injuries involving an infant under 6 months of age

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 362-6956.

## **6.0 MEDICAL INSURANCE:**

Health Insurance is available through United HealthCare (UHC). Enrollment must be made within the first 31 days of your appointment with the School of Medicine. You may apply for coverage for yourself and your dependents. Your coverage effective date for health insurance is based on your appointment date. If your appointment date is the first of the month, you can elect to have your insurance coverage effective either on your appointment date or on the first day of the following month. If your appointment date is the second of the month or later, your insurance coverage will be effective the first day of the following month.

You are responsible for complying with the procedures for your particular plan. Insurance premiums 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.

## **7.0 DENTAL INSURANCE:**

Dental Insurance is available through Essex Dental Benefits, a preferred provider organization (PPO). You must enroll within your first 31 days of your appointment, and you may apply for coverage for yourself and your dependents. Your coverage effective date for dental insurance is based on your appointment date. If your appointment date is the first of the month, you can elect to have your insurance coverage effective either on your appointment date or on the first day of the following month. If your appointment date is the second of the month or later, your insurance coverage will be effective the first day of the following month. Insurance premiums are made by payroll deduction.

You may contact the Human Resources office by phone at 362-9341 or by email at mary.ulett@wustl.edu.

## **8.0 LIFE AND AD & D INSURANCE:**

Optional 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, and \$4,000 for your dependent children. Premiums are made by payroll deduction.

## **9.0 LONG-TERM DISABILITY:**

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 the stipend, to a maximum benefit of \$2,000 per month after an elimination period of 90 days, if you are disabled due to an accident or illness. Premiums are made by payroll deduction.

## **10.0 COUNSELING SERVICES:**

Psychological Counseling can be obtained through the Employee Assistance Program (EAP) or the United Health Care medical plan. The Washington University Employee Assistance Program (EAP) 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:

The EAP provides confidential, professional assistance to benefits eligible University employees and their family members to help resolve problems that are affecting their personal life or job performance. The program is managed by People Resources, a nationally known professional consulting firm specializing in EAP services.

Employees can contact People Resources 24 hours a day, seven days a week to arrange a confidential appointment with a specialist. EAP specialists have professional training and expertise in a wide range of issues such as marriage and family problems, alcohol and drug abuse, emotional and psychological concerns, financial difficulties,

stress and much more.

The EAP can be reached by calling 1-800-765-9124 or visiting their web site at [www.worklifetools.com](http://www.worklifetools.com). 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. Persons seeking counseling for mental illness or substance abuse should review the Impaired Physicians in Training policy, which can be found on the GME website at <http://medicine.wustl.edu/gme> under the link "About the Consortium". Additional assistance can also be obtained via the WUSM Employee Assistance Program.

## **11.0 DUTY HOURS:**

### **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 and Common 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 the Office for the Associate Dean for GME upon request. .

In order to ensure institutional compliance, house officers in ACGME accredited training programs must participate in all anonymous surveys conducted by the sponsoring institution as outlined in the policy on Monitoring and Reporting Duty Hour Compliance, which can be found on the GME Website at <http://medicine.wustl.edu/gme> under the link "About the Consortium. House officers must also participate in anonymous surveys conducted by the Accreditation Council for Graduate Medical Education (ACGME) upon their request.

11.2 Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities related to the training program, and hours authorized by the program director for moonlighting.

11.3 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.

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

11.5 Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer of patient care, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

11.6 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.

11.7 A 10-hour period for rest and personal time should be provided between all duty periods and after in-house call.

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

11.9 Clinical Fellows must participate in educational opportunities to identify the signs and effects sleep deprivation may have on their performance.

## **12.0 MOONLIGHTING:**

Graduate Medical Education at WUSM 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.

Moonlighting is defined as the assumption of any medical care responsibilities outside the Training Programs of the GME Consortium and affiliated hospitals. Training programs may offer moonlighting options. However, Clinical Fellows are not required to participate. 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.

## **13.0 RESTRICTIVE COVENANTS:**

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.

## **14.0 RESPONSIBILITIES OF RESIDENTS AND CLINICAL FELLOWS:**

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

14.1 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.

14.2 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.

14.4 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 all required educational conferences, assume responsibility for teaching and supervising other residents and students, and participate in assigned Hospital and University committee activities.

14.4 Fulfill the educational requirements of the program.

14.4.1 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 Officers must submit an accurate account of time worked to the program that can be used as evidence for compliance.

14.4.2 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.

14.5 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.

14.6 Provide clinical services:

14.6.1 Commensurate with his/her level of advancement and responsibilities

14.6.2 Under appropriate supervision

14.6.3 At sites specifically approved by the Program

14.6.4 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

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

14.6.6 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.

## **15.0 FACULTY RESPONSIBILITIES AND SUPERVISION:**

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 all training sites that provide appropriate supervision of house officers. The program director will delineate the lines of supervision expected for all educational rotations.

### **15.1 EVALUATION AND PROMOTION OF RESIDENTS AND CLINICAL FELLOWS**

## 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

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 communicated to the House Officer at least four months prior to the end of the appointment contract.

### **16.0 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:

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

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

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

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

16.5 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.

## **17.0 DISCIPLINARY ACTION, SUSPENSION, OR TERMINATION:**

### A. Informal Procedures

Program directors are encouraged to use informal efforts to resolve minor instances of poor performance or misconduct. In any case in which a pattern of deficient performance has emerged, informal efforts 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 due cause, including but not limited to any of the following:

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

### 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.

### **18.0 PROCEDURE FOR REVIEW OF ACADEMIC AND DISCIPLINARY DECISIONS RELATING TO RESIDENTS AND CLINICAL FELLOWS:**

#### 18.1 Preamble.

Both the School of Medicine and the Hospitals recognize that the primary responsibility for academic and disciplinary decisions relating to residents and residency programs resides within the departments and the individual residency programs. Academic and performance standards,

and methods of resident training and evaluation, are to be determined by the departments and programs and may differ among them.

The interests of the residents, the Medical School, and the Hospitals are best served when problems are resolved as part of the regular communication between the residents and departmental officials in charge of the training program. Thus residents are encouraged to make every effort to resolve disagreements or disputes over academic or disciplinary decisions or evaluations by discussing the matter with the Department Chair, Division Chief or Program Director, as appropriate. The Office of the Associate Dean for Medical Education is available to provide guidance in this effort. The department may also have available a more formal procedure for review of an academic or disciplinary decision or evaluation.

If the matter is not resolved, either by informal or formal means, at the departmental level, and the action taken by the department involves (1) suspension, termination, or non-reappointment; (2) reduction, limitation, or restriction of the resident's clinical responsibilities; (3) extension of the residency or denial of academic credit that has the effect of extending the residency; or (4) denial of certification of satisfactory completion of the residency program, then the resident may request a review of the departmental decision, which will follow the procedure set forth below. Decisions or actions other than those described in the preceding sentence are not subject to review under this procedure. The availability of this procedure for review of certain kinds of decisions in no way is intended to affect the right of the department and/or the Hospital to counsel and evaluate residents routinely on performance or progress in the normal course of the training program.

18.2 Associate Dean. The resident shall make the request for review in writing within 30 calendar days after the departmental decision to the Associate Dean for Medical Education, describing the matter in dispute and all previous attempts at resolution. The Associate Dean shall forward a copy of the request to the Program Director, who shall have the opportunity to respond in writing within 10 calendar days, a copy of which shall be furnished to the resident. (Copies of all correspondence relating to the review shall be furnished by the Associate Dean's office on a confidential basis to the President of the Hospital.) The Associate Dean shall discuss the dispute with the resident and the Program Director (and the Hospital, if appropriate) in an effort to resolve the matter. If the matter is not resolved within 30 calendar days from the date of receipt of the request for review, the Associate Dean shall notify the resident in writing that the matter has not been resolved and that the resident has a right to request a hearing. If the matter is resolved, the Associate Dean shall summarize the resolution in a letter to the resident, Program Director, and President of the Hospital.

18.3 Hearing Panel. The resident shall make the request for a hearing in writing to the Chair of the GMEC within 7 calendar days after the date of the notice from the Associate Dean that the matter has not been resolved. The Chair of the GMEC shall appoint a five-member hearing panel, three members to come from the GMEC membership -- one program director, who shall act as chair of the hearing panel, one senior resident, and one Hospital representative -- and two members to come from the elected representatives of the clinical departments to the Executive Committee of the Faculty Council or the Faculty Rights Committee of the School of Medicine. No member of these bodies who has been involved in the dispute in any way shall serve on the hearing panel.

A hearing date shall be set by the chair of the hearing panel within 30 calendar days of the receipt of the resident's request for a hearing. At least 7 calendar days before the hearing, the

Program Director shall furnish the chair of the hearing panel and the resident with a statement of reasons for the action taken, along with any supporting documentation. The resident shall have the opportunity to respond in writing at least two calendar days before the hearing, copies to be furnished to the chair of the hearing panel and the Program Director.

At the hearing, both the resident and the Program Director may present evidence and witnesses, subject to limitations set by the chair based on relevancy or time, and may examine the evidence and witnesses presented by the other. The members of the hearing panel may also ask questions and request the presence of additional witnesses if deemed necessary. A stenographic record of the hearing will be made. The resident may be accompanied by one advisor, identified by name and title at least 6 days before the hearing, who may advise the resident but not otherwise participate in the hearing. The hearing shall not be construed as a formal legal proceeding, and formal rules of law or evidence shall not apply.

Subsequent to the conclusion of the hearing, the hearing panel shall deliberate in private and reach a decision as to its recommendation by majority vote. It shall make a written report and recommendation to the Dean of the Medical School and President of the Hospital within 15 calendar days after the conclusion of the hearing, copies of which shall be sent to the resident, the Program Director and the Associate Dean.

The recommendation of the hearing panel shall be accepted, rejected or modified by the Dean and President, or their designees, in writing, within 15 calendar days after the date of the recommendation and report. Copies shall be sent to the chair of the hearing panel, the resident, the Program Director, and the Associate Dean. The decision of the Dean and President, or their designees, shall be final.

18.4 Applicability. This procedure applies to all Residents/Clinical Fellows in ACGME-accredited residency and fellowship programs at Barnes-Jewish Hospital, St. Louis Children's Hospital and Washington University School of Medicine, as well as Residents and Clinical Fellows in certain non-ACGME accredited programs as designated by the GMEC.

## **19.0 COMPLAINT PROCEDURE:**

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 Academic and Disciplinary Decisions Relating to Residents and Clinical Fellows in Section 16.1-4 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 16.1-4 above apply as well to this complaint 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 submit the complaint or grievance in writing to the Associate Dean for Graduate Medical Education for consideration. The Associate Dean for Graduate Medical Education, in his or her discretion, taking into account the nature of the complaint or grievance, may, but is not required, to refer the matter to either a standing GMEC subcommittee or an ad hoc GMEC subcommittee to consider the matter. If the matter is referred by the Associate Dean to a subcommittee, the subcommittee shall report back to the Associate Dean, the GMEC and the GME Board on the process followed by the subcommittee

in considering the complaint or grievance and any findings or recommendations resulting there from. Additionally, the Associate Dean for GME will periodically report to the GMEC on the nature of complaints filed under this procedure and any action taken. 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.

## **20.0 HARASSMENT (including Sexual Harassment):**

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.

### **20.1 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://medicine.wustl.edu/gme> or you may also obtain a copy of this policy from the office for the Associate Dean for Graduate Medical Education.

## **21.0 Pre-Employment Screening**

Residents/Clinical Fellows must submit to a thorough background check and drug screen prior to participation in any clinical duties required by the training program.

### **21.1 BACKGROUND CHECK**

In order to comply with hospital policy to ensure that all incoming house officers have submitted to a thorough background check, the Office of the Associate Dean for GME 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 Associate Dean for GME 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 a negative background check. Consent forms for MHA background checks can be obtained from the GME Website at <http://medicine.wustl.edu/gme>, under the link About the GME Consortium.

### **21.2 DRUG and ALCOHOL POLICY**

The GME Consortium is committed to maintaining a safe, healthful and efficient environment for itself and its affiliates, employees, customers and visitors. Therefore, employees must remain free of impairment related to the use of drugs or alcohol. The illegal possession or sale of any drug or alcohol on 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 Associate Dean for GME prior to the start of training. Residents and Clinical Fellows may submit to a drug screen during the orientation process, or elect to utilize a BarnesCare facility. 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 the Program Director, as necessary. Commencement of the training program is contingent upon a negative screen.

"For Cause" testing may also occur. Guidelines have been established relating to testing when the GME Consortium and/or affiliated hospitals suspect drug or alcohol-related impairment during clinical fellowship training.

Violation of this policy will be handled according to existing WUSM 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 <http://medicine.wustl.edu/gme> under the link "About the GME Consortium".

## **22.0 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.

## **23.0 SUPERVISION OF RESIDENTS AND FELLOWS:**

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

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

23.2 Clear indication of supervisory lines of responsibility.

## **24.0 EVALUATION OF THE PROGRAM:**

Residents and Clinical Fellows will be provided with the opportunity to submit confidential written evaluations of the Program and the Program faculty to the Program Director on 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.

## **25.0 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 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.

## **26.0 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.

WUSM Memorandum of Appointment :

Edited by the Office of the Associate Dean for GME February 17, 2007

Approved by WUSM Human Resources March 9, 2007

Approved by the Office of General Counsel April 4, 2007