

**SSM Health/SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE (SLU SOM)
Graduate Medical Education Policies and Procedures**

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I. Orientation

PGY-1 trainee orientation is held at the Health Sciences Center two weeks prior to July 1 of each year. PGY-2 and fellowship orientation is held on July 1st or the Monday thereafter if July 1 falls on a weekend. Organization of the orientation program is the responsibility of the Associate Dean for Graduate Medical Education of the School of Medicine in coordination with the SSM Office of Human Resources, Program Directors, and major affiliated teaching hospitals.

II. Evaluation and Record Keeping for Residents

1. Supervision

The level and method of supervision for trainees in each program is the responsibility of the program director and must be consistent with the Institutional and Program Requirements for that program as specified by the ACGME. To that end, the program must provide formal educational activities to educate trainees and faculty members on the expectations for supervision and progressive autonomy throughout the training experience. Guidelines for supervision pertaining specifically to SSM Health/Saint Louis University School of Medicine are found in the SSM/SLU SOM Compliance Program and Medicare's Rules for the Teaching Physician.

It is recognized that trainees in the same training program have differing levels of training and maturity as well as differing levels of general and specialty training in different disciplines. It is incumbent upon the supervising attending physician to have certain knowledge of the skills, prior experience and capability of the individual trainee in order to determine the specific degree of supervision required. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each trainee must be assigned by the program director and faculty members and must be readily available to faculty and non-physician clinical staff members.

In the supervision of resident/fellow patient management, attending physicians should:

- a. carefully and directly scrutinize all resident/fellow historical and physical examination information and other clinical documentation for accuracy and completeness;
- b. know and approve of, either directly or by care patterns, all diagnostic tests ordered by the resident;
- c. assure the proper quality of the management of the patient including the transmittal of information by the resident to clinical staff, patients and families;

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- d. provide supervision based on the trainee skills, ACGME requirements, and supervision policies of the program including:
 - a. with direct supervision immediately available-the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Director Supervision;
 - b. with indirect supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision; or
 - c. with oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered;

Each program must establish a written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty-/subspecialty-specific Program Requirements.

Independent of the designated level of supervision, the attending physician must provide a supportive culture that allows the individual resident/fellow to request assistance.

2. Guidelines for Trainee Work Hours

Graduate medical education requires a commitment to continuity of patient care. Physicians in training must recognize that their obligation to patients is not automatically discharged at any given hour of the day or any particular day of the week. The program and faculty must be able to identify trainee fatigue and have a written policy and process to safely transition patient care in the event that the trainee cannot perform patient duties. In no case should the resident be absented until proper care and welfare of the patient have been ensured. The program director must ensure assignment and reasonable hours. Rooms for sleep and rest if fatigued must be available. There should be adequate backup so that patient care is not jeopardized during or following assigned hours.

With the foregoing guidelines each specialty is expected to recognize and follow the following ACGME common program requirement standards effective July 1, 2022:

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- Trainees must not be scheduled for more than 80 clinical and educational work hours per week, averaged over a four-week period, with the provision that rotation-specific exceptions for up to 10 percent or a maximum of 88 clinical and educational work hours to individual programs may be granted
- by a Review Committee following the approval from the Sponsoring Institution’s Graduate Medical Education Committee (GMEC) and Designated Institutional Official (DIO), if they can provide a sound educational rationale;
- One day in seven free of clinical work and required education, averaged over a four- week period. At-home call cannot be assigned on these free days;
- Call no more frequently than every third night, averaged over a four-week period;
- A 24-hour limit of continuous scheduled clinical assignments and educational work periods, with an added period of up to 4 hours for continuity and transfer of care, educational debriefing and didactic activities; no new patients may be accepted after 24 hours;
- Trainees must have at least 14 hours free of clinical work and education after 24 hours of in-house duty;
- An 8-hour minimum rest period should be provided between scheduled clinical work and education periods;
- Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements; and
- When trainees take call from home and are called into the hospital, the time spent in the hospital must be counted toward the weekly duty hour limit.

3. Evaluation

A Trainee’s evaluation must be done at least quarterly in each program. Each department/program director is responsible for developing and implementing a system to evaluate the knowledge, skills and professional growth of trainees using defined criteria that meets or exceeds ACGME and specialty board standards utilizing input from faculty supervisors and other appropriate personnel.

The program must demonstrate that it has an effective plan for assessing trainee performance throughout the program and for utilizing assessment results to improve

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trainee performance. This plan should include: use of dependable measures to assess trainees' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice; mechanisms for providing regular and timely performance feedback to trainees; assisting trainees in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and a process involving use of assessment results to achieve progressive improvements in trainees' competence and performance.

Trainees must participate on a regular basis in the evaluation of the quality of education provided in the program. Discussions concerning the training program should be periodically reflected in department minutes.

4. Records

Each program director or their designee must meet with and review with each trainee their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones. The trainee evaluation record should be accessible to the trainee. Concerns about unsatisfactory performance should be communicated verbally and/or in writing to the trainee as soon as possible during the academic year with suggestions for improvement. The trainee will be provided an opportunity to present his/her side of the issue.

5. Advancement

Positions of higher responsibility for trainees are to be given only upon the basis of evaluation of readiness for advancement. This assessment/evaluation is to be carried out by a clearly defined method within each training program. Each program must define the criteria for promotion and/or renewal of a resident's/fellow's appointment. At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The program director must develop plans for residents failing to progress, following institutional policies and procedures. Departmental deliberations concerning the performance of individual residents should be confidential.

Rotational and year level goals and objectives are designed to help residents meet the specialty and/or subspecialty Board requirements. Most member Boards of the American Board of Medical Specialties specify the months and type of meaningful patient care that must be successfully completed. Educational remediation and/or leave of absence may result in an extension in training at any PGY level, and a delay in advancement. Each Program should assure that their trainees are familiar with the appropriate Board Requirements, and ACGME program requirements.

The program must provide a resident/fellow with a written notice of intent when that resident's/fellow's agreement will not be renewed, when that resident/fellow will not be promoted to the next level of training, or when that resident/fellow will be dismissed.

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The program must provides its residents/fellows with accurate information regarding the impact of an extended leave of absence upon the criteria for satisfactory completion of the program and upon a resident's/fellow's eligibility to participate in examinations by the relevant certifying board(s).

6. **Probation** A trainee may be placed on **probation** within a training year by a program director because of inadequate or unsatisfactory performance. Normally, a trainee would have had prior notification (see Records above) before taking this action. Any action placing a resident on probation shall be reported immediately to the Associate Dean for Graduate Medical Education.

Specific deficiencies resulting in probation must be outlined and provided in writing to the trainee. The program must outline a plan of remediation, available resources, including GME Ombuds and a probationary period (typically three (3) months) specified. Monthly evaluations of performance should be kept by the program and must be reviewed by the Clinical Competency committee on completion of the probationary period.

A decision of reinstatement/advancement, or extension of the probationary period, retention at the same level, or of dismissal must be made on the basis of the trainee's performance with adequate documentation of the basis for the decision. Such documentation must be reviewed and acknowledged by the trainee. A trainee retained at the same level of training does not advance in stipend level.

7. **Dismissal**
A trainee may be **dismissed** because of inadequate performance (as outlined above) and/or because of unethical or clearly negligent conduct. Dismissal shall be the decision of the Associate Dean for Graduate Medical Education on the recommendation of the program director, the department chairman or division director, as appropriate; with appropriate consultation (faculty, hospital, Human Resources, & General Counsel.)

III. Training Records

A complete training file for ACGME-accredited program trainees is maintained in the department or division with all relevant educational documentation. All training files are to be kept in paper form or electronic form with digital copies of all electronic records retained in a shared drive with restricted access. The paper files are to be kept in a protected, limited access space within the training program offices. Access to the shared drive is to be limited to the Program Director, any Associate Program Directors, the Program Coordinator, the DIO and GME office. At no time should trainee files be kept on a personal electronic database, local desktop or personal computer of Program Staff.

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An administrative personnel file is maintained in the Graduate Medical Education Office. Since there are frequent appointment and privileging requests from former trainees, the program director will, at completion or termination of training, submit and sign a final summative evaluation with the final ACGME milestones report of the trainee's performance to the GME Office. Request for record certification will usually be managed by the program following receipt of a request and a release of information form signed by the trainee.

This Final Summative Evaluation Form is shown in Section 2.2. Additional information specific to the residency may be appended. Such information may include numbers and type and degree of participation in surgical procedures, etc. At the completion of the program or on separation, the departmental trainee's file together with the Final Summative Evaluation Form (Section 2.2) is retained for at least seven (7) years after the trainee has graduated. The following core files should be kept indefinitely by the sponsoring institution, to accommodate requests for primary source verification for trainees who have completed the program: copy of graduation certificate, semi-annual evaluations and the end of training summation of the trainee's evaluations, records of the trainee physician's rotation schedule, case log and procedures; and documentation of disciplinary action, if any. At the completion of the seven years, the paper copies of the files can be destroyed through protected recycling; however, the core digital files must be maintained in perpetuity.

For trainees who do not complete the program due to disciplinary actions or reportable educational difficulties, including probation, suspension, dismissal, or who are not recommended for Board certification, the entire trainee file will be retained by the GME office for indefinite storage. For trainees who do complete the program and who have significant disciplinary actions or reportable educational difficulties, the program will retain the entire file for indefinitely storage.

IV. Evaluation and Record Keeping for non-ACGME Accredited Program Fellows

Evaluation of fellows in non-accredited programs is to be performed at least semi-annually by the program director and his/her staff. **It is the responsibility of the program director to design the appropriate program evaluation forms.** The program director is responsible for evaluating, communicating performance, and **maintaining a record of the evaluations** for each trainee. The record should be accessible to the trainee. Concerns about unsatisfactory performance should be communicated verbally and/or in writing as soon as possible with suggestions for improvement. A fellow may be dismissed because of inadequate performance and/or because of unethical or clearly negligent behavior. Dismissal should be the decision of the Associate Dean for Graduate Medical Education on the recommendation from the program director and the department chairman, with appropriate consultation.

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A trainee file is maintained in the department with all relevant educational documentation. An administrative personnel file is maintained in the Graduate Medical Education Office. At the completion of the fellowship or on separation, the departmental trainee's file together with the Final Summative Evaluation Form (Section 2.2) is retained for at least seven (7) years after the fellow has graduated. The following core files should be kept indefinitely by the sponsoring institution to accommodate requests for primary source verification for fellows who have completed the program: copy of graduation certificate, semi-annual evaluations and the end of training final summative evaluation of the fellow's evaluations, records of fellow's rotation schedule, case log and procedures; and documentation of disciplinary action, if any.

For fellows who do not complete the program due to disciplinary actions or reportable educational difficulties, including probation, suspension or dismissal, programs will send the entire file to the GME office for indefinitely storage. For fellows who do complete the program and who have significant disciplinary actions or reportable educational difficulties, the program will retain the entire file for indefinite storage.

V. Appointments and Stipends

Contract information is presented in Section 2.3 and example letters of appointment are presented.

All trainees shall sign the appropriate appointment letter. All trainees will receive their stipends from the SSM Health payroll system. The stipend status of the trainee is based on the PGY-level of appointment within the training program, not the number of years from medical school graduation or previous years of graduate medical education training.

It is a SSM Health/SLU SOM Graduate Medical Education Policy that re-appointments to a training program is to be on the basis of demonstrated progress through the goals and objectives of the appropriate year level of the Program and/or towards appropriate specialty or subspecialty board certification as evaluated by the faculty, documented by the Program Director, and regularly shared with the trainee.

Program Directors must provide trainee and the GME Office six (6) months written notice of intent to not renew a trainee's appointment. Graduate Medical Education trainees notified of the intent to not renew their appointment must be allowed full access to due process and the Ombuds Program (below).

Appointment for graduate medical education will allow for a minimum of six weeks of approved medical, parental, and caregiver leave(s) of absence for FMLA qualifying conditions once, at any time during an ACGME-accredited program, starting the day the resident/fellow is required to report. The trainee will be provided with 100 percent of their salary and continuation of coverage for health/disability benefits for self and eligible dependents during the first six weeks of the first approved qualifying medical, parental, or caregiver leave(s) of absence taken. One week of paid time off may be reserved for use outside of the first six weeks of the first approved medical, parental, or caregiver leave of absence.

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VI. Malpractice Insurance

Residents/fellows are provided With professional liability coverage for all clinical sites, including legal defense and protection against awards from claims reported or filed during participation in each of its ACGME-accredited programs, or after completion of the program(s) if the alleged acts or omissions of a resident/fellow are within the scope of the program(s).

Such malpractice coverage is provided primarily by the SSMHC Liability Self-Insured Trust- as detailed in the Health Professional Letter of Indemnity. This is true in all training sites with the following exceptions:

1. During rotation through Mercy Hospital St. Louis, Mercy provides professional liability insurance coverage,
2. During rotation through the Veteran’s Affairs Medical Center, the Tort Claims Act of the Federal Government provides professional liability insurance coverage.
3. For trainees appointed in the family medicine southwest Illinois program, HSHS St. Elizabeth’s Hospital provides professional liability insurance coverage.

On rotation through any clinical site, the trainee should immediately inform the program or site director of any potential medical liability or malpractice concerns. That individual will inform the appropriate person at the affiliated hospital and will inform the SSM Health general counsel.

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VII. Ombuds Program

The Ombuds for Graduate Medical Education is a resource for the trainee. The Ombuds is knowledgeable about SSM Health/SLU SOM Processes and Graduate Medical Education. He/She is an impartial, confidential resource for the trainee when having disputes or problems. The services include investigation, listening, coaching, and offering problem-solving options. The Ombudsman does not have the authority to make decisions but can inform and refer the trainee to the person having that authority. The Ombuds may also assist the trainee in accessing resources to help with adjustment and transition issues associated with training. To confidentially contact the Ombuds, call (314) 977-5399.

VIII. SSM Health/Saint Louis University Residents Association (SSLURA)

The organization was designed to give trainees a voice in the decision making of the program and clinical departments regarding training and practices that directly affect the trainee’s personal and professional life. SSLURA provides input and helps guide the decisions that are made about the training programs, acts as an advocate for trainees in any matters that need to be addressed with specific programs, departments or hospitals’ administration (anonymously if need be), organizes informational meetings of general interest to residents, and works to increase positive publicity for GME training programs. Specific information regarding SSLURA, its officers, meetings, and their minutes can be found at their website. (<https://www.ssmhealth.com/resources-for-health-professionals/education/medical-residencies/graduate-medical-education-saint-louis-university/slura>)

IX. Housestaff Code of Professional Conduct

SSM Health/SLU SOM, in sponsoring graduate medical education, strives to develop a professional ethic based on personal responsibility. The Code of Professional Conduct establishes minimum expectations of professional conduct. A violation of the Code of Conduct occurs when a trainee acts contrary to the values and responsibilities expected of those engaged in the practice of medicine. The Code of Professional Conduct outlines professionalism expectations. Allegations not resolved by the clinical department or the Office of Professional Oversight will be referred to the Graduate Medical Education Office.

The SSM Health/SLU SOM Office of Graduate Medical Education is empowered to address violations of the Code of Professional Conduct via the Office of Professional Oversight and to recommend sanctions or remediation. A trainee’s failure to comply with remediation may result in further disciplinary actions up to and including dismissal.

X. Changes in Program Size or Closure

Whenever a Program is considering a change in the number of trainees at any year level of the Program, the Program Director must notify and receive approval from the GMEC. Changes in trainee complement, either an increase or a decrease (including closure of the Program) must be communicated to current

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trainees in writing. While not anticipated, SSM Health/SLU SOM requires that Programs with approved plans to decrease the number of trainees or close the Program must allow trainees already in the Program to complete their training, or will assist the trainees in enrolling in ACGME accredited programs to continue their training.

XI. Grievances and Due Process

Trainees are informed in their letter of appointment that any misunderstanding or dispute involving a graduate trainee is to be resolved by and within the clinical departments. The GME Ombuds is available to assist any trainee through this process. Concerns about systematic and fair application of GME policies and procedures may be brought to the representatives of SSLURA.

In the event of an adverse or reportable academic action including probation, suspension, restriction of privileges, non-renewal of appointment, or dismissal, for which a trainee believes, that such matter has not been handled reasonably, a grievance process is available via the Office of Graduate Medical Education. The trainee will first grieve to the Program Director via the Clinical Competency Committee, then the Departmental Chair. The final grievance step is to the Associate Dean for Graduate Medical Education or designee who will review the situation, meet separately with the trainee and the Program Director, review all program and performance documentation, and either reverse or uphold the decision.

The trainee shall be advised of the basis for the proposed dismissal, shall be afforded opportunity to make statements and present evidence regarding the concerns documented and adverse action recommended. The decision of the Associate Dean for Graduate Medical Education shall be final.

XII. Completion of Training

At the end of the PG-1 year and upon the satisfactory completion of residency or fellowship training, or satisfactory completion of the time of appointment, a certificate will be issued indicating that the trainee has satisfactorily completed the program. A Final Summative Evaluation Form (see Section 2.2), and ACGME final milestones must be completed for trainees prior to issuance of the certificate. Each Program should assure that their trainees are familiar with the appropriate Board Requirements, and Program Requirements regarding the effects of educational delay and leave on satisfying the criteria for completion of the training program.