



CHILDREN'S HOSPITAL, BOSTON

DIVISION OF GENERAL PEDIATRICS

**PEDIATRIC ENVIRONMENTAL HEALTH
CENTER**

FELLOWSHIP HANDBOOK

2020-2022 EDITION

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Revised September 2012

IMPORTANT PEOPLE

Christopher Landrigan, M.D., Ph.D. Chief, Div. of General Pediatrics	ext. 54661	Enders 1
Alan Woolf, M.D., M.P.H. Director, Peds Environmental Health Center	ext. 55187 pager 1385	1295 Boylston St
Le Pham Assistant to Dr. Woolf	ext. 52307	20 Autumn Street
Patricia Rocha PEHC Patient Experience Rep	ext. 58177	1295 Boylston St
Marissa Hauptman, M.D., M.P.H. PEHC Assistant Director	617-355-6989	20 Autumn Street
David Bellinger, Ph.D. Neurodevelopmental Research	ext. 5	Farley 1
Alissa Westerlund Division Manager	ext. 54665	20 Autumn
Rebecca Gilbert Fellowship Coordinator	ext. 58177	1295 Boylston St
Rose Norton PEHC & Ambulatory Services Representative		333 Longwood Ave
Rose Goldman PEHSU Grant CoDirector		Cambridge Hospital 1493 Cambridge St Macht 4

Other Important Phone Numbers (all 617 area code)

- Main Children's Hospital number: 355-6000
- Paging operator: 355-6369 or 6363
- PEHC "main" number: 355-8177
- **Fax (our preferred send and receive fax): 730-0049**
- General Pediatrics Division Main Number 355-6714
- PEH Fellows' Telephone Number 355-3612

Paging:

1. 617/355-7243 ("PAGE")—a computer voice asks for pager ID #, then callback #.
2. 617/355-6369—the operator will take the caller's name and telephone number (so you can call back, if needed) and then they wait on the line. *This is often the best way for patients to reach you.*
3. When you are paging someone and you are in the hospital, the easiest way is to use the internal web page (hit the tab "Phone/page search").

NUTS AND BOLTS

Mail: Each PEHC clinical fellow has a mailbox at 1295 Boylston Street Suite 100. Please check your mailboxes regularly as mail will be left in the mailboxes for you. Your preferred mailing address should be:

Pediatric Environmental Health Center
Division of General Pediatrics
Children's Hospital, Boston
300 Longwood Avenue

Boston, MA 02115

Pay: Payday is the 15th of every month. You can arrange for direct deposit.

Policies: ALL residents, including those on a specific clinical elective, are REQUIRED to complete an on-line course of CHB policies at the NetLearning system. Each person who completes a module is logged. Instructions and information are located at the website. To log on to the website from a hospital station:

Click on the yellow Net Learning oval at the CHB home page

Enter your 6-digit ID#. Click "log on"

At the next screen, click on "enroll in class"

At the next screen, change the date ranger to through "June"

Then change the "curriculum" to "Net Learning Training"

A list of courses will appear. Click on the title to see a description. Click "enroll" to register. The class will now appear in the "my schedule" section of the student site.

You can also enroll in a class from home, via <http://si.netlearning.net/chboston>

Vacations: Each fellow is allowed 15 working days of vacation a year (not including approved meetings). It is your responsibility to be certain that all assigned clinics, schools, etc. are aware of any planned absences (vacations/meetings). Most clinics need AT LEAST 2 months notice for vacation requests. There are times that are especially difficult, such as holidays; therefore, as much advance notice as possible is appreciated. Please fill out the form on the back page of this handbook, copy (for your records) and return it to Rebecca Gilbert's box at 1295 Boylston St. This will be a STARTING POINT and will NOT be considered final.

Absences: *If you need to be absent for an unforeseen reason (i.e. you or a family member is sick), please contact Rebecca Gilbert (ext 58177), as early as possible.*

Transportation: The Hospital is accessible by public transportation. Both the "D Trains" (Fenway Stop) and "E Trains" (Longwood Stop) of the Green Line in the MBTA subway system bring riders to within a two block walk of the hospital complex. The Hospital runs a shuttle bus system every 10-15 minutes during rush hours at the Ruggles stop on the Orange Line of the MBTA. The Hospital also runs a shuttle system between off-campus parking, the Autumn Street offices, and the offices near Fenway Park at 1295 Boylston Street. The Hospital subsidizes both parking and the monthly passes used for the MBTA subway system for employees. Consult the Department of Transportation & Parking for details concerning your transportation needs.

A program of free taxi vouchers for rides home is available through the emergency department parking office for those residents who have been on-call in the Hospital for more than 24 hours and are too tired to drive.

Human Resources: Employee information and health concerns (TB testing, hepatitis vaccines, work-related injuries) are available at the Office on the 2nd floor at the 333 Longwood Ave office complex. Gwen Gilmer can address credentialing, licensure, and benefits concerns.

Graduate Medical Education: Tery Noseworthy in the Office of Continuing Education (333 Longwood Ave, Bsmt; ext 53396) can answer residents' questions concerning the ACGME requirements of their residency training program. Residents are invited to participate in the review of the educational content of training at Children's Hospital by joining the Graduate Medical Education Committee (GMEC) or one of its subcommittees. See Ms. Noseworthy for details.

Discrimination against employees and job applicants for positions at Children's Hospital Boston on the basis of race, religion, color, gender, sexual orientation, pregnancy, national origin, ancestry, ethnicity, age,

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disability, military or veteran status or any other classification protected by law (also called a 'protected class');

FELLOW EDUCATION SCHEDULE

Weekly Seminars: You are required to attend weekly (except as noted):

<u>Mondays</u>	8-9 am	Poison Center Rounds (optional)	IC Smith
<u>Tuesday</u>	11:00am-noon	'Tox Tuesdays' Conference (optional)	IC Smith
<u>Wednesdays</u>	8-9am	Poison Center Rounds (optional)	IC Smith
	Noon-1:00pm	Grand Rounds	Enders Aud
	3:00pm	Neurotoxicology Journal Club (optional)	Landmark Center
<u>Fridays</u>	9:00-Noon	PEHC Case Conference	Enders Sem 1
	12:30-1:30pm	Environmental Occupational Rounds	HSPH Kresge 502

A weeklong series in "Research Design & Methodology" is offered by Children's Hospital annually in July. Attendance by the 1st year fellow is mandatory. These conferences are also attended by the Fellows from Harvard affiliated institutions. All fellows are expected to attend these conferences. You will be notified of the dates and times.

OTHER INFORMATION

Harvard Facilities: You will be receiving a concurrent appointment as a Clinical Fellow at the Harvard Medical School (referred to as "HMS"), but the appointment will not come through until September. If you need access to Countway (the HMS library), you can arrange a temporary ID, or you can request copies of materials through the Children's Hospital Library (Allison Clapp is the librarian and is very helpful).

Computer Accounts: Each fellow will have a computer account, which allows access to the hospital's network for clinic scheduling, medical records, laboratory reports, electronic mail, and other programs. You should already have your accounts. (xxxx@childrens.harvard.edu).

Mentors and Evaluation: You will be assigned a Mentor from among the Division faculty and should meet with your Mentor on a regular basis. We have instituted a semi-annual feedback system both fellows to faculty and faculty to fellows. You should meet with your fellowship training director (Drs. Woolf or Wright) semi-annually and receive your written evaluation.

Telephone: A long distance code has been assigned to you for calls outside the 617 area code. Contact Gwen Gilmer (ext 55010) for more information.

Beepers: Please note that the replacement charge for a lost beeper is \$200.

1295 Boylston: Each PEHC fellow will be assigned a cubicle area at 1295 Boylston St. These will be assigned by Yourlanda Johnson. You will have storage space for patient charts and other paperwork in your cubicle.

333 Longwood Ave 5th Floor: There is often common space or a computer available in the main conference room. This space is shared by all clinical programs located on the 5th floor (Adolescent Medicine, Infectious Diseases, Adolescent Substance Abuse) and can be a bit crowded. Please be courteous to the many professionals who share this space.

USE COMMON SENSE FOR SECURING VALUABLES. ITEMS HAVE BEEN TAKEN. KEEP YOUR VALUABLES WITH YOU.

Keys and Access Codes: Keys and access codes to all areas in which you are involved can be obtained via the local administrative supervisor. Examples include Wolbach, and the library. The Security Office in the parking garage will need to code your ID card for after hours access in different areas of the hospital such as the library (i.e. "swiping your ID").

Office and AV equipment: Each PEHC fellow will have use of individual workspace and PC. In addition, there is a departmental PC laptop and LCD projector that can be used for departmental presentations (contact Alan Woolf).

Grants: Fellows are encouraged to apply early for grant support of their research projects. Fellows should consult their mentor or the fellowship training co-directors, Drs. Woolf and Wright, for details. Harvard has a variety of intramural grant opportunities designed to support research by residents and fellows. Fellows are encouraged to investigate extramural grant opportunities as well, and the Office of Grants & Contracts provides a complete and regularly updated listing of requests for proposals (RFP). A system of sign-off by Drs. Woolf and Schuster within the Division and Dr. Fleisher, Chief of the Department of Medicine, is required prior to submission. Approval of the application is required by the Division before each grant is submitted to the Office of Grants & Contracts. See Joan Lowcock for details.

Moonlighting: All moonlighting must be approved via the division and the hospital. There are moonlighting forms (enclosed) to be completed EACH YEAR, reviewed with Alan Woolf and turned in to Gwen Gilmer (Wolbach 2) for Dr. Schuster's review. **Your malpractice will not be covered if moonlighting is not approved via the correct channels.**

Textbooks and reading: There is no one textbook that we recommend but there is a curricular outline and you will be given seminal articles and reviews throughout the year.

Clinical Equipment: You will need the standard pediatric clinical tools (stethoscope, reflex hammer, your favorite toys, etc.). An 'environmental health' white coat is provided for fellows' use in the clinic on the 5th floor.

Dictation: Most people use the dial-in transcription service at x56600 so that they can do their reports at their convenience. This is how most clinic dictation will be done. All letters and short reports can be dictated over the telephone dictation system from any telephone in or out of the hospital. Simply dial 617/355-6600, enter your full hospital ID, then the clinic number (PEHC is 090). You can enter a note directly into the computer through *ECD* as well. This is useful only if you are a fast typist or if the note is short (e.g., regarding a phone call).

ECD/Computer Charting: All dictated reports return to you in the form of an electronic document. The system to process these is called *ECD* (electronic clinical documentation).

If there are any difficulties with lost reports or significant errors, call Suzanne at x58177. The document will remain in your box for 10 days before it bounces to the attending's box.

NATIONAL MEETINGS

American Academy of Pediatrics

2nd week in October

American Pediatric Society/Society for Pediatric Research

1st week of May

European Association of Poison Centres & Clinical Toxicologists

4th week of May

International Society for Environmental Epidemiology

September

North American Congress of Clinical Toxicology

September/October

“CALL” GUIDELINES

The clinical work that we do includes exposure to “routine” environmental health issues. Because of many different variables, each fellow will end up with a slightly different schedule. The general rule of thumb is that each person in a given year (i.e., first year fellows, second year, third year, remedial/fourth) works about the same amount of time (per month) as others in that same year, and the time slowly decreases over the fellowship.

There is no on-site after hours call; only home-based telephone call. However, fellows are expected to come in to the Hospital to work up and supervise any patient being admitted to the Environmental Medicine service during their period of on-call responsibilities.

1. Weeknight call will take place from home and is split between fellows and attending physicians. The Fellow will create the call schedule. If you need to switch a night, please do so and contact the attending physician to let him or her know.

EMAIL is the best way to communicate. In cases of call switches, an email should be sent to the following: Rebecca Gilbert, Patricia Rocha, telephone operators, and Alan Woolf.

HELPFUL WEBSITES

Agency for Toxic Substances & Disease Registry (ATSDR) www.atsdr.cdc.gov

This is the environmental education-oriented Federal agency.

Ambulatory Pediatric Association www.ambpeds.org

This is the main website of the APA. It contains information about national meetings, education and career opportunities.

American Academy of Pediatrics www.aap.org

This website also contains information about AAP policies, news bulletins, legislative actions, and national meetings.

Environmental Protection Agency (EPA) www.epa.gov

This is the home page for the Federal environmental regulatory agency.

Pediatric Environmental Health Specialty Units www.pehsu.org

This is a great website for general information about PEHSUs in general.

Up To Date www.uptodate.com

This website contains up-to-date information on a plethora of medical topics from adult medicine, obstetrics and gynecology, and pediatrics. The topics also include treatment and management of the conditions.

TOP 7 SINS FOR DICTATIONS

7. **Late Editing**—this is bad. Parents and referring physicians await the results of our evaluations. Therefore, prompt editing of reports is strongly advised while the information is relatively fresh to you. Besides, often changes in the family's routines are made based upon our recommendations.
6. **Delaying Dictations**—the longer you wait to dictate a clinic visit or team report, the harder it is to remember all of the details of the visit and the longer it will take you to finish the dictation. If you dictate the **day of the case conference**, you will avoid Sin #7.
5. **Incorrect Name**—there is nothing worse than reading a report and the child's name is wrong. Make sure when you edit your reports that the name is spelled correctly throughout the report. (Parents hate it when little Johnny's report ends up being about Susie.)
4. **Failing to Proofread**—dictation services make mistakes. Therefore, it is very important to actually READ the dictation when it comes back to you in the computer ECD file. That is one way to avoid Sin #5.
3. **Failure to Send Reports** —it is always best to send the report or clinic note to the primary care physician. Dictate in his or her name and address and notify that you want the note sent to them during your dictation.
2. **Harsh Words**—imagine the child reading this report in 20 years. Try to be diplomatic in the way you describe the child and the evaluations. Remember to highlight as many positives as possible about the patient.
1. **Lack of Units, "Assessment", Failure to include all laboratory values**—your report should be comprehensive. Every child needs an "ASSESSMENT" section (often: 'low body burden lead poisoning') and a "PLAN" section. Include ALL labs ordered and never summarize lab values as 'normal'; the referring physicians want to know the exact values. Try to give units for as many of your labs as possible; at least for the blood Pb levels in mcg/dL. This improves precision and avoids misinterpretation of lab values, and is a good habit to get into.

Team Report Dictation Hints
From Your Friends Who Will Be Reading Them...

When dictating:

- Start by reviewing a similar report done about a similar child
 - Organize your material before dictating
 - Include review of systems, developmental history, family and social history
 - Suggested order of information
 - Introduction: age, presenting question
 - History of presenting concerns: chronologically reported – including:
 - Home Environment
 - Other Environments
 - Chelation history (if applicable)
 - Developmental History (or in HPI – depending on child)
 - Previous testing, environmental and patient
 - PMHx
 - ROS
 - FmHx and Social Hx: stressors?
 - PE
 - Neurodevelopmental Findings (if applicable)
 - LABORATORY FINDINGS (please use units when reporting Pb values as “mcg/dL”)
 - Team formulation: Diagnosis or profile should be clear and specific
 - Recommendations
 - Contact info
 - CC list (dictate referring docs name and how you want the envelop addressed)
- Feel free to create or collapse categories per patient specifics
- Have cc info with you
 - The sooner you dictate after the visit, the easier it is for you to remember

When editing: Please read the report as if it were written about you as a child. The goal is providing important information to impact further treatment - not to extensively detail every nuance of a child's life.

- ✓ Reread ALL parts: yours and other disciplines
- ✓ Especially read the social and family history sections for irrelevant details
- ✓ If PMD is electronically notified – remove from dist'n list
- ✓ Be sure that ages and diagnoses match with all parts
- ✓ Each piece of info should be stated **once only** in body of report - including test results
- ✓ Say what you mean - as briefly and specifically
- ✓ Do not dictate in casual format- ie Patient's mother or Ms. X (not mom), extremely (not really)
- ✓ Make sure you included cc list, if electronically sent remove from other cc list
- ✓ Do not change another person's report without permission, except grammar

Vacation/Absence Request Form
[Return to Rebecca Gilbert ASAP]

*Remember that a TOTAL of 15 working days are allotted for vacation for each fellow per year.
The days may be requested in any combination, but not every request is able to be met.*

Please list each Children's Hospital Work Day that you are requesting to be ABSENT:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Name:

Department of Medicine Guidelines for Trainee Supervision

Pediatric Environmental Health Center

General Guidelines: Attending physicians in the Pediatric Environmental Health Center are expected to make judgments about active participation of individual trainees in the care of children at Boston Children's Hospital. The guidelines listed below are in fact guidelines, and are not intended to be specific sets of instructions. It is expected that attending physicians will modify these guidelines in the direction of more or less responsibility for trainees, depending on the specific circumstances of individual patients and trainee level of clinical competence.

Medical, Public Health, & Nursing Students: All students must obtain BCH ID badges. Students will be closely supervised by attending physicians. According to skill set, they may obtain independent histories and physical exams. The attending physicians must agree with all assessments and plans, and must directly communicate plans with the patients and parents. Responsibility for the patient will always rest with the attending physician.

Residents: All residents may perform independent histories and physical exams. Attending physicians will specifically review each case with the resident and be present for the key portions of the history and physical exam. The depth of review will depend on the resident's level of training and overall skill. Residents may perform simple developmental procedures if they have previously been trained for the procedure at Children's Hospital. An attending physician will be physically present for all patient care provided by residents.

Pediatric Environmental Health Fellows: Fellows will receive an orientation to the Environmental Health Center. All will be trained extensively in the administration and interpretation of environmental testing. Attending physicians who will be present for the key portions of all evaluations will always directly supervise each fellow. An attending will be available for supervision at all times.

Nursing: Pediatric Nurse Practitioners – PNP's complete a vigorous packet of clinical competencies on entry into the PEHC. PNP's act at the level of a first year fellow in Pediatric Environmental Health and are always supervised directly by an attending physician. Regular sessions with an attending physician are scheduled to review all patients followed by the PNP.

Pediatric Environmental Health Center Urgent Call Procedures

The Pediatric Environmental Health Center (PEHC) at Boston Children's Hospital has several mechanisms in place to manage urgent telephone calls. The PEHC operates a toll-free telephone number with 24-hour availability that is routed to the Massachusetts/Rhode Island Poison Control Center for use by both health care professionals and the general public. Our intake telephone number is staffed during office hours M,Tu, W,Th,F. At other times, senior

faculty (e.g. Marissa Hauptman, Rose Goldman, Alan Woolf) are available via a 24-hour daily on-call schedule distributed to the Boston Children's Hospital telephone paging system.

Graduate Medical Education Policy and Procedure



Fellowship Training Program in Pediatric Environmental Health **RESIDENT/FELLOW DUTY HOURS POLICY**

PURPOSE

This policy is designed to establish general standards for duty hours for all residents and fellows at Children's Hospital Boston. Some programs have additional or different requirements; please refer to your program's duty hours policy for information specific to your training program.

HOURS PER WEEK

Duty hours must be limited to 80 hours per week, when averaged over a four-week period, inclusive of all in-house activities, including in-house call, unless the training program has received a special exemption from the ACGME allowing the program a 10% increase in the number of allowable hours.

CONSECUTIVE HOURS

Continuous on-site duty for PGY1 residents must not exceed 16 hours in duration.

Continuous on-site duty for PGY2 residents and above must not exceed 24 consecutive hours. Residents and fellows at the PGY2 level and above may remain on duty for up to four additional hours; activities during this four-hour period are limited to participation in didactic activities, transfer of patient care, and maintaining continuity of medical and surgical care. No resident or fellow may remain on duty after 28 hours.

In unusual circumstances, residents and fellows may, on their own initiative, remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances the resident or fellow must hand over the care of all other patients to the team responsible for their continuing care and document the reason for remaining to care for the patient in question; this documentation should be completed as part of duty hours logging in New Innovations.

IN-HOUSE CALL

No resident or fellow may be scheduled for in-hospital call more frequently than every third night, when averaged over a four-week period. Residents and fellows can be assigned to a maximum of four call nights in any seven-day period; call this frequent can only be done one week per month. Residents and fellows must not take night call for two consecutive nights..

NIGHT FLOAT

Residents and fellows must not be scheduled for more than six consecutive nights of night float. Additional restrictions on night float may be further specified by the Review Committee.

CALL FROM HOME

While call from home does not count towards the total number of hours worked, programs are required to have policies and procedures in place to relieve residents who may be too fatigued to work should the call from home be onerous. Any time spent in the hospital by residents and fellows on home-call must be

included in the total hours worked; however, returning to the hospital while on at-home call does not initiate a new “off-duty” period.

REST BETWEEN DUTY PERIODS

All residents or fellows should have 10 hours and must have 8 hours time between all duty periods to allow adequate time for rest. Residents and fellows must have at least 14 hours free of duty after a 24 hour shift.

DAYS OFF PER WEEK

Every resident and fellow must have at least one full day (consecutive 24-hour period) per week free of all clinical responsibilities, including didactic sessions and call from home, when averaged over the rotation period or the month.

AVERAGING

Averaging must occur by rotation. This is done over one of the following: a four-week period; a one-month period (28-31 days); or the period of the rotation if it is shorter than four weeks. When rotations are shorter than four weeks in length, averaging must be made over these shorter assignments.

If a resident takes vacation or other leave, the ACGME requires that vacation or leave days be omitted from the numerator and the denominator for calculating duty hours, call frequency or days off (i.e., if a resident is on vacation for one week, the hours for that rotation should be averaged over the remaining three weeks).

MOONLIGHTING

Moonlighting must not interfere with the ability of the resident or fellow to achieve the goals and objectives of the training program or with patient safety. The ACGME requires that hours spent moonlighting count towards the total hours worked for the week. For all ACGME-accredited training programs Children’s Hospital Boston also expects that moonlighting will not violate any of the other duty hours requirements; violations due to moonlighting will be viewed in the same light as violations during required training. For non-accredited training programs the program must have a written policy regarding when moonlighting is allowed; this policy must be approved by the GME Committee. Each training program may impose further restrictions or disallow moonlighting at the discretion of the program director.

EXPECTATIONS OF FACULTY AND PROGRAM ADMINISTRATION

All programs are expected to comply with the duty hours standards, and all faculty are expected to ensure that the standards are not violated. All programs are expected to have program-specific duty hours policies.

EXPECTATIONS OF RESIDENTS AND FELLOWS

All residents and fellows are expected to comply with the duty hours standards. Violations should be reported to the program director or the department head. Residents and fellows may also contact the Office of Clinician Support, the co-chairs of the GME Committee or the GME Office with questions or concerns. Violations may also be reported to the confidential compliance hotline at 888-801-2805.

COMPLETED AT HOME

Any tasks related to performance of duties, even if performed at home, count toward the 80-hour limit. Duty hours do not include reading and time spent away from the training program.

REMAING IN THE HOSPITAL AFTER A SHIFT IS COMPLETED

Residents and fellows are expected to leave the hospital after their scheduled shift is over and all required tasks are completed in order to ensure sufficient rest and personal time. Residents and fellows may not remain in the hospital overnight between scheduled shifts.

Policy Attributes

Title	Duty Hours Policy		
Author	Tery Noseworthy	Date of Origin	6/2004
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	6/2004, 3/2006, 10/2010, 6/2011, 10/2011, 1/2012, 6/2012, 1/2014
Copyright	©Children's Hospital Boston, 2012	Last Modified	1/2014
Approved	January 13 th , 2014 Graduate Medical Education Committee		
DIO Approval	 Alan Woolf, MD, MPH		



Fellowship Training Program in Pediatric Environmental Health EVALUATION OF PROGRAM

PURPOSE

This policy is designed to provide a standard regarding the frequency and procedure by which evaluation of training programs occurs at Boston Children's Hospital.

RESIDENT/CLINICAL EVALUATION OF PROGRAM

Residents and Clinical Fellows must have the opportunity to evaluate each rotation confidentially and in writing after each rotation. Residents and Clinical Fellows must have the opportunity to evaluate the program confidentially and in writing at least annually. The results of these evaluations must be used in conjunction with other program assessments to improve the program.

FACULTY EVALUATION OF PROGRAM

Faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. The results of these evaluations must be used in conjunction with other program assessments to improve the program.

PROGRAM EVALUATION AND IMPROVEMENT

Each program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:

- resident performance;
- faculty development;
- graduate performance, including performance of program graduates on the certification examination; and,
- program quality.

The program must use the results of residents'/clinical fellows' and faculty's assessments of the rotations and the program together with other program evaluation results to improve the program. This should be done in a meeting that includes the program director, key faculty and at least one resident/clinical fellow currently in the program. Detailed minutes should be kept.

If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

RESPONSIBILITIES

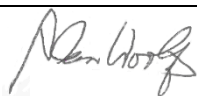
The Program Director is responsible for developing confidential processes and providing forms to facilitate completion of rotation and program evaluations. The Program Director will utilize these evaluations by the Fellows in the review of the educational effectiveness of the program.

Faculty, Clinical Fellows and Residents have an individual, professional responsibility to submit written program evaluations as required by the program.

RELATED CONTENT

Boston Children’s Hospital Annual Training Program Evaluation Checklist

Policy Attributes

Title	Evaluation of Program		
Author	Tery	Date of Origin	1/2001
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revise	1/2001, 1/2006, 5/2007,
Copyright	©Children's Hospital Boston.	Last Modified	10/2012
Approved	October 8 th , 2012		
DIO Approval	 Alan Woolf, MD, MPH		

Fellowship Training Program in Pediatric Environmental Health

HOUSE STAFF DISCIPLINARY ACTIONS AND REVIEW PROCEDURES

Introduction

The provisions of these procedures apply to interns, residents, and fellows (hereinafter collectively referred to as "house staff" or "house staff members") who have been appointed to a Children’s Hospital Boston-sponsored Graduate Medical Education Program. ("They shall not apply to house staff members who are at the Hospital on a temporary rotation or assignment.

When applying the procedures set forth below to fellows, all references to "Training Program Director" shall read as "Department Chief" or "Division Chief" as applicable.

Disciplinary Actions and House Staff Review Procedures

Disciplinary Action Defined

Disciplinary action may be taken against a house staff member for due cause, including but not limited to any of the following:

- Professional misconduct or conduct that might be inconsistent with or harmful to good patient care or safety,
- Conduct detrimental to the reputation or standing of the Hospital;
- Conduct which calls into question the integrity, ethics, or judgment of the house staff member or which could prove detrimental to the Hospital’s employees, staff, volunteers, patients, visitors, or operations;
- Violation of the bylaws, rules, regulations, policies, or procedures of the medical staff, Hospital, or applicable department, division, or training program;

Any allegation of misconduct in science or research involving a house staff member shall be addressed and resolved in accordance with Hospital policy.

Informal Efforts to Resolve Minor Issues

The Hospital encourages Training Program Directors to use informal efforts to deal with minor and/or incidental instances of poor performance or misconduct. In situations where these informal efforts are unsuccessful or where performance or misconduct is of a serious nature, Training Program Directors shall initiate formal disciplinary action.

Types of Formal Disciplinary Action and House Staff Rights to Review

Formal disciplinary action may include, but is not limited to, probation, suspension, or termination of the house staff member from his/her training program as deemed appropriate.

Among the factors to be considered by each Program Director in determining the action(s) to be taken are: the severity and frequency of the offense, documented history of prior informal or formal disciplinary actions, and the house staff member's overall performance and conduct.

Probation

A house staff member may be placed on probation following either repeated incidents of deficient performance or inappropriate conduct of a minor nature, or following a single incident of deficient performance or inappropriate conduct of a serious nature. The Training Program Director, usually after consultation with appropriate faculty members, shall make the decision to place a house staff member on probation and shall determine the terms of the probation. The terms of a house staff member's probation may include, but not be limited to, restrictions on the house staff member's clinical practice, a reduction or limitation in the house staff member's surgical privileges, or a reduction or limitation in the house staff member's administrative responsibilities.

The Program Director shall notify the house staff member in writing of the decision to place the house staff member on probation. Such written notice shall advise the house staff member of the reasons for the decision, the required method and timetable for correction, and the date upon which the decision will be reevaluated.

There is no house staff member right to review of a decision to place a house staff member on probation.

Suspension

A house staff member may be suspended from all clinical and administrative responsibilities and placed on an involuntary leave of absence for seriously deficient performance or seriously inappropriate conduct. The Training Program Director shall notify the house staff member in writing of the decision to suspend the house staff member. Such written notification shall advise the house staff member of the reasons for the decision, the date the suspension shall become effective, the required method and timetable for the correction, and a date upon which the decision will be reevaluated. The written notification shall also advise the house staff member of his or her right to request a review of the suspension decision. Such request for review must be submitted in writing to the Training Program Director within two (2) business days of the house staff member's receipt of notification.

In appropriate circumstances, at the discretion of the Training Program Director, a house staff member may be suspended, effective immediately. In situations involving immediate suspension, the Training Program

Director shall provide written notification as described above within three (3) business days following the suspension. The house staff member shall have the right to request a review of the suspension in the same manner as described above. Except in unusual or exceptional circumstances, suspensions and involuntary leaves of absence are with pay. In the event the Training Program Director determines that a paid suspension or involuntary leave of absence is not appropriate, the house staff member may request a review of the issue by the President of the hospital by submitting a request for such review in writing to the Office of the President. The President shall decide the matter within three (3) business days

House Staff Member Right of Review of Suspension

If the house staff member requests review of the decision to suspend, the Training Program Director shall meet with the house staff member and afford the house staff member an opportunity to provide any information the house staff member believes should be considered in connection with the decision. The meeting shall be convened within three (3) business days following receipt of the house staff member's written request for review. Within three (3) business days following this meeting, the Training Program Director, after considering the information provided by the house staff member and consulting with such individuals as he/she deems appropriate, will render a decision. In making the decision, the Training Program Director shall consider all available information, including evaluations, faculty recommendations, any materials supplied by the house staff member, and any other information deemed relevant to the decision. The Training Program Director shall notify the house staff member in writing of the decision. Such written notice shall advise the house staff member of the reasons for and consequences of the decision, and of the date, if any, upon which the decision will be reevaluated. There shall be no further review of the Training Program Director's decision to suspend a house staff member.

Termination, Non-Reappointment, or Failure to Certify a House Staff Member's Successful Completion of His/Her Training Program

If a Training Program Director determines that due to substandard performance: (i) a house staff member should be terminated from his/her training program; (ii) a house staff member should not be reappointed for the next academic year; or (iii) a house staff member should not be certified as having successfully completed his/her training program (hereinafter collectively referred to as "termination"), the house staff member shall be given written notice of the decision. The notice must include a summary of the reasons for the decision. The Training Program Director may afford the house staff member an opportunity to voluntarily tender his/her resignation within seventy-two (72) hours after notice of the decision has been received. If the house staff member does not submit his/her resignation, or in situations where the Program Director has not afforded the house staff member an opportunity to resign voluntarily, the Program Director shall submit to the house staff member's Department Chief and the President of the Hospital a written recommendation that the house staff member be terminated from the training program. This recommendation shall include the recommended effective date for the termination.

House Staff Member's Right to Appeal His/Her Termination

Upon receiving a recommendation that a house staff member be terminated from a training program, the President of the Hospital shall advise the house staff member in writing of the recommendation for termination and the house staff member's right to have the recommendation reviewed by a faculty committee comprised of faculty from departments/divisions other than the house staff member's department/division. If the house staff member requests review by a faculty review committee, the faculty review committee shall convene prior to the President taking any further action regarding the recommendation for termination.

The house staff member must request a faculty review in writing within two (2) business days of receiving the President's notification. The faculty review committee shall be comprised of three (3) faculty members from departments/divisions other than the house staff member's department/division. The house staff member shall be advised of the faculty review committee's composition and be given an opportunity to select

one of the three faculty members. The President shall select one of the three and the two so selected shall select the third member. If the house staff member does not select a faculty member to sit on the faculty review committee within two (2) business days of requesting such review, the President shall make the selection.

At the faculty review committee meeting, the house staff member will be permitted to present to the faculty review committee any information or material which the house staff member considers pertinent to the inquiry, including any statements which the house staff member may wish to make, any written or other documentary material which the house staff member may wish to offer, and the statements of any individuals whom the house staff member may wish to present. The committee may seek the testimony of any persons it deems appropriate.

None of the house staff member, the Training Program Director, or the faculty review committee may be represented by counsel at the hearing.

The faculty review committee shall be responsible for documenting its findings and presenting them to the President. The President shall review and consider the findings of the committee and make a final decision regarding the house staff member's status following receipt of the committee's findings. The President may accept, reject or modify the committee's findings. The house staff member shall receive written notice of the President's decision. The President's decision shall be final.

In the event a house staff member is terminated from his or her training program, or in the event a house staff member will not be certified as having successfully completed his/her training program, the house staff member will be notified in writing of such decision as soon as reasonably practicable.

In the event a house staff member's appointment to the training program is not going to be renewed, the house staff member must be notified of such decision in writing no fewer than four months prior to the reappointment date (on or before March 1st).

A conditional reappointment of a house staff member to his/her training program is described in the House Staff Promotion Policy and shall not be considered a Disciplinary Action for purposes of these Procedures and the house staff member shall not have a right of review of a conditional reappointment.

Document Attributes

Title	House Staff Disciplinary Action and Review Procedures		
Author	Office of General Counsel	Date of Origin	1996
Reviewed/ Revised by	Graduate Medical Education Committee	Dates Reviewed/Revised	3/17/2010, 4/12/2007, 10/2006, 6/2002, 5/2001, 4/1996
Copyright	©Children's Hospital Boston, 2003	Last Modified	10/11/2006
Approved	March 17th, 2010 Graduate Medical Education Committee		

RESIDENT AND FELLOW PROMOTION POLICY

Purpose

This policy is designed to provide a uniform Children's Hospital Boston standard regarding the advancement or promotion of interns, residents and fellows (hereinafter collectively referred to as "house staff" or "house staff members") to the next higher Post-Graduate Year (PGY) level, and to set out certain re-appointment and appointment renewal requirements.

Promotion

House staff members will be advanced to the next PGY level on the basis of evidence of satisfactory scholarship and professional growth. Written offers of reappointment for the next academic year (beginning the following July 1st) should be provided to each house staff member on or before March 1st.

Conditional Renewal and Non-Renewal

If a Program Director determines that additional time is required to determine the eligibility of a house staff member for promotion to the next PGY level, the Program Director may offer the house staff member a written conditional reappointment together with an appropriate remediation plan. Such conditional offer must be made no fewer than four months prior to the house staff member's reappointment date (on or before March 1st).

If it is determined that a house staff member's appointment will not be renewed in accordance with the House Staff Disciplinary Action and Review Procedures, the house staff member must be notified in writing no fewer than four months prior to the reappointment date (on or before March 1st).

A house staff member may be terminated from his/her training program at any time in accordance with the House Staff Disciplinary Action and Review Procedures if the house staff member's evaluations document substandard performance and the house staff member has failed to satisfy the terms of his/her remediation plan. Such notice should be provided as soon as reasonably practicable following a final decision regarding such termination.

Reappointment Requirements

Each year, a house staff member must submit his/her reappointment profile and limited license application to the Medical Staff Registrar and provide evidence from Occupational Health that he/she has had a TB test in order to complete his/her reappointment.

Document Attributes

Title	House Staff Promotion Policy		
Author	Tery Noseworthy Mary Beckman	Date of Origin	1/2001
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	1/2001, 6/2002, 10/2006, 10/2010, 5/2012
Copyright	©Children's Hospital Boston, 2012	Last Modified	10/11/2006
Approved	May 14 th , 2012 Graduate Medical Education Committee		

DIO Approval	 Alan Woolf, MD, MPH
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Fellowship Training Program in Pediatric Environmental Health

RESIDENCY PROGRAM CLOSURE/POSITION REDUCTION POLICY

This policy is intended to protect residents and fellows enrolled in training programs at Boston Children’s Hospital in the unlikely event that any accredited graduate medical education program sponsored by Children’s Hospital Boston is closed or the number of positions is reduced for any reason. In such situations, Children’s Hospital Boston will seek to ensure, to its fullest capabilities, that all residents and fellows with appointments to a Children’s Hospital Boston-sponsored, accredited Graduate Medical Education program have the opportunity to complete their graduate medical education requirements for specialty or subspecialty board eligibility. The Graduate Medical Education Committee will have oversight of all processes related to reductions and/or closures of individual programs, major participating institutions and the sponsoring institution as required by the Accreditation Council for Graduate Medical Education.

REDUCTION

Any reduction in the number of positions in an accredited residency or fellowship programs will be accomplished, whenever feasible, by reducing the number of new first-year positions to be offered. If any reduction must be made among the currently filled positions, the reductions will begin at the first-year level. All efforts will be made to transfer any resident or fellow impacted by the position reduction to another accredited program, preferably in an area of the resident or fellow’s choice.

CLOSURE

Any closure of an accredited residency program will, if circumstances allow, be phased in over time. No new residents or fellows will be appointed while current residents and fellows complete their training toward specialty board eligibility. If a phased-in closure is not feasible, the institution and the program will use good faith and diligent efforts to facilitate a transfer of appointed residents and fellows impacted by the closure to another accredited specialty program, preferably in an area of the resident or fellow’s choice.

NOTIFICATIONS

The Graduate Medical Education Committee, the Designated Institutional Official and the residents enrolled in the program must be notified as soon as possible when the decision has been made to reduce the size of a program, close a program or close the sponsoring institution.

Policy Attributes

Title	Program Closure Policy		
Author	Tery Noseworthy	Date of Origin	1/2001
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	1/2001, 1/2006, 5/2007, 10/2010, 5/2012
Copyright	©Children's Hospital Boston, 2012	Last Modified	5/2012
Approved	May 14 th , 2012 Graduate Medical Education Committee		

DIO Approval	 Alan Woolf, MD, MPH
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Graduate Medical Education Policy and Procedure




Fellowship Training Program in Pediatric Environmental Health

TAXI VOUCHER POLICY

Boston Children's Hospital is committed to helping all residents and clinical fellows get home safely after working an extended shift. Any resident or clinical fellow at Boston Children's Hospital who drove or biked to work and worked a shift of 24 or more hours is eligible to receive a voucher for a taxi ride home to ensure their safety and the safety of others. In addition any resident or clinical fellow who is leaving late at night when it is unsafe to walk or use public transportation is eligible to use a voucher. Both residents and clinical fellows enrolled in training programs at Boston Children's Hospital and those residents and clinical fellows rotating to Boston Children's Hospital from other institutions are eligible for this program.

Taxi vouchers are available for residents & clinical fellows from the Valet Desk twenty-four hours a day, seven days a week. Trainees participating in the program must show a valid Boston Children's Hospital ID and complete a sign out sheet to allow the hospital to monitor and manage usage. By monitoring the usage of the program, we will be better able to understand the trends and demand on the program and ensure that the program is not used inappropriately. Any incidents of inappropriate use will be reported to the program director and reimbursement will be requested.

Policy Attributes

Title	Taxi Voucher Policy		
Author	Tery Noseworthy	Date of Origin	12/2005
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	1/2006 7/2006 9/2012 10/2013
Copyright	©Children's Hospital Boston, 2001	Last Modified	5/16/08; 1/10/09; 4/25/09 9/10/2012, 10/14/2013
Approved	October 14 th , 2013 Graduate Medical Education Committee		
DIO Approval	 Alan Woolf, MD, MPH		

TAXI VOUCHER PROGRAM GUIDELINES

NOTE: You must be on a rotation at Boston Children's Hospital to use this program

FOR THOSE WHO DRIVE OR BIKE TO WORK

You may use the cab voucher program to get home safely if you drive or bike to & from work and:

- You have worked a shift of 24 hours or more;
- You feel fatigued and are concerned about falling asleep regardless of the length of the shift you worked.
- You cannot reasonably get home via public transportation

You may take a second voucher for a ride back to work the next day **only** if you are unable to return to work via public transportation.

Example #1: You have been at the hospital for an in-house call shift of 27 hours. You drove to work, but are concerned that you are too drowsy to safely drive home. You do not live near a subway or bus stop. You may take a taxi voucher for a ride home.

Example #2: You have been at the hospital for an in-house shift of 30 hours and are leaving the hospital at 11 a.m. You took the T to work today. You should return home via the T.

FOR THOSE WHO TAKE PUBLIC TRANSPORTATION OR WALK TO WORK

You may use the cab voucher program to get home safely if you take public transportation or walk to & from work and:

- You are ending a shift after dark, before dawn, and do not feel safe walking home
AND
- Public transportation is NOT available.

You may take only one voucher if you walk or take public transportation to work.

If you are concerned for your safety in walking from the hospital to public transportation between 6:30 p.m. and 11:45 p.m., the evening shuttle service will bring you to the D or E line Longwood stops or Kenmore station. Between 11:45 p.m. and 5:30 a.m., you may request shuttle service by calling/Security x5-6121. Security will also provide a walking escort to/from area parking lots and garages and both Brigham and Women's Hospital and Beth Israel Deaconess Medical Center; this escort service is available 24 hours a day.

Example #1: You are leaving the hospital at 6 p.m. You should return home using the same method you used to get to work.

Example #2: You are leaving the hospital at 9 p.m., and it is dark. You are worried about walking to the T due to the late hour. You should take the hospital's evening shuttle service to one of the area T stations.

Example #3: You are leaving the hospital at 1 a.m. and there is no public transportation available. You may take a taxi voucher for a ride home.

Please remember that this program is intended to provide you with a safe means of returning home after working an extended shift or when leaving at a late hour. Usage will be closely monitored to ensure that it is not being used for any other purposes; abuses will be reported to the training program director and chief of the department, and reimbursement will be requested.

Questions or concerns? Contact the GME Office at x54372.

House Staff Taxi Voucher Request Form



FOR USE WITH BOSTON CAB ONLY

VOUCHERS CANNOT BE USED OUTSIDE OF GREATER BOSTON AREA

- ***THE HOUSE STAFF MEMBER MUST COMPLETE THIS FORM. PLEASE PRINT AND FILL OUT ALL SECTIONS.***
- ***IF ELIGIBLE FOR 2 VOUCHERS YOU MUST COMPLETE 2 SEPARATE FORMS – ONE FOR EACH VOUCHER***

TIME ISSUED	DATE ISSUED	VOUCHER #
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ID#	YOUR NAME	YOUR TRAINING PROGRAM AT CHB
DESTINATION (COMPLETE ADDRESS & CITY)		

SIGNATURE	
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By your signature you indicate that you have read and understand the rules of the taxi voucher program (on reverse side of form)

TODAY I AM ON A ROTATION AT BOSTON CHILDREN'S HOSPITAL AND I:

- Drove/biked to work Took public transportation to work Walked to work

I AM USING A CAB VOUCHER BECAUSE I:

- Drove/biked to work, worked a 24-hour or longer shift and feel too fatigued to get home safely
- Drove/biked to work, worked less than a 24+ shift and feel too fatigued to get home safely
- Am leaving at a late hour (between 12 midnight and 5 a.m.) and public transportation is not available.

Questions about this program should be addressed to the GME Office x54372

WORK ENVIRONMENT POLICY

This policy is designed to establish standards for the work environment for residents and clinical fellows at Children's Hospital Boston.

Children's Hospital Boston will provide an educational and work environment in which residents and clinical fellows may raise and resolve issues without fear of intimidation or retaliation. Concerns may be brought to the attention of the program director. Residents/clinical fellows may also bring concerns to the co-chairs of the Graduate Medical Education Committee or the Manager of the GME Office. All conversations will be kept confidential.

Residents and clinical fellows may also utilize the Office of Clinician Support, which provides all clinicians with a safe, confidential environment where they can seek advice about work experiences or personal situations. The OCS provides clinicians with guidance on how to resolve work-life issues and a forum to openly voice concerns. The OCS is staffed by psychiatrists from the hospital psychiatry consultation service and support is available to clinicians around the clock, seven days a week.

Residents and clinical fellows may also utilize the hospital's Employee Assistance Program, which is designed to help employees and their household members deal with concerns ranging from everyday stress to life threatening illness. Confidential counseling is available through this program; in addition, residents and clinical fellows can receive assistance with resources, referrals, and telephone consultations for child care, elder care, legal, financial, stress, career, nutrition, fitness, and work life issues.

The GME Office serves as an ombudsman and referral service to residents, fellows and program directors.

Residents and clinical fellows may also utilize Harvard Medical School's Ombuds Office. The Ombuds Office serves as a confidential, neutral resource in resolving work-related problems and provides a safe forum to voice concerns and evaluate the options available.

Children's Hospital Boston is also committed to providing a healthy and safe work environment for residents and clinical fellows. Resources include, but are not limited to:

- Safe, quiet and private on-call rooms and 24-hour food availability for those that take call in-house
- Patient support services, such as intravenous services, phlebotomy services and laboratory services, as well as messenger and transporter services will be provided in a manner appropriate to, and consistent with, educational objectives and patient care.

- An effective laboratory, medical records and radiology information retrieval system will be in place to provide timely patient care and promote residents' educational programs.
- Appropriate security and personal safety measures will be provided to residents in all locations including but not limited to the parking facilities, on-call quarters, hospital and related facilities (e.g. medical office buildings and off-site facilities).
- Educational materials to support patient care in the working environment (computer with internet access, library)
- Occupational health services

Policy Attributes

Title	Work Environment Policy		
Author	Tery Noseworthy	Date of Origin	4/2010
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	4/2010, 9/2010, 6/2012
Copyright	©Children's Hospital Boston, 2012	Last Modified	9/2010
Approved	June 11 th , 2012 GME Committee		
DIO Approval	 Alan Woolf, MD, MPH		

Fellowship Training Program in Pediatric Environmental Health

**RESIDENT AND FELLOW RECRUITMENT, SELECTION AND APPOINTMENT
POLICY**

PURPOSE

This policy is designed to establish hospital-wide guidelines and standard practices by which Children's Hospital Boston's accredited Residency and Fellowship Programs will recruit, select, and appoint clinical trainees (Interns, Residents and Fellows) in a fair and non-discriminatory manner.

PROCESS

It is the policy of Children's Hospital Boston that programs do not discriminate with regard to race, age, sex, religion, color, national origin, sexual orientation, disability or veteran status. Programs are expected to select from among eligible applicants on the basis of the applicant's preparedness and ability to benefit from the program in which they are appointed.

Each training Program is required to establish its own written criteria and processes for the selection of Residents and Fellows. Those criteria and procedures must be consistent with this policy and will be kept on file with the Children's Hospital Boston Graduate Medical Education office. Compliance with this policy will be monitored as part of the internal review process.

Before the appointment of a Resident or Fellow to a Program becomes effective, the Children's Hospital Boston Medical Staff Registrar's Office must process the house staff application and Massachusetts License application.

RESIDENT ELIGIBILITY AND SELECTION CRITERIA

Medical School

Applicants to Children's Hospital Boston GME Programs must be graduates of an LCME (Liaison Committee on Medical Education), AOA (American Osteopathic Association) accredited medical school, or international medical school. International Medical Graduates must have a current, valid certificate from the ECFMG (Educational Commission on Foreign Medical Graduates). Class standings, grades and letters of recommendation will be considered in the selection process.

Medical Science Examinations

Applicants to first-year positions must have passed Steps 1 and 2 of the USMLE (United States Medical Licensing Examination) or equivalent examinations. In special circumstances, applicants who have not passed Step 2 may be appointed with the written provision that advancement to the second year will require passing Step 2.

Applicants to Fellowship positions must have passed Step 3 of the USMLE. Exceptions may be made only for International Medical Graduates who are not yet eligible to take Step 3.

Medical Licensure

Applicants must have or be eligible for a Massachusetts License, Limited or Full, and must submit an application for licensure or copy of their current Massachusetts Licensure immediately upon notification of an appointment to a Children's Hospital Boston GME program. All appointments are contingent upon the Resident or Fellow obtaining and maintaining a Massachusetts license.

Prerequisite Training

Applicants to Fellowship Programs and to Advanced Residency Programs (beginning at the PGY2 or 3 level) must be in good standing in the preliminary or prerequisite program. Appointment will be contingent upon satisfactory completion of the prerequisite training requirement.

Visas

Foreign citizens who are permanent residents (Green Card holders) or who are graduates of a US medical school are eligible for appointment on the same basis as US citizen graduates of US medical schools.

Programs are not obligated, but may agree, to sponsor a successful applicant for a J-type (exchange visitor) visa. Children's Hospital Boston will not sponsor Residents or Fellows for an H-type (employment) visa except under special circumstances.

Non-Discrimination

Programs will not discriminate with regard to sex, race, age, religion, color, national origin, sexual orientation, disability or veteran status.

APPLICATION AND SELECTION PROCEDURES

National Matching Programs

Programs may participate in a national matching program, when available, according to the rules and procedures of the matching program.

Initial Application Screening

Programs will establish a standardized application form and related materials; the same materials will be required of all applicants.

Interviews

Programs are strongly encouraged to conduct personal interviews for all potential appointees. Applicants invited for an interview must be provided with written descriptions of the terms, employment conditions, benefits, and other information relative to working conditions for Residents and Fellows. This hospital information is available from both the GME Office and the Benefits Office.

Each Program's written selection policies and procedures should establish its interview process, including how the results of each interview are reported.


Rank Order List/Final Selection

Each Program's written selection policies and procedures should describe the criteria and the process by which applicants are ranked for submission to the matching program or for final selection by the Program.

APPOINTMENT PROCEDURE

All applicants must complete the most recent version of the House Staff Application Packet; this packet is available from the residency/fellowship coordinator of each department or division. The completed application packet must include all requested items before it can be processed. No appointment to the house staff will be considered final until the applicant has successfully applied or reapplied for and been granted a Massachusetts medical license.

Policy Attributes

Title	Resident Selection Policy		
Author	Tery Noseworthy/GME Committee	Date of Origin	1/2001
Reviewed/Revised by	GME Committee	Dates Reviewed/Revised	1/2001, 12/2005, 12/2009, 1/2011, 5/2012
Copyright	©Children's Hospital Boston, 2012	Last Modified	12/2009
Approved	May 14 th , 2012 Graduate Medical Education Committee		
DIO Approval	 Alan Woolf, MD, MPH		

Children's Hospital Personnel Policies Manual
3.06 Sexual Harassment

The Hospital is committed to maintaining a work environment where employees are treated with respect and decency. Therefore, it is the policy of the Hospital to maintain a work environment that is free of sexual harassment. Sexual harassment in the workplace is unlawful, of serious concern to the Hospital, and is strictly prohibited.

Guidelines

Definitions

Sexual harassment includes unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Submission to such conduct either explicitly or implicitly is made a term or condition of an individual's employment; or
-
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
 - **Such conduct has the purpose or effect of substantially interfering with an individual's work performance, or creating an intimidating, hostile or offensive working environment.**

Examples

Examples of sexual harassment include but are not limited to

- repeated offensive or unwelcome flirtations or advances
- propositions or verbal abuse of a sexual nature
- sexually degrading words used to describe an individual
- use of intimate language such as "honey, sweetheart, dear, etc."
- comments about someone's body, obscene jokes
- display of sexually suggestive objects or pictures
- whistling and leering

Considerations Sexual harassment is not limited to prohibited conduct by a male toward a female or by a supervisory

employee toward a non-supervisory employee.

- **A man, as well as a woman, may be the victim of sexual harassment, and a woman, as well as a man, may be the harasser.**
- **The harasser does not have to be the victim's supervisor. A supervisory employee who does not supervise the victim, a non-supervisory employee (co-worker), or, in some circumstances, even a non-employee (student, parent,**

etc.) may be the harasser. An employee may also be the harasser towards a non-employee (student, parent, etc.).

- The victim may be the same or opposite sex as the harasser.
- **The victim does not have to be the person at whom the unwelcome sexual conduct is directed. The victim may also be someone who is affected by such conduct when it is directed toward another person. For example, inappropriate attempts of humor or the sexual harassment of one female (or male) employee may create an intimidating, hostile, or offensive working environment for another female (or male) or may unreasonably interfere with an individual's work or job performance.**
- **Sexual harassment does not depend on the victim's having suffered a concrete economic injury as a result of the harasser's conduct. For example, improper sexual advances which do not result in the loss of a promotion by the victim or the discharge of the victim may, nonetheless, constitute sexual harassment**

Process

The Hospital is committed to investigating and resolving in a timely manner all complaints of sexual harassment. An employee who believes that he or she has been the victim of sexual harassment on the job may do any or all of the following:

- notify his/her supervisor that such behavior has occurred
- notify the Employee Relations Specialist in the Human Resources Department, extension 7656
- **file a grievance under the Hospital's Grievance Review Process.**

The Employee Relations Specialist will counsel employees who raise complaints of sexual harassment regarding the options for resolution. Retaliation against an employee who, in good faith, complains about sexual harassment, or who cooperates in an investigation of a sexual harassment complaint, is unlawful and prohibited.

Confidentiality

A claim of sexual harassment and its investigation will remain confidential except that relevant information will be related to those people with a legitimate need to know in order to facilitate the investigation and resolution of the complaint.

Consequences

Employees found to have committed or engaged in sexual harassment are subject to the full range of disciplinary action under Hospital policy, up to and including immediate termination.

State and Federal Agencies

The Massachusetts Commission Against Discrimination and the Equal Employment Opportunity Commission are government agencies that employees may contact with complaints of discrimination or sexual harassment. The addresses and telephone numbers of these agencies are as follows:

Massachusetts Commission Against Discrimination
One Ashburton Place
6th Floor

Boston, MA 02108
(617) 727-3990

Equal Employment Opportunity Commission
JFK Federal Building
Room 475
Government Center
Boston, MA 02203
(617) 565-3200

Policy Attributes
Author : Gary Vassar, Director of Human Resources
Dates Reviewed/Revised: 10/00, 12/96

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Last Modified 10/27/00

Approved Susan Hancox, Vice President for Human Resources and Operations

Fellowship Training Program in Pediatric Environmental Health

RESIDENT EVALUATION AND REMEDIATION POLICIES

PURPOSE

This policy is designed to provide a uniform, minimum institutional standard regarding the evaluation of Residents and Fellows appointed to a Children's Hospital-sponsored Graduate Medical Education Program. This policy is intended to conform to and supplement ACGME Institutional and Program Requirements and to serve as a guideline for implementing an effective system for Resident and Fellow performance appraisals.

FREQUENCY

- A. Formative or Feedback Evaluations are designed primarily to assist Residents/Fellows in achieving educational and professional development goals and must be provided, preferably in writing, within two weeks following the completion of each scheduled rotation. These evaluations are to be communicated to the Program Director and are intended to serve as the primary basis for the Summarative Evaluations.

- B. A Summarative Evaluation of each Resident's or Fellow's professional growth, progress, and competence, including knowledge, skills, and performance, must be conducted, at a minimum, within one month following the end of each six-months of training, unless required more frequently by specific Program Requirements. This evaluation must be in writing, must be provided to and discussed with the Resident/Fellow, and must be signed by the Resident/Fellow before being placed in his/her Program file.

- C. A Written Final Evaluation must be completed for each Resident or Fellow who completes a Program. This evaluation must include a review of the Resident/Fellow's performance during the final period of training and should verify that the Resident/Fellow has demonstrated sufficient professional ability to practice medicine competently and independently. This final evaluation should be part of the Resident's or Fellow's permanent record that must be maintained by the department.

EVALUATION STANDARDS

A Residents/Fellow's progress and competence must be judged against written Program and rotation-specific educational objectives. These objectives must be provided to each Resident/Fellow at the beginning of each year of training and should include aspects of knowledge, skills and professionalism.

REMEDICATION

It is the Program's responsibility to notify each Resident/Fellow in a timely fashion if his/her performance is substandard, and to document in writing the specific issues the Resident/Fellow must address in order to raise performance to an acceptable standard. A remedial course of study and training, with a reasonable timetable, should be established for addressing these deficits. Any such remedial course of study and training must be reviewed with the Resident/Fellow.

In the event that a Resident/Fellow is placed on probation, the Resident/Fellow will be so notified in writing. The notice will include a fair summary of the reasons for the action, the areas of performance to be improved, a fair summary of the minimum criteria for adequate improvement, and a date upon which the probationary status will be reviewed.

RECORDS

A Resident/Fellow shall have the right to examine the material in his/her personnel file. A copy of any material in the Resident's/Fellow's file shall be furnished to the Resident/Fellow at her/his request. A Resident/Fellow has the right to place in his/her file a written response or commentary to his/her evaluations.

Policy Attributes

Title	Resident Evaluation and Remediation Policy		
Author	Tery Gaudet	Date of Origin	1/2001
Reviewed/Revised by	GME Committee	Dates Reviewed/Revised	1/2001
Copyright	©Children's Hospital Boston, 2001	Last Modified	08/19/2019
Approved	GME Committee <hr/> Frederick H. Lovejoy Jr., M.D. Co-chair Graduate Medical Education Committee <hr/> Michael D. Freed, MD Co-chair Graduate Medical Education Committee		

Fellowship Training Program in Pediatric Environmental Health

MOONLIGHTING POLICY

PURPOSE

The purpose of this policy is to establish uniform, hospital-wide procedures regarding the conditions under which Residents and Fellows may practice medicine outside of the formal requirements of their training program at Children's Hospital. This type of practice is commonly known as "moonlighting." This policy is intended to ensure that any Resident or Fellow who engages in moonlighting activities conforms to state and national work hour limitation requirements, is properly licensed by the Commonwealth of Massachusetts, and is properly covered by medical malpractice insurance. It is the responsibility of the institution at which the Resident/Fellow is moonlighting that the moonlighting trainee is properly insured and licensed and has appropriate knowledge and skills to carry out his/her moonlighting activities.

It is strictly the prerogative of each Program Director to determine whether any moonlighting activities will be allowed, and if allowed, under what circumstances. Each Program's policy on moonlighting should be in writing and should be made known to the trainees. Residents/Fellows should never be required by Children's Hospital or by the Program to moonlight.

ELIGIBILITY

Residents may moonlight only at a Harvard Medical School-affiliated institution and only if there is a written approval signed by both the Resident's Program Director and the chief of the service at which the Resident will moonlight.

Senior Residents (PGY 4's and higher) may moonlight in a non-Harvard-affiliated institution in the specialty of the Resident's training program if there is written approval signed by the Resident's Program Director and the chief of the service at which the Resident will moonlight. Senior Residents may not moonlight in the emergency room.

Fellows (Board-eligible) may moonlight in a non-Harvard-affiliated institution only with the written approval of the Fellow's Program Director. Fellows who moonlight in an emergency room must have both ACLS and ATLS certification.

LETTERS OF APPROVAL

A copy of the signed letter of approval required for each moonlighting activity must be kept in the trainee's file.

LICENSURE

Each Resident and Fellow who moonlights must have a current FULL license from the Massachusetts Board of Registration in Medicine.

INSURANCE

Children's Hospital's malpractice insurance carrier will cover only Residents and Fellows who are eligible to moonlight as specified above and who possess a full license for their moonlighting activities. It is essential that Residents and Fellows check with the Medical Staff Registrar's Office (extension 7793) to confirm their eligibility and insurance coverage.

Policy Attributes

Title	Moonlighting Policy		
Author	Tery Gaudet	Date of Origin	1/2001
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	1/2001
Copyright	©Children's Hospital Boston, 2001	Last Modified	08/19/2019
Approved	GME Committee <hr/> Frederick H. Lovejoy Jr., M.D. Co-chair Graduate Medical Education Committee <hr/> Michael D. Freed, MD Co-chair Graduate Medical Education Committee		

Fellowship Training Program in Pediatric Environmental Health

Substance Abuse Prevention

Recognizing Drug and/or Alcohol Problems

Children's Hospital recognizes that drug or alcohol abuse is an illness that can have a debilitating effect on all aspects of your personal and professional life. Trainees are encouraged to come to terms with the existence of drug or alcohol abuse problems and to seek and accept the help necessary to correct such problems. Trainees may seek assistance with these problems through the Office for Resident and Fellow Support, the Employee Assistance Program, the Occupational Health Service, or the Massachusetts Medical Society Physician Health Service

If you are concerned about a colleague's use of alcohol or other substances, you should speak with his/her supervisor, training director, or chief. You may also call any of the listed numbers for assistance. The hospital will make every reasonable effort to maintain confidentiality and to assist all personnel through the rehabilitation process. Reporting a concern about a co-worker may save his/her life, as early intervention is associated with better prognosis for recovery. In addition, the regulations of the Massachusetts Board of Registration in Medicine mandate that health care providers report any person who there is "reasonable basis to believe" is practicing while impaired by alcohol, drugs, mental instability, or physical disability, or who is a habitual user of a psychoactive substance. Fortunately, reports can be made to the state Physician Health Service, thereby avoiding disciplinary action.

Office of Resident and Fellow Support	x6724
Occupational Health Services	x7580
Employee Assistance Program	1-800-345-4047

Guidelines

Alcohol

The use, consumption, dispensation, or distribution of alcohol while on the job is prohibited except at certain events in the Wolbach Building that are authorized by the Chief Executive Officer. Being under the influence of alcohol or smelling of alcohol while on the job is prohibited at all times.

Legally Prescribed/Over the Counter

You are permitted to take legally prescribed and/or over the counter medications while on the job. However, this use must (a) be consistent with appropriate medical treatment plans; and (b) not impair your job performance or safety. It is a violation of hospital policy to prescribe any Schedule II through Schedule V substance for a colleague, staff member, or employee without generating a note in the appropriate medical record. Board regulations also prohibit the prescribing of Schedule II through Schedule V drugs to relatives and family members.

In addition, it is important to remember that self-prescribing of any drug in Schedules II through V is prohibited by the Massachusetts Board of Registration in Medicine and the Hospital.

Controlled Substances and Illegal Drugs

Except as noted above, the unlawful manufacture, use, sale, purchase, distribution, dispensation, or possession of any controlled substance or illegal drug by any trainee on the job is prohibited. Being under the influence of any controlled substance or illegal drug is prohibited.

Correcting Drug or Alcohol Problems Before Work Performance is Affected

The following is a list of resources and services available to assist any trainee with a substance abuse problem. Trainees who may have a drug or alcohol abuse problem are strongly urged to contact one of these resources before such problems begin to affect their performance.

Office of Resident and Fellow Support x6724

This office is available to all resident and fellows at Children's hospital. Services provided include counseling, assessment, support and referral for mental health problems, including substance abuse and chemical dependency.

Employee Assistance Program 800-345-4047

Children's Hospital maintains an employee Assistance Program (EACP_ that provides counseling and referral services for all employees who suffer from alcohol or drug abuse or other personal/emotional problems. Immediate family members are also eligible to use this free and confidential service.

Occupational Health Service x7580

Children's Hospital Occupational Health Service can also provide assistance to individuals seeking help for drug or alcohol abuse or other personal problems. Nurse practitioners are available to provide consultation, referral to outside

resources, and evaluation of an employee's ability to perform his or her job in a safe manner.

Massachusetts Medical Society Physician Health Service 617-893-4610 x1384

Trainees who need assistance and would prefer to seek help outside of Children's Hospital may call the Physician Health Services of the Massachusetts Medical Society.

Confidentiality

All of the programs described above will make every reasonable effort to maintain confidentiality and assist trainees through the rehabilitation process.

Disciplinary Action

Violation of any section of this policy can result in disciplinary action, even for the first offense.

Drug and Alcohol Screening

The hospital may require a medical assessment, blood test, urinalysis, or Breathalyzer test of any trainee suspected of using or being under the influence of a drug or alcohol. The Occupational Health Service will conduct this screening.

Policy Attributes

Title	Physician Impairment Policy/Substance Abuse Policy		
Author	David DeMaso, MD	Date of Origin	1996
Reviewed/ Revised by	Medical Staff Executive Committee Graduate Medical Education Committee	Dates Reviewed/Revised	1996
Copyright	©Children's Hospital Boston, 2001	Last Modified	08/19/2019
Approved	Medical Staff Executive Committee		

Fellowship Training Program in Pediatric Environmental Health

Resident Grievance Policy

INTRODUCTION

The provisions of this section apply to interns, residents, and fellows (hereinafter collectively referred to as "house staff" or "house staff members") who have been appointed to an accredited internship, residency or fellowship program at Children's Hospital ("Hospital"). The provisions of this section shall not apply to house staff who are at the Hospital on a temporary rotation or assignment

It is the responsibility of each Department that has an accredited graduate medical education training program to appoint a Residency Program Director who shall be

responsible for the overall supervision of the program, and for initiating informal or formal disciplinary action in accordance with the procedures set forth below.

A. Evaluations

When applying the procedures set forth below to fellows, all references to "Residency Program Director" shall read as "Department Chief" or "Division Chief" as applicable.

Formal written evaluation of each house staff member's performance shall be conducted by the departmental faculty at least semi-annually and more frequently when a house staff member has been determined to be impaired. At the discretion of the Residency Program Director, more frequent evaluations may be conducted. These evaluations shall be submitted to and maintained by the respective Residency Program Director, and shall be accessible to the house staff member upon request. The Residency Program Director shall review each house staff member's evaluations with him or her at least annually. At a minimum, the evaluations shall indicate the house staff member's knowledge, skills, professional growth, and development, and attitude.

B. Disciplinary Action Procedures

Disciplinary action may be taken for due cause, including but not limited to any of the following:

- (1) Professional misconduct or conduct that might be inconsistent with or harmful to good patient care or safety,
- (2) Conduct detrimental to the reputation or standing of the Hospital;
- (3) Conduct which calls into question the integrity, ethics, or judgment of the house staff member or which could prove detrimental to the Hospital's employees, staff, volunteers, patients, visitors, or operations;
- (4) Violation of the bylaws, rules, regulations, policies, or procedures of the medical staff, Hospital, or applicable department, division, or training program;
- (5) Misconduct in science or research;
- (6) Failure to perform duties or poor performance.

Any allegation of misconduct in science or research involving a house staff member shall be addressed and resolved in accordance with Hospital policy.

Informal Efforts

The Hospital encourages Residency Program Directors to use informal efforts to deal with minor and incidental instances of poor performance or misconduct. In situations where these informal efforts are unsuccessful or where performance or misconduct is of a serious nature, Residency Program Directors shall initiate formal disciplinary action.

Formal Disciplinary Action

Formal disciplinary action may include, but is not limited to, probation, suspension, or termination of the house staff member from the training program as deemed appropriate.

Among the factors to be considered by each Program Director in determining the action(s) to be taken are: the severity and frequency of the offense, documented history of prior informal or formal disciplinary actions, and the house staff member's overall performance and conduct.

Probation

A house staff member may be placed on probation following either repeated incidents of deficient performance or inappropriate conduct of a minor nature, or following a single incident at deficient performance or inappropriate conduct of a serious nature. The decision to place a house staff member on probation, as well as the terms of the probationary period, will be made by the Residency Program Director, usually after consultation with appropriate faculty members. Probation may include, but is not limited to, restrictions on a house staff member's clinical practice, a reduction or limitation on surgical privileges, or a reduction or limitation in administrative responsibilities.

The Program Director shall notify the house staff member in writing of the decision to place the house staff member on probation. Such written notice shall advise the house staff member of the reasons for the decisions the required method and timetable for correction, and the date upon which the decision will be reevaluated.

There is no appeal from a decision to place a house staff member on probation.

Suspension

A house staff member may be suspended from all clinical and administrative responsibilities and placed on an involuntary unpaid leave of absence for seriously deficient performance or seriously inappropriate conduct. The Program Director shall notify the house staff member in writing of the decision to suspend the resident. Such written notification shall advise the house staff member of the reasons for the decision, the required method and timetable for the correction, and a date upon which the decision will be reevaluated. The written notification shall also advise the house staff member of his or her right to request a review of the suspension decision. Such request for review must be submitted in writing to the Residency Program Director within two (2) business days of the house staff member's receipt of notification.

In appropriate circumstances, at the discretion of the Residency Program Director, a house staff member may be suspended, effective immediately. In situations involving immediate suspension, the Residency Program Director shall provide written notification as described above within three (3) business days following the suspension.

Appeal of Suspension

If the house staff member requests review of the decision to suspend, the Residency Program Director shall meet with the house staff member and afford the house staff member an opportunity to provide any information which the house staff member believes should be considered in connection with the decision. The meeting shall be convened within three (3) business days following receipt of the house staff member's written request for review. Within three (3) business days following this meeting, the Residency Program Director, after consultation with such individuals as he/she deems appropriate, if any, will render a decision. In making the decision, the Residency

Program Director shall consider all available information, including evaluation, faculty recommendations, any materials supplied by the house staff member, and any other information deemed relevant to the decision. The Program Director shall notify the house staff member in writing of the decision. Such written notice shall advise the house staff member of the reasons for and consequences of the decision, and of the date, if any, upon which the decision will be reevaluated. There is no further appeal from a decision to suspend a house staff member.

C. Termination, Non-Renewal, Failure to Reappoint, Failure to Certify Successful Completion of Program

If a Residency Program Director determines that a house staff member should be terminated from a training program, or that his or her contract should not be renewed, or that he or she should not be reappointed to the program, or that he or she should not be certified as having successfully completed the program (hereinafter collectively referred to as "termination"), the house staff member shall be given written notification of the decision. When appropriate, the Program Director may afford the house staff member an opportunity to voluntarily tender his/her resignation within seventy-two (72) hours after notice of the decision has been received. If the house staff member does not submit his/her resignation, or in situations where the Program Director has not afforded the house staff member an opportunity to resign voluntarily, the Program Director shall submit to the Department Chief and the President of the Hospital a written recommendation that the house staff member be terminated from the training program. This recommendation shall include the recommended effective date for the termination.

Appeal of Termination

Upon receiving a recommendation that a house staff member be terminated from a training program, the President of the Hospital shall advise the house staff member in writing of the recommendation for termination and the house staff member's right to have the recommendation reviewed by a faculty committee comprised of faculty from departments/division other than the house staff member's own department/division. If requested in writing, this faculty review committee shall convene prior to the President taking any action on the recommendation for termination.

The house staff member must state in writing that he/she wishes to exercise this right to a faculty review within two (2) business days of receiving notification. The President shall select an ad hoc faculty review committee which will be comprised of three (3) faculty members from departments/division other than the house staff member's own department/division. The house staff member shall be advised of the ad hoc committee's composition and be given an opportunity to select one of the three faculty members. The President shall select one of the three and the two so selected shall select the third member. If the house staff member does not exercise his/her right of selection within two (2) business days of receipt of notice from the President, the President shall make the selection.

At the hearing the house staff member will be permitted to present to the faculty review committee any information or material which the house staff member considers pertinent to the inquiry, including any statements which the house staff member may wish to make, any written or other documentary material which the house staff member may wish to offer, and the statements of any individuals whom the house staff member

may wish to present. The committee may seek the testimony of any persons it deems appropriate.

Neither the house staff member, the Program Director, nor the faculty review committee may be represented by counsel at the hearing.

The faculty review committee shall be responsible for documenting its findings and presenting them to the President of the Hospital. The President shall review and consider the findings of the committee and make a final decision regarding the house staff member's status following receipt of the committee's findings. The President may accept, reject or modify the committee's findings. The house staff member shall receive written notice of the President's decision. The President's decision shall be final.

D. Grievance Procedure

Definition.

A grievance is defined as follows:

- (1) Any controversy, complaint, misunderstanding, or dispute concerning the meaning, interpretation, or application of any Hospital, department, division, , or residency program personnel policies applicable to house staff members that directly and adversely affect the grieving house staff member; provided, however, that disciplinary actions and evaluations may not be grieved except in accordance with the Disciplinary Action Procedures section.
- (2) Any claim of discrimination in employment of the grieving house staff member on the basis of race, color, religion, sex, national origin, physical or mental handicap, age, or veteran status.
- (3) Any claim by a house staff member that they are the object of sexual harassment (i.e., unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature) when (a) submission to such conduct is made either explicitly or implicitly a term or condition of an individuals employment, (b) a submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or (c) such conduct has the purpose or affect of unreasonably interfering with an individuals work performance or creating an intimidating, hostile, or offensive working environment) .

Extension or Modification of Time Limit

When warranted, the President may extend or modify the time limits set forth below. Unless as so extended or modified, the right to grieve is waived if not timely filed and pursued.

Informal Procedure

This grievance policy is designed to supplement, not replace, informal ways to resolve problems. A house staff member is encouraged to resolve problems by raising the same with his Chief Resident or Program Director, as appropriate. If the grievance

cannot be resolved in this manner, the house staff member may use the following formal means.

Formal Procedure

Step One

Within thirty (30) calendar days or the event (s) or condition (a) on which the grievance is based occurred, the aggrieved house staff member may submit a written request to the Program Director for review of the controversy. The written request should detail the way in which the house staff member believes he or she has been adversely affected and what corrective action he or she is seeking. Within ten (10) calendar days after receipt of this written request, the Program Director shall meet with the house staff member and any other person(s) the Program Director believes can be of assistance in resolving the matter and issue a written response.

Step Two

If the corrective action requested is not granted, or the matter is not otherwise resolved to the satisfaction of the house staff member, the house staff member, within seven (7) calendar days of receipt of the response of the Program Director, may submit a written request to the Department or Division Chief, as applicable. Within ten (10) calendar days of receipt of the written request, the Department or Division chief shall meet with the house staff member and any other persons the Chief believes can be of assistance in resolving the matter and issue a written response.

Step Three

If the corrective action requested is not granted, or the matter is not otherwise resolved to the satisfaction of the house staff member, the house staff member, within seven (7) calendar days of receipt of the response of the Chief, may submit a written request to the President requesting him to review the matter. Within ten (10) calendar days of receipt of the written request, the President shall issue a written response which shall be final and binding.

Attorneys

Neither the house staff member, the Program Director, or the Chief may be represented by counsel at the grievance meetings.

Policy Attributes

Title	Resident Grievance Policy		
Author	Office of General Counsel	Date of Origin	1996
Reviewed/ Revised by	Medical Staff Executive Committee	Dates Reviewed/Revised	4/1996, 5/23/01
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Approved	Medical Staff Executive Committee, GME Committee		

PURPOSE

Children’s Hospital will, in accordance with ACGME Institutional Requirements, appoint Residents/Fellows to the Children’s Hospital Graduate Medical Education Committee. The purpose of these appointments is to involve Residents/Fellows in the governance and oversight of training programs, and to maintain open communications between the housestaff and the Children’s Hospital Graduate Medical Education administration.

MEMBERS

Residents/Fellows shall be appointed to the GME Committee as follows: one voting and one non-voting member from the Pediatric Residency Program; one voting and one non-voting member from the Pediatric Medicine Fellowships; one voting and one non-voting member from the Surgical Programs; and one voting and one non-voting member representing all other Programs. A senior-level Resident/Fellow from each area will be a voting member of the Committee, and a junior-level Resident/Fellow from each area will serve as an alternate and will be expected to replace the senior-level member on the GME committee upon the senior member’s graduation.

APPOINTMENT PROCESS

Residents/Fellows will be appointed to the GME Committee by the Chief of Staff. Residents/Fellows from each of the four groups to be represented on the GME Committee will be asked to submit a list of nominees to the Chief of Staff. Nominees will be chosen by written response to requests for nominations or at an open meeting of the Residents/Fellows. Residents/Fellows may nominate themselves or a colleague.

Policy Attributes

Title	Residents on the GME Committee		
Author	Tery Noseworthy	Date of Origin	2/2001
Reviewed/ Revised by	GME Committee	Dates Reviewed/Revised	2/2001
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Approved	<hr/> Alan Woolf, MD, MPH Co-chair Graduate Medical Education Committee <hr/> Debra Boyer, MD Co-chair Graduate Medical Education Committee		