

09 March 2017

Dear Dean [REDACTED],

There is a situation within the St. Louis University Department of Surgery residency program which merits immediate attention. The appropriate channels to the Chairman [REDACTED], through the Graduate Medical Education resident ombudsperson [REDACTED], and to the Associate Dean for Graduate Medical Education [REDACTED] have been followed. With the exception of Dr. [REDACTED] the result has been a generally dismissive attitude towards issues of far-reaching consequence that involve unethical behavior, documentation fraud, ineffectual resident evaluation systems, workplace hostility and retaliation.

In brief, my spouse, Mandy Rice, DO, is a PGY-4 in the general surgery program. In November of 2016 she became aware through word of mouth that her program director, Dr. [REDACTED] was considering remediating her for an additional year. Although Mandy's ABSITE scores were lacking, she had never had a bad evaluation. Mandy was then proactive in meeting with [REDACTED] and other faculty with whom she has worked closely, and it initially looked as if her course was secure. However, in the several months to follow, as Mandy sought explanations for increasingly negative findings by [REDACTED], the tone and accusations against her have become obviously fabricated and destructive. The more Mandy has defended herself and requested objective support for the accusations, the more aggressive and outlandish [REDACTED]. [REDACTED] initial exaggerated summary letter from November is attached, along with Mandy's rebuttal and request for supporting documentation, which has not been sufficiently provided.

[REDACTED] maintains a paper file on each resident [REDACTED] Mandy has been [REDACTED] [REDACTED] [REDACTED] secretary, [REDACTED] would be a good source to confirm the [REDACTED] filings. In what looks to be a pattern, there are other residents in the program who have been subject to disciplinary threat or action who confirm similar findings in their own plights. At least one has volunteered to share his account openly.

As the campaign against Mandy has advanced, [REDACTED] appears to have used her influence and hearsay with a few colleagues to create the appearance of deficiencies, in direct contradiction to both written and verbal evaluations that Mandy has received broadly. Prior to Mandy's two-month trauma rotation for January and February of 2017, one of her trauma attendings admitted to her that [REDACTED] had met with them to describe Mandy's "problems," which he says did not fit his impressions. This seems an attempt to bias her evaluators before the fact. By the end of that rotation, the head of trauma, [REDACTED] wrote a supposed consensus letter of that department's impressions and called Mandy in for an unprecedented end-of-rotation meeting to deliver it to her. In attendance were a few trauma surgeons who seemed genuinely surprised at the contents when Mandy passed it to them to be read for the first time. The GME ombudsperson, [REDACTED], was kind enough to accompany Mandy to that meeting and apparently was shaken by the content and behavior witnessed. That "consensus" letter and Mandy's rebuttal will be attached here. Although made aware, [REDACTED] has been unimpressed with the issues brought to her attention. She has, however, agreed to sit in on the next residency review committee meeting in April.

Since November, Mandy has spent many hours working with attendings to achieve direct, objective feedback and to counter the false accusations made against her. Again, these evaluations and conversations contradict [REDACTED] findings. Mandy hears rumors from residents throughout the department about her "difficulties" and possible remediation, which can only come from faculty sources. After her last evidence-based rebuttal to the trauma consensus letter, the newest accusation now found in her resident file is that she is "unsafe," among other unsubstantiated and retaliatory claims. [REDACTED] [REDACTED] [REDACTED] although it is dated for January. This type of retaliation and false accusation has created a hostile, demeaning and demoralizing work

environment – as if the rigors of surgical residency were not, in themselves, sufficiently demanding. Additionally, the more Mandy rebuts, the more extreme become the accusations. One can only deduce that the next step by [REDACTED] will be a push to have Mandy fired. Otherwise, [REDACTED] will have to back down from the escalated war footing, which would certainly cause significant embarrassment for her.

This situation is obviously not going to be resolved without external pressures. The surgery department is not addressing it. The GME office is not sufficiently advocating for the resident. It will be unacceptable to Mandy to be remediated or fired based on hearsay, manipulation, disregarded objective evaluation, fraudulent documentation and retaliation. The workplace environment is hostile and unacceptable. The resident evaluations systems are dysfunctional and arbitrary. The appeals processes are inattentive and ineffectual. There appears to be a pattern inflicted by [REDACTED] on [REDACTED]. This behavior is unprofessional, unethical and unacceptable in our positions of trust as physicians. At the least, [REDACTED] should be removed from her position [REDACTED] – preferably prior to the next residency review committee meeting in April, in which she is sure to exert every possible influence to destroy Mandy.

You may be familiar with the events that came to a head at Ohio State in 2014 after the urology chair (who was simultaneously the program director) brought the institution under great risk and scrutiny for his hostile, dishonest and unethical treatment of residents: see *Wilson v. Bahnson*. Our institutions and physician organizations should be transparent and self-policing to the point that these types of behaviors and events are resolved before third parties have to become involved. This letter is a formal complaint and plea to you and your institution to initiate actions on behalf of the resident physicians to protect them from retaliation, to evaluate them objectively rather than arbitrarily, to dissociate from the oppressive habits of surgical training from decades past, and to ensure a workplace that is free of harassment and slander. In particular, I request that you intervene to force an objective evaluation and treatment of Mandy Rice. DO.

Respectfully,

M. Todd Rice, MD, MBA