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The MedStar Health house staff manual applies to all residents and fellows in all MedStar Health training programs and at all MedStar Health sites, locations, and hospitals:

MedStar Franklin Square Medical Center  
MedStar Georgetown University Hospital  
MedStar Good Samaritan Hospital  
MedStar Harbor Hospital  
MedStar Montgomery Medical Center  
MedStar National Rehabilitation Hospital  
MedStar Southern Maryland Hospital  
MedStar St. Mary's Hospital  
MedStar Union Memorial Hospital  
MedStar Washington Hospital Center

## Welcome from Stephen R.T. Evans, MD

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It is my pleasure to welcome you to the leading academic health system in Maryland and the Washington, D.C., region. I hope you share our excitement and enthusiasm to be part of MedStar Health, and it is the start of a long and successful career at our organization. MedStar is committed to supporting you as you journey through the remarkable process of becoming a doctor.

At MedStar, we are committed to our vision to be the trusted leader in caring for people and advancing health. It drives our passion and purpose every day. We provide a culture of learning that cultivates knowledge through research, innovation and education, with an ever-present focus on our high reliability organization (HRO) journey that provides the highest levels of quality and safety to our patients. Our mission is to serve our patients, those who care for them and our communities, and we will rely on each of you to help deliver on this commitment. You have an important job as students, and we are honored to guide you in becoming the best and brightest physicians of the future.

We also look forward to witnessing your transformation from student to physician. Our system, leaders and associates support your evolution into world-class clinicians, educators, scientists, and leaders. Thank you in advance for your curiosity, innovative ideas and commitment to advancing health. I assure you it is a worthwhile and unforgettable experience, and I am confident your contributions will help advance your growth as a physician and the strength of our MedStar Health system.

Stephen R.T. Evans, MD  
Executive Vice President, Medical Affairs and Chief Medical Officer  
MedStar Health

# Policies

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## Academic Improvement Policy

*MedStar Health*

*Graduate Medical Education Policy*

### I. Purpose

To establish a policy and process for all graduate medical education (GME) programs at MedStar Health to use in the normal process of evaluating and assessing competence and progress of House Staff. Specifically, this policy will address the process to be utilized when a resident/fellow is not meeting the academic expectations of a program, and therefore, fails to progress.

### II. Scope

This policy will apply to all House Staff officers who participate in a GME training program within MedStar Health.

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a GME program.

Objective Feedback – Assessments and evaluations that are typically structured and scored or rated based on pre-determined criteria that are uniformly applied. Examples include but are not limited to tests, shelf exams, USMLE scores, OSCEs, etc,

Subjective Feedback – Assessments and evaluations that are made by faculty and other evaluators, structured or unstructured, based on their professional judgments and opinions. Examples include but are not limited to rotational evaluations, verbal feedback, 360 evaluations, etc.

### IV. Process

**A. Performance Feedback:** All residents and fellows should be provided routine feedback regarding their performance that is consistent with the educational program. Some examples of feedback include verbal feedback, rotational evaluations, semi-annual evaluations, unsolicited feedback, and mentoring (See Evaluation Policy).

**B. Clinical Competency Committee:** Each residency program must have a Clinical Competency Committee (“CCC”)<sup>1</sup> that is responsible for routinely assessing house officer performance and making recommendations to the Program Director (see Clinical Competency Committee Policy).

**C. “Letter of Deficiency”:** When a house officer does not show improvement following normal feedback (verbal, written, structured or unstructured), a “Letter of Deficiency” should be prepared and delivered to the house officer. The “Letter of Deficiency” must be signed by the program director and should be co-signed by the Assistant Vice President, GME or his/her designee. The purpose of the “Letter of Deficiency” is to amplify the message and clearly articulate the house officer’s deficiencies. They should be competency based. The “Letter of Deficiency” should provide the house officer with clear notice of the identified deficiency(s) and an opportunity to improve. Letters of deficiency generally require the house officer to develop an independent learning plan that will be discussed and endorsed by the program director or advisor. A letter of deficiency is simply feedback, and not considered to be a reportable action. Letters of deficiency should be prepared by the program director or their designee. A final summative assessment (FSA) will be prepared by the program director and/or department for all trainees upon leaving the program. The FSA should be a fair and balanced reflection of academic and pro-

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<sup>1</sup> The Clinical Competency Committee may be referred to as the “Progress and Promotions Committee” or other terminology. This is a departmental committee that consists of the faculty and others as deemed appropriate by the department. This committee should meet regularly to assess resident/fellow performance and make recommendations to the program director regarding further action.

fessional performance throughout the training course, including both strengths as well as areas identified for improvement. A copy of the finalized FSA should be shared with the resident/fellow. The content of the FSA is not open to discussion or negotiation by the resident/fellow, and as such is not subject for due process or similar review.

**D. Failure to Cure the Deficiency:** If the Program Director determines that a house officer is not meeting academic standards, or has failed to satisfactorily cure deficiencies. The program director may consider the following in determining whether or not to take further action: Review of the entire academic record, subjective and objective assessments and evaluations, feedback from the faculty, and feedback from the Clinical Competency Committee.

The Program Director may elect to take further action, which may include one or more of the following steps:

- i. Additional Letter of Deficiency, OR
- ii. Reportable Actions:
  - 1) Election not to promote to the next PGY level
  - 2) Extension of contract, which may include extension of the defined training period. Note that extension of training for non-academic reasons, such as approved medical leave, is not subject for due process review.
  - 3) Dismissal from the residency or fellowship program

**Reportable Actions:** The decision not to promote a house officer to the next PGY Level, to extend a house officer's contract, to extend a house officer's defined period of training, to deny a house officer credit for a previously completed rotation, and/or to terminate the house officer's participation in a residency or fellowship program are each considered "reportable actions." Reportable Actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, credentialing boards, and licensing and specialty boards. House Officers who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

**E. Request for Review:** A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Assistant Vice President, GME or their designee within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Assistant Vice President, GME will first determine whether the matter is reviewable under this Policy, and if so, the Assistant Vice President, GME shall appoint a neutral physician reviewer. Unless there is a conflict of interest, the initial physician reviewer will be the Associate Designated Institutional Official (DIO) of the entity, who will:

- i. Review the complaint
- ii. Meet with the house officer
- iii. Review the house officer's entire academic record
- iv. Discuss with the program director
- v. Consider any extenuating circumstances
- vi. Consult with others, as appropriate, to assist in the decision making process; and
- vii. Determine whether this Policy was followed. Specifically that the house officer received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made.

The Assistant Vice President, GME will:

- i. Appoint the physician reviewer (the Associate DIO will serve as the first level reviewer unless there is a conflict of interest)
- ii. Assist the physician reviewer to identify other potential participants, if warranted and requested by the physician reviewer

- iii. Attend all meetings held by the physician reviewer
- iv. Coordinate communications between the physician reviewer and the house officer
- v. Monitor timely completion of the review process
- vi. Notify the Physician Chair of the System GMEC and Corporate Vice President, Academic Affairs (VPAA) of the request for review

**F. Opportunity for a Final Review:** If either the house officer or the program director disagree with the decision of the physician reviewer, either can request a final review of the decision to take a Reportable Action. This final review is conducted by the Physician Chair of the System GMEC, together with the Corporate Vice President for Academic Affairs or their designee. A request for final review shall be submitted to the Corporate Vice President for Academic Affairs within fourteen (14) days of learning of the Physician Reviewer's decision. The roles of these individuals and the process are generally the same as described in the "Request for Review" above; however, the report of the first level review will be utilized in this decision making process. The final reviewer will seek to determine additional information, extenuating circumstances, or matters that were not covered in the initial review process. The decision of the Physician Chair of the System GMEC constitutes a final and binding decision. Upon conclusion of the review, a report of the final review will be provided to both the house officer and the program director.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## Accommodations for Individuals with Special Needs Policy

### I. Policy Statement

MedStar Georgetown University Hospital is an equal opportunity employer. It is committed to treating individuals with disabilities in a fair, lawful and equitable manner; thereby providing them with the same employment opportunities, terms and conditions, benefits and privileges as individuals without disabilities, as required by applicable federal, state or local laws. This commitment extends to individuals who are current associates or job applicants. In addition, MedStar Georgetown University Hospital is committed to ensuring that its facilities are accessible for entry and use by disabled patients, visitors or others with whom MedStar Georgetown University Hospital conducts business.

In order to carry out these commitments, MedStar Georgetown University Hospital will, among other things, provide disabled individuals with reasonable accommodations to apply for employment, participate in the interview process, perform essential job duties in positions for which they are hired, and attend meetings or other business functions. Further, MedStar Georgetown University Hospital will also seek to identify and implement changes to its facilities that provide disabled individuals, such as patients and visitors, with appropriate access as required by federal, state or local laws.

MedStar Georgetown University Hospital prohibits the use of an individual's physical or mental disability, need for a reasonable accommodation, or relationship with a disabled individual as determining factors in making employment or business decisions. Rather, such decisions should be based on objective criteria, such as an applicant's or associate's skills and other job or business-related factors.

**IMPORTANT:** Individuals with disabilities may be covered by the Americans with Disabilities Act, the Family & Medical Leave Act, workers' compensation laws and other state or local laws. Therefore, managers, supervisors and associates should seek advice from MedStar Georgetown University Hospital Human Resources and, where appropriate, the Legal Department for assistance in understanding and complying with MedStar Georgetown University Hospital's legal obligations towards such individuals.

## II. Policy Purpose

To provide guidance to all MedStar Georgetown University Hospital personnel on identifying and handling situations in which reasonable accommodations may be necessary and/or required for disabled patients, visitors, associates or job applicants.

## III. Scope of Policy

This policy applies to all associates. In certain situations, all or part of this policy may also be applicable to contract employees, independent contractors and any agents or representatives performing work for or on behalf of Georgetown University Hospital. Such coverage issues should be discussed with Human Resources.

If the provisions of this policy differ from the requirements of a collective bargaining agreement, contact Human Resources for guidance as to which requirements should apply. Such a determination will be made in accordance with applicable federal law. Where federal, state or local laws contain mandatory requirements that differ from those found in this policy, such laws/regulations would prevail.

## IV. Definitions

The definitions provided below are intended to serve as a general guide for managers, supervisors and associates to better understand this policy. To the extent that federal, state or local laws or regulations provide for different definitions of the terms listed in this policy, such laws or regulations will prevail.

**A. Disability:** A physical or mental impairment that substantially limits one or more major life activities or major bodily functions. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major bodily functions include but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

**B. Essential Job Functions:** Job duties that are the fundamental, central, necessary or core duties of a job, and which must be performed by an associate with or without reasonable accommodations.

**C. Individual with a Disability:** An individual who (1) has a physical or mental impairment that substantially limits one or more major life activities (2) is regarded as having such impairment even though no actual impairment exists, or (3) has a record of such impairment (i.e., medical record, evaluative tests, educational records).

**D. Marginal Job Functions:** Job duties that are incidental to a job position, and are not fundamental, central or core. They can be eliminated, modified or reallocated without significantly changing the nature of the job itself.

**E. Public Accommodation:** A facility that affects commerce and falls into one of the categories listed in the regulations to Title III of the Americans with Disabilities Act (i.e., hospitals, restaurants, theatres).

**F. Qualified Individual with a Disability:** An individual with a disability who satisfies the requisite skill, experience, education and other job-related requirements of a position and who, with or without a reasonable accommodation, can perform the essential functions of the job.

**G. Reasonable Job Accommodation:** A change in the work environment, to a job itself or in the manner in which things are customarily done in the workplace that effectively enables an individual with a disability to enjoy equal employment opportunities (i.e., provide sign language interpreter to assist in the interview process, provide Braille keyboard or other equipment, provide a modified work schedule).

**H. Undue Hardship:** A significant difficulty or expense imposed upon an employer by providing an accommodation for a disabled individual. This refers not only to significant financial expenses, but also to accommodations that create a substantial, extensive disruption to the business. If an undue hardship (as defined by



applicable law) exists, the accommodation need not be provided, but alternative accommodations should still be evaluated.

## **V. Responsibilities**

### **A. Management**

1. Be sensitive to associates, job applicants, patients, visitors and others who have special needs due to physical and/or mental disabilities.
2. Try to identify and offer assistance to associates whose work performance may be affected by a physical or mental disability for which a reasonable accommodation may be necessary (i.e., ask whether there is an accommodation that could be effective in improving work performance).
3. Avoid inquiring about a job applicant's or associate's disability or treatment for a disability unless otherwise instructed by Human Resources and/or the Legal Department. Contact Human Resources and, where appropriate, the Legal Department for advice on handling situations where individuals with disabilities are in need of accommodations.
4. Ensure that associates act professionally and appropriately towards individuals with disabilities, whether they are co-workers, patients or visitors.
5. Occupational Health Services, Human Resources, and/or the Legal Department, will help to ensure that appropriate steps are taken to provide reasonable accommodations needed by associates (i.e., leaves of absence, special equipment, modified work schedule, opportunity to seek an alternative position within Georgetown University Hospital).
6. Help to ensure that job applicants with disabilities are provided with reasonable accommodations to participate in the interview process.
7. Inform your department leader, Occupational Health Services and/or Human Resources if you believe that you need a job accommodation due to a disability.
8. Make every reasonable effort to maintain the confidentiality of information related to the disability (or medical treatment) of a job applicant, associate or patient.
9. Do not use an individual's disability status or relationship with someone who is disabled as a factor in making employment or business-related decisions.
10. Alert Human Resources of any concerns that a Georgetown University Hospital facility does not afford individuals with disabilities appropriate access (i.e., absence of Braille signs to identify rooms/offices used by the public) to employment opportunities.

### **B. Associates**

1. Be sensitive to associates, job applicants, patients, visitors and others who have special needs due to physical and/or mental disabilities.
2. Act professionally and appropriately towards individuals with disabilities, whether they are co-workers, patients, or visitors.
3. Inform your supervisor, department leader, Occupational Health Services and/or Human Resources if you believe that you need a job accommodation due to a disability.
4. Alert Human Resources of any concerns that a Georgetown University Hospital facility does not afford individuals with disabilities appropriate access (i.e., absence of Braille signs to identify rooms/offices used by the public).
5. Make every reasonable effort to maintain the confidentiality of information related to the disability (or treatment) of a job applicant, associate or patient.

### **C. Human Resources**

1. Serve as a resource for managers, supervisors and associates in need of assistance or information regarding situations involving special needs or accommodations for disabled individuals.

2. Working with Occupational Health Services, assist in the process of identifying reasonable accommodations for disabled job applicants or associates.
3. Ensure that if a disabled associate cannot be accommodated in his/her current position, he/she is then given a reasonable opportunity to apply for vacant positions within Georgetown University Hospital.
4. Make every reasonable effort to maintain the confidentiality of information related to the disability (or treatment) of a job applicant, associate or patient.

#### **D. Occupational Health**

1. Advise managers, supervisors and associates in need of assistance or information regarding situations involving special needs or accommodations for disabled associates.
2. Working with Human Resources, assist in the process of identifying reasonable accommodations for disabled job applicants or associates.
3. Serve as Georgetown University Hospital's direct contact with associates' and job applicants' physicians for purposes of gathering relevant medical information to assess the need for a reasonable accommodation.
4. Where appropriate, arrange for independent medical evaluations to assess an associate's or job applicant's need for a reasonable accommodation.
5. In accordance with department practices, maintain confidential medical files for associates and job applicants that include information regarding their need for a reasonable accommodation, the steps taken to assess that need and the outcomes of such assessments.
6. Make every reasonable effort to maintain the confidentiality of information related to the disability or treatment of a job applicant or associate.

#### **VI. Exceptions**

Exceptions to this policy should be identified on a case-by-case basis with the advice and counsel of the Human Resources and Legal Departments.

A possible exception can arise where a requested accommodation, either by a job applicant or an associate, creates an "undue hardship." As described in the Definition section of this policy, an undue hardship may arise when an accommodation would create a significant disruption to the business operations and/or impose a significant expense on the employer. Whether an undue hardship exists within the meaning of the applicable law should be assessed by the Legal Department.

#### **VII. Non-Compliance**

Generally, non-compliance with this policy should be identified on a case-by-case basis with the advice and counsel of the Human Resources and Legal Departments.

##### **A. Consequences of Non-Compliance**

Certain acts of non-compliance with this policy may violate the Americans with Disabilities Act or other federal, state or local laws. Such laws carry penalties with them, including, but not limited to compensatory and punitive damages, payment of attorney's fees, reinstatement to employment, and other items that can be quite costly. Non-compliance may also lead to disciplinary actions, up to and including dismissal.

#### **VIII. Explanation and Details/Examples**

##### **A. Accommodating Disabled Job Applicants and Candidates**

Some job applicants who are disabled may be in need of reasonable accommodations in order to apply and/or interview for available job positions. If a department leader, supervisor or associate involved in the application/interview process is aware that a job applicant has a particular need for an accommodation, he/she should immediately notify Human Resources for advice and assistance on providing a reasonable accommodation.

For example, a job applicant with a visual disability may need assistance completing a written application or an applicant with a hearing disability may need assistance in participating in an oral interview (i.e., providing a sign language interpreter). Such individuals should not be automatically excluded from the application/interview process as a result of their special needs. Rather, those involved in the application/interview process should determine whether they can provide effective assistance or, if they cannot, contact the Human Resources, Occupational Health & Safety and/or Legal Departments for advice on what should be done to address the special needs of the disabled individual.

### 1. Guidelines for Conducting Interviews

Department leaders, supervisors and associates who are involved in interviewing and/or hiring job candidates should ask questions and make decisions on job-related criteria and focus on the candidate's qualifications to perform the job, either with or without a reasonable accommodation. In other words, neither the existence of a candidate's disability nor the need for a reasonable accommodation should be factors in considering his/her request for an accommodation to engage in the interview process, or in considering him/her for hire.

As explained above under the "Exceptions" section of this policy, where the requested accommodation creates an "undue hardship" Georgetown University Hospital would not be required to provide it. However, alternative accommodations should be considered to determine whether another reasonable accommodation could still be provided. See below Hiring Decisions (Step 2). Any possible exceptions should be discussed with Human Resources and/or the Legal Department.

Interview questions and discussions should focus on:

- Requirements and job duties of the position
- Ability to perform required job duties
- Job skills and knowledge
- Relevant work experience
- Relevant educational experience
- Completion of any necessary certifications or licensing requirements

Interview questions and discussions should not address:

- Physical or mental disabilities
- Treatment/prescriptions for a disability
- Broad questions about medical impairments
- Workers compensation history
- The need for a job accommodation, unless (1) such a question is asked of all applicants for the position, (2) it is reasonably obvious that the candidate has a disability that could require an accommodation in order to perform specific job functions, or (3) the candidate volunteers that an accommodation is necessary to perform specific job functions (see below Hiring Decisions)
- Age, race, color, creed, national origin, citizenship, political affiliation, religion, sex, sexual preference or orientation
- Marital status, number or ages of children, child care arrangements)
- Height or weight
- Garnishment record
- Housing/transportation arrangements
- Arrest record
- Any other legally protected category

**IMPORTANT:** Individuals involved in the interview process should document interviews using job-related

factors and retain those documents in accordance with the Georgetown University Hospital Record Retention Policy.

## 2. Hiring Decisions

Hiring decisions should be based on job-related criteria. As explained above, the existence of an individual's physical or mental disability and/or need for a reasonable job accommodation should not be factors in hiring decisions. Similarly, an individual's relationship with someone who is disabled (i.e., a disabled parent or child) should not be a factor in making hiring decisions.

With assistance from Human Resources, a manager or other individual involved in the hiring process who is aware that a disabled individual is in need of an accommodation in order to perform the duties of a job position, should take the following steps:

- a. Determine whether the individual's disability requires a reasonable accommodation to perform or "essential" job functions. If only marginal job functions are involved, the required accommodation(s) generally must be provided, or the individual may need to be relieved from performing such functions. A review of the relevant job description can be helpful in determining which job duties are marginal and which are essential.

**IMPORTANT:** A disabled individual generally cannot be excluded from employment due to his/her inability to perform marginal job functions, with or without a reasonable accommodation. Rather, an employer can be required to provide reasonable job accommodations that allow the associate to perform marginal functions or, in the alternative, such functions must be eliminated as a job duty of the disabled associate's position (i.e., marginal functions can be reallocated to co-workers).

- b. If essential job functions are involved, determine what, if any, reasonable accommodation(s) can be provided that are effective in allowing the disabled individual to perform the job functions, without causing an "undue hardship." Occupational Health Services and Human Resources should be consulted on this determination.
- c. If a reasonable accommodation can be provided without creating an undue hardship for the hiring unit, then the candidate should be considered for hire in the same manner as other non-disabled candidates (i.e., based on job-related criteria). If, however, no reasonable accommodation is available, and/or an undue hardship would arise from providing the accommodation, the candidate need not be considered for hire. In such cases, the candidate should be encouraged to explore other job positions with Georgetown University Hospital that he/she can perform with or without a reasonable job accommodation.

**IMPORTANT:** Georgetown University Hospital recognizes that the determinations described above can be complex and involve important legal obligations. Therefore, Georgetown University Hospital encourages individuals involved in the interview and hiring processes to contact Human Resources and/or the Legal Department for assistance. Further, in some cases, it may be necessary to obtain medical information regarding the candidate's disability status and/or the need for an accommodation. As a result, Occupational Health Services can assist in obtaining such information while maintaining its confidential nature.

## B. Accommodating Associates with Disabilities

Federal, state and/or local laws, as well as Georgetown University Hospital policy, require that managers and supervisors with knowledge that an associate requires an accommodation to perform his/her job duties engage in an evaluation as to what, if any, reasonable accommodation can be provided. Generally, only

those accommodations that are reasonable and do not result in an undue hardship (as defined by law) to Georgetown University Hospital are required. Each associate's needs are different and, therefore, each evaluation must be conducted on a case-by-case basis.

Department leaders should seek the assistance of Occupational Health Services, Human Resources, and/or the Legal Department in conducting job accommodation evaluations. In some cases, it may be necessary to involve external resources to explore the availability and feasibility of certain accommodations. Further, it is helpful that the associate and/or the treating physician be actively involved in accommodation discussions, as they can provide useful information regarding what accommodations may be effective.

### **Types of Reasonable Accommodations**

Most associates do not need accommodations. However, it is often the case that when they do, the costs are often minimal and offset by the increased productivity of the associate.

It is important to remember that reasonable accommodations are those that enable the associate to perform the essential functions of his/her job; they are not intended to eliminate essential job functions. An associate who is provided reasonable job accommodations should be held to the same job performance standards as other non-disabled associates.

Reasonable job accommodations can take many forms. Some examples can include, but are not limited to, the following:

- Providing special equipment (i.e., Braille keyboard)
- Modifying the workplace (i.e., moving furniture to allow access for wheelchair users)
- Modifying the job itself (i.e., altering the time/manner in which reports must be completed)
- Modifying job functions
- Providing a modified work schedule (i.e., flex time so that the associate can attend medical treatment sessions)
- Providing a leave of absence (i.e., personal, medical or other leave so that the associate can obtain treatment and/or for recuperation)
- Making arrangements to allow for the disabled associate's participation in social and business activities equal to that of non-disabled individuals (i.e., selection of a site for a holiday party/business meeting that is wheelchair accessible)
- Reassignment to another available position (i.e., temporary or permanent transfer to an available position that does not require the creation of a new position)

**IMPORTANT:** Not every accommodation is reasonable for every given situation. Each case must be reviewed individually to ensure that the accommodation is effective and does not cause an undue hardship. When no accommodation is available for the associate's current position, the associate should be provided a reasonable amount of time and assistance from Human Resources to apply and be considered for other available, or soon to be available, job positions within Georgetown University Hospital that he/she is qualified to perform, with or without a reasonable accommodation.

**REMEMBER:** Reasonable accommodations must be considered and, in the appropriate cases, provided to disabled associates regardless of whether the associate's disability was caused by an on-the-job illness or injury, or whether it is also covered by the Family & Medical Leave Act.

## **IX. Confidentiality**

Any associate with knowledge of and/or access to information about associate medical conditions, physical and mental disabilities must keep such information confidential, consistent with Georgetown University Hospital policies and practices. Such information will be disclosed on a strict "need to know" basis for business-related reasons and/or as required by law.

For advice on whether a situation warrants the disclosure of such information regarding a particular associate, consult the Human Resources and/or Legal Departments.

#### **X. Accommodations to the General Public**

To the extent that a Georgetown University Hospital facility is considered a “public accommodation” within the meaning of applicable federal, state or local laws, Georgetown University Hospital must take steps to ensure that disabled individuals have access to the facility and its services. In such cases, managers should contact the Legal Department to determine what, if any, measures should be taken to allow for such access and use.

#### **XI. Related Policies**

- FMLA–Family & Medical Leave Act
- Equal Opportunity Policy
- Employment-Related Records

#### **XII. Procedures which are Absolutely Linked to the Policy**

Occupational Health & Safety procedures for managing associate and applicant medical conditions.

#### **XIII. Right to Change or Terminate Policy**

This policy should be modified with the advice of Human Resources and Occupational Health Services, and pursuant to the review and approval of the Legal Department.

## **BLS/ACLS**

MedStar house staff are expected to maintain current BLS and ACLS certification at all times during training.

## **Clinical Experience and Education (Duty Hours)**

*MedStar Health*

*Graduate Medical Education Policy*

### **I. Purpose**

To establish a policy for all graduate medical education training programs at MedStar Health hospitals to monitor and schedule appropriate work/duty hours of the house officers ensuring that the educational goals of the program and learning objectives are not compromised by reliance on the House Staff to fulfill institutional service obligations.

### **II. Scope**

This policy will apply to all graduate medical education (GME) training programs within MedStar Health.

### **III. Definitions**

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

Duty Hours – defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

### **IV. Responsibilities/Requirements**

A. Programs and sponsoring institutions must educate house staff and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.

- B. The program must be committed to and responsible for promoting patient safety and House Staff well-being in a supportive educational environment
- C. The program director must ensure that house staff are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- D. The learning objectives of the program must:
1. be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
  2. not be compromised by excessive reliance on house staff to fulfill non-physician service obligations.
- E. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. House staff and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
1. safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events;
  2. provision of patient and family-centered care;
  3. assurance of their fitness for work;
  4. management of their time before, during and after clinical assignments;
  5. recognition of impairment, including illness, fatigue, and substance use in themselves, their peers, and other members of the healthcare team;
  6. commitment to lifelong learning;
  7. the monitoring of their patient care performance improvement indicators; and,
  8. honest and accurate reporting of clinical and educational work hours, patient outcomes and clinical experience data.
- F. All house staff and faculty must demonstrate responsiveness to patient needs that supersedes self-interest. This includes recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient's care to another qualified and rested provider.
- G. Programs must provide a professional, respectful, and civil environment that is free from mistreatment, abuse, or coercion of students, residents, faculty, and staff. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns.
- H. The program must:
1. educate faculty and house staff to recognize the signs of fatigue and sleep deprivation;
  2. educate all faculty members and house staff in alertness management and fatigue mitigation processes; and,
  3. encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.
- I. Each program must have a process to ensure continuity of patient care, consistent with the program's policies and procedures, in the event that a house officer may be unable to perform his/her patient care responsibilities due to excessive fatigue.
- J. The program, in sponsorship with the, sponsoring institution must ensure adequate sleep facilities and/or safe transportation options for house staff that may be too fatigued to safely return home.

## K. House Staff Duty Hours:

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home and all moonlighting.
  - a) A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.
    - (i) In preparing a request for an exception, the program director must follow the duty hour exception policy from the *ACGME Manual on Policies and Procedures*.
    - (ii) Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.
2. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program. Time spent by house staff in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit.
3. PGY-1 house staff are not permitted to moonlight. (See the MedStar GME Policy on Moonlighting for further institutional guidelines.)
4. House staff must be scheduled for a minimum of one day free of clinical and educational work every week (when averaged over four weeks). At home call cannot be assigned on these free days.
5. Residents should have eight hours off between scheduled clinical work and education periods. There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.
6. Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.
  - a) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.
  - b) In rare circumstances, house staff, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single severely ill or unstable patient; humanistic attention to the needs of a patient or family; or to attend unique educational events. These additional hours of care or education will be counted toward the 80-hour weekly limit. Under those circumstances, the House Staff officer must:
    - (i) Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
    - (ii) Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
  - c) The program director must review each submission of additional service, and track both individual House Staff and program-wide episodes of additional duty.
7. Residents must have 14 hours free of clinical work and education after 24 hours of in-house call.
8. Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.)
9. Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).
10. Time spent on patient care activities by house staff on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but



must satisfy the requirement for one-day-in-seven free of clinical work and education, when averaged over four weeks.

a) At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each House Staff officer.

(i) House Staff are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour weekly maximum. will not initiate a new “off-duty period.”

L. All house staff must log their duty hours in the residency management database, New Innovations.

M. Program Directors will be required to monitor their duty hour schedules and processes regularly. Duty hour compliance will be reviewed by the GMEC.

N. Any house officer working in excess of the hours mentioned above should report the situation to their Chief Resident, Program Director, Department Chair, GME, or the Vice President, Medical Affairs.

*Policy Approved by:* System GMEC

*Policy maintained by:* MedStar Academic Affairs

## Conflict of Interests and Interactions with Industry

### I. Purpose

The purpose of this policy is to clarify and establish appropriate guidelines for interactions between MedStar Health representatives and Industry. This policy documents the framework for all interactions with Industry and is aimed at assuring such relationships are ethical, do not impair professional judgment, and do not create conflicts of interest (or conflicts of commitment, as applicable) that could endanger patient safety, impair objectivity or data integrity, or damage the reputation of MedStar Health its affiliated entities or its representatives.

### II. Policy

It is the policy of MedStar Health and its affiliated entities (collectively “MedStar”) that interactions with Industry (as defined below) should be conducted in a fashion that avoids or minimizes actual or perceived conflicts of interest (and/or conflicts of commitment, as defined below). In order to maximize the benefits of biomedical research, medical education, and to assure continued advancements in the prevention, diagnosis and treatment of disease, MedStar must assure that any relationships with Industry are consistent with MedStar’s vision of being the *Trusted Leader in Caring for People and Advancing Health*. While many interactions with Industry are positive and can expand knowledge, drive innovation, improve quality of care and are important for promoting the educational, clinical, and research missions of MedStar; actual or perceived conflicts may compromise the ability of MedStar to provide patient care, conduct research, transact business, make purchasing decisions, and may otherwise pose a risk to the operations or reputation of MedStar and its associates. As a result, it is vital that we continue to make patient welfare our first priority and that all relationships with Industry meet the highest standards of professional ethics and that MedStar is appropriately transparent about any actual or perceived conflicts.

This policy is aimed at fostering and promoting appropriate and ethical relationships important to MedStar’s mission, vision, and values while eliminating relationships that are potentially harmful to MedStar or its patient’s interests. This policy affirms that the culture of MedStar requires the exercise of independent professional judgment in the activities of each of its representatives. To maintain the trust of its patients and the public, potential conflicts must be identified and avoided or when actual or perceived conflicts do arise, they must be addressed appropriately as described herein.

This conflict of interest policy is intended to supplement and be complementary to MedStar’s Code of Conduct, Business Ethics and Confidentiality Policy, and other policies involving conflicts of interest including MedStar Health Research Institute Policy on Conflicts of Interest (available at <http://apps01.medstar.net/MRI/MRI->

Policies.nsf/). However, it does not replace those policies or materials. To the extent this policy conflicts with or is more stringent than the Code of Conduct or other MedStar policies, this policy shall supersede such other policies and materials. All applicable state and federal laws continue to apply in accordance with their terms.

### III. Scope

Unless any specific exceptions are specifically noted, this policy applies to MedStar Health, Inc, all its affiliated entities and subsidiaries, including their:<sup>1</sup>

Officers and Directors: All their officers and members of their boards of directors acting in-their capacity on behalf of MedStar;

Full-time and Part-time Associates/Employees: All full-time and part-time associates/employees of a MedStar entity;

Employed Physicians and Independent Contractors: All employed physicians, and independent contractors who perform activities or services at a MedStar facility and could be perceived as representing MedStar;

Faculty and Teaching staff: All faculty and teaching staff (whether employed or not) including independent contractors or voluntary faculty who have academic responsibilities for or perform teaching activities for MedStar;

Residents, Fellows and Students: All residents, fellows, and students, who receive training at a MedStar facility and could be perceived as representing MedStar;

Individuals with material decision-making responsibilities: Any other individuals who have material decision making responsibilities (including ordering or recommending the ordering of goods or services) on behalf of MedStar.

*This policy specifically does not apply to private physicians with clinical privileges at MedStar facilities who are acting or performing services in their private practices or in their capacity as private physicians.*

### IV. Definitions

A. Conflict of Commitment (COC) – means any situation in which an employee undertakes external or private commitments which burden or interfere with the individual’s obligations to MedStar.

B. Conflict of Interest (COI) – means any situation when an individual or their Immediate Family Member has Financial Interests or other personal interests that may compromise:

1. their professional judgment;
2. their performance of fiduciary or job responsibilities; or
3. the delivery of patient care or other services.

C. Financial Interest – means:

1. any compensation arrangement with any Industry Company (including any subsidiary or affiliated entity);
2. stock or ownership interests in an Industry Company (including any subsidiary or affiliated entity) amounting to greater than a 3% ownership interest;
3. company issued stock-options in an Industry Company (including any subsidiary or affiliated entity) regardless of amount or present value; or
4. any other compensation, reimbursement, or remuneration that improperly influences, or gives the appearance of improperly influencing business judgment, objectivity, relationships, or business outcomes.

D. Immediate Family Member – means the spouse or domestic partner, household members, and dependents of an individual with an actual or potential conflict of interest and includes step-children and children by adoption.

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<sup>1</sup> Note, please see Requirements and Guidelines for Implementing this Policy for individuals subject to reporting of potential financial conflicts of interest.

E. Industry Company – means any company that manufactures a pharmaceutical product, biological product, medical device, medical equipment, or medical supply whose use, provision or prescription is eligible for coverage by government reimbursement (i.e. Medicare, Medicaid). This includes any company who manufactures such a covered product, regardless of whether or not the manufacture of medically-related products is their principal business or simply a minor portion of their business activities.

F. Industry Representative – means any representative of any Industry Company (whether employed by or otherwise affiliated with) such entity.

G. Industry – The term “Industry” shall mean, independently or collectively, any combination of, Industry Company and Industry Representatives.

## V. Responsibilities

Certain relationships and conduct with an Industry Company or Industry Representative are expressly prohibited by this policy while other relationships may provide benefits to MedStar’s patients and may be appropriately managed, but require specific written approval. Finally certain conduct or relationships are permissible and require no advance approvals. ALL PERSONS SUBJECT TO THE REPORTING OBLIGATIONS OF THIS POLICY AS DESCRIBED BELOW IN SECTION 12 MUST REPORT ALL REPORTABLE POTENTIAL CONFLICTS OF INTEREST AS REQUIRED BY THIS POLICY. Any individual subject to this policy or the Immediate Family Members of an individual subject to this policy must carefully consider whether their relationship with Industry requires any advance reporting and when in doubt, they should report the relationship or contact their Compliance Director for further guidance.

1. *Personal Gifts*. All cash, cash equivalent (i.e. gift cards), and non-cash gifts from Industry including but not limited to, perishable and non-perishable food items, floral arrangements, artwork, music, sporting event tickets, other entertainment, as well as any branded materials including pens, notepads, coffee mugs, clothing, or any other item with company logo or product information prominently displayed, is prohibited. However, unsolicited, non-branded, and general use gifts which have an educational value and are for the benefit of patient care or medical education, including books, anatomic models, illustrations, clinical diagrams, etc. are permitted provided they are of nominal value and they are not solely for a specific individual recipient’s benefit. For example, a stethoscope would be considered a personal gift, while a book for a department library generally would not.

2. *Meals, Invitations, and Entertainment*. Industry sponsored meals, invitations, and entertainment (including, for example, both in-house and external/off-site meals, events, and entertainment) are considered personal gifts and are prohibited, unless otherwise specifically permitted by this policy. This includes industry-donated lunches and other meals for grand rounds and noon-time conferences.<sup>2</sup> However, Industry may donate funds centrally to the GME/CME Office to support a general fund for meals and/or educational activities, provided:

- i. The donation is unrestricted and the Industry Representatives may not determine the content or presenter for any specific programs; and
- ii. The Industry Company making a donation to a general meal fund may only be listed or identified among all commercial sponsors of on-site educational programs and may not be specifically identified as supporting any particular educational activity.

<sup>2</sup> Note: Industry-supplied or supported food and meals may be accepted in connection with programs accredited by the Accreditation Council on Continuing Medical Education (ACCME) and in compliance with ACCME guidelines; in the context of professional society meetings if provided to all attendees.

3. *Attendance at Industry-Sponsored (and Third-Party Industry Sponsored) Conferences, Education Sales, or Promotional Events.*<sup>3</sup> Honoraria, compensation, reimbursement or other remuneration paid directly or indirectly by Industry for listening to a sales presentation or for time, effort, or attendance of an individual at Industry-Sponsored or Third-Party Sponsored conference, training, education, or promotional sessions is not permitted.<sup>4</sup> However, reimbursement for, or payment of, the reasonable and necessary expenses associated with modest travel, meals, and lodging for bona-fide purchasing, training, education are permitted if they are primarily for:

- i. Learning how to properly and safely use medical devices, equipment and other technologies, or compliance with legal, regulatory or accreditation requirements; and
- ii. The payment is pursuant to the terms of a written agreement with the Industry Company, or is related to the review of capital equipment MedStar is considering purchasing or acquiring which cannot be transported to the MedStar facility.

4. *Industry-Sponsored Scholarships and Other Education Support for Trainees.* Industry may offer (and MedStar may solicit and accept), scholarships, grants, financial assistance or other donations for educational purposes including to support the position or training of medical students, residents, fellows and other healthcare professionals in training provided:

- i. The MedStar entity (not Industry or donor) must select the beneficiaries of any such support consistent with any regulatory [i.e., "Match"] rules and entity selection policies and support cannot be designated to hire named physicians, or specific individuals into funded slots, nor can they be used to fund "named" fellowships, except as approved by the VPMA (or as applicable, the entity President or their designee) in line with principles of named chairs/endowments;
- ii. All donations and support must be unrestricted and no limitations or quid pro quo requirements can be placed on the incumbents' future employment, practice, referrals, or location of practice. However donations CAN be designated for a specific clinical specialty, defined fund, department, or program;<sup>5</sup> and
- iii. All such unrestricted gifts, donations, or professional support must be collected and managed through either the VPMA/Academic Affairs/GME/CME office's (as applicable) or the local entity Foundation, such funds must be used for GME/CME or medical student training purposes, and it is the entities responsibility to implement this requirement.

5. *Speaking, Consulting Arrangements, and Advisory Services with Industry.* Individuals subject to the reporting obligations of this policy may speak for Industry at Industry-Sponsored events or provide consulting or advisory services (including expert witness testimony) provided:

- i. The engagement is reported and approved by the entity VPMA (or as applicable, the entity President or their designee) in advance;
- ii. The engagement does not otherwise pose an unacceptable conflict of commitment for MedStar employees (as determined by the VPMA or as applicable, the entity President or their designee);
- iii. The arrangement is governed by a written agreement that specifically describes all services to be provided as well as the legitimate need and purpose for services/engagement which is not tied to the value or volume of any referral, purchase, order or recommendation for such referral, purchase, or order; the individual has sufficient expertise and experience to justify the consulting or speaking relationship, and the compensation or remuneration for the engagement is not in excess of fair market value (FMV);
- iv. Industry pays for only modest travel, lodging and meals in connection with the engagement;

<sup>3</sup> Honoraria received from educational institutions (universities, teaching hospitals, non-profit institutions, and professional societies) is permitted.

<sup>4</sup> Except that support may be provided by Industry to conference sponsors to reduce overall conference or education event expenses.

<sup>5</sup> Such limitations do not apply to other non-Industry commercial sponsors (i.e. American Heart Association, American Cancer Society, etc.)

v. If the engagement is for speaking, the individual creates all slides (or other presentation materials), not an Industry Representative (unless specific attribution is made consistent with Section 10 below), and retains full control and approval authority over the content of the speech (other than approval over use of trade secret and proprietary information), the individual does not act as an Industry Company representative or suggest that MedStar endorses the Industry product or services, and the individual prominently discloses their Financial Interest to participants on materials presented.<sup>6</sup>

6. *Fiduciary, Management, or Other Financial Interests with Industry.* Individuals subject to reporting under this policy who have any Financial Interest in any Industry company including an ownership interest, fiduciary role, management role, or a compensation arrangement (including for speaking or consulting), or any stock options (even if they have a present value of zero dollars) must disclose the relationship consistent with reporting requirements of this policy, but not less than annually, and the financial relationships may be subject to further management up to and including dissolution of the relationship.<sup>7</sup> Individuals subject to reporting under this policy may not have Financial Interests, fiduciary roles, or management responsibilities with any Industry Company, including but not limited to services on board of directors, as an officer, manager, medical director of and Industry Company if the individual has any ordering, recommending, or patient-care responsibilities in which that Industry Company's product or services may be used by a patient, unless:

- i. The role is disclosed, reviewed, and approved in advance by the entity VPMA (or as applicable, the entity President or their designee);
- ii. An appropriate management oversight plan is implemented to assure professional objectivity in decision making, and in ordering or recommending goods or services; and
- iii. The relationship must be fully disclosed in writing to the patient if the individual has any patient-care responsibilities.

7. *Detailing, Tying, Switching, or Ordering.* Any Financial Interest, compensation, gifts or remuneration received in exchange for attending any meetings for the purpose of listening to sales information, or reviewing product training or education (so-called "detailing"), or in exchange for ordering or prescribing (so-called "tying"), or for changing an order or prescription (so-called "switching") of a product is prohibited.

8. *Conflicts of Commitment.* Financial Interests, speaking or consulting arrangements, fiduciary and other roles with Industry may pose an inappropriate conflict of commitment for MedStar employees/associates. Unless reviewed and specifically approved in advance by the VPMA (or if applicable the entity President or their designee), any individual or collective external or private commitments with Industry that are undertaken *by employees* which may burden or interfere with the individual's obligations to MedStar are prohibited.<sup>8</sup> Any outside activities must not distract employees from fulfilling their professional obligations to MedStar including their obligations of professional loyalty, time and energy necessary for their patient care, teaching or research responsibilities.

9. *Site or Facility Access.* Site or facility access by Industry Representatives such as Industry sales and marketing representatives for the purpose of soliciting MedStar facilities and representatives is governed by MedStar's Vendor Access Policy (available here:

<http://starport4medstar.net/Corp/administration/Pages/MedStarPolicies.aspx>).

<sup>6</sup> Industry created slides, images, and materials illustrating biological or chemical structures may be utilized if they do not prominently display company names or logos. Industry created slides or materials may display copyright ownership and the name of the Industry company copyright owner.

<sup>7</sup> Industry relationships will be evaluated individually and collectively with any other outside commitments when determining whether such activities can be approved and appropriately managed.

<sup>8</sup> MedStar employees must report any actual or potential conflicts of commitment to their entity VPMA or President (or their designee). Services to foundations, professional societies, non-profit organizations, or academic institutions which do not do business with or compete against MedStar do not need to be reported under this policy.

10. *Publications/Ghost-Writing/Ghost-Authoring*. Publishing articles or materials under an individual's own name that are written by, or in material part by, Industry Representatives is prohibited. Specifically, individuals subject to this policy shall not accept writing assistance, editorial assistance, manuscript preparation, revision, production, or submission services, slide preparation or revision; or other services from Industry (either directly or indirectly) unless such materials provided by Industry are specifically attributed to the author (i.e. each slide of a presentation must be appropriately attributed). "Guest" authorship or "ghostwriting" is not allowed. All persons who make a substantial contribution to a manuscript, presentation, or other writing meeting the ICMJE standards/criteria or other accepted scientific standards for authors ship should be listed as authors and their affiliations listed (academic, Industry, other).

11. *Free Drug/Product Samples*. Free drug and product samples may be accepted from Industry provided the drug samples are for patient use in accordance with the Prescription Drug Marketing Act, are limited and reasonable quantities for evaluation and demonstration purposes, any free drug sample may not be billed to any payor, and the sample may not be accepted in exchange for tying or switching any products or as an inducement for any other purchasing, ordering, or prescribing. All personal and family use by the recipient is prohibited except in emergency situations and only for short courses of therapy. All samples must be recorded and reported to a central facility database (typically the facility pharmacy).

## V. Exceptions

Exceptions to this policy may be granted on an individual basis upon review and approval by the applicable compliance director, President (or their designee) and the General Counsel (or their designee).

## VI. What Constitutes Non-Compliance

Actions or conduct in violation of this Policy.

## VII. Consequences of Non-Compliance

Violations of this Policy may require the responsible individual to undergo additional training and/or may subject the individual to disciplinary actions, including, but not limited to, suspension or termination of Hospital privileges, expulsion from educational programs, and/or suspension or termination of employment, as applicable.

## VIII. Explanation and Details/Examples

N/A

## IX. Requirements and Guidelines for Implementing the Policy

1. Duty to Disclose Financial Relationships with Industry. The obligation to disclose any relationships with Industry that constitute an actual or potential conflict of interest applies to the following individuals:
  - a. Officers and Directors: All officers and members of boards of directors acting in their capacity on behalf of MedStar;
  - b. Full-time and Part-time Associates/Employees: Only management level associates/employees.
  - c. Employed Physicians and Independent Contractors: All employed physicians and independent contractors who perform activities or services at a MedStar facility and could be perceived as representing MedStar<sup>9</sup>;
  - d. Faculty and Teaching staff: All faculty and teaching staff (whether employed or not) including independent contractors or voluntary faculty who have academic responsibilities for or perform teaching activities for MedStar;
  - e. Residents, Fellows and Students: Only residents, fellows, who receive training at a MedStar facility and are subject to MedStar's Graduate Medical Education (GME) program requirements.

<sup>9</sup> Employees of MedStar who are leased to other institutions and do not perform services at a MedStar facility, nor hold themselves out as MedStar representatives would not be subject to the annual reporting obligation, but may still be subject to contractual reporting obligations as well as the requirements of this policy generally.

## 2. Procedures for Disclosure of Conflicts.

- a. Individuals subject to this policy may also be subject to the terms of their employment agreements or other MedStar policies (including the MRI Research Conflict of Interest policy) which may separately require disclosure of any potential conflicts of interest, conflicts of commitment, or other outside activities and they are required to comply with those requirements separately.
- b. All individuals required to disclose conflicts under this policy must electronically submit a conflict of interest disclosure statement available consistent with Attachment A to this policy via the Internet at <https://medstar.coi-smart.com/>.
- c. At the time their disclosures are submitted, all individuals required to disclose conflicts must certify that they:
  - i. Have received a copy of this conflict of interest policy,
  - ii. Have read and understand this policy,
  - iii. Are in compliance with and agree to continue to comply with this policy,
  - iv. Agree to disclose all applicable potential or actual conflicts,
  - v. Agree to take such actions as determined to be appropriate by MedStar in order to manage or eliminate any potential conflicts of interest.

## 3. Review and Management of Conflicts.

### a. MedStar Entity Associates/Employees/Employed Physicians/Independent Contractors

- i. Disclosures submitted by a MedStar entity associate/employee, employed physician, or independent contractor of a MedStar entity will be reviewed, evaluated, managed, documented and monitored by that entity's Compliance Director in consultation with the entity's President (or their designee) in order to appropriately manage any potential or actual conflicts.
- ii. The Office of Corporate Business Integrity (OCBI) or MedStar Legal Department will be consulted as necessary on the identification or management of any conflicts,
- iii. All potential or actual conflicts involving physicians or independent contractors will be reviewed, evaluated, and monitored by the entity VPMA (or if applicable, the President or their designee).

### b. Faculty/Teaching Staff/Residents/Fellows/Students

- i. Disclosures submitted by faculty/teaching staff/residents, fellows, or students will be reviewed, evaluated, managed, documented and monitored by the entity GME Director (or as applicable, the President or their designee) in consultation with the corporate GME office.
- ii. The Office of Corporate Business Integrity (OCBI) or MedStar Legal Department will be consulted as necessary on the identification or management of any conflicts,
- iii. All potential or actual conflicts involving faculty, teaching staff, residents, fellows, or students will be reviewed and monitored by the entity VPMA (or as applicable, the President or their designee), and the corporate GME office.

### c. Corporate Associates/Employees and all Senior Managers

- i. Disclosures submitted by corporate associates/employees, MedStar Senior Managers, or any MedStar entity that does not have a Compliance Director will be reviewed, evaluated, managed, documented and monitored by OCBI in consultation with the MedStar Legal Department,
- ii. Any disclosures involving members of the MedStar Legal Department will be reviewed, evaluated, managed, documented and monitored by the OCBI in consultation with the CEO. Any disclosures involving members of the OCBI will be reviewed, evaluated, managed, documented and monitored by the General Counsel in consultation with the CEO.

d. Board Members

- i. Disclosures submitted by Members of a MedStar entity Board of Directors will be reviewed, evaluated, managed, documented and monitored by the General Counsel (or their designee) in order to identify any potential or actual conflicts of interest.
- ii. The General Counsel will determine the appropriate steps to be taken to manage any potential or actual conflicts of interest identified.
- iii. Actual conflicts will be reported to the chair of the Governance Committee of the MedStar Board.

e. COI Management Process. The MedStar entity Compliance Director, in consultation with the Office of Corporate Business Integrity (and MedStar Legal Department when necessary), will work with the VPMA (or as applicable entity President or their designee) to determine what if any action is required to manage an individual's potential or actual conflict of interest in a manner which eliminates the potential for harm to patients, impairment of professional judgment, impairment of objectivity or damage to MedStar reputation.

f. Documentation of COI Management. All such management actions will be appropriately documented and regularly monitored by the relevant Compliance Director (or Legal Department as applicable) in conjunction with the individual's superiors and entity VPMA (or as applicable entity President or their designee).

g. Compliance with Policy. Failure of an individual to adhere to any such management actions constitutes a violation of this policy and may result in disciplinary actions up to and including termination of employment, termination of agreement, or referral for any other actions that may be appropriate as determined by the General Counsel.

4. Frequency of Reporting. Disclosures under this policy must be made consistent with the requirements of this policy, but not less than annually, as well as upon any material change in the individual's conditions or relationships with Industry.

5. Publication of Conflicts.

- a. Identified conflicts will be posted in an appropriate manner on MedStar's Internet page in sufficient detail to enable consumers, employees and other interested parties to adequately understand the nature of the conflict.
- b. Financial Interests resulting in a conflict will only be reported publicly in a manner that indicates the individual has a reportable Financial Interest in an Industry Company, but the details of the Financial Interests will not be reported, unless otherwise required by law.

**X. Related Policies**

MedStar Health Business Ethics and Confidentiality Policy

MedStar Health Vendor Access Policy

MedStar Health Code of Conduct

MedStar Research Institute Conflicts of Interest and Conflicts of Commitment Policy

**XI. Procedures Related To Policy:** N/A

**XII. Legal Reporting Requirements:** N/A

**XIII. Reference to Laws or Regulations of Outside Bodies**

AMA Code of Medical Ethics, Opinion 8.061 - "Gifts to Physicians from Industry"

HHS OIG Compliance Program Guidance for Pharmaceutical Manufacturers

Pharmaceutical Research and Manufacturers Association (PhRMA) Code of Interactions with Healthcare Professionals

Health Industry Group Purchasing Association (HIGPA) GPO Ethics Guidance

AdvaMed (Device Manufacturers Code of Ethics)

Institute of Medicine (IOM) Report, Conflict of Interest in Medical Research, Education, and Practice (2009).



#### XIV. Right To Change or Terminate Policy

Any material changes to this Policy require review and approval by the EVP for Medical Affairs and the MedStar Legal Department. The Corporation's policies are the purview of the Chief Executive Officer (CEO) and the CEO's management team. The CEO has the final sign-off authority on all corporate policies.

#### Attachment A: Questions for Conflict of Interest with Industry Disclosures

##### Questions for all individuals required to file a disclosure:

##### Financial Interest of You and Your Family Members

1. To your knowledge, have you or an immediate family member had any financial interests, fiduciary roles or management responsibilities in a biomedical, pharmaceutical, medical device or medical equipment company in the last 12 months, including?

- stock or ownership interests greater than 3%
- compensation or other payment arrangements of any amount
- any company-issued stock-options regardless of amount or present value
- any role as an officer or director

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, describe each interest, including who has/had the interest (you or the name of your immediate family member), the name the company, the description of the interest or responsibility (including value if known). (*text box*)

##### Detailing, Tying, Switching or Ordering

2. To your knowledge, have you or an immediate family member received any compensation, gifts or other payment of any amount from a biomedical, pharmaceutical, medical device or medical equipment company in exchange for Detailing, Tying, Switching, or Ordering any products, goods or services over the last 12 months?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe each incident in detail, including who received the compensation or anything of value (you or the name of your immediate family member), the name of the company, the compensation or payment received, and the nature of the activity. (*text box*)

##### Speaking and Consulting Services

3. To your knowledge, have you or an immediate family member received OR requested approval of any financial interest, compensation, gifts or other payment of any amount from a biomedical, pharmaceutical, medical device or medical equipment company in exchange for consulting services, or speaking engagements on behalf of such a company over the last 12 months?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please describe each incident in detail, including who received the compensation, gifts or payment (you or the name your **immediate family member**), the name of the company, the compensation, gifts or payment received, and the nature of the activity. (*text box*)

### Meetings, Conferences and Other Events

4. To your knowledge, have you or an **immediate family member** received any financial interest, compensation, gifts or other payment of any amount from a biomedical, pharmaceutical, medical device or medical equipment company in exchange for attending any **educational** or **professional meetings, conferences** or **events** which were sponsored (or partially sponsored) by such a company over the last 12 months?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, describe each incident in detail including who attended the event(s) (you or the name of your **immediate family member**), the nature of the event(s), the name of the company or companies that sponsored it and the compensation or gifts received. (*text box*)

### Other Potential Conflicts

5. Do you or an **immediate family member** have any other relationships with, or have you received anything else of value from, a biomedical, pharmaceutical, medical device or medical equipment company over the last 12 months that could reasonably appear to influence your medical or professional objectivity?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, describe in detail. (*text box*)

### **Certification for All Disclosures**

By entering my username and password below, I certify that:

- To the best of my knowledge the information I have provided above is complete and accurate.
- Should my situation change at any point such that the information provided above no longer constitutes complete and accurate answers to all questions I will promptly update this disclosure.
- Neither I, nor any Immediate Family Member, has disclosed or used, or will disclose or use any confidential, special or inside information obtained through my association with any MedStar Health entity for the personal profit or advantage of myself or any Immediate Family Member.
- Neither I, nor any Immediate Family Member, has accepted gifts, gratuities, or entertainment that are in excess of limits stated in the MedStar Code of Conduct or the MedStar Health, Inc. Business Ethics and Confidentiality Policy or this policy that might influence my judgment or actions concerning the business of any MedStar Health entity, except as listed on a separate disclosure sheet. (This does not include the acceptance of items of nominal or minor value that are clearly tokens of respect or friendship, are not related to any particular transaction or activity, and are permitted under the MedStar Code of Conduct.)
- I understand that I have an obligation to take remedial action to correct, or cause others to correct, any violation of the MedStar Code of Conduct, the Business Ethics and Confidentiality Policy, or this policy of which I become aware, and to report any material violation of the Code or Policy to the Office of Corporate Business Integrity (directly or by calling the Ethics Hotline at 1-877-811-3411), or to the MedStar Legal Department.
- I have read and understand MedStar's Conflict of Interest Policy, Code of Conduct and the Business Ethics and Confidentiality Policy and agree to comply with them.

## Responsibilities in Local Extreme Emergent Situations (Disaster Policy)

*MedStar Health*

*Graduate Medical Education Policy*

### I. Purpose

To establish a policy for all graduate medical education (GME) training programs within MedStar Health in the event of disaster or any interruption in patient care.

### II. Scope

This policy will apply to all GME training programs within MedStar Health.

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health graduate medical education training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program for purposes of clinical education.

Sponsoring Institution – the MedStar hospital that sponsors the GME training program.

Extreme emergent situation – a local event (such as a hospital-declared disaster for an epidemic) that affects House Staff education or the work environment but does not rise to the level of an ACGME-declared disaster as defined in the ACGME Policies and Procedures.

### IV. Responsibilities/Requirements

MedStar Health is committed to its GME programs and house staff. In order to protect and assist house staff in the event of disaster or any interruption in training, the following policy is provided and supported by the institution.

1. The system-wide MedStar Disaster Oversight Committee will coordinate the provision of House Staff deployment as needed for patient care in the event of a regional disaster.
2. The Sponsoring Institution will continue patient care and GME training activities during a disaster, if at all possible.
3. The House Staff are first and foremost physicians, but may only perform duties based upon their degree of competence, their specialty training and the context of the specific situation. Many House Staff officers at an advanced level of training may even be fully licensed in their state, and therefore, they may be able to provide patient care independent of supervision.
4. In the event of a disaster, house staff must not be expected to perform beyond the limits of their competence as judged by program directors and other supervisors or outside the scope of their individual licensure.
5. The local GME Committee will be responsible for monitoring duty hours for affected house staff.
6. If a break in service does occur due to any natural disaster or interruption in patient care, the DIO and VPMA will review the situation to decide the best course of action.
7. In the event of an extreme emergent situation, the DIO will contact the Executive Director of the Institutional Review Committee (ED-IRC) regarding the status of the educational environment for its ACGME-accredited programs.
8. Once the DIO has received confirmation from the ED-IRC, program directors may contact their respective Executive Directors if necessary to discuss specialty-specific concerns regarding interruptions to House Staff education or effect on educational environment.
9. Program directors are expected to communicate and update the DIO and VPMA on the status and results of conversations with their Executive Directors.

10. In the event of an interruption in training, written notice will be given to all house staff.
11. If it is determined that training must be discontinued for a period of time, the Sponsoring Institution will support a House Staff officer transfer to another ACGME-accredited program to continue, and if necessary, complete training.
12. Salary and benefits will be continued for the house staff for the duration of their contract.
13. The Sponsoring Institution will provide letters of support for their house staff who require transfer to another institution. If available, evaluations and other employment documentation will be supplied upon request of the House Staff officer and/or receiving institution.
14. The Sponsoring Institution will work with the receiving institution to transfer associated cap positions, if applicable.
15. The DIO will notify the ER-IRC when the extreme emergent situation has been resolved.
16. In the event of an on-going disaster, the System GMEC will monitor the situation.

Policy Approved by: System GMEC

Policy Maintained by: MedStar Academic Affairs

## **Dismissal from a Residency Program and Termination of Employment**

*MedStar Health*

*Graduate Medical Education Policy*

### **I. Purpose**

To establish a policy for all post-graduate training programs within the MedStar Health System for use in dismissal of house staff from a residency program, and the corresponding the termination of house staff employment prior to the date of contract expiration.

### **II. Scope**

This policy will apply to all house staff in MedStar Health. All information contained in this policy shall be read in conjunction with the house staff agreement.

### **III. Definitions**

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health System post-graduate training program.

Dismissal – refers to the termination of participation in a residency or fellowship training program at the election of the program prior to the completion of the academic course of study.

Termination – the act of severing employment prior to the date of expiration of the house officer's contract or the non-renewal of a house officer's contract prior to the completion of an academic course of study at the election of either party to the contract.

### **IV. Responsibilities/Requirements**

A. Withdrawal or dismissal from a house staff officer's academic program prior to the completion of an academic course of study may be done at either the discretion of the house staff officer or the hospital, or at the mutual agreement of the house staff officer and the hospital.

#### **B. Resignation**

1. If the house staff officer desires to withdraw from his or her program, the house office must submit a letter of resignation to the Program Director, at least 30 days in advance, stating the reason for the action. The 30 days' notice may be waived, in whole or in part, at the discretion of the Program Director.

2. An exit interview may be requested by the Program Director and/or the Director of Medical Education/ Associate DIO (or designee).

### C. Dismissal

1. The Hospital may elect to dismiss a house officer from enrollment in a program prior to the established completion date due to:

- a) Academic Failure to Progress
- b) Misconduct
- c) Abandonment of position/employment
- d) Any other reason set forth in the house staff agreement.

2. The decision to dismiss should be made consistent with other applicable GME policies, such as the “Academic Improvement Policy or the “House Officer Misconduct” Policy.

3. When a house officer is informed of dismissal, he/she has the right to request due process as delineated in the “Due Process” policy.

### D. Non Renewal of Contract:

1. A program director may elect not to renew a house officer’s contract (i.e., deny promotion to the next level of education) consistent with the Academic Improvement Policy or House Staff Misconduct Policy.

2. Non-renewal of contract is an action that allows the resident to request due process (See policy for “Academic Improvement” and “House Staff Misconduct”).

3. The Office of Graduate Medical Education should be notified immediately upon the Program Director’s decision to not renew an employment contract.

4. Consistent with the Promotion Policy, house officers must be notified by February 1 of each academic year whether the house officer is then on-track to be promoted to the next educational level of training. If the program cannot confirm that a house officer is on track for promotion by February 1 of the academic year, then the house staff officer should be notified that the decision is being held until a specific future date, and the reason for holding on the decision (i.e., academic concerns, pending evaluations, scores, etc.)

5. Even if a house staff officer is notified of the program’s intent to promote as specified above, if circumstances warrant, the program may reverse its decision and elect not to promote or to dismiss a house staff officer in accordance with other provisions of this policy.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## Dress Code and Associate Conduct

### I. Policy Statement

MedStar Georgetown University Hospital believes in providing high quality and safe care, treatment and services to patients. Therefore, while on duty MedStar Georgetown University Hospital associates are required to dress in a manner that is safe and is based on MedStar Georgetown University Hospital dress code and conduct guidelines.

### II. Philosophy Statement

MedStar Health expects all associates to contribute to a professional and collegial environment by exemplifying the SPIRIT (Service, Patient First, Integrity, Respect, Innovation, and Teamwork) values with our patients, visitors, customers and colleagues.

### III. Procedure

#### I. Dress Code

##### a. Religious Dress

MedStar Georgetown University Hospital is committed to promoting diversity and equality of opportunity within the workforce and will therefore respect an individual's religious preference or requirements of customary dress. Leaders will consider associates' religious or cultural dress requirements and the needs of the patients that we serve. A review of our infection prevention and safety standards will be conducted as appropriate.

##### b. Identification Badges

ID badges must be worn by associates at all times while on premises and should be displayed according to entity standards.

##### c. Dress Code Requirements

While working at MedStar Georgetown University Hospital, appearance demonstrates our SPIRIT Values. Our success depends on the quality of safe care, treatment and service we provide and the professional image that we convey. It is essential that each associate present a neat, well-groomed appearance while on duty, on the entity premises, and while representing the entity off premises. Associates should adhere to the following dress requirements:

- Associate appearance should be clean, neat and professional. Clothing should be unexaggerated in style, clean, properly fitting and not wrinkled. Clothing should not appear too tight, too baggy, too short in length, faded, or in need of repair. Extreme or eccentric hairstyles (i.e. spiked, shaved message, striped, etc.) or hair color (i.e., blue, purple, green, etc.) are not permitted.
- Fingernails should be kept clean and be in compliance with the applicable MedStar Georgetown University Hospital practice.
- Lab coats and scrubs may only be worn by authorized clinical personnel, unless required by regulatory agencies or department policy.
- Due to close contact with patients, visitors and coworkers, the use of strong, heavy scents and fragrances is not permitted.
- Shoes need to be appropriate in style, depending on the nature of the position.
- Generally, visible tattoos and facial piercings are prohibited.
- Moderate jewelry is permitted and must be appropriate to the nature of the associate's job. In some areas, jewelry may not be permitted.
- Hats and other head coverings are not permitted, unless required for religious purposes or part of the uniform.
- Associates who are required to wear uniforms are expected to follow their department-specific dress code standards.
- Certain items are not appropriate. These include, but are not limited to, denim materials, T-shirts, shorts, flip flops and non-business style open toe shoes.
- Associates are expected to follow any additional guidelines related to their job.

#### II. Public Conduct of Associates

##### a. Cell phones and electronic devices

The use of personal cell phones, cameras, recording devices, electronic, and portable listening devices ("Personal Devices") for non-sanctioned, non-patient related reasons is not permitted. Associates may use Personal Devices for patient-related reasons if approved and authorized by appropriate policy and procedure.

Restrictions on Personal Devices in patient care and work areas are necessary to avoid disruption to patient care and to maintain a tranquil atmosphere for patients. Patient care and work areas include areas such as patient rooms, operating rooms, and places where patients receive treatment, such as x-ray and therapy areas, and halls and corridors adjacent to patient rooms, operating rooms, x-ray rooms, and like areas, which are extensions of patient care areas. Work areas also include areas on hospital property where use of Personal Devices may cause disruption of healthcare operations or disturbance of patients or may create traffic or safety hazards tending to disrupt or interfere with MedStar Georgetown University Hospital's mission to provide patient care.

Associates may use Personal Devices while not on duty in designated break areas or outside of patient care and work areas. Associates are expected to be professional and mindful of patients, families, visitors and coworkers in their use of these items at all times.

#### **b. Confidentiality**

The health status and personal details of our patients is confidential information. Associates may not discuss patient information in public areas, halls, and elevators. Associates are subject to corrective action for violation of patient confidentiality. Associates may not take pictures of patients nor post any patient hospital content on social media.

### **III. Eating and Drinking**

#### **a. Designated Areas**

Associates are encouraged to use the MedStar Georgetown University Hospital food establishments, vending rooms and/or designated break rooms for eating and drinking. Consistent with MedStar Georgetown University Hospital's mission to serve our patients and to present a professional image, associates may not eat or drink in nursing stations, patient areas, work areas visible to the public and/or public areas not designated for food service. Patient areas include areas such as patient rooms, operating rooms, and places where patients receive treatment, such as x-ray and therapy areas, and halls and corridors adjacent to patient rooms, operating rooms, x-ray rooms, and like areas, which are extensions of patient care areas. And to comply with OSHA requirements, associates may not eat or drink in a toilet room or in any area exposed to a toxic material, or eat, drink, apply cosmetics or lip balm, or handle contact lenses, in work areas where there is a reasonable likelihood of exposure to blood borne pathogens.

#### **b. Chewing Gum**

Associates who are providing patient care and/or interacting with patients and customers may not chew gum while on duty.

### **IV. Use of MedStar Georgetown University Hospital Resources**

#### **a. MedStar Georgetown University Hospital Resources**

Unauthorized use of MedStar property, such as, telephones, copiers, fax machines, computers, courier services, postage, office supplies, and other business equipment and supplies is prohibited. MedStar property, such as telephones, copiers, fax machines, computers, courier services, postage, office supplies, emails and other equipment, is intended for business and patient care activities.

#### **b. Personal Business**

Associates may not conduct personal business during work time or in work areas.

#### **c. Professional Organizations**

Associates who belong to outside professional organizations should ensure that association with the organization, its conduct or membership, does not negatively impact on the individual's ability to perform the duties of his or her job.

#### d. Unauthorized Representation

Associates should not represent themselves as official spokespersons for MedStar Georgetown University Hospital unless authorized.

### V. Illegal Activity

#### a. Firearms, Dangerous Weapons, Explosives, Lethal Materials

Unauthorized use, possession or storage of these or other potentially dangerous items on MedStar Georgetown University Hospital premises or at MedStar Georgetown University Hospital sponsored activities, is strictly prohibited, regardless of federal or local license to possess any such item. Weapons are also prohibited in lockers, cars and bags while on MedStar premises.

#### b. Alcohol and Other Drugs

Being under the influence of alcohol or illegal or controlled substances when reporting to work, while on the job, or in connection with carrying out MedStar Georgetown University Hospital responsibilities or on MedStar Georgetown University Hospital premises is prohibited. In addition, possessing or selling illegal or controlled substances in connection with carrying out MedStar Georgetown University Hospital responsibilities, or on MedStar Georgetown University Hospital premises, is prohibited. This prohibition is in addition to other MedStar Georgetown University Hospital policies including those concerning a drug free workplace and drug and alcohol testing.

### VI. Responsibility

#### a. Associates

Every associate is expected to follow the policies on personal appearance and conduct established by MedStar Georgetown University Hospital and the departments in which they work.

#### b. Leaders

- i. It is the leader's responsibility to ensure that appearance and conduct policies are contained in department manuals, and that each new associate is informed of such policies during departmental orientation. Department personal appearance policies must be approved by Human Resources prior to implementation.
- ii. It is the leader's responsibility to ensure associates' compliance with the applicable entity's and department's appearance policy. Failure to follow the Dress Code policy can result in corrective action up to and including termination.
- iii. It is the leader's responsibility to interpret and enforce this policy in a consistent manner. Associates who are inappropriately dressed may be sent home to change and may not be paid (unless they are exempt associates) for time lost from work and are subject to corrective action for repeated violations.
- iv. Leaders are responsible for enforcing the requirements of this policy and for ensuring that the associate's appearance and conduct is consistent with the mission and environment of the department and meets the following objectives:
  - Demonstrates a public image commensurate with the quality of patient care and services.
  - Protects the health and safety of patients, visitors and associates.
  - Meets infection prevention standards for a safe environment.

Please contact Human Resources with any questions regarding this policy.



## Drug and Alcohol Free Workplace

*MedStar Health*

*Graduate Medical Education Policy*

MISSION: MedStar Health is dedicated to delivering exceptional PATIENT FIRST health care, consistent with our SPIRIT values. We provide the region with the highest quality and latest medical advances through excellence in patient care, education, and research.

### I. Purpose

To establish a policy and procedures for substance abuse screening of residents and fellows (House Staff).

### II. Statement of Policy

MedStar Health maintains workplaces free from substance abuse. House Staff who use, possess, sell or transfer illicit drugs, or who offer to buy or sell such substances, are subject to disciplinary action up to and including dismissal. Likewise, House Staff who use alcohol during work hours or whose use of alcohol off duty affects their job performance are subject to discipline or dismissal. "Illicit drugs" includes street drugs, such as marijuana, cocaine or heroin, but also includes lawful medications used without a valid prescription from a treating provider or used for a non-therapeutic purpose.

### III. Procedure

#### A. Pre-employment Testing

1. Pre-employment drug testing and confirmation of a satisfactory test result is a condition of employment, as stated in the *GME Selection Policy* and the *House Staff Agreement*.
2. Candidates for enrollment in GME programs will receive a copy of the Drug Free Workplace policy during the interview process, and again with their employment agreement. A consent form for drug testing during the pre-employment medical evaluation must be completed (alcohol testing will also be completed if the clinical assessment so indicates). Any refusal or failure to provide a specimen for testing, or the provision of an invalid sample (diluted, cold, etc.) will result in withdrawal of the conditional offer of employment.
3. The drug test must be completed and satisfactory results received prior to any house officer commencing their first day of the residency program, including orientation.
4. If the drug test is confirmed positive, the candidate will not be medically cleared to begin the GME program. The results of the positive test will be communicated to the hospital's Vice President for Medical Affairs and the Corporate Vice President for Academic Affairs. The enrollment in the GME program, and the employment agreement, will be immediately withdrawn for failure to meet pre-employment requirements.
5. Reporting of the positive test will be communicated to others as appropriate as determined by the Vice President for Academic Affairs, i.e., the State Board of Medicine or linked GME programs.
6. Consistent with MedStar Health policy, any candidate whose offer of employment is withdrawn due to confirmed positive drug test results will not be eligible for enrollment in any MedStar Health residency program, or any employment within MedStar Health, for at least one (1) year
  - a. If a House Staff officer wishes to be considered for future enrollment in a MedStar Health residency program, it is his/her responsibility to seek formal evaluation and, if recommended, treatment at their own expense. The hospital can refer them to reputable treatment facilities in the area.
  - b. House Staff may reapply to a MedStar Health GME program, through the Match (or other approved application process) for the subsequent academic year.
  - c. Any House Staff officer who is accepted for re-entry into any MedStar GME program may be subject to conditions of employment as necessary to maintain a license.

## B. Reasonable Suspicion Testing

Program directors and faculty are responsible for removing enrolled House Staff from the worksite where there is reasonable suspicion that they may be under the influence of illicit drugs or alcohol at work.

Reasonable suspicion may be based on reports or direct observation of appearance, behavior, or conduct that includes, but is not limited to: slurred speech; glassy eyes; inability to perform tasks; sleeping or inability to stay awake; accident involving or on hospital property/premises; agitated or violent behavior; disorientation; loss of coordination; possession of alcohol or illegal drugs; unauthorized or inappropriate possession of controlled substances; discrepancies regarding narcotic counts or administration; or odor of alcohol/drugs on breath or clothing.

### *Enrolled House Staff*

Program Directors (or designee) will accompany the House Staff officer to the Occupational Health department (or the Emergency Department (ED) during off shifts/weekends) for evaluation and completion of reasonable suspicion drug and alcohol testing. House officer will be relieved of all duties pending the results of drug and alcohol testing, and all related investigation processes. House officers should not be sent home, unless a safe means of transport can be arranged. Program Directors should consult with the Director/AVP of GME regarding next steps. As with any other Fitness for Duty evaluation, the house officer must be cleared by the Occupational Health department prior to returning to work.

### *Rotating Residents/Fellows/Students*

Rotating residents/fellow or students may also be requested to be evaluated by Occupational Health department (or by the ED during off shift and weekend hours) based on a reasonable suspicion of illicit drug or alcohol use, following the same protocol outlined for enrolled House Staff, except as follows: Immediately contact the Director of GME regarding next steps and communication with the sponsoring institution and/or school of medicine..

## 1. Disciplinary Action and Rehabilitation

### a. Self-Identification

- i. MedStar Health encourages house officers to self-identify substance abuse and dependency issues and voluntarily seek assistance for any perceived dependency. A “safe haven” will be provided to any house officer who willingly comes forward to seek help with a substance abuse issue prior to coming to the attention of his/her program for performance or other behavior/conduct issues.
- ii. The hospital will assist the house officer in locating an appropriate assessment program or facility. House officer’s medical insurance should be utilized to cover the cost of treatment; but the hospital may elect to cover costs not covered by their insurance. In addition, eligible house officers will be offered a leave of absence under the Family Medical Leave Act, if needed to pursue treatment, and the house officer may be eligible to receive short term disability benefits during any period of approved medical leave.
- iii. Reporting will be required to appropriate agencies, i.e., The Board of Medicine, other State/Local agencies, etc. The Physician Health Committee will also be notified and engaged for advice and consultation.
- iv. If a house officer successfully completes treatment, and if the house officer’s treating provider recommends the resumption of residency training, the house officer may be eligible to re-enroll in the GME program subject to conditions set forth by the hospital through the Vice President for Academic Affairs.

- v. “Conditions” will be delineated in a written agreement, and typically provides for on-going monitoring of the house officer’s health and well-being, including, random drug and/or alcohol testing, as well as compliance with any and all treatment recommendations from the house officer’s treatment program, compliance with any conditions set forth by a state licensing board or state physician’s health program, and on the condition that any violation of the terms of the agreement will result in immediate dismissal, without the opportunity for any future enrollment.

b. Events not Self-Identified

- i. Working while impaired or under the influence is unacceptable. This includes rotations to all affiliate sites and attendance at any work-related activities outside of the hospital.

It is also unacceptable to engage in drug or alcohol use outside of work that affects performance at work or that could negatively affect the reputation of the program or institution.

- ii. In the event a house officer is determined to be in violation of this policy, the individual will be immediately suspended from all duties, and encouraged to seek evaluation and treatment. The program director, AVP-GME, and Vice President Academic Affairs will confer to determine next steps, including adherence to the *GME Misconduct Policy*.
- iii. Based on the situation, an inquiry may need to be conducted (i.e., diversion of medications, theft, or other related matters).
- iv. The house officer’s status in the program will be determined based on the scope of the situation. Misconduct may lead to dismissal from the GME program or leave of absence from the program. In any event, a house officer will not be reinstated to the program, unless or until he or she can produce sufficient evidence of fitness for duty, which could include, without limitation, the recommendation of a qualified treating provider, after full evaluation, that the house officer is fit to resume training. The decision whether to permit reinstatement will be made by the Vice President for Academic Affairs, in consultation with the Program Director and Legal, and others as appropriate. As a condition of reinstatement, a house officer will be required to enter into a monitoring agreement to assure on-going compliance with treatment recommendations and fitness for duty.
- v. Reporting will be required to appropriate agencies, i.e., The Board of Medicine, other State/Local agencies, etc., as well as future verification requests. The matter will also be forwarded to the Med-Star Physician Health Committee for consultation, review, and recommendations.
- vi. Reportable actions resulting from the misconduct are eligible for review per the *Misconduct Policy*.

C. Return to Work Testing and Evaluation

Following any suspension or leave of absence for violations of this policy, and prior to returning to duty, the house staff officer must report to the Occupational Health department for successful completion of a new fitness for duty evaluation, including a drug/alcohol screen. Only if medical cleared to return to work, after receipt of a negative drug/alcohol test, and consultation with the Physician Health Committee, may the house officer resume training/work. Failure to appear or refusal to test may result in further disciplinary action up to and including dismissal. Recommendation for return to work will be made to the Vice President for Academic Affairs for appropriate review, follow up, and administrative adherence..

*Policy approved by:* VPMA Council, September 21, 2011  
 Human Resources Operations Council, Oct. 18, 2011  
 System GMEC, June 7, 2018

*Policy maintained by:* MedStar Academic Affairs

## Due Process Policy

*MedStar Health  
Graduate Medical Education Policy*

### I. Purpose

To establish a policy for all graduate medical education (GME) training programs within MedStar Health to use in reviewing all actions resulting in dismissal or otherwise altering the intended career path of the house officer.

### II. Scope

This policy will apply to all house officers who participate in a GME training program within MedStar Health. Due Process, as described within, applies to actions that are taken as a result of academic deficiencies or misconduct (see related Academic Improvement Policy and House Officer Misconduct policy).

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health training program.

Graduate Training Program – refers to a residency or fellowship educational program.

Dismissal – The act of terminating a House Staff officer's participation in a training program prior to the successful completion of the course of training, whether by early termination of a contract or by non-renewal of a contract.

### IV. Academic Matters

The Hospital's Academic Improvement Policy affords due process to house officers who are dismissed from a residency program or whose intended career development is altered by an academic decision of a program. See Academic Improvement Policy for delineation of the specific processes available to a house officer to challenge an academic decision made by his/her Department.

### V. Misconduct Matters

The Hospital's House Officer Misconduct Policy affords due process to house officers who are disciplined or dismissed from a residency program in a manner that alters their intended career development. See House Officer Misconduct Policy for delineation of the specific processes available to a house officer to challenge discharge or discipline decisions based on alleged misconduct by a house officer.

## Evaluation Policy

*MedStar Health  
Graduate Medical Education Policy*

### Purpose:

To establish a policy for all graduate medical education training programs within MedStar Health to use in the assessment of house officer and faculty performance, and house officer and faculty evaluation of the hospital and the program. This evaluation process is utilized to improve the educational processes and programs.

### Scope:

This policy will apply to all graduate medical education training programs in the MedStar Health System. All information contained in this policy shall be used as minimum criteria for evaluation. More detailed evaluation criteria shall be delineated by the clinical departments in their respective departmental evaluation policy.

### Definitions:

House Staff or House Officer: refers to all interns, residents and fellows participating in a MedStar Hospital graduate medical education training program.

Graduate Medical Education Program: refers to a residency or fellowship educational program.

Objective Feedback: Assessments and evaluations that are typically structured and scored or rated based on pre-determined criteria that are uniformly applied. Examples include but are not limited to tests, shelf exams, USMLE scores, OSCEs, etc.

Subjective Feedback: Assessments and evaluations that are made by faculty and other evaluators, structured or unstructured, based on their professional judgments and opinions. Examples include but are not limited to rotational evaluations, verbal feedback, 360 evaluations, and “Just in Time” feedback at the point of clinical care.

Final Summative Assessment: A document that is prepared by the Program Director or Chairman for every house officer, upon departure of the program. The final summative assessment is a fair and balanced review of the house officer’s overall performance in the residency program, including strengths and weaknesses, and is based on the 6 core competencies and specialty specific requirements.

Recommendation Letter: A letter prepared for the purpose of promoting a house officer for a position in which they are seeking to gain.

Milestones: Competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

#### **IV. Responsibilities/Requirements:**

- A. Faculty have the responsibility to provide ongoing assessment and feedback to house officers. This feedback may be verbal or written.
- B. All documentation of house officer performance by the faculty, both formal and informal, should be maintained as permanent documentation by the department.
- C. Rotational evaluations will be one of the tools utilized in determining promotion.
- D. The Program Director will be responsible for communicating the departmental policy for evaluation to house staff and faculty

#### **E. Formative Evaluation:**

1. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
2. The program director should:
  - a) Provide objective and subjective assessments of performance based on the 6 core competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice based on the specialty-specific Milestones;
  - b) Use multiple evaluation methods and techniques, such as
    - (i) Verbal feedback
    - (ii) Rotational evaluations
    - (iii) 360 evaluations
    - (iv) Objective assessments
    - (v) Reflective exercises and/or portfolios
    - (vi) Simulation
    - (vii) Unsolicited feedback
    - (viii) Discussion and recommendations of the Clinical Competency Committee

- c). Methods of evaluation should be reviewed in their entirety. One evaluation does not have more weight than another; for example, rotational evaluations are equally as important as other methods of evaluation including verbal feedback
  - d) Use multiple evaluators (e.g., faculty, peers, patients, self and other professional staff);
  - e) Document progressive resident performance improvement appropriate to educational level; and,
  - f) Provide each resident with documented semi-annual evaluation of performance with feedback.
3. The evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

#### **F. Final Summative Assessment:**

1. The specialty-specific Milestones must be used as one of the tools to ensure house officers are able to practice core professional activities without supervision upon completion of the program.
2. The program director must prepare, sign and provide a Final Summative Assessment for each house officer upon departure from the program.
3. The final summative evaluation should:
  - a) Become part of the house officer's permanent record that is maintained by the sponsoring institution and must be accessible for review by the house officer;
  - b) Be an honest, fair and balanced assessment of the house officer's overall performance in the program including both strengths and weaknesses
  - c) Be based on the six core competencies
  - d) Include documentation of procedures if appropriate
  - e) Verify that the house officer has demonstrated sufficient competence to enter practice without direct supervision.
4. The final summative assessment is not negotiable and is not subject for review or contest

#### **G. Letters of Recommendation**

1. House officers may request a letter of recommendation to assist them with obtaining another position, job, employment, scholarship, or other purpose.
2. A Letter of Recommendation is separate from the Final Summative Assessment, and is not intended to be a fair and balanced assessment of overall performance in the program; a recommendation letter reflects the personal opinions of the person writing the letter.
3. Each program director should have a policy on whether or not they will prepare letters of recommendation in addition to the final summative assessment.
4. Faculty may choose to prepare letters of recommendation for house staff, upon request, so long as the following criteria are adhered to:
  - a) The faculty member must properly identify themselves, their role in the program, and the extent of their interaction with the house officer
  - b) The faculty member must not purport to represent the program or the overall assessment of the trainee by the program
  - c) The faculty member must only comment on the house officer's performance for which they have personal knowledge of.
  - d) Letters should be written on personal letterhead, not that of the program or institution or misleading as representing official documentation from the program leadership

e) Faculty must refrain from writing letters if directed as such by the Chairman in cases of academic failure to progress.

#### H. **Faculty Evaluation:**

1. The program must evaluate faculty performance as it relates to the education program at least annually.
2. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism and scholarly activities.
3. The faculty evaluation must include at least annual written confidential evaluations by the residents.

#### I. **Program Evaluation and Improvement:**

1. The program must document formal, systematic evaluation of the curriculum at least annually to track each of the following areas:
  - a) Resident performance;
  - b) Faculty development;
  - c) Graduate performance, including performance of program graduates on the certification examination; and,
  - d) Program quality, specifically that residents and faculty must have the opportunity to confidentially evaluate the program in writing at least annually and that the program must use the results of house staff evaluations of the program together with other program evaluation results for program improvement.
2. If deficiencies are found, the program should prepare a written action plan to document initiatives to improve performance in the areas as cited. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## **Grievance Resolution**

*MedStar Health*

*Graduate Medical Education Policy*

### **I. Purpose**

To establish a policy for all graduate medical education (GME) training programs within MedStar Health to use in the formal resolution of House Staff officers' complaints and grievances.

### **II. Scope**

This policy will apply to all House Staff who participate in GME training programs within the MedStar Health system. This policy does not apply to actions arising out of the Academic Improvement Policy or the House Officer Misconduct Policy.

### **III. Definitions**

House Staff or House Staff officer – refers to all interns, residents and fellows enrolled in a MedStar Health training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

Grievance – a cause of distress (such as an unsatisfactory working condition) felt to afford reason for complaint or resistance.

#### IV. Responsibilities/Requirements

- A. Grievances must be dealt with in a confidential manner, and without fear of retaliation. Incidents should be reported directly to the House Staff officer in charge at the time of the incident.
- B. If the House Staff officer in charge is unable to rectify the situation, the attending on the team should be consulted.
- C. For any incident that is not resolved as stated above or that is not associated with a particular incident on a patient unit, House Staff should proceed directly to their Chief House Staff officer.
- D. If the House Staff officer does not feel as though the Chief House Staff officer has effectively resolved the issue, he/she should take the problem to the Program Director for resolution.
- E. If satisfactory resolution is still not apparent after the Program Director has become involved, then the House Staff officer should provide a written grievance report directly to the Director of Medical Education outlining the issue. This report should describe the involvement of the Chief House Staff officer and the Program Director.
- F. The Director of Medical Education will review the written grievance report to ensure that all of the appropriate steps, as indicated above, were followed. A grievance committee will then be formed consisting of, at least, the following individuals:
1. The Program Director for the grievant
  2. Director of Medical Education (or designee)
  3. A House Staff officer not involved with the situation
  4. The Associate DIO of the entity
  5. Any other department representative deemed necessary by management to perform a reasonable investigation
- G. Upon hearing the grievance, the committee will investigate any and all issues associated with the complaint and will provide a final written decision to the House Staff officer.
- H. All proceedings and decisions of the grievance committee shall be reported to the Graduate Medical Education Committee and the applicable program director, in a confidential manner.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

### Health and Disability Insurance

#### I. Purpose

To establish a policy outlining health and disability insurance coverage for all graduate medical education (GME) training programs within MedStar Health.

#### II. Scope

This policy will apply to all house officers who participate in a GME training program within MedStar Health.

#### III. Definitions

House Staff or House Staff officer – refers to all interns, residents and fellows enrolled in a MedStar Health training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.



#### IV. Health and Disability Insurance Coverage

A. MedStar Health provides health insurance benefits for House Staff and their eligible dependents as of the first day of employment. House Staff may chose from the following high-quality health insurance plans:

1. CareFirst PPO
2. MedStar Select
3. Kaiser Permanente HMO Plan

B. MedStar Health provides the following disability insurance benefits for House Staff as of the first day of employment:

1. Short-Term Disability (STD): STD coverage is designed to ensure continuing income for those house staff who are unable to work due to a non-work related injury or illness. Eligible employees may participate in the STD plan subject to all terms and conditions of the agreement between MedStar Health and the insurance carrier. STD is available for full-time house staff. Coverage begins on the first day for an accident and after a 7 day waiting period for an illness and can continue for up to 25 weeks or until clearance to return to work is granted, whichever occurs first. The STD program replaces 60% of salary. Disabilities arising from pregnancy or pregnancy-related illness are treated the same as any other illness that prevents and employee from work.

2, Long-Term Disability (LTD): MedStar Health provides a LTD benefit plan to help house staff cope with an illness or injury that results in a long-term absence from employment. LTD benefits are designed to ensure a continuous income for employees who are disabled and unable to work. LTD benefits begin after a 180 day elimination period of disability is satisfied. LTD plans provide a bridge between short-term disability benefits and retirement income. Benefits will cease at the end of the maximum benefit period (age 65), the date your disability ends, or the date that medical documentation expires. House Staff receive 70% of income up to a maximum \$3,000 monthly benefit. MedStar Health also offers an expanded LTD plan for minimal cost during the training period. This insurance coverage is portable; that is, house staff may continue the coverage in effect by assuming payment of the premium upon completion of the training program (additional information available upon request).

*Policy Approved by:* System GMEC

*Policy maintained by:* MedStar Academic Affairs

### Misconduct Policy

*MedStar Health*

*Graduate Medical Education Policy*

#### I. Purpose

To establish a policy and process for all graduate medical education (GME) programs at MedStar Health to use when allegations of misconduct are made against a house staff officer.

#### II. Scope

This policy applies to all Graduate Medical Education (GME) training programs at MedStar Health..

#### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows participating in a program of post-graduate medical education

Misconduct – Improper behavior; intentional wrongdoing; violation of a law, standard of practice, or policy of the program, department, or hospital. Misconduct may also constitute unprofessional behavior, which may also trigger action under the Academic Improvement Policy. These actions may proceed simultaneously.

#### IV. Process

A. **Allegations of Misconduct:** A house officer, employee of the Hospital, attending physician, patient, or any other person who believes that a house officer has engaged in misconduct or improper behavior of any kind should immediately report his/her concerns to his/her supervisor, or any other supervisor in the Hospital, who in turn should communicate the allegations to the house officer's Program Director.

B. Upon receipt of a complaint regarding the conduct of a house officer, the Program Director should conduct an inquiry, as follows:

1. Meet with the person complaining of the misconduct to understand the nature of the complaint and any related information.
2. Meet with the house officer to advise the house officer of the existence of the complaint, to give the house officer an opportunity to respond to the allegations, and to identify any potential witnesses to the alleged misconduct.
3. Based on the information received from the complaint and the information received from the house officer, the Program Director must determine if a continued inquiry needs to take place in order to reach a conclusion in the matter. In order to do this, the Program Director should talk with the Assistant Vice President, GME or their designee to review the situation and determine proper direction. If a continued inquiry is not warranted, then with the consent of the Assistant Vice President, GME, one does not need to be conducted.
4. If an inquiry is warranted, the Program Director should consult with the Assistant Vice President, GME to determine whether others should be contacted or included in the inquiry process as appropriate based on the issues at hand and the people involved. For example, Human Resources, Compliance, Security, or other departments may need to be included. The Associate DIO of the institution should serve in a hands-on role during the inquiry process.
5. All allegations of sexual harassment will be reported immediately to Human Resources in accordance with the Hospital's policy against harassment.
6. A continued inquiry process is administered by the Assistant Vice President, GME. Information learned during the inquiry will be prepared into a report and provided to the program director for final review and decision making.
7. Upon consensus of the Program Director and Assistant Vice President, GME, the accused house staff officer can be removed from duty (with or without pay) pending the outcome of the inquiry process. If no findings of misconduct are found, the house officer's pay will be reinstated in full.

C. Upon receipt of the inquiry report, the program director will review the findings with the Assistant Vice President, GME and together they will determine an appropriate course of action. This determination may be made upon consultation with others including Human Resources, Legal, or others.

D. The Program may take actions including, without limitation, the following:

1. **A verbal or written warning\***
2. **Reportable Actions:**
  - a) **Election to not promote to the next PGY level**
  - b) **Non-renewal of contract**
  - c) **Suspension**
  - d) **Dismissal from the residency or fellowship program**

\* If the program director determines that misconduct occurred, but the level of misconduct does not rise to a required dismissal from the program, and that the house officer has the ability learn from the experience, then

the issue can be converted to an academic matter. In this situation, the house officer should receive a Letter of Misconduct outlining the issue, future expectations, and academic improvement required under the competence of professionalism.

**Reportable Actions:** The decision not to promote a house officer to the next PGY Level, not to renew a house officer's contract, to suspend a house officer, and/or to terminate the house officer's participation in a residency or fellowship program are each considered "reportable actions." Reportable Actions are those actions that the Program must disclose to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House Officers who are subject to a Reportable Action may request a review of the decision as provided in this Policy.

**E. Request for Review:** A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Assistant Vice President, GME within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Assistant Vice President, GME will first determine whether the matter is reviewable under this Policy, and if so, the Assistant Vice President, GME shall advise the Physician Chair of the System GMEC and the Corporate for Vice President Academic Affairs (or their designee) who will:

1. Review the complaint
2. Meet with the house officer
3. Review the house officer's file and the inquiry report
4. Meet with the program director
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed. That is, that the house officer received notice and an opportunity to be heard, and the decision to take the Reportable Action was reasonably made.

The Assistant Vice President, GME will:

1. Advise the Physician Chair of the System GMEC and the Corporate VP, Academic Affairs of the request for review
2. Assist the Physician Chair of the System GMEC (or designee) to identify other potential participants, if warranted
3. Monitor timely completion of the review process

The decision resulting from this review is a final and binding decision. A written report will be provided to the resident and the program director, and others as appropriate.

#### **V. No Retaliation:**

Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances may anyone retaliate against, interfere with or discourage anyone from participating in good faith in an initial inquiry or a full inquiry conducted under this policy. A house staff officer who believes he/she may have been retaliated against in violation of this policy should immediately report it to their supervisor, the Assistant Vice President, GME, or any other supervisor.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## Moonlighting and Outside Professional Employment

*MedStar Health*

*Graduate Medical Education Policy*

### I. Purpose

To establish guidelines for employment outside of the MedStar Health System academic curriculum for residency and fellowship training.

### II. Scope

This policy will apply to all house officers participating in post-graduate training programs at MedStar Health hospitals.

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health hospital’s post-graduate training program.

Post-Graduate Training Program – refers to a structured residency or fellowship educational program accredited by the ACGMC, CPMB, ADA or other recognized accrediting body, or a non-accredited program which is recognized by the American Board of Medical Specialties (ABMS), for purposes of clinical education (collectively “approved programs”). For purposes of this policy, graduate medical education programs also include structured educational programs that are unapproved and unaccredited (collectively “unapproved programs”).

Moonlighting – refers to any and all clinical activities outside of the scope of the defined post-graduate training program.

External Moonlighting – refers to moonlighting on behalf of an employer other than the sponsoring institution and any of its academically affiliated sites.

Internal Moonlighting – refers to moonlighting on behalf of the sponsoring institution or any of its academically affiliated sites.

Outside Professional Employment – refers to any non-clinical employment a house officer engages in outside of the defined post-graduate training program.

### IV. Conditions/Requirements

#### A. General Restrictions

1. No house officer may moonlight without having first obtained, at their own cost, an unrestricted license to practice medicine in the jurisdiction in which the moonlighting activity will take place.
2. No house officer may moonlight without first having been appropriately credentialed by the medical staff office of the facility where the moonlighting is to occur.
3. Any house officer holding an H-1B or J-1 visa, by virtue of USCIS regulations and/or ECFMG sponsorship, is not allowed to accept work or receive income in any capacity other than that of a resident physician in the specific residency identified on the DS2019 issued by the ECFMG or the visa petition approved by the USCIS.
4. Moonlighting, whether internal or external, is prohibited if it is inconsistent with providing residents and fellows sufficient time for educational activities. Moonlighting will only be approved if, in the judgment of the Program Director, the proposed moonlighting activity will not interfere with the house officer’s ability to meet his/her educational obligations in a satisfactory manner. The Program Director must prospectively approve, in writing, all moonlighting of house officers within their scope of supervision. This written approval will be noted in the house officer’s institutional personnel (GME) file. The Program Director may withdraw permission for moonlighting activities if he/she determines the moonlighting activities are having an adverse effect upon participation in educational activities.

## B. House Staff in Approved (Accredited) Programs.

1. A house officer in an approved program is never required to moonlight, but moonlighting may be permissible under certain circumstances.

### 2. External Moonlighting

a) A house officer may moonlight externally if: (i) the house officer is fully licensed and credentialed by the facility where the moonlighting is to occur; and (ii) the house officer has the prior written permission of the Program Director.

b) A house officer who moonlights outside of the MedStar Health System is not provided coverage of professional liability insurance by MedStar Health or its affiliates. It is the responsibility of the moonlighting house officer to obtain appropriate professional liability insurance for any moonlighting activity outside of the MedStar Health System.

### 3. Internal Moonlighting

a) Any moonlighting occurring within the sponsoring institution (or its academically affiliated sites) must be counted toward duty hour limits (80 hour rule, 30 hour rule, and 10-hour rest period). It is the responsibility of the program director and the institution to monitor and comply with all duty hour regulations.

b) A house officer may only moonlight within the sponsoring institution (including any of its academically affiliated sites) if: (i) the house officer is fully licensed and credentialed by the medical staff office of the facility where the moonlighting is to occur; (ii) the services to be performed can be distinguished from those services that are part of the house officer's training program; (iii) the services will be performed in an outpatient department or emergency department of the sponsoring institution;<sup>1</sup> and (iv) the house officer has the prior written permission of the program director.

(i) House staff in graduate medical education programs may not moonlight within the sponsoring institution or any academically affiliated site, unless the services to be provided during moonlighting are clearly distinguishable from the services furnished by the house officer in his/her approved or recognized medical training program. Any proposed services that fall within the scope of the house officer's training program or within the house officer's department is presumptively forbidden. Factors to be considered in determining whether proposed services are distinguishable from the services furnished by the house officer in an approved or recognized medical training program include, but are not limited to:

- (1) Whether the house officer is working on the same unit during moonlighting activities and during the activities of the training program;
- (2) Whether the house officer is seeing the same patients during moonlighting activities and during the activities of the training program;
- (3) Whether the house officer is performing work for which he/she would require supervision if the work were performed during the regularly scheduled hours of the residency training program;
- (4) Whether the house officer will be evaluated for the moonlighting activities through the residency/fellowship program evaluation process; and
- (5) Whether the house officer is using any of the patients seen during the moonlighting activities as case studies for residency/fellowship program papers.

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<sup>1</sup> If these criteria are not met, there can be no reimbursement for the house officer's moonlighting activities under Medicare Parts A or B. The house officer cannot bill Medicare Part B, and in order for the attending physician to bill Medicare Part B the attending physician must have: (1) participated in the service; and (2) the attending physician's provision of services must be properly documented in accordance with applicable reimbursement guidelines. In addition, all costs associated with the house officer's moonlighting activities must be separated out and not included on the cost report line relating to residency training on the Hospital's Medicare cost report.

4. The VPMA of the hospital must review the aforementioned five criteria to determine if services are separate and distinguishable. If that determination is made, then the decision should be memorialized by way of a memo to the file and made available for future review.
5. House staff in approved programs who meet all of the above criteria and who wish to moonlight must have a separate contract that specifies the services they are permitted to provide independently. The contract must specify that these services are not part of their residency/fellowship program. The contract also must indicate a separate salary that will be paid at fair market value for these services. The contract must be terminable at the discretion of the training Program Director, if at any time he or she concludes that the moonlighting services are interfering with the house officer's educational responsibilities. Such contracts must meet all requirements of the Hospital's Contract Administration Policy, including review by the Legal Department, as necessary.
6. A house officer who engages in internal moonlighting activities at an academically affiliated site that is not part of the MedStar Health System is not provided coverage of professional liability insurance by MedStar Health. It is the responsibility of the moonlighting house officer to obtain appropriate professional liability insurance for any moonlighting activity outside of the MedStar Health System.

### C. House Staff in Unapproved (non-Accredited) Programs.

#### 1. External Moonlighting

- a) A fellow who is enrolled in an unapproved program may moonlight externally if: (i) the fellow is fully licensed and credentialed by the facility where the moonlighting is to occur; and (ii) the fellow has the prior written permission of the Program Director.
- b) A fellow who is enrolled in an unapproved program who moonlights outside of the MedStar Health System is not provided coverage of professional liability insurance by MedStar Health or its affiliates. It is the responsibility of the moonlighting fellow to obtain appropriate professional liability insurance for any moonlighting activity outside of the MedStar Health System.

#### 2. Internal Moonlighting

A fellow who is enrolled in an unapproved program may moonlight within the sponsoring institution (or its academically affiliated sites) under the following circumstances:

- a) A fellow who is enrolled in an unapproved program may moonlight in any position within the institution for which he or she is qualified, if (a) the house officer is fully licensed and credentialed; and (b) the house officer's position is not included in the sponsoring institution's GME Cost Report.
  - b) In the judgment of the Program Director, the proposed moonlighting activity does not interfere with the fellow's ability to meet his/her educational obligations in a satisfactory manner.
  - c) Any moonlighting occurring within the sponsoring institution (or its academically affiliated sites) must be counted towards the 80-hour weekly limit on duty hours.
3. Fellows enrolled in an unapproved program who meet all of the above criteria and who wish to moonlight internally must have a separate contract that specifies the services they are permitted to provide independently. The contract must specify that these services are not part of their fellowship program. The contract also must indicate a separate salary that will be paid at fair market value for these services. The contract must be terminable at the discretion of the training Program Director, if at any time he or she concludes that the moonlighting services are interfering with the house officer's educational responsibilities. Such contracts must meet all requirements of the Hospital's Contract Administration Policy, including review by the Legal Department, as necessary.
  4. Fellows enrolled in an unapproved program who meet all of the above criteria and engage in moonlighting may bill for any services within the scope of his or her license and employment contract.

## Non-competition Guarantees and Restrictive Covenants

### I. Purpose

To establish a policy outlining non-competition guarantees and restrictive covenants for house staff.

### II. Scope

This policy will apply to all house officers who participate in a GME training program within MedStar Health.

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

### IV. Non-Competition Guarantee and Restrictive Covenants

A. Under no circumstance will a MedStar Health house officer be required to sign a non-competition guarantee or a restrictive covenant as a condition of employment or enrollment in a GME program.

Policy Approved by: System GMEC

Policy maintained by: MedStar Academic Affairs

## Paid Time Off and Leaves of Absence

### I. Purpose

To establish a policy outlining paid time off (PTO) benefits and leaves of absence for all graduate medical education (GME) training programs within MedStar Health.

### II. Scope

This policy will apply to all house officers who participate in a GME training program within MedStar Health.

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

### IV. PTO Benefits

A. All house staff are eligible for two weeks of PTO, which includes vacation, personal and sick time. PTO requests must be made in advance to the program director or the appropriate departmental designee. Requests will be granted based upon a number of factors, including operational need and staffing requirements. An additional two weeks of PTO may be granted with the approval of the program director, and in accordance with program specific PTO policies. Holiday scheduling for house staff is determined by each program individually, and is dependent upon 24-hour operational and staffing needs..

B. House staff do not accrue PTO. Any unused PTO will be forfeited upon conclusion of the residency/fellowship training period

### V. Leaves of Absence

A. In the event of a leave of absence, the educational training period may be extended in order to fulfill the department, specialty board, or state licensing board's requirements. Each GME program is responsible for providing its house staff with written information about the effects of a leave of absence on fulfilling program requirements and board certification eligibility requirements

B. House staff and program directors must adhere to each specialty board's policy specifying the maximum amount of time a house staff officer may be absent during each year of training. If a house staff officer's educa-

tional training period must be extended to satisfy board and/or department requirements, he/she must make up the excess time before being promoted to the next PGY level.

C. Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. It is up to each educational program to determine the process by which a house officer should request the time off.

*Policy Approved by:* System GMEC

*Policy maintained by:* MedStar Academic Affairs

## Professional Liability Insurance

### I. Purpose

To establish a policy outlining professional liability insurance coverage for all assignments within the scope of the training program in Graduate Medical Education (GME) within MedStar Health.

### II. Scope

This policy will apply to all house officers who participate in a GME training program within MedStar Health.

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

### IV. Professional Liability Coverage

A. As agents of the hospital, and in accordance with the rules and regulations of the hospital and the Accreditation Council for Graduate Medical Education (ACGME), house staff are covered for professional liability by the MedStar Health, Inc. Risk Management Financing Plan for all work performed within the scope of the training program. House staff are covered under this plan for any incident that occurs while employed by MedStar Health, even if the claim arises after employment terminates. Coverage through the Plan provides limits of \$1,000,000/\$3,000,000 and is occurrence based. In addition, excess coverage is purchased on a claims made basis. All subpoenas and information relating to professional liability actions against the hospital or its staff should be referred to Risk Management or Legal Affairs.

Policy Approved by: System GMEC

Policy maintained by: MedStar Academic Affairs

## Program Closures and Reductions in Force

### I. Purpose

To establish a policy for all graduate medical education (GME) programs at MedStar Health to state the intentions of the Hospitals regarding the potential for program closure or reductions in force.

### II. Scope

This policy will apply to all GME training programs within the MedStar Health system.

### III. Definitions

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

House Staff or House Staff officer – refers to all interns, residents and fellows enrolled in a GME training program.



#### **IV. Responsibilities/Requirements**

A. The Sponsoring Institution will make every effort to notify the DIO and Graduate Medical Education Committee in writing as soon as possible of any major change in a training program, i.e. reduction in the size of a program or program closure.

B. House staff will be notified in writing as soon as possible of any major change in the training program.

C. All current contracts will be honored.

D. If possible, house staff currently enrolled in impacted GME training programs will be allowed to complete their education. Otherwise, every effort will be made to help each house officer find alternative training in an accredited program.

E. The ACGME or accrediting body will be notified as soon as possible of the Sponsoring Institution's intention to permanently reduce the approved complement of a program or to close a program.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

### **Promotion of House Officers**

#### **I. Purpose**

To establish a policy for all graduate medical education (GME) training programs within MedStar Health to use in the promotion and appointment of house officers to the next level of training.

#### **II. Scope**

This policy will apply to all GME training programs in the MedStar Health system. All information contained in this policy shall be used as minimum criteria for promotion. More detailed promotion criteria shall be delineated by each clinical department in its respective Departmental Promotion Policy.

#### **III. Definitions**

House Staff or House Staff officer – refers to all interns, residents and fellows participating in a MedStar Health training program.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program

Letter of Deficiency – refers to the process of formally providing “notice and opportunity to cure” as described in the “Academic Improvement” Policy.

#### **IV. Responsibilities/Requirements**

A. The decision as to whether or not to re-appoint and promote a House Staff officer to the next level of training shall be made annually by the Program Director upon review of the House Staff officer's performance.

B. The Program Director shall consider all feedback and evaluations of the House Staff officer's performance (refer to the Policy for Evaluation of House Officers) and any other criteria deemed appropriate by the Program Director.

C. Each year, Graduate Medical Education will request promotional decisions from the Program Directors in the February/March time frame. House Staff officers must be provided with a written notice of intent when that House Staff officer's contract will not be renewed, when that House Staff officer will not be promoted to the next level of training, or when that House Staff officer will be dismissed. Graduate Medical Education should be notified immediately upon the Department's decision to not renew a house staff contract.

D. If necessary, a Program Director may decide to defer a final decision on whether to promote a House Staff officer until after the February/March time frame. In this situation, the Program Director should issue a Letter of Deficiency to the House Staff officer pursuant to the Academic Improvement Policy.

E. The Program Director may elect to extend the House Staff officer's contract pending satisfactory completion of academic requirements. In this event, the decision to promote will be deferred until satisfactory completion of the educational program is confirmed.

F. A decision not to extend or promote a House Staff officer's contract should be preceded by a Letter of Deficiency pursuant to the Academic Improvement Policy.

G. If a program director elects not to promote a House Staff officer, or extend a House Staff officer's contract, the House Staff officer has a right to due process in accordance with the Academic Improvement Policy or the House Officer Misconduct Policy.

## **V. Non-Renewal of Contract**

See Policy for "Dismissal and Termination"

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## **Selection and Credentialing of House Officers**

*MedStar Health*

*Graduate Medical Education Policy*

### **I. Purpose**

To establish a policy for all graduate medical education programs within the MedStar Health System to use in the selection of house officers. To further establish a procedure for the credentialing of house officers.

### **II. Scope**

This policy will apply to all graduate medical education programs in the MedStar Health System. All information contained in this policy shall be used as minimum criteria for selection. More detailed selection criteria shall be delineated by each clinical department in its respective Departmental Selection Policy.

### **III. Definitions**

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health graduate medical education program.

Match – refers to the formal process of matching residents to ACGME-accredited training programs, administered by the National Residency Matching Program (NRMP).

### **IV. Responsibilities/Requirements**

A. All applicants for a house staff position must be (pending) graduates of:

1. An LCME (Liaison Committee on Medical Education) accredited medical school in the United States or Canada; or
2. An AOA (American Osteopathic Association) accredited medical school in the United States; or
3. Graduation from a medical school outside of the United States or Canada, and meeting one of the following additional criteria:
  - a) An accredited college for specialty training in Podiatric Medicine or an American Dental Association (ADA) accredited dental school;

- b) Holds a currently valid certificate from the Educational Commission for Foreign Medical Graduates prior to appointment; or
- c) Holds a full and unrestricted license to practice medicine in a United States licensing jurisdiction in his or her current ACGME specialty/subspecialty program; or,
- d) Has graduated from a medical school outside of the United States and has completed a Fifth Pathway program provided by an LCME-accredited medical school.

B. All applications for House Staff positions must be submitted by one of the following methods:

- 1. The Electronic Residency Application Service (ERAS); or
- 2. The Universal Application for Residency Training; or
- 3. Approved Hospital employment application for residency training.

Department specific policies may designate other means of application during a post-match period; however, original applications must still be submitted.

C. The Program Director, or designee, will evaluate and select the candidates he/she believes to be the most qualified for the positions available within the training program.

D. **PROCEDURE.** Once an applicant is selected for an interview, the following procedure must be employed by all programs:

- 1. The following credentials must be collected for each candidate:
  - a) Application and Personal Statement, completed and signed.
  - b) Original Dean's letter
  - c) Original (certified) Medical School Transcript
  - d) Verification of graduation from the Medical School. (Appointments to PGY-1 positions may be made prior to graduation, however, it is the responsibility of each Program Director to verify graduation before the intern begins in the program and file documentation in the personnel file)
  - e) Two (2) letters of reference from attending physicians familiar with the individual's performance. If the candidate has previously been in a post-graduate training program, one letter must be from the candidate's former Program Director.
  - f) Documentation of successful completion of Steps 1 and 2 (CS and CK) of the United States Medical Licensure Examination (USMLE), If an applicant has not received the results of both components (CS and CK) of Step 2 at the time of interview, successful completion will become a "Condition of Employment."

2. Candidates of medical schools that are not accredited by the LCME or the AOA must have the following additional documentation:

- a) Official certified translations of all documents listed above in English; and
- b) Certification by the Educational Commission of Foreign Medical Graduates (ECFMG).

3. TRANSFERS:

- a) Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.
- b) This information must be reviewed and approved by the DIO and Office of Graduate Medical Education prior to any offers of employment. Additionally, the program director from the previous program must provide a written statement regarding the house officer's status in the program (house officer must

be in good standing) and a complete assessment of his/her clinical competence including summative performance in the educational program to date.

4. All candidates should interview with the Program Director (*or designee*) and one or more members of the faculty. Telephone interviews will only be granted in lieu of a personal interview in the event of business necessity.
5. All ACGME-accredited residency training programs are expected to participate in the National Residency Matching Program (NRMP) and to follow all rules and requirements as set forth by that organization.
6. All candidates should be evaluated based on the following minimum criteria:
  - a) Preparedness
  - b) Ability
  - c) Aptitude
  - d) Academic credentials
  - e) Communication skills
  - f) Personal qualities, such as motivation and integrity
7. All candidates invited for interviews must be informed, in written or electronic format, of the terms, conditions and benefits of appointment either in effect at the time of the interview or that will be in effect at the time of eventual appointment to include:
  - a) Financial support;
  - b) Vacations; parental, sick and other leaves of absence;
  - c) Professional liability, hospitalization, health, disability and other insurance accessible to residents/fellows and their eligible dependents.
8. Upon selection (or after the Match), contracts shall be prepared by the Office of Graduate Medical Education, and signed by the Director, Graduate Medical Education. All contracts for categorical residents throughout the system will follow the academic/fiscal year dates beginning July 1 and ending on June 30 of each year. Preliminary residents and incoming residents may begin early for mandatory orientation requirements. Occasionally, resident contracts may be “off-cycle” due to leaves of absence or other performance-related reasons.
9. If any of the required credentials documentation, as identified above, is missing on the effective date of the contract, the contract may be void.
10. If a prospective house officer fails to graduate, the contract will be made null and void.
11. MedStar Health is an equal opportunity employer. Residency programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
12. CONDITIONS OF EMPLOYMENT: Offers of employment and/or acceptance into the educational program are contingent upon certain conditions, including but not limited to:
  - a) Pre-employment health examination and drug screen
  - b) Criminal background check, pursuant with Human Resources procedure
  - c) Primary source verification of medical school completion and any previous accredited residency program experience
  - d) Successful completion (pass) of USMLE Steps 1 and 2, if not completed at the time of interview.

## Sexual and Other Unlawful Harassment

The MedStar Health System is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated. As an example, sexual harassment (both overt and subtle) is a form of employee misconduct that is demeaning to another person, undermines the integrity of the employment relationship, and is strictly prohibited.

Any employee who wants to report an incident of sexual or other unlawful harassment should promptly report the matter to his or her supervisor. If the supervisor is unavailable or the employee believes it would be inappropriate to contact that person, the employee should immediately contact the Office of Graduate Medical Education or any member of management. Employees can raise concerns and make reports without fear of reprisal.

Any supervisor or manager who becomes aware of possible sexual or other unlawful harassment should promptly advise the Office of Graduate Medical Education or any of management who will handle the matter in a timely and confidential manner.

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.

## Social Media Policy

### I. Purpose:

To establish the guidelines of acceptable use of social media by MedStar Health associates and affiliated staff, including creation of official sites and participation in public sites.

### II. Policy

MedStar Health believes that participation in online communities can promote better communication with colleagues and customers, the general public, traditional and non-traditional media, and other community stakeholders. Participation may include, but is not limited to, the following social media platforms: online forums, blogs, microblogs, wikis, videologs, health pages and social networks. Current examples of social media platforms include Facebook, Twitter, YouTube, LinkedIn and Google+. Communications within these platforms need to be consistent with MedStar policies, guidelines and standards.

MedStar expects that associates and affiliated staff who represent themselves as being a part of MedStar and who engage in social media will be mindful that their postings impact MedStar's reputation and legitimate business interests. MedStar will permit access to social media utilizing MedStar resources so that its associates and affiliated staff may use it for business and professional purposes within the guidelines provided herein. Associates and affiliated staff may not access social media for other purposes utilizing MedStar resources or during normal working hours.

### III. Scope

This policy applies to all associates, volunteers, students, physicians, residents and contractors of MedStar Health, (collectively "associates and affiliated staff") and its affiliated entities (collectively "MedStar Health" or "MedStar").

Independent physicians on our medical staff are also covered under this policy since HIPAA requires confidentiality of patient information regardless of the media platform.

A: General Guidelines

B: Personal Communications

C: Creation of an Official MedStar Social Media Page

D: Definitions

- E: Responsibilities
- F: Exceptions
- G: What Constitutes Non-Compliance?
- H: Consequences of Non-Compliance
- I: Related Policies
- J: Procedures which are related to the policy
- K: Legal reporting requirements
- L: Reference to laws or regulations of outside bodies
- M: Right to change or terminate policy

#### **A. General Guidelines for Official Site Managers**

1. Communications should be consistent with the MedStar Code of Conduct, mission, vision and values, policies and applicable laws.
2. Communications in online communities should never contain information that identifies a patient or his/her health condition in any way. Social media must not be used to respond to a patient's question about his/her care.
3. Associates should never use ethnic slurs, personal insults or obscenities, or engage in any conduct that would not be acceptable in MedStar's workplaces. Associates should also show consideration for others' privacy and avoid topics that may be considered objectionable or inflammatory, such as politics and religion. Individuals may be held personally liable for defamatory or libelous commentary.
4. MedStar resources, including email and Internet access are provided to support MedStar business purposes. While users who are given access to these tools at work may make incidental personal use of them, they may not make extensive personal use of them either during work or non-work time. Each user's manager has the right and responsibility to determine what "extensive use" is, counsel their staff, and revoke access privileges for abuse of the system, or take other disciplinary action, if necessary.
5. Photographs and recordings (audio and video) of MedStar facilities, associates, and patients are prohibited without prior written consent from the identified parties and the public affairs and marketing department. Written consent grants permission only to MedStar Health to share those photographs and recordings; initial posts cannot be made via any personal social media account. Only after the message is posted via an official MedStar page may it be shared by associates or any other followers. Photographs and recordings (audio and video) of patients are strictly prohibited from personal social media entries.
6. Associates and affiliated staff should not respond to media or press contacts, online complaints, criticisms, or negative commentary about MedStar. If contacted for comment or if negative commentary is observed, information should be forwarded to the corporate public affairs and marketing department at 410-772-6661.
7. Confidential business or proprietary information must not be disclosed via social media, and MedStar patients, partners or suppliers should not be referenced in social media entries.
8. All requests for references and/or recommendations, even those that are received through social media, should be handled in accordance with MedStar's existing policy governing employment references.
9. Individuals who have concerns regarding workplace conduct or inappropriate behavior are encouraged to contact their immediate supervisor, or the **MedStar Integrity Hotline at 877-811-3411**.
10. Content owners possessing a mobile device that can gain access to an official MedStar social media profile through a third-party app or mobile browser (whether or not it is used to post content) are responsible for implementing all appropriate security measures governing access, use and transmission of information, including but not limited to assuring devices are properly password protected (see 4.4).

## **B. Personal Communications**

1. This policy does not authorize individuals to use social media for personal reasons during working time or using work resources.
2. MedStar respects the right of individuals to use social media for personal reasons, using their own resources, and on their own time. Individuals who use social media for personal reasons must not create the impression that they represent the opinion or position of MedStar.
3. Each individual associate, physician and volunteer of MedStar or its affiliates is personally responsible for his/her posts (written, audio, video or otherwise).
4. Associates must use a personal email address (not a MedStar address) as primary means of identification for personal social media activities, with the exception of LinkedIn.

If any of the following is found and brought to MedStar's attention in an online commentary posted by a MedStar associate, physician, volunteer or contractor, it may be grounds for disciplinary action even if it occurs as part of an individual's personal use of social media:

1. Posts that disclose confidential patient information or other confidential/proprietary information.
2. Posts that are defamatory or libelous.
3. Posts that are threatening, harassing, abusive or humiliating to another person or entity.
4. Personal posts during an associate's working time. If social networking activities interfere with an associate's productivity or job duties, it may result in corrective action up to and including termination.
5. Posts that attempt to conduct official MedStar business or clinical operations.

## **C. Creation of Official MedStar Social Media Page**

1. Any associate who wishes to create an official MedStar profile/site must seek the approval of their department vice president and the entity public affairs and marketing department. Then, the associate must submit a completed Social Media Content Owner Contract and Application form for final approval from the entity's public affairs and marketing department or the corporate web team. This form is renewable annually and will be monitored by the corporate web team.

## **D: Definitions**

### **1. eHealth Department**

Corporate department, within the Corporate Public Affairs and Marketing Department, responsible for governing, enforcing and administering the strategy and policy for social media at MedStar Health. To contact the eHealth Department regarding social media, email [socialmedia@medstar.net](mailto:socialmedia@medstar.net).

### **2. MedStar Resource**

Computers, cell phones, wired and wireless devices, networks and bandwidth paid for by MedStar and made available to associates and affiliated staff to perform business and clinical functions and other job responsibilities on behalf of MedStar.

### **3. Social Media Platforms**

These platforms are online technology tools for sharing user-generated content in order to engage constituencies in conversations and allow them to participate in content and community creation. These include online forums, blogs, microblogs, wikis, videologs, health pages and social network sites. Examples include, but are not limited to, Facebook, Twitter, YouTube and LinkedIn.

### **4. Personal Social Media Activities**

Accessing or posting information to a social media site not related to the performance of an individual's job responsibilities for MedStar or associated professional activities.

## 5. Content Owner

A content owner will be assigned by department as the individual responsible for monitoring and maintaining online social media content related to the department's business.

## 6. Moderator

Assigned by content owner (or can be the same person) as the individual responsible for moderating comments and postings by internal and external users, including deleting comments and postings that do not meet the criteria set forth in this policy.

## E: Responsibilities

### 1. Human Resources

- 1.1 Ensures that all associates and others affiliated with MedStar are provided with information relating to this policy.
- 1.2 Assists management and associates in ensuring compliance with this policy.
- 1.3 Serves as a resource for management and associates in need of information.
- 1.4 Intervenes in any situation where this policy is being violated.
- 1.5 Contacts Information Services on behalf of managers to provide a detailed internet usage report when excessive non-business activity is suspected.

### 2. Information Services (IS)

- 2.1 Monitors and shuts down or restricts access to social media sites from MedStar network resources if the resources are being used in violation of this policy.
- 2.2 Provides monitoring services to assure that policies relating to the use of MedStar network resources are followed.
- 2.3 Provides detailed online monitoring reports to Human Resources, when requested.

### 3. Management

- 3.1 Managers who have a business need to create an official MedStar social media profile/site must request permission from the vice president over their area and the entity public affairs and marketing department.
- 3.2 Vice presidents must review and approve requests for official social media profiles/sites based on a business need for the site.
- 3.3 Managers will contact Human Resources when excessive non-business online activity is suspected.

### 4. Content Owners

- 4.1 Content owners, as named by their department's leadership, are responsible for posting content, responding to inquiries, and maintaining compliance with HIPAA, MedStar policies (including Privacy, Security and Human Resources) and other applicable laws, rules and regulations.
- 4.2 Designate the corporate web team as co- and alternative owners of the social media site.
- 4.3 Attend mandatory social media training.
- 4.4 Notify the eHealth Department if you possess a mobile device that can gain access to an official MedStar social media profile through a third-party app or mobile browser (whether or not it is used to post content). If mobile access is available, content owners must:
  - 4.4.1.1. Implement all appropriate security measures governing access, use and transmission of information, including but not limited to assuring mobile devices are properly password protected and encrypted.



- 4.4.1.2. Have general security awareness including awareness of potential malicious software issues, knowledge of security and privacy policies and procedures, the sensitivity levels of information processed on the personal mobile device (e.g., Protected Health Information (PHI), etc.).
- 4.4.1.3. Notify the eHealth Department should your mobile device be lost, stolen or compromised by any malicious software.
- 4.4.1.4. Take appropriate precautions to appropriately safeguard personal mobile device.
- 4.4.1.5. Review training materials, provided by the eHealth Department.

## **5. Entity Public Affairs and Marketing Department**

- 5.1 Approves, as appropriate, all requests for creation of official MedStar entity-level social media profiles/sites.
- 5.2 Authorizes individuals to provide official content and responses on social media sites.
- 5.3 Maintains and reviews all content contracts annually to ensure compliance.
- 5.4 Notifies the eHealth Department if/when a content owner leaves MedStar or otherwise no longer in need of social media access.
- 5.5 Reviews content owner list on a quarterly basis for recertification of content owners.

## **6. Corporate eHealth Department - within the Corporate Public Affairs and Marketing Department**

- 6.1 Approves, as appropriate, all requests for creation of official MedStar corporate and diversified business social media profiles/sites.
- 6.2 Provides support and guidance to managers of official MedStar social media profiles/sites, including the development of the sites and best practice training.
- 6.3 Provides or contracts for social media monitoring services.
- 6.4 Serves as secondary owner of all official MedStar social media profiles/sites to aid in the smooth transfer of ownership and maintain continuity of control.
- 6.5 Provides training for content owners to ensure compliance and best practices.
- 6.6 Provides marketing lead list of approved content owners to review on a quarterly basis.
- 6.7 Advise content owners of appropriate mobile functions to use when updating an official MedStar social media profile.
- 6.8 Keep record of content owners with mobile access to an official MedStar social media profile.

## **7. Associates**

- 7.1 Be knowledgeable and follow MedStar's Code of Conduct and other policies relating to branding standards, intellectual property, privacy (including HIPAA), and confidentiality of business and patient information.

## **F: Exceptions: N/A**

## **G: What Constitutes Non-Compliance?**

Some examples of non-compliance include, without limitation:

- 1. Use of MedStar resources for personal social media activity.
- 2. Disparaging MedStar, its employees, physicians or agents, or any other healthcare organization on a social media platform, while acting as an official representative of a MedStar site.
- 3. Discussing confidential work-related activities on a social media platform
- 4. Posting any patient-related information on a social medial platform.

**H: Consequences of Non-Compliance**

1. Non-compliance with this policy can result in corrective action, up to and including termination of employment or dismissal of contract staff. Managers should consult Human Resources and applicable Job Performance Management policies when considering taking corrective actions.
2. If the approval process has not been followed, an unauthorized profile/site may be shut down. MedStar reserves the right to require any associate to close an unapproved social media profile/site that refers to MedStar or one that does not meet the conditions set by the Social Media Usage Policy, or to transfer ownership to an authorized representative of MedStar.

**I: Related Policies**

- Job Performance Management
- Code of Conduct
- IS Security Policy
- E-mail Use Policy
- Branding policies
- Privacy policies
- Intellectual Property policies
- Confidentiality policies
- Solicitation and Distribution Activities Policy
- Media Relations
- Harassment Prevention Policy
- GME policies

**J: Procedures which are related to the policy**

Not Applicable.

**K: Legal reporting requirements**

Not Applicable.

**L: Reference to laws or regulations of outside bodies**

Not Applicable.

**M: Right to change or terminate policy**

This policy should be modified with the advice of human resources, public affairs and marketing, and pursuant to the review and approval of the legal department.

## Supervision of House Officers and Transitions of Care

**I. Purpose**

To establish a policy for all graduate medical education (GME) programs at MedStar Health to ensure appropriate levels of supervision, progression of responsibility and procedural competency of House Staff.

**II. Scope**

This policy will apply to all House Staff officers who participate in a GME training program within MedStar Health. All information contained in this policy shall be used as minimum criteria for supervision. More detailed supervision criteria shall be delineated by each GME program in its respective Supervision Policy..

**III. Definitions**

Licensed Independent Practitioner – a physician with an unrestricted license to practice medicine in the appropriate state.

House Staff or House Staff officer – refers to all interns, residents and fellows enrolled in a training program.

PGY – refers to “Post Graduate Year,” or the year of training in which the house officer is currently enrolled in past completion of medical school.

#### **IV. Responsibilities/Requirements**

A. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient’s care.

1. This information should be available to house staff, faculty members, and patients.
2. House staff officers should inform patients of their respective roles in each patient’s care.

B. The program must demonstrate that the appropriate level of supervision is in place for all house staff who care for patients.

C. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced house staff officer. Other portions of care provided by the house staff can be adequately supervised by the immediate availability of the supervising faculty member or house staff officer, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of house staff-delivered care with feedback as to the appropriateness of that care.

D. To ensure oversight of house staff supervision and graded authority and responsibility, the program must use the following classification of supervision:

1. Direct supervision: the supervising physician is physically present with the house staff officer and patient.
2. Indirect supervision:
  - a) With direct supervision immediately available – the supervising physician is physical within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  - b) With direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
  - c) Oversight – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

E. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each house staff officer must be assigned by the program director and faculty members.

1. The program director must evaluate each house staff officer’s abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
2. Faculty members functioning as supervising physicians should delegate portions of care to house staff, based on the needs of the patient and the skills of the house staff officer.
3. Senior house staff should serve in a supervisory role of junior house staff in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual. The program director must evaluate each house staff officer’s abilities based on each house staff officer.

F. Programs must set guidelines for circumstances and events in which house staff must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

1. Each house staff officer must know the limits of his/her scope of authority, and the circumstances under which he/she are permitted to act with conditional independence.
  - a) In particular, PGY-1 house staff should be supervised either directly or indirectly with direct supervision

immediately available. (Each Review Committee will describe the achieved competencies under which PGY-1 house staff progress to be supervised indirectly, with direct supervision available).)

G. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each house staff officer and delegate to him/her the appropriate level of patient care authority and responsibility.

H. The clinical responsibilities for each house staff officer must be based on PGY-level, patient safety, house staff officer education, severity and complexity of patient illness/condition and available support services. (Optimal clinical workload will be further specified by each Review Committee.)

I. House Staff must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty. (Each Review Committee will define the elements that must be present in the specialty.)

J. Transitions of Care:

1. Programs must design clinical assignments to minimize the number of transitions in patient care.

2. Sponsoring institutions and programs must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety.

3. Programs must ensure that house staff officers are competent in communicating with team members in the hand-over process.

4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and house staff officers currently responsible for each patient's care.

K. It is the responsibility of each Program Director to establish written policies for supervision in their respective program detailing specific expectations. All program policies must be reviewed and approved by the Graduate Medical Education Committee.

**V. Supervision of Procedural Competency:**

A. House Staff officers must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by MedStar Health to perform that procedure

B. The Department Chair or Program Director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.

C. The Program Director for each GME program will be responsible for maintaining an updated list of house staff who have been certified as competent to perform procedures independent of direct supervision. This list will be maintained in New Innovations and available to nursing.

D. The Program Director must also develop a method for surveillance of continued competency after it is initially granted

E. Once the house staff officer has been evaluated as competent to perform a specific procedure or set of procedures by an LIP, s/he may perform that procedure independently *after consultation with the patient's treating physician*. A house staff officer who is determined to be competent in a specific procedure (the senior house staff) may also teach the procedure to another house staff officer (the junior house staff) and provide direct supervision. This direct supervision by the senior house staff does not replace the required, but not necessarily direct, supervision by an LIP.

F. The ability to obtain and document informed consent is an essential component of procedural competency. The supervising LIP must also supervise and attest to the trainee's competence in obtaining and documenting informed consent. Until a trainee is judged competent in obtaining informed consent, s/he may only obtain in-

formed consent while supervised by an individual with credentials in that procedure. It is recommended that a minimum of five observed IC discussions be the criteria for each different procedure.

G. Eligible House Staff may be licensed by the appropriate licensing board. This requirement will be directed at the institutional level.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## **USMLE/COMLEX Policy**

### *Graduate Medical Education*

#### **I. Purpose**

To establish a policy for all graduate medical education (GME) training programs within MedStar Health to use in the appointment and promotion of House Staff.

#### **II. Scope**

This policy will apply to all eligible House Staff who participate in GME training programs within the MedStar Health system. All information contained in this policy shall be used as minimum criteria. More detailed USMLE/COMLEX criteria may be delineated by each clinical department in its respective Departmental USMLE/COMLEX policy.

#### **III. Definitions**

House Staff or House Staff Officer – refers to all eligible interns, residents and fellows enrolled in a MedStar Health training program. This policy does not apply to orthodontic, oral and maxillofacial, or podiatric surgery interns, residents or fellows.

Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

USMLE – refers to the United States Medical Licensing Examination.

COMLEX – refers to the Comprehensive Osteopathic Medical Licensing Exam.

#### **IV. Responsibilities/Requirements**

A. USMLE Steps 1 and 2 or COMLEX Levels 1 and 2:

1. All applicants for positions in a graduate medical education training program within MedStar Health are expected to have taken and passed all components of both Steps 1 and 2 of the USMLE or Levels 1 and 2 of the COMLEX prior to their first day of employment in the training program.
2. Failure of an applicant to take Steps 1 and 2 of the USMLE or Levels 1 and 2 of the COMLEX by their contracted start date will make null and void any letters of offer and/or employment contracts issued by MedStar Health.
3. In the event that a letter of offer or employment contract is withdrawn for a matched applicant, programs must adhere to NRMP policies and procedures.
4. Applicants who have not passed Steps 1 and 2 of the USMLE or Levels 1 and 2 of the COMLEX will not be accepted in transfer from other graduate medical education programs.

USMLE Step 3 or COMLEX Level 3:

1. All house officers enrolled in a residency training program within MedStar Health should take and pass USMLE Step 3 or COMLEX Level 3 by six months into their PGY-2 year; all house officers must take and pass USMLE Step 3 or COMLEX Level 3 by the end of their PGY-2 year (see also item 2. below). Evidence of successful completion must be submitted to both the program and GME offices.

2. If the house officer has not passed USMLE Step 3 or COMLEX Level 3 by the six-month point of the PGY-2 year, the program director should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.
3. If USMLE Step 3 or COMLEX Level 3 has not been passed by the end of the house officer's PGY-2 year of training, the house officer will not be promoted to the PGY-3 level. If a passing score on USMLE Step 3 or COMLEX Level 3 has not been achieved before the first day of the PGY-3 year, house officers may be dismissed from the residency program or, at the discretion of the program director, may alternatively be placed on an unpaid leave of absence until a passing score is received and submitted, up to 90 days.
4. Applicants to a fellowship program must take and pass USMLE Step 3 or COMLEX Level 3 prior to their first day of employment in the training program or the contract will be null and void.
5. USMLE Steps 1, 2 and 3 must all be taken and passed within a seven-year time period.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## Work Hour Extension Policy

### I. Purpose

To establish a policy for all graduate medical education training programs within MedStar Health to request institutional endorsement for duty hour extension applications to the Residency Review Committees (RRC).

### II. Scope

This policy will apply to all ACGME-accredited training programs within MedStar Health

### III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Health post-graduate training program.

Graduate Medical Education Training Program – refers to a structured residency or fellowship educational program, accredited by the ACGME, CPME, ADA or other recognized accrediting body, or a non-accredited program which is recognized by its specialty board, for purposes of clinical education.

Work Hours – Defined as work time scheduled for all clinical and academic activities related to the residency program, including, but not limited to patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, scheduled academic activities such as conferences and moonlighting. Work hours do not include time for a program of self study, e.g., reading and preparation time spent away from the duty site.

WorkHour Extension – refers to the ACGME's exception to the Work Hour Requirement whereby individual residency programs may request up to a 10 % addition to the 80-hour limit, or a maximum of 88 clinical and educational work hours, based on a sound educational rationale. Prior permission of the MedStar GMEC is required.

### IV. Responsibilities/Requirements

- A. All requests for duty hour extensions must first be reviewed and approved by the local and System Graduate Medical Education Committee (GMEC). In order to be placed on the agenda for the GMEC meeting, the following information must be submitted to the Graduate Medical Education Office (GME Office) at least 2 weeks' prior to the next meeting.
  1. Documentation that the program is accredited and in good standing (continued full accreditation or full accreditation) without a warning or a proposed or confirmed adverse action.

2. Information that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
3. The educational rationale in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested.
4. Specific information regarding the program's moonlighting policies for the periods in question.
5. Specific information regarding the resident call schedules during the times specified for the exception
6. Evidence of faculty development activities regarding the effects of fatigue and sleep deprivation

The GMEC will review all of the documentation for educational justification of a duty hour extension. The GMEC will not endorse any extension that is not completely warranted for educational reasons.

B. Procedure: If approved by the GMEC, all of the above information should be sent to the GME Office in addition to:

1. A written statement of institutional endorsement of the requested duty hour extension signed by the Designated Institutional Official (DIO).
2. A copy of this policy.
3. The current accreditation status of the program and of the sponsoring institution.

The Director of Medical Education will forward the request to the respective RRC.

*Policy Approved by:* System GMEC

*Policy Maintained by:* MedStar Academic Affairs

## Compensation/Benefits Programs

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### Care.com

Caring for your family while you are at work can often be a challenge. Whether it's after-school care, caring for a child who is home ill or the responsibility for aging parents, sometimes you need additional support, even at a moment's notice. MedStar knows that life can be unpredictable, so to help alleviate life's unexpected challenges, we have added a new benefit to support a productive work-life balance for our residents and fellows. To activate your benefit, go to [medstar.care.com](http://medstar.care.com) and select "Enroll Now" or call 855.781.1303 or email [careteam@care.com](mailto:careteam@care.com) for assistance. You must enter your MedStar email address to validate your employment

If you decide to use the backup care benefit, you will be charged a subsidized rate of \$6.00/hour for in-home care and \$15 per child per day at a child care center with a total of 10 days provided to each employee. For assistance with everyday care, the Care.com website / smartphone platform is a wonderful resource that is available to all employees.

### Emergency House Staff Loans:

The emergency loan program is available to all house staff for *emergent* personal loans. Loans shall not exceed \$1,000, and will be repaid through automatic payroll deduction (minimum of \$50 per pay period), prior to completion of residency. Any outstanding balance that has not been repaid will be deducted automatically from the last pay check. If the balance due exceeds the monies available in the last pay check, the house officer will be required to pay the balance upon check out. Each house officer will have a maximum of one (1) outstanding loan at any given time.

### Employee Assistance Program:

The MedStar Employee Assistance Program (EAP) offers a wide array of free counseling assistance to employees, including the house staff. Services include, but are not limited to, professional counseling, child and elder care referrals, financial and legal advice. All information is kept completely confidential. The EAP has several locations throughout the Baltimore and DC metropolitan areas and accommodates evening appointments. They may be reached at 1-866-765-3277.

### FMLA

Family and Medical Leave Act of 1993 (FMLA) – refers to a United States labor law which provides *eligible* employees with up to twelve (12) work weeks of family and/or medical leave in the applicable twelve (12) month period.

A. FMLA allows a leave of absence to house staff who wish to take time off from work due to one or more of the following:

1. For the birth of and/or to care for a house officer's newborn son or daughter
2. To care for a child who was recently adopted by or recently placed with, via a foster care arrangement, the house officer.
3. To care for a family member (child, parent, or spouse) who has a serious health condition
4. For a personal serious health condition or disability: A serious health condition means an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility; or continuing treatment by a health care provider.
5. For "qualifying exigencies" (as defined by applicable law and regulations) that arise out of the employee's spouse, son, daughter or parent being notified of or on active duty in support of a contingency operation.



B. Under FMLA, MedStar provides eligible house staff with up to twelve workweeks of family and/or medical leave in a twelve month period. During FMLA, house staff may utilize paid time off or short-term disability leave to continue to be paid while on a leave of absence. No more than one form of paid leave can run simultaneously with FMLA leave at a given time. Once paid leave is exhausted, the employee will be on unpaid FMLA leave, to the extent that it has not already been exhausted. Health care benefits will continue during FMLA leave (paid or unpaid), provided that house staff continue to pay their required health insurance premiums.

C. House Staff working in Washington, DC are also eligible for coverage under the D.C. Family & Medical Leave Act which provides up to sixteen weeks of family and/or medical leave in a twenty-four month period.

D. Please contact the MGUH GME office at 202-444-1551 for more information related to FMLA.

### **Laundry/Call Rooms:**

House staff are provided access to on-call quarters as well as scrubs and laundry service for coats. Please contact your individual GME office or department for more details.

### **Licensure:**

House Officers are expected to obtain and maintain appropriate licensure for their state and training program requirements. You will be reimbursed for licensure expenses that are *required* as part of your training. Please see your GME office for further details.

### **Loan Deferment:**

All applications for loan deferment may be submitted directly to your respective Graduate Medical Education (GME) office. Applications will be completed by GME and forwarded to the appropriate institution.

### **Meal Allowance:**

A meal allowance is provided to house staff officers. Please contact your local GME office for more information.

### **Professional Liability Coverage:**

As agents of the hospital, and in accordance with the rules and regulations of the hospital and the Accreditation Council for Graduate Medical Education (ACGME), house staff are covered for professional liability by the MedStar Health, Inc. Risk Management Financing Plan for all work performed within the scope of the training program. House staff are covered under this plan for any incident that occurs while employed by MWHC, even if the claim arises after employment terminates. Coverage through the Plan provides limits of \$1,000,000/\$3,000,000 and is occurrence based. In addition, excess coverage is purchased on a claims made basis. All subpoenas and information relating to professional liability actions against the hospital or its staff should be referred to Risk Management or Legal Affairs.

### **Smoking:**

In keeping with MedStar Health's intent to provide a safe and healthful environment, smoking is prohibited on all MedStar campuses. This policy applies equally to all employees, patients, and visitors.

**Stipends:**

House Staff are paid biweekly on every other Friday. Each paycheck will include earnings for all work performed through the end of the previous payroll period. In the event that a regularly scheduled payday falls on a day off such as a holiday, employees will receive pay on the last day of work before the regularly scheduled payday.

Employees are encouraged to have pay directly deposited into their bank accounts. This can be established through the Employee Self-Serve (ESS) feature in PeopleSoft.

The current academic year stipends are below:

<b>PGY-Level</b>	<b>2018-2019 Annual Stipend</b>
PGY-1	\$59,400
PGY-2	\$60,700
PGY-3	\$62,500
PGY-4	\$64,500
PGY-5	\$66,500
PGY-6	\$68,300
PGY-7	\$70,300
PGY-8	\$74,600