TABLE OF CONTENTS

Section 1: Introduction
Acknowledgement Form
Welcome
Directories
  Department Program Directors/Coordinators
  Graduate Medical Education

Section 2: Employment
Advanced Cardiac Life Support/Basic Life Support Training
Basic Ethics and Conduct
Check Out Procedure
Committees
Disability Accomodation
Disaster Policy
Drug and Alcohol Free Workplace
Duty Hour Policy
Duty Hour Extension Policy
Elective/Clerkship Documentation Policy
Evaluation Policy
General Responsibility Policy
Immigration Law Compliance
Licensure in the State of Maryland
Moonlighting and Outside Professional Employment
Personal Appearance
Personnel Data Changes
Personnel Files of House Officers
Physical Examinations and Drug Testing
Promotion Policy
Reduction in Force Policy
Restrictive Covenants
Selection and Credentialing of House Officers
Supervision of House Officer
Termination/Dismissal of Employment
USMLE Policy

Section 3: Conduct and Disciplinary Action
Academic Improvement Policy
Due Process Policy
Grievance Policy
Misconduct Policy
Sexual Harassment Policy
Section 4: Compensation and Benefits
Computer, E-mail Usage
Information Technology Network Violation Policy
Credit Union
Days Away
Family Medical Leave
Employee Assistance Program
Laundry/Linen Room
Loan Deferment
Emergency House Staff Loans
Insurance Plans
  Life Insurance
  Medical/Dental/Vision Plans
  COBRA
Disability Insurance
  Long Term Disability
  Short Term Disability
Malpractice Liability Coverage
On-Call Meals/Cafeteria/Café on the Square
On-Call Quarters/Lounge
Parking
Security
Smoking
Stipends
Educational Fund Policy

Section 5: Ancillary Services
Health Information Management
Transcription
Dictation Instructions
Library, Health Sciences

Section 6: Appendix
ACGME Request for Change
Internal Review Policy
Vendor Interaction with House Staff
Medical Boards – Specialty and Certification Information
ACKNOWLEDGEMENT FORM

The House Staff Manual describes important information about MedStar Franklin Square Medical Center, and I, understand that I should consult the Office of Graduate Medical Education and/or my program director regarding any questions not answered in the manual.

Since the information, policies and benefits described here are necessarily subject to change, I acknowledge that revisions to the handbook may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies. Only the Chair, Graduate Medical Education Committee, has the ability to adopt any revisions to policies in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I have received the handbook, and I understand that it is my responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

Resident’s Responsibilities:

• To develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.

• To participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of training and responsibility.

• To participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.

• To participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the institution.

• To have appropriate representation on institutional committees and councils whose actions affect their education and/or patient care.

NAME (printed):_______________________________________________________________

SIGNATURE:_________________________________________________________________

DATE:__________________________________
INTRODUCTION

Welcome

Welcome to MedStar Franklin Square Medical Center. As a new resident at MedStar Franklin Square Medical Center, you have joined a proud tradition of medical education that extends back to 1897 when our hospital was known as the Maryland Medical College, only a few years after Johns Hopkins was established.

It is hard to overstate how important medical education and our residency programs are to MedStar Franklin Square. A large percentage of our attending physicians are graduates of our residency program (more than 50% of all medical admissions to MedStar Franklin Square are cared for by a graduate of one of our residencies). The quality of your educational experience is obviously of great significance to Franklin Square. We assume that every resident is a potential future member of our medical staff.

Graduate medical education is a key component of our mission as an institution, and our commitment to GME grows every year. More medical students from the University Of Maryland School Of Medicine are doing core third year rotations than ever before.

The internship year, in particular, is an intense time of learning knowledge and skills – it is unlikely that you will ever experience such a profound change in what you know and who you are as occurs during those 12 months. We pledge to make your experiences at MedStar Franklin Square useful and challenging, and to be there for you during difficult times. We hope you will take away a firm belief in our Patient First philosophy and will always remember your time here with the same pride that MedStar Franklin Square Medical Center has in you as one of our residents.

Anthony Selama, MD, MSB, CPE
Vice President of Medical Affairs and Chief Medical Officer
Directories

Department Program Directors/Coordinators

Internal Medicine
  Lillian Alt, M.D, Program Director     443-777-6346
  Susan Rogers, Residency Coordinator  443-777-7676

Family Practice
  Michael Dwyer, MD, Program Director  443-777-2003
  Nora Kellner, Program Coordinator   443-777-6545

Obstetrics/Gynecology
  Donovan Dietrick, MD, Program Director 443-777-6123
  Diane Chenoweth, Residency Coordinator 443-777-7062

Graduate Medical Education Staff

Anthony Sclama, M.D., 443-777-7298
  Designated Institutional Official / Vice President of Medical Affairs
  Chief Medical Officer

Rhonna Murgatroyd
  Program Manager, Medical Education 443-777-7298

Linda Morrison
  Director, Medical Education, Baltimore 410-772-6513
EMPLOYMENT

Advanced Cardiac Life Support/Basic Life Support Training

Current ACLS Provider status is mandatory for all house officers. A current copy of an ACLS/BCLS certification must be maintained in each resident’s department file.

Basic Ethics and Conduct

The successful business operation and reputation of MedStar Franklin Square Medical Center is built upon the principles of fair dealing and ethical conduct of our employees. MedStar Franklin Square Medical Center will comply with all applicable laws and regulations and expects its directors, officers, and employees to conduct business in accordance with the letter, spirit, and intent of all relevant laws and to refrain from any illegal, dishonest, or unethical conduct.

In general, the use of good judgment, based on high ethical principles, will guide you with respect to lines of acceptable conduct. If a situation arises where it is difficult to determine the proper course of action, the matter should be discussed openly with your immediate supervisor and, if necessary, with the Director of Medical Education for advice and consultation.

Disregarding or failing to comply with this standard of business ethics and conduct will lead to disciplinary action, up to and including possible termination of employment.

Check Out Procedure

House staff are responsible for items issued to them by MFSMC or in their possession or control, including the following:

- Identification badges
- Keys
- Pagers
- Uniforms

All house staff are required to complete a House Officer Check Out List prior to leaving the hospital. Check out forms can be picked up in the Departments. All MFSMC property must be returned by house staff on or before their last day of work. Where permitted by applicable law, MedStar Franklin Square Medical Center may withhold from the employee’s check or final paycheck to the cost of any items that are not returned when required. MFSMC may also take all action deemed appropriate to recover or protect its property.

Committees

House staff are required to participate on institutional committees during the term of their residency. Residents will be given a list of committees during orientation. Residents are encouraged to contact their program director and coordinators for additional information.

Disability Accommodation

MFSMC is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment for qualified persons with disabilities. All employment practices and activities are conducted on a non-discriminatory basis.

Post-offer medical examinations are required only for those positions in which there is a bona fide job-related physical requirement. They are given to all persons entering the position only after conditional job offers. Medical records will be kept separate and confidential.

Reasonable accommodation is available to all disabled employees, where their disability affects the performance of job functions. All employment decisions are based on the merit of the situation in accordance with defined criteria, not the disability of the individual.
This policy is neither exhaustive nor exclusive. MFSMC is committed to taking all other actions necessary to ensure equal employment opportunity for persons with disabilities in accordance with the ADA and all other applicable federal, state, and local laws.

DRUG AND ALCOHOL FREE WORKPLACE
Graduate Medical Education

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by the GMEC: January 31, 2012

MISSION: MedStar Health is dedicated to delivering exceptional PATIENT FIRST health care. 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. Residents and fellows 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, residents and fellows 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, i.e., the State Board of Medicine or linked GME programs.

6. A 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 resident/fellow 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 the resident/fellow’s own expense. The hospital can refer the resident/fellow to reputable treatment facilities in the area.
   b. Residents/Fellows may reapply to a MedStar Health GME program, through the Match (or other approved application process) for the subsequent academic year.
   c. Any resident/fellow who is accepted for re-entry into any MedStar GME program will enter the program on a Last Chance Agreement.

B. Reasonable Suspicion Testing

Program directors and faculty are responsible for removing an enrolled resident/fellow from the worksite where there is reasonable suspicion that the resident/fellow 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 Residents/Fellow
Program Directors (or designee) will accompany the resident/fellow 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. House officers should not be sent home, unless a safe means of transport can be arranged. Program Directors should consult with the Director 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 residents/fellows, 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
   
i. Self-Identification

   1. 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 admit a substance abuse problem and seek help prior to coming to the attention of his/her program for performance or other behavior/conduct issues.

   2. The hospital will assist the house officer in locating an appropriate treatment 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 the resident’s insurance. In addition, eligible house officer’s 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.

   3. Reporting will be required to appropriate agencies, i.e., The Board of Medicine, other State/Local agencies, etc. Hospitals utilizing a Physician Health Committee will also refer to that committee.

   4. 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 a last chance agreement.

5. A last chance agreement is one that provides for on-going monitoring of the house officer’s well-being, including, random drug and/or alcohol testing, as well as observing any and all treatment recommendations from the house officer’s treatment program, on the condition that any violation of the terms of the agreement will result in immediate dismissal, without the opportunity for any future enrollment.

ii. Events not Self-Identified

1. Working while impaired or under the influence is unacceptable. This includes rotations to all affiliate sites.

2. In the event a house officer is determined to be in violation of this policy, the individual will be immediately suspended from all duties. The program director, Director of GME, and VPMA will confer to determine next steps, including adherence to the GME Misconduct Policy.

3. Based on the situation, an inquiry may need to be conducted (i.e., diversion of medications, theft, or other related matters).

4. 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 Medical Affairs, in consultation with the Program Director and Legal.

5. Reporting will be required to appropriate agencies, i.e., The Board of Medicine, other State/Local agencies, etc., as well as future verification requests. Hospitals utilizing a Physician Health Committee will also refer the matter to that committee as appropriate.

6. 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, may the house officer resume training/work. Failure to appear or refusal to test may result further disciplinary action up to and including dismissal.

Policy approved by: VPMA Council, September 21, 2011
Human Resources Operations Council, Oct. 18, 2011

Policy maintained by: Corporate Academic Affairs
Graduate Medical Education Responsibilities in Local Extreme Emergent Situations (Disaster Policy)

I. Purpose

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

II. Scope

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

III. Definitions

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

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 Sponsoring Institution will continue patient care and post-graduate training activities during a disaster, if at all possible.

2. 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.

3. In the event of a disaster, house staff must not be expected to perform beyond the limits of their competence or outside the scope of their individual licensure.

4. If a break in service does occur due to any natural disaster or interruption in patient care, the Sponsoring Institution’s DIO will review the situation to decide the best course of action.

5. 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.

6. 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 resident education or effect on educational environment.

7. In the event of an interruption in training, written notice will be given to all house staff.

8. If it is determined that postgraduate training must be discontinued for a period of time, the Sponsoring Institution will support resident transfer to another ACGME-accredited program to continue, and if necessary, complete training.

9. While it will be the house officer’s responsibility to locate interested programs, 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 resident and/or receiving institution.

10. The Sponsoring Institution will work with the receiving institution to transfer associated cap positions, if applicable.

11. DIO’s are expected to notify the ER-IRC when the extreme emergent situation has been resolved.
Duty Hour Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Approved by GMEC: February 15, 2011

Duty Hours in the Learning and Working Environment

V. Purpose

To establish an institutional policy for all post-graduate training programs within MedStar Health to educate house staff and faculty regarding their responsibility to report for duty rested and fit in order to ensure the safest care of our patients.

VI. Scope

This policy will apply to all ACGME-accredited training programs within MedStar Health. All information contained in this policy shall be minimum criteria for house officer duty hours. More detailed duty hour information shall be delineated by each clinical program in its respective Policy for House Officer Duty Hours. The Graduate Medical Education Committee of each Hospital must approve all policies.

VII. Definitions

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

Post-Graduate Training Program – refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

Duty Hours – are 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.

VIII. Responsibilities/Requirements

A. Programs and sponsoring institutions must educate residents 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 resident well-being in a supportive educational environment

C. The program director must ensure that residents 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 residents 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. Residents and faculty members must demonstrate an understanding and acceptance of their personal role in the following:
   1. assurance of the safety and welfare of patients entrusted to their care;
   2. provision of patient and family-centered care;
   3. assurance of their fitness for duty;
4. management of their time before, during and after clinical assignments;
5. recognition of impairment, including illness and fatigue, in themselves and their peers;
6. attention to lifelong learning;
7. the monitoring of their patient care performance improvement indicators; and,
8. honest and accurate reporting of duty hours, patient outcomes and clinical experience data.

F. All residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest. Physicians must recognize 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. The program must:
1. educate faculty and house staff to recognize the signs of fatigue and sleep deprivation;
2. educate all faculty members and residents in alertness management and fatigue mitigation processes; and,
3. adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

H. Each program must have a process to ensure continuity of patient care in the event that a house officer may be unable to perform his/her patient care duties.

I. The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for residents who may be too fatigued to safely return home.

J. Resident Duty Hours:
1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities 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 residents 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 residents are not permitted to moonlight. (See the MedStar GME Policy on Moonlighting for further institutional guidelines.)
4. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned on these free days.
5. Duty periods of PGY-1 residents must not exceed 16 hours in duration.
6. Duty periods for PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 pm and 8:00 am is strongly encouraged.
   a) It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
   b) Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house activity.
   c) In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or
unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident 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.

d) The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

7. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

8. Intermediate level residents (as defined by the Review Committee) should have 10 hours free of duty, and must have eight hours, between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

9. Residents in the final years of education (as defined by the Review Committee) must be prepared to enter unsupervised practice of medicine and care for patients over irregular or extended periods.

   a) This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that the residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty.

   (i) Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the program director.

10. Residents must not be scheduled for more than 6 consecutive nights of night float. (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.)

11. PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

12. Time spent in the hospital by residents 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 duty, 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 resident.

   (i) Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period.”

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

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

M. Each program must have its own Policy for House Officer Duty Hours, which is approved by the Graduate Medical Education Committee.
Duty Hour Extension Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved: February 15, 2011

I. Purpose

To establish a policy for all graduate training programs at MedStar Franklin Square Medical Center 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 at MedStar Franklin Square Medical Center.

III. Definitions

House Staff or House Officer – Refers to all interns, residents and fellows enrolled in a MedStar Franklin Square Medical Center graduate training program.

Graduate 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 that is recognized by its specialty board for purposes of clinical education.

Duty 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, time involved in transfer of patient care, time spent in-house during call activities and scheduled academic activities such as conferences and moonlighting. Duty hours do not include time for a program of self study, e.g., reading and preparation time spent away from the duty site.

Duty Hour Extension – Refers to the ACGME’s exception to the Duty Hour Requirement whereby individual residency programs may request up to a 10% addition to the 80-hour limit based on a sound educational rationale. Prior permission of the GMEC is required.

IV. Responsibilities/Requirements

A. All requests for duty hour extensions must be reviewed and approved by the 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 the GME Office will provide the following:

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 Graduate Medical Education will forward the request to the respective RRC.
Elective/Clerkship Documentation Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Revised/Reviewed by GMEC: April 29, 2011

I. Purpose

To establish a policy for all medical students/house officers from outside facilities rotating to MedStar Franklin Square Medical Center.

II. Scope

This policy will apply to all graduate medical education teaching programs within MedStar Franklin Square Medical Center.

III. Definitions

A. House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Franklin Square Medical Center post-graduate training program.

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

C. Medical Student – refers to a student currently enrolled in an LCME or AOA accredited medical school.

IV. Responsibilities/Requirements

A. MEDICAL STUDENTS: Medical students rotating through the MedStar Franklin Square Medical Center on one of two levels:

1. Clerkship: Rotation during the third year of medical school, to fulfill core clerkship or elective clerkship requirements will require the following documentation:
   - A signed agreement between MedStar Franklin Square Medical Center and the medical school
   - Authorization Form signed by the Department Chairman or designee
   - Evaluation of clinical ability during rotation - forms supplied by the supporting medical school
   - Dean’s letter of approval
   - Proof of recent physical examination (within one year)
   - Proof of up-to-date vaccinations
   - Malpractice coverage provided by the supporting medical school
   - Confidentiality agreement (provided by medical school or hospital)
   - Goals and objectives for rotation- provided by medical school

2. Elective: Rotation during the fourth year of medical school, to fulfill academic requirements. Requirements are the same as clerkship.

   Institutional Benefits for medical students will include:
   - Free Parking
   - Access to various clinical information systems as appropriate

B. House Officers rotating from other hospitals (JCAHO accredited): Must provide
the following items:

- A letter from the Director of Medical Education at the sponsoring hospital stating that the resident is in good standing
- Curriculum Vitae
- Copy of ECFMG certificate if applicable
- Proof of up-to-date vaccinations
- Proof of up-to-date physical
- Proof of malpractice coverage
- UMP’s registration or active MD state license

Institutional Benefits for Residents will include:

- Free Parking
- Access to various clinical information systems as appropriate

C. Fellows rotating from other hospitals (JCAHO accredited): Must provide the following items.

- A letter from the Director of Medical Education at the sponsoring hospital stating that the fellow is in good standing
- Curriculum Vitae
- Copy of ECFMG certificate if applicable
- Proof of up-to-date vaccinations
- Proof of up-to-date physical
- Proof of malpractice coverage
- UMP’s registration or active MD state license

Institutional Benefits for fellows will include:

- Free Parking
- Access to SMS
- Access to various clinical information systems as appropriate
**Evaluation Policy**

*MedStar Franklin Square Medical Center*

*Graduate Medical Education*

*Institutional Policy*

*Reviewed and Approved by GMEC: April 17, 2012*

**Evaluation of House Officers**

I. Purpose

   To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) to use in the formal evaluation of house officers’ performance and for the house officers’ evaluation of the hospital and the program. Evaluation is utilized to enhance the educational process.

II. Scope

   This policy will apply to all Graduate Medical Education (GME) training programs in the MedStar Health System (Baltimore Division). 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 Policies.

III. Definitions

   A. **House Staff or House Officer** – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.

   B. **Post-Graduate Training Program** – refers to a residency or fellowship educational program.

IV. Responsibilities/Requirements

   A. Evaluation of House Officers

      1. To enhance the educational process and keep all house officers appraised of their educational progress/advancement, all Program Directors (or designees) must formally evaluate each house officer at six (6) month intervals. These evaluations shall be in writing, dated, and signed by the Program Director, attesting that he/she has verbally discussed the evaluation with the house officer.

      2. All formal evaluations must be kept as part of the House Officer’s personnel file and be available upon request of the house officer at all times.

      3. At the conclusion or termination of each house officer’s training, a formal summation of performance throughout the duration of training will be completed by the Program Director and maintained as permanent documentation of the program. A copy of this final evaluation will be forwarded to the Office of Graduate Medical Education for permanent archiving.

      4. All documentation of house officers’ performance by the faculty, formal or informal, must be maintained as permanent documentation by the department.

      5. The Program Director shall be responsible for communicating the Departmental Policy for Evaluation to all house staff and faculty.

      6. Evaluations will be one of the tools utilized in determining promotion, as specified in the Policy for the Promotion of House Officers.

   B. Evaluation by House Officers

      1. Each Program Director shall assure that at least annually, each house officer formally evaluates the teaching faculty and the program in writing.
2. These evaluations should be anonymous and confidential. Program Directors must assure house officers are free to comment frankly and openly without fear of intimidation or retaliation.

3. In addition to the departmental evaluation process, the Office of Graduate Medical Education will conduct an annual summary evaluation of the program, the institution and the overall educational experience. All house officers are required to complete the institutional evaluation. Reports of the evaluation will be communicated to the Program Directors and the Graduate Medical Education Committee.

C. Failure to Meet Expected Standards

House Officers are expected to meet and adhere to academic, clinical and professional standards set forth by the Institutional and Program Requirements, as well as the Institution and the Department. If at any time a House Officer exhibits unsatisfactory performance, the situation will be handled in accordance with the Hospital’s Academic Improvement Policy or the House Officer Misconduct Policy.
General Responsibility Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Revised/Reviewed by GMEC: June 19, 2012

I. Purpose
To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center providing guidelines to house officer regarding their general responsibilities as graduate trainees.

II. Scope
This policy will apply to all house officers participating in graduate training programs at MedStar Franklin Square Medical Center. More specific guidelines may be developed by each Program, and approved by the Graduate Medical Education Committee.

III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows participating in a Franklin Square Hospital Center graduate training program.

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

IV. Responsibilities/Requirements

Each house officer is expected to avail himself/herself of the educational opportunities offered within the institution, provide medical treatment to the hospital’s patients in a competent and caring manner, and conduct himself/herself in a moral, ethical and professional manner at all times.

A. To meet these responsibilities, the house officer is expected to:

1. Understand the content and requirements of the six core competencies and remain committed to the development of each of these competencies during residency training.
2. Attend and actively participate in all conferences and teaching rounds within the assigned department
3. Render appropriate medical care to our patients in a kind and caring manner under the supervision of the attending physician
4. Attend assigned clinics.
5. Participate in the evaluation of the program, his/her peers and teaching faculty as requested by the Program Director.
6. Do independent study using the services and resources offered through the medical library.
7. Participate in research activities and quality improvement of the Hospital.
8. Document care and complete/sign patient medical records in a timely manner.
9. Volunteer to serve as a member of various staff and hospital committees.
10. Be on time and present for all assignments.
11. Respond to pages promptly.
12. Conduct himself/herself in an ethical and moral manner.
13. Maintain a professional appearance and demeanor.
14. Assume progressive responsibilities as he/she gains experience.
15. Contribute to the successful operation of the Hospital.
16. Provide supervision to junior house officers and medical students.
17. Document completion of procedures and submit information to program director’s office.
18. “Sign out” before leaving the hospital.
19. Accept “Sign out” from departing house officers.
20. Cooperate with nursing and other staff.
21. Report to the Program Director any event that may expose you and/or the Hospital to liability.
22. Comply with all departmental policies.
23. Abide by all relevant hospital policies and procedures.
**Immigration Law Compliance**

MFSMC is committed to employing only United States citizens and foreign nationals who are authorized to work in the United States for any employer on a full-time basis, and does not lawfully discriminate on the basis of citizenship or national origin.

In compliance with the Immigration Reform and Control Act of 1986, each new house officer, as a condition of employment, must complete the Employment Eligibility Verification Form I-9 and present documentation establishing identity and employment eligibility. Former employees who are rehired must also complete the form if they have not completed an I-9 with FSH within the past three years, or if their previous I-9 is not longer retained or valid.

House staff with questions or seeking more information on immigration laws are encouraged to contact the Office of Graduate Medical Education. Employees may raise questions or complaints about immigration law compliance without fear of reprisal.
Licensure in the State of Maryland

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: April 17, 2012

I. Purpose

To ensure all physicians have a license to practice medicine in the State of Maryland or, when they do not, that MedStar Franklin Square Medical Center is in compliance with COMAR 10.32.07, “Unlicensed Medical Practitioners”.

II. Scope

This policy will apply to all house officers participating in graduate training programs at MedStar Franklin Square Medical Center.

III. Definitions

House Staff or House Officer - refers to all interns, residents and fellows enrolled in a MedStar Franklin Square Medical Center graduate training program.

Graduate Training Program - refers to a residency or fellowship educational program, accredited by the ACGME, for the purposes of clinical education.

IV. Responsibilities/Requirements

A. All house officers must either be licensed to practice medicine in the State of Maryland or be registered as an unlicensed medical practitioner with the Maryland Board of Physicians.

1. Each Program Director (or designee) shall register or re-register the unlicensed practitioner with the Maryland Board of Physicians annually unless the house officer provides a copy of a valid license to practice medicine.

State law requires that the completed, signed forms and application fees must be received by the Maryland Board of Physicians within 30 days of the effective date of the training program contract.
Moonlighting and Outside Professional Employment

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 ACGME, CPME, 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, Post-Graduate Training 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;\(^1\) and
   (iv) the house officer has the prior written permission of the program director.

   (i) House staff in post-graduate training 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:

   (One) Whether the house officer is working on the same unit during moonlighting activities and during the activities of the training program;

   (Two) Whether the house officer is seeing the same patients during moonlighting activities and during the activities of the training program;

   (Three) 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.

---

\(^1\) 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.
(Four) Whether the house officer will be evaluated for the moonlighting activities through the residency/fellowship program evaluation process; and
(Five) Whether the house officer is using any of the patients seen during the moonlighting activities as case studies for residency/fellowship program papers.

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.

Policy Approved by the VPMA Council August 5, 2010

William L. Thomas, M.D.
Executive Vice President, Medical Affairs


**Personal Appearance**

*MedStar Franklin Square Medical Center*

**Human Resources and Employee Health P&P**

**Effective date: May 7, 2012**

**Title:** Personal Appearance  

**Section:** Human Resources

**Purpose:** Presenting a professional appearance is one way we show respect for ourselves, staff, patients, visitors and community. To provide consistency in appearance and to help maintain the public impression of Franklin Square, we have adopted a standard code of dress. The way to decide on appropriateness of appearance is to ask, “Will my appearance increase the confidence and trust of our patients in the care they receive at our hospital?” This policy is not intended to exhaustively address particular unit or department requirements related to specific infection control, safety, and other special work related situations, but rather to provide parameters for general appearance. Departmental policies exist to address these aforementioned areas.

**Forms:**

**Effective Date of This Version:**

**Number:**

**Effective Date of This Version:** 05/07/2012

### 1.0 POLICY

#### 1.1 General Dress

1.1.1 General dress should be consistent with standards of safety and good professional business taste. Attire should be clean, neat, pressed, in good repair, modest and fit properly. Low necklines that expose cleavage and hemlines shorter than three inches above the knees are not permitted and discretion should be used regarding fabric sheerness and undergarments. The following are examples of clothing that is not permitted while on duty:

- Casual, beach wear, overalls, ragged pants, shorts, lycra pants, capri pants, harem-style pants, leggings, excessively tight or form-fitting garments. We do permit slacks that cover the calf but do not reach the ankle. These are sometimes called crop pants and flood pants.
- Tube, tank, crop, midriff or halter tops, muscle shirts, tee shirts (except as undergarments)
- Sundresses without jackets. Sleeveless tops should cover the distance between the shoulder and the neck, in other words, no spaghetti straps or other thin straps should be worn without a jacket or sweater to cover
- Garments of jean or dungaree style material, i.e., designs incorporating denim and designs using heavy over stitching of seams or rivets, except while on call or working as a member of the grounds crew or inpatient psychiatry.
- Sweat pants or garments of fleece material
- Franklin Square Hospital logo Sweat shirts and tee shirts
- Hats or head coverings, unless required to meet health regulation guidelines, as a religious accommodation, or designated as part of a uniform

1.1.2 Radios, cell phones or other electronic devices such as ipods or comparable with or without headphones or earphones that are not issued by the hospital may be used in designated non-work areas, while on break or at lunch;
but not while on duty. Texting while on duty is also prohibited. Use of a personal electronic device for work purposes, such as looking up a reference to assist in teaching or patient care, is permitted during work time. An exception has been granted for those associates in HIM while they work in the back of the department and are not visible to customers.

1.1.3 Chewing food or gum is not permitted except during break.

1.2 Holiday & Special Events & Extreme Weather

1.2.1 During holiday seasons, traditional holiday attire may be worn with Department Head approval as long as it is consistent with this policy (for example, holiday tee shirts may not be worn). Special clothing for hospital events may be worn the day of the event as long as it is consistent with this policy. There are a few days per year, notably the Hospital picnic and the observance of Lee Denim Day, when denim is permitted. During snow emergency, dress code may be relaxed, at discretion of manager.

1.3 Uniforms

1.3.1 Supervisors will inform associates of applicable uniform requirements in each work area. Associates are responsible for keeping uniforms clean, neat, pressed, and in good repair. Certain areas have guidelines for special clothing. Associates may not wear Hospital provided surgical clothing outside of the Hospital. All such clothing printed with names of other institutions is prohibited.

1.3.2 Hospital provided green scrubs and green cover gowns are exclusive and restricted to associates who work in the following areas: Perioperative departments, Women’s Pavilion, Imaging, Histology, Cytology, Sterile Processing, and Residents.

1.4 Shoes

1.4.1 Shoes should be clean, polished and in good repair. They must be quiet, provide safe, secure footing and other protection against hazards. Athletic, tennis, or recreational shoes are not permitted in the office environment, except when medically necessary and accompanied by a doctor's note. Consideration will be given at the department heads discretion to designated positions where an extended period of standing and walking is required. Slippers, bedroom slippers, flip flops, and thongs are not permitted. Dress sandals are permitted in offices. Stockings must be worn with any dress or skirt that does not touch the top of the kneecap both when standing and seated.

1.5 Hygiene

1.5.1 Associates are expected to practice appropriate personal and oral hygiene prior to coming to work. Nails, hair and facial hair should be clean and well-groomed. Hair must be a natural hair color, whether dyed or not. Hair may not be cut or shaved in such a way as to spell words or designs. All associates with patient contact must keep fingernails short (no longer than 1/4 inch in length) and clean. No artificial fingernails or extenders are to be worn by those providing "hands-on" patient care. In addition, acrylic overlay or gel nails may not be worn by those providing "hands-on" patient care. In compliance with patient safety and health requirements where appropriate, long hair should be worn up, tied back or placed in a hair net. Make-up, cologne, after-shave, and perfume, if worn, should be lightly applied.

1.6 Associates who have been issued a locator device must wear it while on duty.

1.7 Jewelry, Insignias, Tattoos and Nails

1.7.1 Jewelry and accessories should be appropriate to the professional healthcare environment. Hospital, professional or holiday pins, brooches, buttons or insignia may be worn. Associates who have direct contact with patients should not wear items that may present a safety or health hazard or be
disruptive to patients or their visitors. Example: Wearing many rings can make hand washing less effective for infection control.

1.7.2 Jewelry or other items of adornment used in pierced areas other than the ear should not be visible to patients or their visitors. This means that no piercings may be worn in parts of the body not covered by clothing. No plugs or gages may be worn (these are the devices used to stretch a piercing into a larger hole.)

1.7.3 Tattoos on the face, scalp, legs, feet, arms, torso and neck must be covered. Our patients have expressed that tattoos do not inspire confidence and trust in the care they are about to receive. Tattoos on the hand and wrist cannot be covered because of hand hygiene requirements. Tattoos on the hand and wrist must not be of an offensive nature.

2.0 LEVEL OF RESPONSIBILITY

2.1 When department specific requirements for dress exist, it is the responsibility of the Department Head to establish a departmental dress code that is consistent with this policy.

2.2 All associates own the personal appearance policy, and should hold one another accountable for adhering to it.

3.0 CORRECTIVE ACTION

3.1 Associates are expected to report to work each day in proper attire, as defined by this policy and department specific guidelines. Associates will be sent home to change, if necessary. Time sent home to change will not be considered worked time. Associates who refuse to observe the provisions of this policy will be subject to disciplinary action.

| Reference: |
| Approved By: |
| Approval Date: |
| Additional Signature Information: |

### Administration:

### Review Cycle Information

| Initiating Department: |
| Affected Departments: |
| Index: |
| Source Document: |
**Personnel Data Changes**

It is the responsibility of each employee to promptly notify MFSMC of any changes in personnel data. Personal mailing addresses, telephone numbers, number and names of dependents, individuals to be contacted in the event of an emergency, and other such status reports should be accurate and current at all times. If any personnel data has changed, notify the Office of Graduate Medical Education.
Personnel Files Policy  

MedStar Franklin Square Medical Center  
Graduate Medical Education  
Institutional Policy  

Reviewed/Approved by GMEC: May 17, 2011  

I. Purpose  
To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center outlining the maintenance and retention of house staff personnel files.  

II. Scope  
This policy will apply to the management of all personnel files for house officers participating in a graduate training program within MedStar Franklin Square Medical Center.  

III. Definitions  
House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Franklin Square Medical Center graduate training program.  
Graduate Training Program – refers to a residency or fellowship educational program.  

IV. Responsibilities/Requirements  
A. The respective residency office serves as the personnel office for the house officer. To that end, all employment documents and verifications shall be received, reviewed, and filed by the residency office in the house officer’s personnel file.  

B. House Officers shall have access to their files during regular business hours upon request.  

C. The following information will be contained in each personnel file:  

**CURRENT HOUSE OFFICER Files:**  

| SECTION 1: | Personal History/Personnel Information |
| SECTION 2: | Contracts & Diplomas in chronological order |
| SECTION 3: | All correspondence to, from, or about the house officer, MD License, when obtained |
| SECTION 4: | Loan Deferment Forms |
| | Check Requests (travel, educational expenses) |
| SECTION 5: | All ECFMG/Visa Paperwork (if applicable) |
| SECTION 6: | Application Materials: |
| | ● Franklin Square Hospital Center Application, Universal or ERAS Application |
| | ● Official (original) Transcripts |
| | ● Personal Statement |
| | ● Dean’s Letter |
| | ● At least two letters of Recommendation: |
| | ● USMLE Step 1 & 2 Scores (if applicable) |

In addition, each Program Director or Chairman is responsible for maintaining departmental files with the following original documents:  

| ● Evaluations of house officer |
| ● House officer evaluations of faculty |
* Note: Confidential correspondence directed to the Program Director, about a resident, shall not be maintained in the resident’s personnel file.

Upon conclusion of the training period, the Residency Office shall house all alumni files. Each program director is responsible for transferring departmental files on the house staff for permanent storage. Upon request, files will be available to the Director of Medical Education within one (1) working day. All requests for verification should be forwarded to the appropriate residency coordinator. The following information shall be maintained in the alumni file:

ALUMNI Files:

SECTION 1: Final Statement of Resident Status
   Personal History/Personnel Information
SECTION 2: Contracts & Diplomas in chronological order
SECTION 3: Pertinent Correspondence
   MD License, when obtained
   Final loan deferment papers
   *any additional departmental information
SECTION 4: Department Evaluation Forms
SECTION 5: ECFMG Certificates, VISA (if applicable)
SECTION 6: Application Materials:
   • Residency Application Form
   • Official Transcripts
   • Personal Statement
   • Dean’s Letter
   • Two Letters of Recommendation
   • USMLE Step 1 & 2 Scores (if applicable)
PHYSICAL EXAMINATIONS AND DRUG TESTING

To help ensure that house staff are able to perform their duties safely, a drug screening and physical examination are required. Prior to the first day of work, a physical examination will be performed either through Occupation Health at MFSMC or through a private physician. A completed pre-employment physical form is required from your private physician. The offer of employment and assignment to duties is contingent upon satisfactory completion of the exam. If the physical examination reveals any physical or mental disorder that would prevent the house officer from completing the essential duties of the position and reasonable accommodations cannot be made, then the contract may be terminated.

All house staff are also required to have a yearly tuberculosis screening. Failure to complete this screening will result in disciplinary action.

Current employees may be required to make medical examinations to determine fitness for duty. Such examinations will be scheduled at a reasonable time and intervals and performed in Occupational Health.

Information on medical conditions or history will be kept separate from other house staff information and maintained confidentially. Access to this information will be limited to those who have a legitimate need to know.

It is MedStar Franklin Square Medical Center’s desire to provide a drug free healthful and safe workplace. To promote this goal, all employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

To help ensure a safe and healthful working environment, all new house staff will be asked to provide body substance samples (such as urine and/or blood to determine the illicit or illegal use of drugs or alcohol.

While on MedStar Franklin Square Medical Center premises and while conducting business related activities off Franklin Square premises, no employee may use, possess, distribute, sell or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee’s ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.
PROMOTION POLICY

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: June 15, 2010

I. Purpose

To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) to use in the promotion and appointment of house officers to the next level of post-graduate training.

II. Scope

This policy will apply to all post-graduate training programs in the MedStar Health System (Baltimore Division). 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

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

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

C. 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

Promotion:

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

B. The Program Director shall consider all feedback and evaluations of the house 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, the Office of Graduate Medical Education will request promotional decisions from the Program Directors by February 1st. Per the ACGME’s Institutional Requirements, programs must provide, “their residents with a written notice of intent not to renew a resident’s contract, no later than 4 months prior to the end of the resident’s current contract.” The Office of Graduate Medical Education should be notified immediately upon the Department’s decision to not renew an employment contract.

D. If necessary, a Program Director may decide to defer a final decision on whether to promote a house officer until after February 1st. In this situation, the Program Director should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.

E. The Program Director may elect to extend the house 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 promote a resident, or to extend a resident’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 resident, or extends a determined period of training, the house 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
   a. See Policy for “Dismissal and Termination”
**Reduction in Force Policy**

**MedStar Franklin Square Medical Center**  
**Graduate Medical Education**  
**Institutional Policy**  
**Reviewed and Approved by GMEC: April 17, 2012**

I. **Purpose**  
To establish a policy for all graduate training programs within the MedStar Franklin Square Medical Center to state the intentions of the hospital regarding the potential for reduction or elimination of the resident physician work force.

II. **Scope**  
This policy will apply to all graduate medical education training programs in the MedStar Franklin Square Medical Center.

III. **Definitions**

**House Staff or House Officer** – refers to all interns, residents and fellows enrolled in a Franklin Square Hospital Center graduate training program.

**Graduate Training Program** – refers to a residency or fellowship educational program, accredited by the ACGME, for purposes of clinical education.

IV. **Responsibilities/Requirements**

1. 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.

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

3. All current contracts will be honored.

4. If possible, house staff currently enrolled in GME 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.

5. Neither the Sponsoring Institution nor any individual GME program may require house staff to sign a non-competition guarantee.
Restrictive Covenants

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: May 17, 2011

I. Purpose

To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center that prohibits the use of restrictive covenants in the House Staff Agreements.

II. Scope

This policy will apply to all graduate training programs in the MedStar Franklin Square Medical Center.

III. Definitions

House Staff – refers to all interns, residents and fellows enrolled in the MedStar Franklin Square Medical Center’s graduate training program.

Restrictive Covenant – refers to a non-competition guarantee.

IV. Responsibilities/Requirements

A. In compliance with the Accreditation Council for Graduate Medical Education Institutional Requirements, MedStar Franklin Square Medical Center prohibits the use of restrictive covenants in the House Staff Agreements.
Selection and Credentialing of House Officers

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: May 17, 2011

I. Purpose

To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center 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 training programs in the MedStar Franklin Square Medical Center. All information contained in this policy shall be used as minimum criteria for selection. More detailed selection criteria shall be delineated in the respective Departmental Selection Policy.

III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows enrolled in the MedStar Franklin Square Medical Center’s graduate training programs.

Match – refers to the formal process of matching residents to hospitals, administered by the National Residency Matching Program (NRMP).

IV. Responsibilities/Requirements

A. All applicants for a house officer position must be (pending) graduates of one of the following:
   1. medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME);
   2. osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA);
   3. medical schools outside the United States and Canada who meet one of the following qualifications;
      a) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates;
      b) Have a full and unrestricted license to practice medicine in a United States licensing jurisdiction.
   4. medical schools outside the United States and have completed a Fifth Pathway program provided by an LCME-accredited medical school.

B. All applications for House Officer 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 pre-match and 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 the program. Verification documentation must be kept in the personnel file.)
   e) Verification of graduation from previous U.S. residency program. (If Relevant) (Appointments to positions above the PGY-1 level may be made prior to the completion of the current academic year. It is the responsibility of each Program Director however, to verify successful completion of such training before the resident begins the program. Verification documentation must be kept in the personnel file. Letter should include:
      a. Training Length
      b. Specialty
      c. Overall, evaluation of the resident to include whether the resident left the program in good standing.
      d. Evaluation of how resident met the six-competencies during training.
      e. Discussion of any disciplinary action taken against the resident.
      Two (2) letters of reference from attending physicians familiar with the individual’s performance. If the candidate has previously been in a graduate training program, one letter must be from the candidate’s former Program Director.

2. Candidates of medical schools that are not accredited by the LCME, the AOA or other accredited college for specialty training 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. All candidates should interview with the Program Director *(or designee)* and when possible 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.

4. All residency 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.

5. 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

6. All candidates invited for interviews must be given the following information in written format:
   a) Salary and benefits information
   b) Explanation of the professional liability coverage for house officers
   c) Any conditions of employment

7. Upon selection (or after the Match), contracts shall be prepared by each residency office and forwarded to the Director, Graduate Medical Education for signature.

8. If any of the required credentials documentation, as identified above, is missing on the effective date of the contract, the contract may be void.

9. If a prospective house officer fails to graduate, the contract will be made null and void.

10. MedStar Health is an equal opportunity employer. Residency programs will not discriminate with regard to gender, race, age, religion, color, national origin, disability, or veteran status.
SUPERVISION OF HOUSE OFFICERS

IX. Purpose

To establish a policy for all post-graduate training programs within the MedStar Health System to ensure appropriate levels of supervision, progression of responsibility, and procedural competency of house officers.

X. Scope

This policy will apply to all post-graduate training programs in the MedStar Health System. All information contained in this policy shall be used as minimum criteria for supervision. More detailed supervision criteria shall be delineated by each clinical training program in its respective Supervision Policy.

XI. Definitions

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

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

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

XII. 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 residents, faculty members, and patients.

2. Residents and faculty members 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 residents 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 resident or fellow. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

D. To ensure oversight of resident 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 resident 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 resident must be assigned by the program director and faculty members.

1. The program director must evaluate each resident’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 residents, based on the needs of the patient and the skills of the resident.

3. Senior residents or fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

F. Programs must set guidelines for circumstances and events in which residents 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 resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

   a) In particular, PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available. (Each Review Committee will describe the achieved competencies under which PGY-1 residents 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 resident and delegate to him/her the appropriate level of patient care authority and responsibility.

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

I. Residents 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:

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

   B. Sponsoring institution and program must ensure and monitor effective, structured handover processes to facilitate both continuity of care and patient safety.

   C. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

   D. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and residents 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.
Supervision of Procedural Competency:

A. Residents 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 the Medical Staff Office 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 training 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 must be 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 resident 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 resident who is determined to be competent in a specific procedure (the senior resident) may also teach the procedure to another resident (the junior resident) and provide direct supervision. This immediate supervision by the senior resident; however, 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 informed 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 residents may be licensed by the applicable state licensing board. This requirement will be directed at the institutional or program level.
Termination/Dismissal of Employment

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: June 15, 2010

Dismissal from a Residency Program and Termination of Employment

I. Purpose

To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) 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 the MedStar Health System (Baltimore Division). 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 Washington Hospital Center 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 officer’s academic program prior to the completion of an academic course of study may be done at either the discretion of the house officer or the hospital, or at the mutual agreement of the house officer and the hospital.

B. Resignation

1. If the house 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/VPMA (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 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 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 officer in accordance with other provisions of this policy.
USMLE Requirements

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: April 17, 2012

I. Purpose

To establish a USMLE policy for all post-graduate training programs within MedStar Franklin Square Medical Center to use in the promotion and appointment of house officers.

II. Scope

This policy will apply to all post-graduate training programs at Franklin Square Medical Center. All information contained in this policy shall be used as minimum criteria. More detailed USMLE criteria may be delineated by each clinical department in its respective Departmental USMLE Policy.

III. Definitions

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

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

C. USMLE – refers to the United State Medical Licensing Examination.

IV. Responsibilities/Requirements

USMLE Steps 1 and 2:

A. All applicants for positions in a post-graduate training program at MedStar Franklin Square Medical Center are expected to have taken and passed all components of both Steps 1 and 2 of the USMLE prior to their first day of employment in the training program.

B. Failure of an applicant to take Steps 1 and 2 of the USMLE by their contracted start date will null and void any letters of offer and/or employment contracts issued by the MedStar hospital.

C. An applicant who has failed to pass Step 2 of the USMLE by their contracted start date may be permitted at the discretion of the Program Director to enter the program and retake Step 2 of the exam. All components of Step 2 of the USMLE must be passed by September 1st of the current academic year. Failure to pass Step 2 by September 1st will result in termination of the resident from the academic program in compliance with the institutional termination/dismissal policy.

D. Applicants who have not passed Steps 1 and 2 of the USMLE will not be accepted in transfer from other residency programs.

USMLE Step 3:

A. All residents enrolled in post-graduate training in a MedStar Franklin Square Medical Center program must take USMLE Step 3 by their eighteenth month of training. A passing score on the USMLE Step 3 must be presented to the program no later than the 24th month of their training, and within seven years of taking Step 1 (See D below)

B. If USMLE Step 3 has not been passed by the end of the second year (24th month) of the resident’s training, his/her PGY-2 contract may be extended to allow for successful completion of Step 3 at the discretion of the program director and with the approval of the Department Chair and VPMA, Director of Medical Education.

C. If the Program Director elects to extend the house officer’s contract pending satisfactory completion of the USMLE Step 3 requirements, he/she should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.
D. USMLE Steps 1, 2 and 3 must all be taken and passed within a seven year time period.

1. Due to non-traditional training cycles and/or off-cycle training, some residents may be required to adhere to stricter time requirements than listed above in order to comply with the seven year provision.

2. If a house officer does not pass all three steps of USMLE within the seven year period, regardless of their PGY-level, they may be dismissed from the resident program, pursuant to the Academic Improvement Policy.
Conduct and Disciplinary Action

Academic Improvement Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed by GMEC: June 19, 2012

1) **Purpose**
   To establish a policy and process for all programs at the MedStar Franklin Square Medical Center to use in the normal process of evaluating and assessing competence and progress of house staff enrolled in programs of post-graduate medical education. 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.

2) **Scope**
   This policy applies to all Graduate Medical Education (GME) training programs at MedStar Franklin Square Medical Center.

3) **Definitions**
   a) **House Staff or House Officer** – refers to all interns, residents and fellows participating in a program of post-graduate medical education.
   b) **Post-Graduate Training Program** – refers to a residency or fellowship educational program.

4) **Process**
   a) **Structured Feedback**: All residents and fellows should be provided routine feedback that is consistent with the educational program. Feedback techniques include verbal feedback, rotational evaluations and summative evaluations (See Evaluation Policy). Each residency program must have a Clinical Competency Committee (“CCC”), that is charged with routinely assessing house officer performance.

   b) **“Letter of Deficiency”**: When a house officer has been identified as having a deficiency, it is expected that s/he will receive routine structured feedback in order to identify and correct the issue. When the program director/CCC deems that routine structured feedback is not effecting the necessary improvement, or if the Program Director/CCC determines that the deficiency is significant enough to warrant something more than routine feedback, the Program Director/CCC may elect to issue a “Letter of Deficiency.” This letter provides the House Officer with (a) notice of the deficiency and (b) an opportunity to cure the deficiency. “Letters of Deficiency” must be co-signed by the Program Director (or Designee) and the Administrative Director of Medical Education. The issuance of a “Letter of Deficiency” does not trigger a report to any outside agencies. The Program Director will provide the house officer with feedback consistent with the letter of deficiency. If, the house officer satisfactorily resolves the deficiency (ies) noted in the Letter of Deficiency, and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the house officer’s intended career development.

   c) **Failure to Cure the Deficiency**: If the Program Director/CCC determines that the house officer has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, the Program Director/CCC may elect to take further action, which may include one or more of the following steps:
      
      i) **Issuance of a new Letter of Deficiency**
      ii) **Election not to promote to the next PGY level**
      iii) **Requiring the repeat of a rotation that in turn extends the required period of training**
      iv) **Extension of contract, which may include extension of the defined training period**
      v) **Denial of credit for previously completed rotations**

---

1 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.
vi) 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 which results in an extension in training 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.

d) 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 Administrative Director of Medical Education within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Administrative Director will first determine whether the matter is reviewable under this Policy, and if so, the Administrative Director shall appoint a neutral physician reviewer who will:

i) Review the complaint
ii) Meet with the house officer
iii) Review the house officer’s file
iv) Meet 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, the house officer received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made.

The Administrative Director of Medical Education will:

i) Appoint the physician reviewer
ii) Assist the physician reviewer to identify other potential participants, if warranted
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 Vice President of Medical Affairs of the request for review

e) 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 by the Vice President for Medical Affairs (VPMA). A request for final review shall be submitted to the Assistant Vice President for Academic Affairs within fourteen (14) days of learning of the Physician Reviewer’s decision. The VPMA will conduct a final review in conjunction with the Assistant Vice President for Academic Affairs. The roles of these individuals and the process are the same as described in the “Request for Review” above. The decision of the VPMA 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.
Due Process Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: April 17, 2012

I. Purpose

To establish a policy for all post-graduate training programs within the MedStar Franklin Square Medical Center 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 graduate medical education (GME) training program within MedStar Franklin Square Medical Center. 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

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

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

C. Dismissal – The act of terminating a house 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

a. 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

a. 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.
Grievance Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: June 15, 2010

I. Purpose

To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center for resolution of house officers’ complaints and grievances.

II. Scope

This policy will apply to all house officers who participate in a graduate medical education (GME) training program within MedStar Franklin Square Medical Center. 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 Officer – refers to all interns, residents and fellows participating in a post-graduate training program.

Post-Graduate 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 officer in charge at the time of the incident.

B. If the house officer in charge is unable to rectify the situation, the attending on the team should be consulted.

C. For an incident that is not resolved as stated above or that is not associated with a particular incident on a patient unit, house officer should proceed directly to their Chief Resident.

D. If the house officer does not feel as though the Chief Resident 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 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 Resident 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 grievant’s Program Director
2. Director of Medical Education (or designee)
3. AVP of Academic Affairs (or designee)
4. A resident not involved with the situation
5. Any other department representative deemed necessary by management to perform a reasonable investigation and decision-making process

G. Upon hearing the grievance, the committee will investigate all issues associated with the complaint and will provide a final written decision to the house 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.
House Officer Misconduct Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GME: June 19, 2012

1) Purpose
To establish a policy and process for all programs at the MedStar Franklin Square Medical Center to use when allegations of misconduct are made against a house staff officer.

2) Scope
This policy applies to all Graduate Medical Education (GME) training programs at MedStar Franklin Square Medical Center.

3) Definitions
a) House Staff or House Officer – refers to all interns, residents and fellows participating in a program of post-graduate medical education
b) Post-Graduate Training Program – refers to a residency or fellowship educational program
c) 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 trigger action under the Academic Improvement Policy. These actions may proceed simultaneously.

4) 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 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 initial inquiry, as follows:
   i) Meet with the person complaining of misconduct.
   ii) 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.
   iii) Consult with the Administrative Director of GME to determine whether the VPMA, Department Chairman, Legal Affairs and/or Human Resources should be contacted as appropriate based on the issues and the people involved.
   iv) Upon request of the house officer, or if the Program Director, GME Director, VPMA, or Human Resources decide the incident warrants more investigation, then a “Full Inquiry” must be done.
   v) All allegations of sexual harassment will be reported immediately to Human Resources in accordance with the Hospital’s policy against harassment.
   vi) Upon consensus of the Program Director and GME, the accused house staff officer can be removed from duty (with or without pay) pending the outcome of a full inquiry.

c) Full Inquiry: A full inquiry is an internal investigation of the allegation/incident by appropriate individuals, which may include GME, the Program Director, the Department Chairman, Human Resources, Legal, or others. The inquiry process is administered by the Administrative Director of GME. Factual results of the inquiry will be prepared by the GME Director and/or other responsible individuals and reported back to the program director and the house officer for appropriate action.

   i) If the full inquiry results in a finding that no misconduct occurred, no action will be taken against the house officer. If the house officer was suspended pending the inquiry, the house officer will be reinstated with full benefits and pay.

d) If the full inquiry results in a finding that a house officer participated in misconduct, the Program Director shall determine, in conjunction with the VPMA, Department Chair, GME, Human Resources, Legal, or other appropriate individuals, what action is appropriate under all the circumstances, to remedy the
situation. The Program may take actions including, without limitation, the following:

i) A verbal or written warning
ii) Election to not promote to the next PGY level
iii) Non-renewal of contract
iv) Suspension
v) Termination from the residency or fellowship program

**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 Administrative Director of Medical Education
within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the
Administrative Director will first determine whether the matter is reviewable under this Policy, and if so,
the Administrative Director shall advise the VPMA who will:
   i) Review the complaint
   ii) Meet with the house officer
   iii) Review the house officer’s file
   iv) Meet 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, 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 for Academic Affairs and/or the Administrative Director of Medical Education will:

   i) Advise the VPMA of the request for review
   ii) Assist the VPMA to identify other potential participants, if warranted
   iii) Attend all meetings held by the VPMA
   iv) Coordinate communications between the VPMA and the house officer
   v) 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.

5. **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 Administrative Director of GME, or any other supervisor.
Sexual Harassment Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: September 18, 2012-Adoption of Hospital Policy

Purpose: To ensure an environment free from sexual harassment for all MedStar Franklin Square Medical Center associates and applicants for employment, as well as, to provide an opportunity to report, have investigated and resolve associates’ sexual harassment concerns and complaints.

Scope: This policy will apply to all house staff who participates in a graduate medical education (GME) training program within MedStar Franklin Square Medical Center

1.0 Policy MedStar Franklin Square Medical Center is committed to maintaining an environment where all associates can work free from any type of harassment. Harassment in the form of sexual advances, demands for sexual favors, sexual comments or gestures, or physical actions of sexual nature toward another associate will be considered sexual harassment under certain circumstances, including but not limited to the following:

• It is made a term or condition of employment; or,
• It is used as the basis of an employment decision; or,
• It unreasonably interferes with work performance or creates an intimidating, hostile, or offensive work environment.

1.1 Other sexually harassing conduct in work situations, both on and off premises, that can create an offensive work environment and is prohibited by this policy includes, but is not limited to, the following examples:

• Repeated sexual or romantic flirtations, advances and/or propositions after the associate has made his/her rejection known
• Threats, directly or indirectly, to retaliate against an associate if he/she refuses to comply with a sexually oriented advance or proposition
• Sexually suggestive and unwelcome physical touching of another individual
• Continual or repeated verbal abuse of a sexual nature
• Sexually explicit or graphic verbal comments about an individual’s body
• Sexually degrading words used to describe an individual
• Indecent exposure
• Display in the workplace of sexually suggestive objects or pictures

1.2 Sexual harassment will not be tolerated, whether it is committed by supervisory or non-supervisory personnel, consultants, contract associates, vendors, patients, or visitors of MedStar Franklin Square Medical Center.

2.0 Reporting Sexual Harassment

2.1 All MedStar Franklin Square Medical Center associates are responsible for helping to ensure that sexual harassment is prevented. The most effective way in which this can be accomplished is for an associate who believes that he/she has witnessed harassment, knows of harassment or is being subjected to harassment should immediately notify his/her supervisor, Human Resources, or both.

3.0 Equal Opportunity and Sexual Harassment Policy Violations

3.1 MedStar Franklin Square Medical Center takes a “zero tolerance” approach to violations of its Equal Opportunity and Sexual Harassment Policy. Therefore, any associate, whether supervisory or non-supervisory, who
is determined to have violated this policy can be subjected to disciplinary action, up to and including dismissal. In addition, violations of federal, state or local equal opportunity laws and regulations may lead to personal legal and financial liability.

4.0 Internal Investigations

4.1 In keeping with its commitment under this policy, MedStar Franklin Square Medical Center will promptly and effectively investigate sexual harassment complaints of which it is made aware. A full investigation of all sexual harassment complaints will be conducted by the GME Office and Human Resources.

4.2 Sexual harassment investigations are to be treated as confidential. Therefore, the investigator(s) and those participating in the investigation must take reasonable steps to maintain the confidentiality of the complaining party, the alleged transgressor, witnesses, and other individuals who may assist or otherwise be involved in the investigation. However, it is important to note that complete confidentiality cannot be guaranteed in such investigations. For example, it may be necessary to reveal the identity of the complaining party and/or witnesses in order for the alleged transgressor to be apprised of the allegations against him/her and to afford him/her a fair opportunity to provide a response to the allegations.

5.0 Non-Retaliation

5.1 Associates have a legal right to report possible violations of MedStar Franklin Square Medical Center’s Sexual Harassment Policy. MedStar Franklin Square Medical Center acknowledges and will take appropriate steps to protect this legal right. Specifically, it is MedStar Franklin Square Medical Center’s policy that an associate who reports and/or assists in the investigation of a possible violation of this policy will not be subjected to retaliation, of any form, on or off workplace premises, by supervisory or non-supervisory personnel.

5.2 Retaliation that is prohibited by this policy includes, but is not limited to, the following conduct that occurs as a direct result of an associate’s report of and/or assistance in the investigation of a sexual harassment policy violation:

- Explicit or implied threats, verbal or physical
- Inappropriate comments
- Acts of intimidation
- Negative change in working conditions
- Unwarranted disciplinary action
- Unwarranted exclusion from meetings, conferences or other work-related events

6.0 Responsibilities

6.1 Management

- Adhere to the letter and the spirit of MedStar Franklin Square Medical Center’s Sexual Harassment Policy, and of equal opportunity laws and regulations.
- Promote compliance with the terms of this policy and be alert to possible policy violations.
- Foster an environment that is free from discrimination, harassment and/or retaliation.
- Afford all associates and job applicants’ equal opportunity in all aspects of employment (i.e., hiring, promotions, transfers, compensation treatment, application of policies, and the like).
- Rely only on job-related standards in the execution of all their employment-related duties.
- Immediately report to Human Resources and/or the Supervisor any known or perceived violations of this policy.
- Cooperate with any internal investigations that may arise from any known or perceived violations of this policy.
- Review this policy.
- Conduct annual sexual harassment policy reviews with associates.

6.2 House Staff

- Adhere to the letter and spirit of MedStar Franklin Square Medical Center’s sexual harassment policies, and of equal opportunity laws and regulations.
- Foster an environment that is free from discrimination, harassment and/or retaliation.
- Inform management and/or Human Resources of situations where actual or potential violations of this policy exist.
- Cooperate with their managers to ensure compliance with this policy.
- Cooperate with any internal investigations that may arise from known or perceived violations of this policy.
6.3 Graduate Medical Education and Human Resources

- Assist in ensuring compliance with the terms of this policy.
- Ensure that federal and state government nondiscrimination posters, as well as MedStar Franklin Square Medical Center’s Sexual Harassment Policy is displayed permanently in conspicuous locations.
- Ensure that MedStar Franklin Square Medical Center’s Sexual Harassment Policy is covered in new associate orientation programs.
- Assist in educating managers, supervisors and associates regarding this policy, its requirements and their responsibilities under this policy.
- Immediately report any complaints of known or perceived violations of this policy to the Legal Department.
- Where appropriate, conduct internal investigations based on complaints regarding known or perceived violations of this policy.
- Cooperate with any internal investigations that may arise from known or perceived violations of this policy.

COMPENSATION AND BENEFITS

House officers at MedStar Franklin Square Medical Center are provided a wide range of benefits. A number of the programs (such as Social Security, workers’ compensation, and unemployment insurance) cover all employees in the manner prescribed by law.

The following benefits are available to eligible employees:

- Computer, E-mail, and EMR Usage
- Credit Union
- Days Away (In accordance with the each residency Board and the ACGME)
- Employee Assistance Program
- Emergency House Staff Loans
- Insurance Plans
- Disability Insurance
- Malpractice Insurance
- Family Medical Leave
- On-Call Quarters/Lounge
- Subsidized Meals
- Parking
- Stipends/Paychecks
- Educational Fund

Some benefit programs require contributions from the employee, but most are fully paid by MedStar Franklin Square Medical Center.
Computer, E-mail Usage

Computers, computer files, the e-mail system, and software furnished to employees are MedStar Franklin Square Medical Center property intended for business use. Employees should not use a password, access a file, or retrieve any stored communication without authorization. To ensure compliance with this policy, computer and e-mail usage may be monitored.

MedStar Franklin Square Medical Center strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, MedStar Franklin Square Medical Center prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale.

E-mail may not be used to solicit others for commercial ventures, religious or political causes, outside organizations, or other non-business matters.

House officers should notify their Program Director, Director of Medical Education or any member of management upon learning of violations of this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.
Information Technology Network Security Violation Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Revised/Reviewed: April 29, 2011

I. Purpose

To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center outlining security precautions as related to Information Systems and consistent with HIPPA.

II. Scope

This policy will apply to all house officers who participate in a graduate medical education (GME) training program within MedStar Franklin Square Medical Center.

III. Definitions

A. House Staff or House Officer – refers to all interns, residents and fellows participating in a Franklin Square Hospital Center graduate training program.

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

IV. Responsibilities/Requirements

A. The Office of Graduate Medical Education will provide each respective house officers with network information, required paperwork and acknowledgement forms. Upon completion, the forms will be delivered to Information Systems.

B. House officers are assigned a user identification code and password for the network access. This information is generated by Information Systems and is monitored through their security officer.

C. Each house officer signs an acknowledgment statement agreeing to the following terms and conditions:

1. Data in databases will be accurately entered and maintained.
2. Passwords will be kept confidential and not shared with others; each individual is responsible for notifying Information Systems if they believe confidentiality has been compromised.
3. Data, either hard copy or machine-readable, will not be provided to other individuals if it knowingly compromises patient confidentiality, financial, competitive, or legal well being of MedStar Health.
4. Data will not be provided to external organizations without prior approval of the data base owner.

   This acknowledgment also states that violation of any of the above may involve disciplinary action up to and including termination. Copies of these forms are on file with the Information System security officer.

Violations of the signed agreement with Information Systems are communicated to the Director of Medical Education. The house officer will be subject to disciplinary action consistent with applicable hospital policies and procedures and the Medstar Code of Conduct, which can include termination. Termination of any house officer shall follow the Termination/Dismissal Policy.
Credit Union

First Financial Credit Union of Maryland is available to all hospital employees. Employees may contact the Human Resources Department at extension 7229 for additional information.
**Days Away**

*MedStar Franklin Square Medical Center*
*Graduate Medical Education*
*Institutional Policy*

*Revised/Reviewed by GMEC: May 17, 2011*

I. **Purpose**

To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center outlining days taken away from training.

II. **Scope**

This policy will apply to all house officers who participate in a graduate medical education (GME) training program within MedStar Franklin Square Medical Center.

III. **Definitions**

b. *House Staff or House Officer* - refers to all interns, residents and fellows participating in a MedStar Franklin Square Medical Center graduate training program.

c. *Graduate Training Program* - refers to a residency or fellowship educational program.

IV. **Responsibilities/Requirements**

A. The Days Away benefit given to house officers must be consistent with the academic and regulatory board requirements of physician training programs. In general, medical specialty boards require house officers to be present for 11 out of 12 months per year to receive credit for that year. “Days Away” encompasses a day away from the program for any reason; vacation, illness, or any other approved reason.

B. The Days Away benefit for house officers allows a maximum of one month (out of a possible twelve months) away from any residency program. One month is defined as twenty (20) workdays away, all of which are paid days off. House officers exceeding twenty (20) days away will be subject to an extension of their training program and any significant extensions must be communicated to the VPMA.

C. Approval for “Days Away” requests is at the discretion of the program director, and will be approved or denied based on patient care activities and other programmatic needs. Each residency program should have a written protocol for requesting days away that is distributed to all house officers. The VPMA/Office of GME will not have a role in the determination of scheduling or approval of days away. The VPMA/Office of GME should be involved if a complaint arises from a house officer of an egregious accreditation violation with regard to scheduling and/or duty hours.

D. The program director is responsible for tracking all days away and reporting days away to their respective Specialty Board and/or the RRC, as well as the institution upon request.

E. “Days Away” do not accrue and do not carry over into the next academic year. House officers who leave the program mid-year are not eligible to collect money for unused days away.

F. House officers are eligible for the Family and Medical Leave Act (FMLA) program. If the house officer is eligible and approved for FMLA leave, such leave will run concurrently with his/her unused days away. For questions regarding FMLA, as well as the use of short- and long-term disability, contact the Employee Health and Safety Department and the VPMA/Office of GME.
G. It must be very clear that an approved Leave of Absence could extend the house officer’s academic year and contract with the institution. Due to the complexity of leave and disability benefit, compiled with the academic/contractual requirements, Employee Health and Safety, as well as the VPMA/Office of GME should be notified when “Days Away” extend a contract or duration of training.
FMLA and Leave of Absence Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: May 17, 2011

I. Purpose
To establish a policy and process for all graduate medical education training programs at MedStar Franklin Square Medical Center to apply to house staff leaves of absence (paid or unpaid) and to ensure that applicable laws are followed and that house officers are eligible for board certification.

II. Scope
This policy applies to all Graduate Medical Education (GME) training programs at MedStar Franklin Square Medical Center.

III. Definitions
a) House Staff or House Officer – refers to all interns, residents and fellows participating in a program of graduate medical education
b) Graduate Medical Education Training Program – refers to a residency or fellowship educational program
c) Leave of Absence – refers to a paid or unpaid period of time absent from work while maintaining employment
d) Family and Medical Leave Act of 1993 (FMLA) – refers to a United States labor law which provides eligible employees with up to twelve (12) workweeks of family and/or medical leave in the applicable twelve (12) month period.

IV. Responsibilities/Requirements
A. Leave of Absence: 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 associate’s spouse, son, daughter or parent being notified of or on active duty in support of a contingency operation (details regarding this form of leave are provided in MedStar Franklin Square Medical Center’s Military Leave Policy.

Under FMLA, MedStar Franklin Square Medical Center provides eligible house staff with up to twelve work weeks of family and/or medical leave in a twelve month period.

Some associates may be entitled to an additional 26 workweeks of unpaid FMLA leave, known as “Military Caregiver Leave,” to care for family members who suffered injury and/or illness while serving in the Armed Forces, including the National Guard or Reserves. Such leave is described in MedStar Franklin Square Medical Center’s Military Leave Policy.
B. 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.

C. Health care benefits will continue during FMLA leave (paid or unpaid), provided that house staff continue to pay their required health insurance premiums.

1. All leave requests, FMLA and non-FMLA, must be approved by the Program Director and be in compliance with graduate medical education policy. House staff should make requests for family or medical leave to their Program Director at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events. Upon approval from the Program Director, house staff must coordinate the requested leave with the Employee Health and Safety Office and complete the necessary forms.

D. The Short Term Disability (STD) program replaces, normally, 60% of a house officer’s base wages. House staff are covered after a seven calendar day waiting period for illness and on the first day for an accident. House staff still disabled after twenty-six weeks may be eligible for Long Term Disability (LTD) benefits.

E. In the event of a leave of absence, the educational training period may be extended in order to fulfill the department’s, specialty board’s, or state licensing board’s requirements. Each training 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. House officers and Program Directors must adhere to each specialty board’s policy specifying the maximum amount of time a resident may be absent during each year of training. If a house officer’s educational 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.
Employee Assistance Program

MedStar Franklin Square Medical Center provides professional counseling assistance to all employees, including house officers, at no cost. Services provided included:

- Family or Personal Problems
- Relationships or Divorce
- Emotional Problems (depression, anxiety, etc.)
- Substance Abuse
- Stress

Employees may contact Human Resources at extension 7229 for additional information.

In the event that a family medical leave is prolonged, the training period may need to be extended in order to fulfill the program’s specialty board or state licensing board’s requirements.

Laundry/Linen Room

The laundry/linen room is located on the first floor across from the morgue. The laundry room is open from 24/7. Residents will need to ring the bell for admittance. The seamstress is available from 6:30 a.m. – 3:00 p.m. Monday thru Friday. Soiled coats should be placed in the “soiled basket” which is located just inside the linen room. It takes approximately 5-7 days for coats to be cleaned and returned. Cleaned coats are placed in alphabetical order in the linen room closet. Please call extension 7340 for additional information.

Loan Deferment

All applications for Loan Deferment must be submitted to the program residency office for processing.
Emergency House Staff Loans

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Revised/Reviewed by GMEC: January 18, 2011

I. Purpose

To establish an institutional policy for all house staff in the MedStar Franklin Square Medical Center outlining guidelines for interest free emergency loan.

II. Definitions

House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Franklin Square Medical Center graduate training program.

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

Automatic Payroll Deduction - A process by which money is directly subtracted from the paycheck.

Outstanding Loan - Funds that are owed to the Office of Graduate Medical Education for a loan. Each resident/fellow may have a maximum of one outstanding loan at any given time not to exceed $1,000.00.

III. Responsibilities/Requirements

A. House Staff in good standing may apply for an Emergency House Staff Loan. An emergency is described as a sudden unforeseen crisis that requires immediate action. An application for an Emergency House Staff Loan must be completed by the requesting resident/fellow and submitted to the Office of Graduate Medical Education (GME) A Resident/Fellow may have a maximum of one outstanding loan with the GME Office. Approval will be at the discretion of the Vice President of Academic Affairs for MedStar or his/her designee. An approved application for House Staff Loan will be:

1. Faxed to the Payroll Department to begin automatic payroll deduction. The maximum amount to be deducted from each paycheck will be designated by the resident/fellow on the application form. The minimum deduction is one-twentieth ($50.00) of the loan amount per pay period. The Payroll office will begin automatic payroll deduction, and will ensure that payroll deductions end when the balance due has been paid in full.

B. House staff are required to pay any balance due on a loan prior to completing their educational program or in the event of termination, any outstanding balance that has not been repaid will be deducted automatically from the last paycheck. If the balance due exceeds monies available in the last paycheck, the resident/fellow will be required to pay the balance upon exit from residency program.

The Application for House Staff Loan form is available in the GME Office.
Insurance Plans:

Life Insurance:

Basic Life Insurance and Basic AD&D Insurance equal to one times your annual base salary is provided to all house staff by the hospital. Additional insurance can be purchased at a low cost.

Medical, Dental and Vision Insurance

MedStar Franklin Square Medical Center’s health insurance plan provides all house officers and their dependents access to medical, dental and vision insurance benefits. Eligible employees may participate in the health insurance plan subject to all terms and conditions of the agreement between MedStar Franklin Square Medical Center and the insurance carrier.

Details of the health insurance plans are described in the Summary Plan Description (SPD). An SPD and information on cost of coverage will be provided in advance of enrollment to eligible employees. Contact the Human Resource Department for more information about health insurance benefits.

COBRA:

A change in employment classification that would result in loss of eligibility to participate in the health insurance plan may qualify an employee for benefits continuation under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Disability Insurance

Long-Term Disability

MedStar Franklin Square Medical Center provides long-term disability (LTD) benefits to help house officers cope with an illness or injury that results in a long-term absence from employment. LTD is designed to ensure a continuing income for employees who are disabled and unable to work.

House officers are offered an expanded LTD plan at no 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.

Short-Term Disability

MedStar Franklin Square Medical Center provides short-term disability (STD) benefits to all house officers 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 Franklin Square Medical Center and the insurance carrier.

Disabilities arising from pregnancy or pregnancy-related illness are treated the same as any other illness that prevents an employee from working. Disabilities covered by workers’ compensation are excluded from STD coverage.

Details of the STD benefits plan including benefit amounts, when they are payable, and limitations, restrictions, and other exclusions are described in the Summary Plan Description provided to eligible employees. Contact the Human Resources Department for more information on STD benefits.

Malpractice Liability Coverage

The MedStar Franklin Square Medical Center, its employees, residents and employed physicians are all covered for malpractice liability through an insurance captive. A captive is a form of self-insurance in which a group of like entities or businesses band together to provide insurance coverage for all participating parties. There may be a
single owner or multiple owners of a captive. In our case, the captive owner is MedStar Health. The captive insurance company’s name is Greenspring Financial Insurance Limited (GFIL) and all MedStar hospitals, house officers and employees are covered for malpractice liability under the captive. The limits of liability coverage are $1,000,000 per incident or $3,000,000 annual aggregate meaning $3,000,000 coverage for all incidents, which occur, in a single year. In certain instances, additional insurance coverage is available through a commercial policy, which MedStar maintains with an excess insurance carrier.

When you leave MedStar Franklin Square Medical Center, tail coverage is NOT necessary because this is an occurrence policy meaning that you are covered indefinitely for any events which occurred while the policy was in force, even if they are not claimed until years after the date they occurred.

To obtain an insurance certificate or claims history, please call the Risk Management Office at 443-777-7739.

**Meals/Cafeteria**

A subsidy for on-call meals will be provided to house officers. At the beginning of the each academic year, house officers will receive one meal card preloaded with a maximum allowance toward the purchase of complimentary meals in the Cafeteria or the Café. The house officer is responsible for managing their meal card for the academic year. Account balances do not roll over into the next academic year. House Officers are responsible for the safe keeping of their meal card.

<table>
<thead>
<tr>
<th>Cafeteria</th>
<th>Monday thru Friday</th>
<th>Tower Café</th>
<th>Monday thru Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6:30am to 10:30 am</td>
<td>6:30 am to 7:00 PM</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:00am to 6:30 pm</td>
<td></td>
<td>11:00am to 6:30 pm</td>
</tr>
<tr>
<td>Saturday and Sunday</td>
<td>6:30am to 10:30 am</td>
<td>Saturday and Sunday</td>
<td>7:00 am to 2:00 pm</td>
</tr>
<tr>
<td></td>
<td>11:00am to 6:30 pm</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The second floor lounge is equipped with a coffee machine, microwave, and refrigerator if the house officer prefers to bring their own food. Vending machines located in the Cafeteria are also available 24/7.

**On-Call Quarters/Lounge**

The house officer’s lounge is located on the second floor of the hospital. Doors to the lounge must remain locked at all times. Pharmaceutical representatives are not allowed in the lounge. If admittance is necessary after hours, please call Security at extension 7242 or 7243.

**Parking**

MedStar Franklin Square Medical Center provides free parking to all house officers. House officers have designated parking. Entry to the lot is located across the street from MedStar Franklin Square Medical Center and can be accessed from Franklin Square Drive. Hospital identification badges must be activated to gain entry to the lot and an appropriate parking permit must be obtained. Upon completion of the training program, the parking permit must be returned to Security.

**Security**

The Security Department at MedStar Franklin Square Medical Center is committed to providing a safe and secure working environment for all employees. House officers should contact Security immediately on extension 7242 or 7243 to report any suspicious activity. In the event that any house officer is involved in a security-related incident, please report it immediately to both Security and your Program Director.
Smoking

In keeping with MedStar Franklin Square Medical Center’s intent to provide a safe and healthful work environment, smoking in the workplace is prohibited on campus and includes the adjacent medical professional buildings.

Stipends

MedStar Franklin Square Medical Center provides house officers with a stipend as compensation for patient care services and support for the educational responsibilities of the training program. The appropriate stipend level will be reviewed by the Graduate Medical Education Committee annually. The stipends levels are as follows:

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Stipend (effective 7/1/2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1</td>
<td>$48,750</td>
</tr>
<tr>
<td>PGY 2</td>
<td>$50,500</td>
</tr>
<tr>
<td>PGY 3</td>
<td>$52,300</td>
</tr>
<tr>
<td>PGY 4</td>
<td>$54,375</td>
</tr>
<tr>
<td>PGY 5</td>
<td>$57,200</td>
</tr>
<tr>
<td>PGY 6</td>
<td>$59,950</td>
</tr>
</tbody>
</table>

All house staff are paid biweekly on Friday. Each paycheck will include earnings for all work performed through the end of the previous payroll period.

House staff may have their pay directly deposited into their bank accounts if they provide advance written authorization to MedStar Franklin Square Medical Center. Employees will receive an itemized statement of wages when MedStar Franklin Square Medical Center makes direct deposits. Pay statements may be accessed through E-paystubs. This online tool offers you easy access to a comprehensive breakdown of all pay details and a glossary of payroll earnings and deduction codes.
Educational Fund Policy

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed and Approved by GMEC: May 19, 2009

I. Purpose

To establish a policy for all graduate training programs within MedStar Franklin Square Medical Center to provide funding for educational travel expenses, including travel for research presentations, and books.

II. Scope

This policy will apply to all house staff who participate in a graduate medical education (GME) training program within MedStar Franklin Square Medical Center.

III. Definitions

House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Franklin Square Medical Center graduate training program.

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

IV. Responsibilities/Requirements

A. A minimum total of $1000.00 per post-graduate year will be available to each House Officer during the first four years of training for educational travel and/or the purchase of medical education material. A maximum of $500.00 of unused funds may be carried over to the next year of training. Any funds previously dispersed to the house officer will be deducted from the total educational allotment.

B. Funds are reimbursable and may be used with advance approval of the program director for purchases related to medical education such as:
   - Text books
   - Subscriptions to medical journals and/or medical societies
   - Medical software
   - Travel for purposes of a Board Review Course or research presentations
   - Maximum allowance of $300.00 toward the purchase of a hand held computer during the course of training
   - Maximum allowance of $500.00 toward the purchase of a personal computer during the first or second year of training.

See your department policy for additional information.

C. All requests for funds must be approved, prior to submission for reimbursement, by the program director, and according to the department policy.

D. Each Residency Office will be responsible for tracking funds used by house staff. House staff may contact their program coordinator to determine their remaining balances.

E. Travel Allowance:

1. A Request for Use of House Staff Travel/Book Fund Form must be completed and approved by the program director at least one month prior to travel.

2. When the travel fund request has been approved, written confirmation, indicating the total reimbursable amount will be sent to the requestor by their program coordinator.
Reimbursement will be made for the following items ONLY and will be done in accordance with the Hospital Policy on Travel and Reimbursement:

- Registration fee
- Roundtrip coach airfare
- Hotel accommodations
- Meals
- Roundtrip transportation to and from the airport
- Airport parking fees (for personal car)
- Personal mileage (if applicable)

3. Within one week of return, a completed travel expense voucher and original receipts must be submitted to the Residency Office.

4. The Residency Office will verify all expenses and complete a check request for reimbursement.

5. Check requests are processed by the Central Business Office. Reimbursement checks will be mailed directly to the house officer’s home address. House officers should allow approximately 2 weeks for processing.

6. See Department policy for additional details.

F. Book Allowance:

1. A Request for Use of House Staff Travel/Book Fund Form must be completed, approved by the program director prior to reimbursement.
2. In order to be reimbursed for a book, a receipt must be attached to the request.
3. All shipping and handling fees for delivery of books or other educational devices will be deducted from the house staff member’s travel/book fund.
4. See Department policy for additional details.

G. Other educational expenses to include information technology such as PDA’s, personal computers and CD ROM’s, must be approved by the program director in advance. A receipt must be submitted with the request for reimbursement. (See IV. B)

1. See Department policy for additional details.
ANCILLARY SERVICES

Health Information Management

DESCRIPTION OF DEPARTMENT

The Health Information Management Department is open with staff available Monday – Friday and 6:30 am – 12:30 am and Saturday – Sunday & Holidays 7:30 am – 11:30 pm. During off-shift hours, a hospital badge is required to enter the department. As a service department, the primary goal is to support continuing patient care by making records accessible and available. The department is composed of several functional areas:

Document Imaging
Prep, scan and index/quality check discharged medical records for viewing into Medical Record Document Imaging (MRDI).

Correspondence
Receive and respond to requests (including subpoenas) for medical information.

Coding
Transforming verbal description of diseases, injuries and procedures into numerical designations.

Discharge Analysis
Assign documentation deficiencies to appropriate provider.

Transcription
Accurately transcribe reports dictated by physicians. Discharge Summaries, operative reports, History & Physical reports and consults are done routinely.

For detailed policy information, see the Medical Record Policy in Section B, Policies and Procedures.

Location of Records

The Health Information Management Department in the hospital maintains all inpatient, outpatient gynecology and specialty clinics, emergency room, ambulatory surgery and labor and delivery records. Records for chemo/transfusion are maintained in Ambulatory Oncology, Department of Cancer Institute. Records for the Medical Clinic are maintained in the Primary Care Center. Family Health records are maintained in the Family Health Center, Outpatient Psychiatry records are maintained in the White Square Psychiatry Department and chemo/transfusion records are maintained at the Cancer Institute.

Requesting Medical Records

When requesting a record, from 2004 forward, you can access this information in Medical Record Document Imaging (MRDI). Requestors will need patient name, medical record number and/or account number to access the records. Access to the system can be found through Starport- Clinician Portal. Please see an HIM representative for training and access. Medical records from 2003 and prior can be requested in Health Information Management. We will need patient name and/or medical record number plus date of service or account number.

To conserve floor space required for record storage and to preserve clinical information for future use, all records prior to January 2002 were routinely microfilmed.
INCOMPLETE MEDICAL RECORDS

Health Information Management employees routinely analyze all records of discharged patients and assigns any documentation deficiencies to the appropriate physician. Health Information Management will notify resident physicians of records to be completed. A copy of this information will also be sent to the Chair of their department.

When residents have charts with dictation delinquencies of more than 30 days or other extended delinquencies based on the regular biweekly report, notice will be provided to the Department Chair and resident. If the resident does not complete the delinquent charts within a week, it will be the responsibility of the Department Chair to relieve the resident of his/her clinical duties and place the resident on vacation until the charts are completed. If there is no remaining vacation time available, the resident will be suspended from the residency until the charts are completed and will be required to fulfill his/her time obligation for the residency through other means.

Documentation will be placed in the resident’s file related to all medical records actions and concerns.

Any extenuating circumstances related to the completion of medical records will be provided to the Vice President-Medical Affairs in writing by the Department Chair and a copy placed in the house officer’s file. Attention to medical records is an assigned duty. **Under the Resident Physician Rules of Conduct, lack of attention to an assigned duty may be subject to disciplinary action.**

**All Medical Records must be completed by residents in a timely manner to facilitate completion by the attending physician and use of the record in general.**

TRANSCRIPTION

Reports may be dictated from any touch-tone telephone. When dictating, please speak clearly, slowly and directly into the phone. Please refrain from chewing, eating, yawning, loud background noises, and speed talking while dictating. Use of cell phones is NOT Permitted as the clarity of the dictation is compromised.

**Format for Dictation**

*All dictations must include:*

- Dictating Physician’s Name
- Attending Physician’s Name
- Patient’s Name
- Patient’s Medical Record Number
- Date of Dictation

**Discharge Summary**

- Date of Admission
- Date of Discharge
- Attending Physician
- Referring Physician
- Diagnosis/Problems
- Procedures
- History, Major Findings and Hospital Course
- Condition of Patient at Discharge
- Code Status
- Discharge Medications
- Disposition
- Discharge Instructions
- Critical Pending Information
- Follow-up Care

**Consultation**

- Date of Consultation
- Requesting Physician
- Consultant’s name and service
- Reason for Consultation
- History of Present Illness
• Laboratory and Imaging Studies
• Physical Examination
• Impression
• Recommendations

**Operation/Procedure Note**
• Date of Operation/Procedure
• Preoperative Diagnosis
• Postoperative Diagnosis
• Procedure Performed
• Surgeon
• Assistant
• Anesthetist
• Indications for Procedure
• Procedure
• Findings
• Specimen(s) removed
• Estimated blood loss

**History & Physical/Admission Note (Hand written)**
• Date of Admission
• Attending Physician
• Referring Physician
• Chief Complaint
• History of Present Illness
• Past Medical History
• Current Medications
• Allergies
• Family History
• Social History
• Advance Directives/Code Status
• Pertinent Review of Systems
• Physical Examination
  General
  Vital Signs
  Heart
  Lungs
  Abdomen
  Organ(s) systems pertinent to chief complaint/present illness
• Laboratory and Imaging Studies
• Assessment/Diagnosis
• Plan

When dictating a report, it is helpful for you to write in the patient’s record the date and type of report dictated......
**Example:** OP note dictated 5/31/10 J. Johnson, MD.

**Dictation Instructions**

**TOUCH-TONE TELEPHONE CONTROLS FOR THE**

**LANIER DICTATION SYSTEM**

To access the dictation system from outside the hospital, call 443-777-7720; from inside the hospital, call x77720.

After the announcement enter your personal six-digit ID number, the two-digit work type number, and the nine-digit patient medical record number.

The work types are as follows:
01 Transfer Summary
You will then hear a low continuous “ready” tone.

Because the system has built-in VOR (voice-operated record), you may begin your dictation, and the recorder will automatically start recording. When you stop talking or pause, the recorder will automatically stop, and the low continuous tone will return.

The touch-tone commands are as follows:
1. Listen.
2. Dictate (VOR operation).
3. Rewind (rewinds about 15 words, and then automatically plays back).
4. Pause (you can pause for about two minutes before being disconnected).
5. Do Not Use
6. Go to end of dictation (the recorder will instantly place you at the end of your dictation; you may then resume dictating).
7. Fast forward (the recorder will fast forward about ten words; touch “1” to listen or “2” to dictate).
8. Go to beginning of dictation (returns to the beginning of the document being dictated; touch “1” to listen or “2” to dictate)
9. Manual disconnect (depress this key before hanging up).

#0 Intercom (touch to reach the supervisor).

Verbal Insertion
Rewind to the point where the passage is to be inserted. Press “#” and “6”, then dictate the insertion. Press “3” to exit.

STAT TRANSCRIPTION

Discharge Summaries may be required as a STAT to facilitate transfer of patients to a nursing home or for open-heart surgery. Occasionally your dictation may be needed STAT (on the record within a short period of time). In order to facilitate rapid transcription of this report, you must contact the Health Information Management Department at extension 77275 before you dictate. They will instruct you on how to dictate a stat report.

IF YOU REQUIRE COPIES OF YOUR DICTATION

Please stop in the Health Information Management department and complete a request form. Once completed, you will then routinely receive copies of your dictations.
LIBRARY SERVICES

Collection

The print collection includes more than 1,000 texts and over 50 periodicals. The audiovisual program includes the Internal Medicine Board Reviews from Harvard, Mayo, and Emory on DVD/CD, the MedStudy Internal Medicine Board Review Core Curriculum on DVD, the Family Medicine Board Review from the University of Nebraska on CD, and MedStudy Video Board Review of Pediatrics on DVD.

A core collection of electronic knowledge-based resources is available through StarPort on all networked computers within the hospital and in the Primary Care / Family Health Center. Among the networked resources are over 140 full-text electronic books, and approximately 700 full-text electronic journals, Cochrane Library, MDConsult, MicroMedex, ePocrates, and ePocrates Disease Index, ACP Pier, Access Medicine, Access Surgery, and OVID. We also have access to the Emergency Medicine and Internal Medicine Modules from Procedures Consult. On the library’s computers and a multimedia workstation are other applications such as MKSAP 16, SPSS, Microsoft Word, Excel, Lotus and Power Point.

Library Policies and Procedures

The library is staffed Monday through Friday from 8:00 AM to 5:00 PM. House Officers have 24-hour access to the library utilizing the badge swipe system. Library materials are not to be taken from the library when not staffed. Security will monitor access to the library.

Circulation

All books and audiovisual materials must be signed out with the librarian if they are to be removed from the library. (Security and the library will be enforcing this policy and spot checks will be made.)

Borrowing privileges are extended to physicians, nurses, and all employees at Franklin Square Hospital. Reference services are available to all users.

Books: Books may be borrowed for a one month period. Reference books and Classics may not be borrowed from the library.

Journals: Print journals and clinics may not be borrowed from the library. Articles for your private collection may be copied.

Audiovisual Materials: Audiocassette tapes, CDs and DVDs circulate for two weeks, unless otherwise specified. Audiovisuals may be viewed in the Medical Library.

LIBRARY MATERIALS NOT RETURNED TO THE MEDICAL LIBRARY AFTER THREE SUCCESSIVE OVERDUE NOTICES HAVE BEEN ISSUED WILL BE CHARGED TO THE BORROWER AND BORROWING PRIVILEGES WILL BE REVOKED.

Library Services

Reference: The National Library of Medicine’s bibliographic network system is available through the Health Sciences Library. The Library will provide a comprehensive current literature search on a topic requested. Patrons may access NLM’s databases through PubMed, OVID, and MDConsult.

Interlibrary Loan: We have access to Welch Medical Library at Johns Hopkins University, the Health Sciences Library at the University of Maryland, the National Library of Medicine, DOCLINE, and all MedStar libraries. Any journal article or book that is not in our library will be obtained from one of the lending libraries.

Photocopying: A photocopy machine is available in the Medical Library. Single copies of articles related to patient care and education at Franklin Square Hospital Center may be made. Copying charges are paid by the hospital provided the service is utilized reasonably.

Scanner: A scanner is available in the Medical Library. There is no charge for the scanner provided the service is utilized reasonably.
ACGME REQUEST FOR CHANGE

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Approved by GMEC: June 19, 2012

ACGME REQUESTS FOR CHANGE

I. Purpose

To establish a policy for all post-graduate training programs within the MedStar Health System (Baltimore Division) to ensure proper procedures are followed for any ACGME requests for programmatic changes.

II. Scope

This policy will apply to all post-graduate training programs in the MedStar Health System (Baltimore Division).

III. Definitions

DIO - Designated Institutional Official
GMEC – Graduate Medical Education Committee

IV. Responsibilities/Requirements

All of the following actions must be submitted to the Vice President, Academic Affairs & DIO, to be presented to the GMEC for approval before submission to the ACGME:

1. All applications for new programs
2. Changes in resident complement
3. Additions/deletions of participating institutions
4. Appointments of new program directors
5. Progress reports requested by RRC’s
6. Responses to all proposed adverse actions
7. Requests for change in resident duty hours
8. Requests for inactive status or reactivation of any program
9. Voluntary withdrawals of ACGME-accredited programs
10. Requests to appeal an adverse action and written appeal presentations

Upon approval by the GMEC, written requests to the ACGME and/or submission in WebAds can be initiated.

The DIO, or his designee, must sign all written requests for change to the ACGME.
Internal Review

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed by GMEC: May 17, 2011 December 18, 2012
Revised: December 18, 2012

I. Purpose

To establish an institutional policy for internal reviews of all post-graduate medical education training programs sponsored by the MedStar Franklin Square Medical Center

II. Scope

This policy will apply to all graduate medical education (GME) training programs within MedStar Franklin Square Medical Center

III. Responsibilities/Requirements

A. House Staff or House Officer - refers to all interns, residents and fellows participating in a MedStar Franklin Square Medical Center post-graduate training program.

B. Post-Graduate Training Program - refers to a residency or fellowship educational program.

C. Graduate Medical Education Committee - an organized, administrative, oversight system for residency training programs sponsored by an institution.

D. Internal Review - periodic quality assessment of all residency training programs.

IV. Procedure

A. The GMEC must develop, implement and oversee and internal review process as follows:

1. An internal review committee for each program must include at least one faculty member and one resident from within the Sponsoring Institution, but not from within GME programs being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the GMEC. Administrators from outside the program may also be included.

2. Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle.

3. If a program does not have residents at the mid-point, the GMEC must demonstrate oversight of the program through a modified internal review as indicated in the ACGME institutional requirements. When a resident is enrolled, an internal review must be completed within the second six-month period of the resident’s first year in the program.

4. The internal review should assess the program’s compliance with the common, specialty/subspecialty-specific Program and Institutional Requirements; including:

   a. Professionalism, Personal Responsibility and Patient Safety
   b. Transitions in Care
   c. Alertness Management/Fatigue Mitigation
   d. Supervision of Residents
e. Clinical Responsibilities
f. Teamwork
g. Resident Duty Hours

5. Educational objectives and effectiveness in meeting those objectives:

a. Educational and financial resources;
b. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
c. Effectiveness of educational outcomes in the ACGME general competencies;
d. Effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME general competencies; and,
e. Annual program improvement efforts in resident performance using aggregated resident data; faculty development; graduate performance including performance of program graduates on the certification examination; and program quality.

6. Materials and data to be used in the review process must include:

a. The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
b. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
c. Reports from previous internal reviews of the program;
d. Previous annual program evaluations; and,
e. Results from internal or external resident surveys, if available.

7. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

8. The written internal review report for each program must contain:

a. The name of the program reviewed;
b. The date of the assigned midpoint and the status of the GMEC’s oversight of the internal review at the mid-point;
c. The names and titles of the internal review committee members;
d. A brief description of the internal review process, including a list of the groups/individuals interviewed and the documents reviewed;
e. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC’s internal review protocol;
f. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME notification letter with a summary of how the institution addressed them.

9. The DIO and GMEC must monitor the program’s action plan as recommended by the GMEC in the internal review process.

10. The Sponsoring Institution must submit the most recent internal review report for each program as a part of the Institutional Review Document (IRD). If the site visitor reviews individual programs simultaneously, the internal review reports for those programs must not be shared with the site visitor.
Vendor Interactions with House Staff

MedStar Franklin Square Medical Center
Graduate Medical Education
Institutional Policy

Reviewed/Approved by GMEC: June 19, 2012

I. Purpose

To establish an institutional policy which provides direction on appropriate vendor interactions with the house staff.

II. Scope

This policy will apply to all house staff who participate in a graduate medical education (GME) training program within MedStar Franklin Square Medical Center

III. Definitions

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

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

C. Grant - a gift for a particular purpose

D. Vendor- someone who promotes or exchanges goods or services for money

IV. Responsibilities/Requirements

A. The MedStar Conflict of Interests and Interactions Policy with Industry will apply to all graduate medical education programs and house officers who participate in a training program in the MedStar Franklin Square Medical Center. This policy may be found on the MedStar StarPort web-site, listed under Administration-MedStar Policies.
Contacts and Information for Board Specialty and Certification

Boards of Medicine

American Board of Anesthesiology, Inc.
4208 Six Forks Road, Suite 900
Raleigh, NC 27609-5735
Mailing Address:
The American Board of Pathology
PO Box 25915
Tampa, Florida 33622-5915
Telephone: (813) 286-2444
Fax: (813) 289-5279

American Board of Dermatology
Henry Ford Health System
1 Ford Place
Detroit, Michigan 48202-3450
Phone: (313) 874-1088
Fax: (313) 872-3221
Email: abderm@hfhs.org
Office Hours: Mon-Fri, 8:00a.m. - 4:30p.m. ET

American Board of Emergency Medicine
3000 Coolidge Road
East Lansing, MI 48823-6319
abem@abem.org
Phone: 517.332.4800
Fax: 517.332.2234

American Board of Family Medicine, Inc.
1648 McGrathiana Parkway Suite 550, Lexington KY. 40511-1247
Phone: 859-269-5626 or 888-995-5700
Fax: 859-335-7501 or 859-335-7509
Email: help@theabfm.org
https://www.theabfm.org/cert/guidelines.aspx

American Board of Internal Medicine
510 Walnut Street
Suite 1700
Philadelphia, PA 19106-3699
(p) 1-800-441-ABIM
(f) 215-446-3590
Mon - Fri 8:30 a.m. - 9 p.m. ET
Sat 9 - 5 p.m. ET
http://www.abim.org/residents-fellows/certification-exam.aspx
American Board of Neurosurgery
6550 Fannin Street, Suite 2139
Houston, TX 77030
PH: (713) 441-6015
FAX: (713) 794-0207
abns@tmhs.org

American Board of Nuclear Medicine
4555 Forest Park Boulevard, Suite 119
St. Louis, Missouri 63108-2173
Telephone: (314) 367-2225
E-mail: abnm@abnm.org

American Board of Obstetrics and Gynecology
2915 Vine Street
Dallas, TX 75204
Phone: (214) 871-1619
Fax: (214) 871-1943

American Board of Ophthalmology
111 Presidential Boulevard, Suite 241
Bala Cynwyd, Pennsylvania 19004-1075
Phone: 610-664-1175
Fax: 610-664-6503
E-mail: info@abop.org

American Board of Oral And Maxillofacial Surgery
625 North Michigan Avenue, Suite 1820
Chicago, Illinois 60611-3177
Phone: (312) 642-0070

American Board of Orthopaedic Surgery
400 Silver Cedar Court
Chapel Hill, NC 27514
Phone: (919) 929-7103
Fax: (919) 942-8988

American Board of Otolarynology
5615 Kirby Drive, Suite 600
Houston, Texas 77005 *
Phone: 713-850-0399 *
Fax: 713-850-1104

American Board of Pediatrics
111 Silver Cedar Court
Chapel Hill, NC 27514
919.929.0461

American Board of Physical Medicine & Rehabilitation
3015 Allegro Park Lane SW
Rochester MN 55902-4139
Phone: 507-282-1776
Fax: 507-282-9242
info@abpmr.org
American Board of Podiatric Surgery
445 Fillmore Street
San Francisco, CA 94117-3404
Phone: (415) 553-7800
Fax: (415) 553-7801

American Board of Psychiatry and Neurology, Inc.
2150 E. Lake Cook Road, Suite 900
Buffalo Grove, IL 60089
Phone: 847.229.6500
Fax: 847.229.6600

American Board of Radiology
5441 East Williams Boulevard
Suite 200
Tucson AZ 85711
Phone: (520) 790-2900
Fax: (520) 790-3200
ABR MOC Services Division: (520) 519-2152

ABA Office:
Phone: (866) 999-7501
Fax: (866) 999-7503

Office Hours:
Monday through Friday 9:00AM to 5:00PM ET

American Board of Surgery
1617 John F. Kennedy Boulevard, Suite 860
Philadelphia, PA 19103-1847 USA
Phone: (215) 568-4000
Fax Number: (215) 563-5718
Monday through Friday, 8:30 a.m. to 4:30 p.m. ET.
The ABS office is closed on U.S. federal holidays.

American Society of Transplant Surgeons
2461 South Clark St., Suite 640
Arlington, VA 22202
Phone: 703-414-7870
Fax: 703-414-7874

American Board of Urology
600 Peter Jefferson Parkway
Suite 150
Charlottesville, VA 22911
Phone: (434) 979-0059
Fax: (434) 979-0266