# Table of Contents

## Section 1. Introduction
- Acknowledgement Form • 1.1
- Resident Responsibilities • 1.1
- House Staff Welcome Message • 1.3
- MedStar Washington Hospital Center Overview • 1.5
- MedStar Washington Hospital Center Directory • 1.8
  a) Department Chairs/Program Directors • 1.8
  b) Executive Staff • 1.12
  c) Graduate Medical Education Staff • 1.14

## Section 2. Employment
- ACLS/CPR Certification • 2.1
- Business Ethics and Conduct • 2.1
- Check Out Procedure • 2.2
- Committees • 2.3
- Continuity of Care • 2.3
- Disability Accommodation • 2.4
- Dismissal from a Residency Program and Termination of Employment • 2.5
- Dress and Appearance • 2.8
TABLE OF CONTENTS

Duty Hours • 2.14
Duty Hour Extension Policy • 2.22
Evaluation Policy • 2.24
Immigration Law Compliance • 2.27
Medical Licensure • 2.28
Moonlighting and Outside Professional Employment • 2.31
Personnel Data Changes • 2.36
Physical Examinations/Drug Testing • 2.37
  Drug and Alcohol Free Workplace • 2.38
Promotion of House Officers • 2.45
Reduction in Force • 2.48
Selection and Credentialing Policy • 2.49
Social Media • 2.55
Supervision of House Officers • 2.65
USMLE/COMLEX Requirements • 2.71

Section 3. Compensation/Benefit Programs
Cafeteria/Meal Allowance • 3.2
Computer, E-mail Usage and Network Security Access • 3.2
Employee Assistance Program • 3.3
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency House Staff Loans</td>
<td>3.4</td>
</tr>
<tr>
<td>Financial Plans</td>
<td>3.6</td>
</tr>
<tr>
<td>Flexible Spending Accounts</td>
<td>3.6</td>
</tr>
<tr>
<td>Tax-Deferred Annuity Plan</td>
<td>3.6</td>
</tr>
<tr>
<td>House Staff Reimbursement Fund</td>
<td>3.7</td>
</tr>
<tr>
<td>Travel Reimbursement</td>
<td>3.9</td>
</tr>
<tr>
<td>Insurance Plans</td>
<td>3.10</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>3.10</td>
</tr>
<tr>
<td>Medical &amp; Dental Insurance</td>
<td>3.11</td>
</tr>
<tr>
<td>Disability Insurance</td>
<td>3.13</td>
</tr>
<tr>
<td>Long-Term Disability Insurance</td>
<td>3.13</td>
</tr>
<tr>
<td>Short-Term Disability Insurance</td>
<td>3.13</td>
</tr>
<tr>
<td>Malpractice Liability Coverage</td>
<td>3.14</td>
</tr>
<tr>
<td>House Staff FMLA and Medical Leave of Absence</td>
<td>3.15</td>
</tr>
<tr>
<td>Family Leave</td>
<td>3.16</td>
</tr>
<tr>
<td>Medical Leave</td>
<td>3.18</td>
</tr>
<tr>
<td>Loan Deferment</td>
<td>3.20</td>
</tr>
<tr>
<td>On-call Quarters/Lounge/Gym</td>
<td>3.20</td>
</tr>
<tr>
<td>Pagers</td>
<td>3.20</td>
</tr>
<tr>
<td>Parking</td>
<td>3.20</td>
</tr>
<tr>
<td>Security</td>
<td>3.21</td>
</tr>
<tr>
<td>Smoking</td>
<td>3.21</td>
</tr>
<tr>
<td>Stipends/Paychecks</td>
<td>3.21</td>
</tr>
<tr>
<td>Vacation Benefits</td>
<td>3.22</td>
</tr>
</tbody>
</table>
TABLE OF CONTENTS

Visa Information/Policy • 3.23

Section 4. Conduct & Disciplinary Action

Academic Improvement Policy • 4.1
Due Process Policy • 4.6
Grievance Policy • 4.7
House Officer Misconduct Policy • 4.10
Sexual and Other Unlawful Harassment • 4.15
Medical Records Policy • 4.16

Section 5. Ancillary

Annual Requirements • 5.1
Dictation System Instructions • 5.1
Accessing Medical Records Document Imaging (MRDI) • 5.4
Library and Media Services • 5.10
Medical Records • 5.10
Quality Improvement • 5.10

Section 6. Other Institutional Policies

Disaster Policy • 6.1
Internal Review Policy • 6.3
Conflict of Interests and Interactions with Industry • 6.8
INTRODUCTION 1.1

Acknowledgment Form

The House Staff Manual describes important information about MedStar Washington Hospital Center. I understand that I should consult the Office of Graduate Medical Education 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 Chief Operating Officer/Chief Medical Officer, as Chair of the Graduate Medical Education Committee, has the ability to adopt any revisions to the 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.

Residents’ 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 advancement and responsibility.
1.2 INTRODUCTION

- 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: ______________________________________________________
Welcome to the MedStar Washington Hospital Center!

ON BEHALF OF THE MEDICAL AND DENTAL STAFF, I welcome you to the MedStar Washington Hospital Center and wish you every success. We believe that each house officer contributes directly to MedStar Washington Hospital Center’s growth and prosperity, and we hope you will take pride in being a member of our team.

This manual was developed to describe some of the expectations of our house staff and to outline the policies, programs and benefits available to you. All house officers should familiarize themselves with the contents of this manual as soon as possible, for it will answer many questions about employment with MedStar Washington Hospital Center.

The Graduate Medical Education Committee, the House Staff Association, the Office of Graduate Medical Education, the administration and professional staff are committed to delivering a top-quality educational experience. Input from the house staff is welcomed and solicited on a continuous basis through the house staff organization.

Postgraduate medical training is the basis for your future practice. It is the foundation on which you will
1.4 INTRODUCTION

build your approach to patient care. These years will be among your most challenging, rewarding and enjoyable.

I look forward to working with you. Again, welcome!

Sincerely,

Janis M. Orlowski, MD
Chief Operating Officer/
Chief Medical Officer
Designated Institutional Official
MedStar Washington Hospital Center

The Region’s Most Experienced Hospital

MedStar Washington Hospital Center is the largest not-for-profit hospital in the nation’s capital. The 926-bed hospital offers primary, secondary and tertiary care services to adult and neonatal patients.

The Hospital Center employs one of the region’s most experienced surgical staffs and is home to one of the nation’s most renowned cardiac programs, performing thousands of cardiac catherizations and open-heart surgeries each year, as well as heart transplants.

As a major teaching hospital, MedStar Washington Hospital Center provides a primary site for the clinical education of more than 300 residents and fellows, as well as for medical students and other health professionals. MedStar Washington Hospital Center provides essential backup and specialized support for other hospitals by offering regional tertiary care services. It is a center dedicated to advancing medical knowledge through clinical research and the application of new diagnostic and treatment methods. The MedStar Health Research Institute supports research on campus and houses facilities for basic science, epidemiology and clinical research, which aids house officers in their projects.

MedStar Washington Hospital Center is also a respected top facility in treating stroke, neurologic illness and injury, gastrointestinal disorcers, and women’s services. U.S. News &
World Report ranks the Hospital Center as the metropolitan region’s top hospital in many specialties. The Washington Heart program is a national leader in the research, diagnosis and treatment of cardiovascular disease. Its angioplasty and electrophysiology programs are among the busiest in the country. The adult burn center is the most advanced in the area and the Hospital Center’s intensive care tower combines advanced equipment and highly trained critical specialists to provide care following severe injury, major surgery or serious illness.

The Washington Cancer Institute is the city’s largest cancer care provider. It provides comprehensive, multi-disciplinary care including surgical, radiation and chemotherapy treatment as well as counseling for patients and families, cancer education and community outreach programs.

The Hospital Center also operates one of the busiest transplantation programs on the east coast including kidney, pancreas and heart. Outcomes for kidney transplants performed at the Hospital Center consistently exceed the national average.

In the District of Columbia, the Hospital Center operates the first Primary Stroke Center accredited by the Joint Commission. The hospital’s Level 1 trauma center is designated as the District’s trauma treatment facility.

One of the Hospital Center’s visible landmarks is its MedSTAR Transport helicopter service, accommodating over 3,000 MedStar air missions each year.

MedStar Washington Hospital Center is a proud member of MedStar Health, the largest health care provider in the mid-Atlantic region.
Mission
MedStar Washington Hospital Center, a valued member of MedStar Health, is dedicated to delivering exceptional Patient First health care. We provide the region with the latest medical advances through excellence in patient care, education and research.

Vision
To be the trusted leader in caring for people and advancing health.

Values
- Service – we strive to anticipate the needs of our patients, physicians and co-workers.
- Patient First – we strive to deliver the best to every patient every day. The patient is the first priority in everything we do.
- Integrity – we communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.
- Respect – we treat each individual, those we serve and those we work with, with the highest professionalism and dignity.
- Innovation – we embrace change and work to improve all we do in a fiscally responsible manner.
- Teamwork – system effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.
Department Chairs and Program Directors:

**Anesthesiology**
Stephen Parker, MD, Chairman ..................x7-7500

**Dermatology**
Thomas Nigra, MD, Chairman .....................x7-6654
Alan Moshell, MD, Program Director

  **Melanoma:**
  Suraj Venna, MD, Program Director ........x7-6227

**Emergency Medicine**
William Frohna, MD, Chairman ..................x7-7632
Jonathan Davis, MD, Program Director ........x7-8282

**Internal Medicine & Medicine Sections**
Leonard Wartofsky, MD, Chairman ...............x7-3109
Sailaja Pindiprolu, MD, Program Director ........x7-6749

  **Cardiology:**
  Allen Taylor, MD, Section Director ..........x7-6348
  Howard Cooper, MD, Program Director

  **Electrophysiology:**
  Manish Shah, MD, Program Director ........x7-7685

**Gastroenterology:**
Won Cho, MD, Section Director &
  Program Director .................................x7-9074

**Hematology/Oncology:**
Aarthi Shenoy, MD, Program Director ........x7-2505
**Infectious Disease:** Glenn Wortmann, MD, Section Director & Program Director ..........x7-0341

**Internal Medicine/Dermatology:**
Alan Moshell, MD, Program Director ..........x7-6654

**Interventional Cardiology:**
William Suddath, MD, Program Director ..x7-5975
Ron Waksman, MD, Program Director,
   International Track ..................................x7-5975

**Nephrology:** Jack Moore, MD, Section Director & Program Director ..........x7-6034

**Nuclear Medicine:** Doug Van Nostrand, MD, Section Director & Program Director ..........x7-6066

**Pulmonary/Critical Care:**
Gene Colce, MD, Section Director ..........x7-7856
Peter Levit, MD, Program Director ..........x7-7290

**Rheumatology:**
Arthur Weinstein, MD,
   Section Director ........................................x7-6274
Christopher Collins, MD,
   Program Director .........................................x7-0888

**Neonatology**
Zacharia Cherian, MD, Chairman .........................x7-6527

**Neurosurgery**
Edward Aulisi, MD, Chairman ..........................x7-3257
INTRODUCTION

OB/GYN
Menachem Miodovnik, MD, Chairman ...........x7-6054
John D. Buek, MD, Program Director ...........x7-6933

Ophthalmology
Jay Lustbader, MD, Chairman ..................202-687-4448
Michael Summerfield, MD, Program Director

Oral and Maxillofacial Surgery
George Obeid, DDS, Chairman/
Program Director ..............................................x7-7332

Orthodontics
Linda Hallman, DDS, Program Director ..........x7-5380

Orthopedic Surgery
James Tozzi, MD, Chairman ..............................x7-7289

Musculoskeletal Oncology:
Robert Henshaw, MD,
Program Director ...........................................x7-8098

Otolaryngology
Ziad Deeb, MD, Chairman ..............................x7-0481

Pathology
Thomas Godwin, MD, Chairman ....................x7-6190

Physical Medicine & Rehabilitation
Fatemah Milani, MD, Interim Chairman ..........x7-1672
Psychiatry
Stephen Peterson, MD, Chairman ......................x7-7425

Radiation Oncology
Pamela Randolph-Jackson, MD, Chair ..............x7-3925

Radiology
James Jelinek, MD, Chairman ............................x7-6088

Surgery and Surgery Sections:
John Ricotta, MD, Chairman ..............................x7-5133
Jack Sava, MD, Program Director ......................x7-2894

Burn Services: Jack Sava, MD,
   Section Director & Program Director ......x7-2894

Cardiac Surgery: Paul Corso, MD,
   Section Director ........................................x7-7530

Colorectal Surgery:
   Thomas Stahl, MD, Section Director ......x7-8483
   James FitzGerald, MD, Program Director ..x7-8484

Plastic Surgery: Susan Otero, MD,
   Section Director ........................................x7-3300

Podiatry:
   James Girolami, DPM,
   Section Director ...............................726-1800
   John Steinberg, DPM,
   Program Director ...........................202-362-2883
Surgical Critical Care:
Brian Lee, MD, Section Director ..........x7-7259
Jack Sava, MD, Program Director ...........x7-7259

Thoracic Surgery:
Keith Mortman, MD, Section Director ....x7-8115

Transplantation:
Matthew Cooper, MD, Section Director ..x7-6029

Trauma: Jack Sava, MD,
Section Director & Program Director ......x7-2894

Vascular Surgery:
Frederick Beavers, MD,
Interim Section Director ......................x7-0275
Robin Macsata, MD, Program Director

Urology
Mohan Verghese, MD, Chairman ...............x7-7011

**MedStar Washington Hospital Center**

**Executive Staff:**

Donna Arbogast..................................................x7-6302
*Vice President, Public Affairs & Marketing*

Gregory Argyros, MD ..........................x7-5053
*Assistant Vice President, Medical Affairs*

Susan Eckert, RN, MSN ...............................x7-3095
*Senior Vice President, Nursing; Chief Nursing Executive*
James A. Hill ......................................................x7-5103
Senior Vice President, Administrative Services

Bradley Kappalman ............................................x7-0974
Vice President, MedStar Heart Institute

Richard Kief........................................................x7-4483
Senior Vice President and Chief Philanthropy Officer

Catherine Monge................................................x7-7454
Senior Vice President, Operations

Janis Orlowski, MD............................................x7-5284
Chief Operating Officer/Chief Medical Officer
Designated Institutional Official

John Sullivan ......................................................x7-6102
President, MedStar Washington Hospital Center

Douglas Zehner, CPA, MSHA............................x7-6147
Senior Vice President, Chief Financial Officer
MedStar Washington Hospital Center
Graduate Medical Education Staff:

Jennifer Remington ............................................x7-5445
Director, Medical Education

Meghan Shaver ..................................................x7-5280
Assistant Director, Medical Education

Kayonia Betts......................................................x7-7227
Administrative Assistant, Graduate Medical Education

Alexis Galloway ..................................................x7-5285
GME Coordinator

Catherine Wright ................................................x7-8104
Registration Coordinator
Employment

Advanced Cardiac Life Support/
Basic Life Support Training

Current ACLS Provider Status is mandatory for all residents and fellows. A current copy of the ACLS/BLS certification card must be on file in the GME Office. Both provider and renewal classes are available through the Clinical Simulation Center at SiTEL.

Business Ethics and Conduct

The successful business operation and reputation of the MedStar Washington Hospital Center is built upon the principles of fair dealing and ethical conduct of our employees. Our reputation for integrity and excellence requires careful observance of the spirit and letter of all applicable laws and regulations, as well as a scrupulous regard for the highest standards of conduct and personal integrity.

The continued success of the MedStar Washington Hospital Center is dependent upon our patients’ trust and we are dedicated to preserving that trust. Employees owe a duty to the MedStar Washington Hospital Center, its customers, and shareholders to act in a way that will merit the continued trust and confidence of the public.

The MedStar Washington Hospital 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 Office of Graduate Medical Education for advice and consultation.

Compliance with this policy of business ethics and conduct is the responsibility of every MedStar Washington Hospital Center employee. 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 the MedStar Washington Hospital Center or in their possession or control, including the following:

- identification badges
- keys
- pagers
- scrub suits
- Zip card

All MedStar Washington Hospital Center property must be returned by house staff on or before their last day of work. Where permitted by applicable laws, the MedStar
Washington Hospital Center may withhold from the employee’s check or final paycheck the cost of any items that are not returned when required. The MedStar Washington Hospital Center may also take all action deemed appropriate to recover or protect its property.

Committees

House staff are provided the option to sit on medical and dental staff committees of the Hospital and Medical Board.

Continuity of Care

*Graduate Medical Education*

*Institutional Policy*

*Approved by GMEC: August 3, 1999*

**House Staff Continuity Of Care Policy**

**I. Purpose**

To establish a policy for all post-graduate training programs at the MedStar Washington Hospital Center to maintain continuity of care for our patients and the house staff.

**II. Scope**

This policy will apply to all post-graduate training programs at the MedStar Washington Hospital Center. All information contained in this policy shall be used as minimum criteria. More detailed selection criteria shall be delineated by each clinical department in its respective departmental policy.
III. Definitions

House Staff or House Officer - refers to all interns, residents and fellows participating in the MedStar Washington Hospital Center’s post-graduate training program.

IV. Responsibilities/Requirements

A. Duty hours and on-call schedules must be structured in order to focus on the needs of the patient, continuity of care and education of the resident.

B. In programs that offer both teaching and non-teaching services, detailed guidelines must be established by the program indicating instructions for patient admissions, procedures for each service and transfer between services.

C. Residents will not normally have responsibility for patients on the non-teaching service except for emergency medical response or in the best interest of the patient.

D. Attendings will supervise all patient care responsibilities and the departments will assume responsibility for ensuring that residents have easy access to attendings.

Disability Accommodation

The MedStar Washington Hospital Center 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.
Reasonable accommodation is available upon request to all disabled employees, where their disability affects the performance of job functions. All employment decisions are based on the merits of the situation in accordance with defined criteria, not the disability of the individual.

This policy is neither exhaustive nor exclusive. The MedStar Washington Hospital Center 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.

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

*Graduate Medical Education*
*Institutional Policy*
*Approved by GMEC: March 7, 2006*

**I. Purpose**
To establish a policy for all post-graduate training programs at MedStar Washington Hospital Center 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 at MedStar Washington Hospital Center. All information contained in this policy shall be read in conjunction with the house staff agreement.
III. Definitions

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

Dress and Appearance

HRP 402
Effective Date: April 4, 2004
Revision Date: January 1, 2007; September 1, 2009

MISSION: MedStar Washington Hospital Center (MWHC), a valued member of MedStar Health, is dedicated to delivering exceptional PATIENT FIRST healthcare. We provide the region with the highest quality and latest medical advances through excellence in patient care, education, and research.

I. Purpose
This policy has been developed to ensure that all associates understand the importance of appropriate dress in the
workplace or when otherwise representing MWHC. The standards of dress and appearance outlined below set forth the minimum requirements to which all of associates, agency, contract workers, temporary staff and other on-site MedStar associates are required to adhere. Based on the departmental functions, there may be additional or specific dress policies to which associates working in those areas are also required to comply. Additionally, this policy addresses aspects of personal grooming that reduce specific infection risks.

II. Statement of Policy
MWHC recognizes that the presentation of its associates in the workplace contributes to a comforting environment and the public image that has made it a marketplace leader.

III. Responsibility
All managers are responsible for enforcement of this policy for all associates regardless of whether associates report to them or not. Violation of this policy will result in associate being sent home without pay. At the manager’s discretion, an associate may return to work after changing into attire consistent with this policy. Additionally, continued violations of this policy will result in discipline, up to and including termination, consistent with relevant MWHC policies and provisions of collective bargaining agreements, as applicable.

IV. Procedures
A. General Policies Applicable to Patient Care and Non-Patient Care Areas
1. The MWHC ID badge must be worn at all times while on duty and worn in a manner so that the name and photograph are clearly displayed and easily read (i.e., worn horizontally above the waist). Badges that are torn, faded, or ragged should be replaced. No pins or other stick-on items may be attached to the badge. Associates who damage their badges are responsible to pay for replacement badges.

2. No other pins may be worn in the Hospital except MedStar Health pin; a school pin reflecting certification and/or licensure for position currently held; the MedStar Washington Hospital Center Service pin; the Blood Donor pin; and the SuperStar pin. Any other exceptions must be approved by the Senior Vice President, Human Resources or designee.

3. Every associate is expected to practice daily hygiene and good grooming habits, which includes wearing clean neat uniforms or clothing and shoes that fit appropriately. Hair will be clean and hairstyles such as spiked, shaved messages, striped, and/or non-traditional hair colors (i.e., blue, green, purple, etc) are not permitted.

4. The size and/or number of earrings, rings, necklaces, and bracelets may be determined at the department level based on specific job functions, operational, and safety factors. Where job duties present any type of safety risk, jewelry may be prohibited or severely limited. In other areas, moderate (including size and amount) jewelry may be worn. No other visible body jewelry/body piercing may be worn while an associate is on work time.
5. No visible tattoos or other body art (such as surgically implanted ball bearings, spikes, and the like) are permitted while on duty. Exceptions may be made for associates who have small, non-offensive tattoos that cannot easily be covered by standard clothing (i.e., wrist, neck, etc.). All exceptions require the approval of the Senior Vice President, Human Resources or designee.

6. Personal pagers, cellular phones, cameras, and radios or similar devices (i.e., iPod, MP3, bluetooths, etc.) may not be used or carried during work time, except as permitted by express provisions of department policies and/or for MWHC business.

7. With the exception of head coverings worn for bona fide religious or medical reasons or in accordance with department guidelines/policies regarding uniforms, safety procedures, or other regulatory guidelines, no hats or other head wraps will be allowed while an associate is on duty. Where a hat is part of the uniform, it should be worn with the bill facing forward.

8. Associates must wear the designated uniform when established by departmental policy. For those areas where there is no uniform, acceptable work attire would include: slacks; skirts or dresses (no higher than 3 inches above the knee; or at or below the ankle, unless worn longer for religious purposes); blouses, sweaters, and polo or button up shirts; suits with skirt, slacks or dress capris; blazers, jackets, sports coat.

9. Shoes should be appropriate for the work area. No open-toe sandals or slides, house slippers, flip flops, or
evening shoes are acceptable. Open toe (also referred to as “peep toe”) pumps and sling back pumps are acceptable.

10. Lab coats are permitted for clinical staff only. Scrubs are only allowed where specified in departmental policies.

11. Attire that is unacceptable includes but is not limited to: jeans; denim material; shorts, leg warmers, leggings, casual capris, stirrups, or harem type pants; mini-skirts, excessive and/or revealing skirt slits; tee-shirts, sweatshirts, tube tops, midriff tops, muscle shirts; see through clothes; low cut tops which reveal cleavage; sun dresses or other strapless or string strapped dresses; hair ornaments such as feathers, flowers, sweatbands; evening wear or party clothes; jogging or athletic clothes.

B. Associates in Patient Care Areas: In addition to the general policies, outlined above, departmental policy will specify dress code for associates in patient care areas. In general these policies will expect that associates adhere to the following:

1. Fragrances may not be worn.

2. Long hair should be worn up, secured in back, or appropriately covered in accordance with established departmental standards/protocol.

3. If patient care duties, or an unexpected event, (such as a severe infectious disease outbreak) require the associate to wear an N-95 respirator, then the associate must be clean shaven within the sealing area of the respirator in order to obtain appropriate fit and protection.
4. Nails must be trimmed no longer than ¼ inch in patient care areas (unless more stringent standards have been established based on nature of duties). In accordance with CDC guidelines, no artificial fingernails or extenders may be worn by associates providing patient care. Neon nail polish, and nail jewels are not acceptable.

C. Associates in Non-Patient Care Areas: In addition to the general policies, in many areas, departmental policy will specify dress code for associates in non-patient care areas. In general these policies will assist all associates in non-patient care areas to promote a healing environment and a professional atmosphere. Nails will be cleaned and trimmed to no longer than ½ inch. Neon nail polish, and nail jewels are not acceptable.

Note: Exceptions may be granted for portions of this policy for departments who are off-campus based on the operational function of the department requesting the exception. All exceptions require the approval of the Senior Vice President of Human Resources or designee. Example of an exception: associates working in the non-air conditioned warehouse at the V Street location may be permitted to wear shorts during the summer months.

V. Definitions

Patient Care Areas – Any areas in the hospital where the associates have direct patient contact or patient interactions.

Non-Patient Care Areas: Those areas where direct patient contact or interactions is minimal. Staff interaction with patients is limited to contact in the halls, cafeteria, etc.
These areas would be business offices, both on and off campus, non-clinical support areas, etc.

VI. Resource
A. Prepared by: Senior Vice President, Human Resources
B. Approved by: President
C. Responsible for Implementation: All Management Staff
D. Effective Date: April 4, 2004
E. Revision Date: January 1, 2007; September 1, 2009

Duty Hours

Graduate Medical Education
Institutional Policy
Approved by GMEC: July 1, 1999
First Revision: May 2003
Second Revision: April 2011

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

II. Scope
This policy will apply to all graduate medical education (GME) training programs at MedStar Washington Hospital Center.
III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows enrolled in a training program.

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

Duty Hours – 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.

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

B. The program must be committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment

C. The program director must ensure that house staff are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.

D. The learning objectives of the program must:
   1. be accomplished through an appropriate blend of
supervised patient care responsibilities, clinical teaching, and didactic educational events; and,
2. not be compromised by excessive reliance on house staff to fulfill non-physician service obligations.

E. The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. House staff and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

1. 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 house staff 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 house staff 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 house staff that 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 house staff in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit.

3. PGY-1 house staff are not permitted to moonlight. (See the MedStar GME Policy on Moonlighting for further institutional guidelines.)

4. House staff must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At home call cannot be assigned on these free days.

5. Duty periods for PGY-1 house staff must not exceed 16 hours in duration.

6. Duty periods for PGY-2 house staff and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Programs must encourage house staff 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. House staff 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) House staff must not be assigned additional clini-
cal responsibilities after 24 hours of continuous in-house activity.

c) In unusual circumstances, house staff, 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 house staff should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

8. Intermediate level house staff (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. House staff 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 house staff 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 house staff 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 few than eight hours away from the hospital by house staff in their final years of education must be monitored by the program director.

10. House staff 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 house staff 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 house staff on at-home call must count towards the 80-hour maximum
weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of 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) House staff 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. All house staff must log their duty hours in the residency database, New Innovations.

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

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

N. 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

Graduate Medical Education
Institutional Policy
Approved by GMEC: November 2003

I. Purpose
To establish a policy for all post-graduate training programs at MedStar Washington Hospital 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 Washington Hospital Center.

III. Definitions
House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Washington Hospital Center 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 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, the provision for transfer of patient care, time spent in-house during call activities, 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 to:

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

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

Evaluation Policy
Graduate Medical Education
Institutional Policy
Approved/Revised by GMEC: March 7, 2006

Evaluation of House Officers
I. Purpose
To establish a policy for all post-graduate training programs at MedStar Washington Hospital Center 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 at MedStar Washington Hospital Center. 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

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

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 apprised 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 end-of-the-year 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

1. 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.

Immigration Law Compliance

MedStar Washington Hospital Center is committed to employing only United States citizens and aliens who are authorized to work in the United States for any employer on a full-time basis, and does not unlawfully 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 the MedStar
Washington Hospital Center within the past three years, or if their previous I-9 is no longer retained or valid.

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

**Medical Licensure for House Staff**

*Graduate Medical Education*

*I nstitutional Policy*

*Approved by GMEC: February 2006*

*First Revision: June 2012*

**I. Purpose**

To establish a policy for all graduate medical education (GME) programs at MedStar Washington Hospital Center to be used in the determination of medical licensure for house officers.

**II. Scope**

This policy will apply to all graduate medical education (GME) training programs at MedStar Washington Hospital Center.

**III. Definitions**

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

Post-Graduate Training Program – refers to a residency or fellowship educational program.
Practice of Medicine – as defined by the Department of Health, the application of scientific principles to prevent, diagnose, and treat physical and mental diseases, disorders, and conditions and to safeguard life and health. Court decisions and board policy do not limit the above to patient care.

IV. Responsibilities/Requirements
A. In order to begin training, all house staff must either:
   • hold an unrestricted medical license in the District of Columbia or
   • hold a Medical Training License in the District of Columbia

B. House staff who are in the following categories must have an unrestricted DC License in order to begin training:
   • 5 years past medical school (for US graduates);
   • 5 years from the beginning of ACGME-accredited, postgraduate training (for international graduates);
   • have completed a residency program;
   • enrolled in unaccredited/unapproved programs;
   • licensed in another jurisdiction (excluding training or temporary licenses in another jurisdiction).

C. House staff who are not required to obtain an unrestricted medical license in DC, as detailed above, must apply for a medical training license in DC prior to the start of their training.

D. International residents and fellows are not eligible for licensure in DC unless they have completed 3 years of ACGME-accredited training.
E. House staff enrolling in an unaccredited training program must either be eligible for a full medical license in DC, or the postgraduate training program must be pre-approved by the DC Board of Medicine prior to the house officer’s enrollment in order for the trainee to be eligible for the medical training license.

F. Failure to apply for licensure within a reasonable timeframe prior to the contract effective date shall result in termination of the employment agreement.

G. Failure to renew an existing license, resulting in an expiration of license, shall result in termination of the employment agreement.

H. House staff who require a full license, have taken Step III, and have submitted their DC License application, can work while they await their results.

I. All house officers are required by law to maintain current licensure (training or full) for the duration of their training program.

J. GME Office Responsibilities:
   • Maintain current licensure information on all house staff, including copies of all applicable licenses.
   • Conduct an annual audit to ensure that house staff are licensed according to DC regulations.
   • Notify program directors of their house staff who require full licensure.
   • Pay license application or renewal fee when a license is mandated by law, not for moonlighting purposes.
K. The GME Office will not be responsible for house officers who do not submit licensure applications in a timely manner.

L. House Staff Responsibilities:
- Obtain DC license application online.
- Complete licensure applications in full and submit accordingly.
- Submit copies of all licenses to the GME Office.

House staff are ultimately responsible for submitting their licensure applications within the time limits, and will be held responsible for fines incurred as a result of late application.

Moonlighting and Outside Professional Employment

Graduate Medical Education
Institutional Policy
Approved August 5, 2010

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.

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

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

(1) Whether the house officer is working on the same unit during moonlighting activities and during the activities of the 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.
(2) Whether the house officer is seeing the same patients during moonlighting activities and during the activities of the training program;

(3) Whether the house officer is performing work for which he/she would require supervision if the work were performed during the regularly scheduled hours of the residency training program;

(4) Whether the house officer will be evaluated for the moonlighting activities through the residency/fellowship program evaluation process; and

(5) Whether the house officer is using any of the patients seen during the moonlighting activities as case studies for residency/fellowship program papers.

**Personnel Data Changes**

It is the responsibility of each employee to promptly notify MedStar Washington Hospital Center 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.
Physical Examinations and Drug Testing

To help ensure that house staff are able to perform their duties safely, physical examinations and drug screen are required.

Prior to the first day of work, a physical examination will be performed either through Occupational Health at the MedStar Washington Hospital Center or through a private physician. A completed health attestation 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 accommodation cannot be made, then the contract may be terminated.

All house staff are also required by the District of Columbia to have a yearly tuberculosis screening and N95 fit testing, and a physical examination every other year. Physicals and lab tests can be performed by appointment in Occupational Health or by a private physician with a completed attestation form. Failure to complete the annual physical will result in disciplinary action.

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

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

It is the MedStar Washington Hospital 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 and alcohol.

While on MedStar Washington Hospital Center premises and while conducting business-related activities off MedStar Washington Hospital Center 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.

**Drug and Alcohol Free Workplace**

*Graduate Medical Education*

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 test-
ing, 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 rea-
sonable 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 verifi-
cation 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

**Promotion of House Officers**

*Graduate Medical Education*

*Institutional Policy*

*Approved by GMEC: March 7, 2006*

**I. Purpose**

To establish a policy for all post-graduate training programs at MedStar Washington Hospital Center 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 at MedStar Washington Hospital Center. All information contained in this policy shall be used as minimum criteria for promotion. More detailed promotion criteria shall be delineated by each clinical department in its respective Departmental Promotion Policy.

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

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

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

IV. Responsibilities/Requirements
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
See Policy for “Dismissal and Termination”

Reduction in Force

Graduate Medical Education
Institutional Policy
Approved by GMEC: February 2006
First Revision: April 2011

I. Purpose
To establish a policy for all graduate medical education (GME) programs at MedStar Washington Hospital 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 (GME) training programs at MedStar Washington Hospital Center.

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

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

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.

Selection and Credentialing of House Officers

Graduate Medical Education
Institutional Policy
Revised/Approved by GMEC: February 7, 2006

I. Purpose
To establish a policy for all post-graduate training programs at MedStar Washington Hospital 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 post-graduate training programs at MedStar Washington Hospital Center. All information contained in this policy shall be used as minimum
criteria for selection. More detailed selection criteria shall be delineated by each clinical department in its respective Departmental Selection Policy.

### III. Definitions

**House Staff or House Officer** – refers to all interns, residents and fellows enrolled in the MedStar Washington Hospital Center’s post-graduate training program.

**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 staff position must be (pending) graduates of:

1. An LCME (Liaison Committee on Medical Education) accredited medical school; or
2. An AOA (American Osteopathic Association) accredited medical school; or
3. An accredited college for specialty training in Podiatric Medicine or an American Dental Association (ADA) accredited dental school.;
4. A medical school listed in the World Health Organization Directory of Medical Schools; or
5. Completion of a Fifth Pathway program provided by an LCME-accredited medical school.

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

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

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

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

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

1. The following credentials must be collected for each candidate:
   a) Application and Personal Statement, completed and signed.
   b) Original Dean’s letter
   c) Original (certified) Medical School Transcript
   d) Verification of graduation from the Medical School. (Appointments to PGY-1 positions may be made prior to graduation, however, it is the responsibility of each Program Director to verify graduation before the intern begins in the program and file documentation in the personnel file)
e) Three (3) letters of reference from attending physicians familiar with the individual’s performance. If the candidate has previously been in a post-graduate training program, one letter must be from the candidate’s former Program Director.

f) Documentation of successful completion of Steps 1 and 2 (CS and CK) of the United States Medical Licensure Examination (USMLE), or for Podiatric Surgery completion of the American Podiatric Medical Licensing Examination (APMLE) Part I and II. If an applicant has not received the results of both components at the time of interview, successful completion will become a “Condition of Employment.”

2. Candidates of medical schools that are not accredited by the LCME, 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. TRANSFERS: House officers applying to transfer from another program must provide a signed release statement authorizing MedStar Washington Hospital Center to obtain verification of completion of previous training, copies of all past evaluations, and applicable procedure logs. This information must be reviewed by the Office of Graduate Medical Education prior to any
offers of employment. Additionally, the program director from the previous program must provide a written statement regarding the house officer’s status in the program (house officer must be in good standing) and a complete assessment of his/her clinical competence including summative performance in the educational program to date.

4. All candidates should interview with the Program Director (or designee) and one or more members of the faculty. Telephone interviews will only be granted in lieu of a personal interview in the event of business necessity.

5. All residency programs are expected to participate in the National Residency Matching Program with the exception of Podiatric Surgery which participates in CASPR/CRIP. Programs are expected to follow all rules and requirements as set forth by the organization.

6. All candidates should be evaluated based on the following minimum criteria:
   a) Preparedness
   b) Ability
   c) Aptitude
   d) Academic credentials
   e) Communication skills
   f) Personal qualities, such as motivation and integrity
7. All candidates invited for interviews must be 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

8. Upon selection (or after the Match), contracts shall be prepared by the Office of Graduate Medical Education, and signed by the Director, Graduate Medical Education.

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

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

11. MedStar Health is an equal opportunity employer. Residency programs will not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.

12. CONDITIONS OF EMPLOYMENT: Offers of employment and/or acceptance into the educational program are contingent upon certain conditions, including but not limited to:
   a) Pre-employment health examination and drug screen
   b) Criminal background check, pursuant with Human Resources procedure
c) Primary source verification of medical school completion and any previous accredited residency program experience

d) Successful completion (pass) of USMLE Steps 1 and 2, if not completed at the time of interview.

Social Media Policy

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

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

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

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

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

IV. Guidelines for Implementation
A. General Guidelines.

1. Communications should be consistent with the MedStar Code of Conduct, mission, vision and values, policies and applicable laws.

2. Communications in online communities should never contain information that identifies a patient or his/her health condition in any way. Social media must not be used to respond to a patient’s question about his/her care.

3. Associates should never use ethnic slurs, personal insults or obscenities, or engage in any conduct that would not be acceptable in MedStar’s workplaces. Associates should also show consideration for others’
privacy. Individuals may be held personally liable for defamatory or libelous commentary.

4. Associates should avoid topics that may be considered objectionable or inflammatory, such as politics and religion.

5. MedStar resources, including email and Internet access are provided to support MedStar business purposes. While users who are given access to these tools at work may make incidental personal use of them, they may not make extensive personal use of them either during work or non-work time. Each user’s manager has the right and responsibility to determine what “extensive use” is, counsel their staff, and revoke access privileges for abuse of the system, or take other disciplinary action, if necessary.

6. Photographs and recordings (audio and video) of MedStar facilities, associates, and patients are prohibited without prior written consent from the public affairs and marketing department.

7. Associates and affiliated staff should not respond to media or press contacts, online complaints, criticisms, or negative commentary about MedStar. If contacted for comment or if negative commentary is observed, information should be forwarded to the site or corporate public affairs and marketing department. (410-772-6557)

8. Confidential business or proprietary information must not be disclosed via social media, and MedStar patients, partners or suppliers should not be referenced in social media entries.
9. All requests for references and/or recommendations, even those that are received through social media, should be handled in accordance with MedStar’s existing policy governing employment references.

10. Individuals who have concerns regarding workplace conduct or inappropriate behavior are encouraged to contact their immediate supervisor, or the MedStar Integrity Hotline at 877-811-3411.

B. Personal Communications

1. This policy does not authorize individuals to use social media for personal reasons during working time or using work resources.

2. MedStar respects the right of individuals to use social media for personal reasons, using their own resources, and on their own time. Individuals who use social media for personal reasons must not create the impression that they represent the opinion or position of MedStar. If associates, physicians, volunteers or other contractors of MedStar acknowledge their relationship with MedStar and/or its affiliates in an online community, they must include disclaimers in their online communications advising that they are not speaking officially on behalf of the organization.

3. Each individual associate, physician and volunteer of MedStar or its affiliates is personally responsible for his/her posts (written, audio, video or otherwise).

4. Associates must use a personal email address (not a MedStar address) as primary means of identification for personal social media activities.
If any of the following is found and brought to MedStar’s attention in an online commentary posted by a MedStar associate, physician, volunteer or contractor, it may be grounds for disciplinary action even if it occurs as part of an individual’s personal use of social media:

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

V. Definitions

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

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

**Personal Social Media Activities –** Accessing or posting information to a social media site not related to the performance of an individual’s job responsibilities for MedStar or associated professional activities.

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

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

**VI. Responsibilities**

1. **Human Resources**
   1.1. Ensures that all associates and others affiliated with MedStar are provided with information relating to this policy.
   1.2. Assists management and associates in ensuring compliance with this policy.
   1.3. Serves as a resource for management and associates in need of information.
   1.4. Intervenes in any situation where this policy is being violated.
2. Information Services (IS)

2.1. Monitors and shuts down or restricts access to social media sites from MedStar network resources if the resources are being used in violation of this policy.

2.2. Provides monitoring services to assure that policies relating to the use of MedStar network resources are followed.

3. Management

3.1. Managers who have a business need to create an official MedStar social media profile/site must request permission from the vice president over their area and the entity public affairs and marketing department.

3.2. Vice presidents must review and approve requests for official social media profiles/sites based on a business need for the site.

3.3. Managers will monitor social media activities of their staff to ensure compliance with this policy.

4. Content Owners

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

4.2. Content owners, as named by their department’s leadership, are responsible for posting content, responding to inquiries, and maintaining compliance with HIPAA, MedStar policies (including Privacy, Security and Human Resources) and other applicable laws, rules and regulations.

4.3. Designate the corporate web team as co- and alternative owners of the social media site.

5. Entity Public Affairs and Marketing Department

5.1. Approves, as appropriate, all requests for creation of official MedStar entity-level social media profiles/sites.

5.2. Authorizes individuals to provide official content and responses on social media sites.

5.3. Maintains and reviews all content contracts annually to ensure compliance.

6. Corporate Web Team – within the Corporate Public Affairs and Marketing Department

6.1. Approves, as appropriate, all requests for creation of official MedStar corporate and diversified business social media profiles/sites.

6.2. Provides support and guidance to managers of official MedStar social media profiles/sites, including the development of the sites and best practice training.

6.3. Provides or contracts for social media monitoring services.
6.4. Serves as secondary owner of all official MedStar social media profiles/sites to aid in the smooth transfer of ownership and maintain continuity of control.

7. Associates

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

Exceptions: N/A

VII. What Constitutes Non-Compliance?
Some examples of non-compliance include, without limitation:

1. Use of MedStar resources for personal social media activity.

2. Disparaging MedStar, its employees, physicians or agents, or any other healthcare organization on a social media platform, while acting as an official representative of a MedStar site.

3. Discussing confidential work-related activities on a social media platform.

4. Posting any patient-related information on a social medial platform.

VIII. Consequences of Non-Compliance

1. Non-compliance with this policy can result in corrective action, up to and including termination of employment or dismissal of contract staff. Managers should consult Human Resources and applicable Job...
Performance Management policies when considering taking corrective actions.

2. If the approval process has not been followed, an unauthorized profile/site may be shut down. MedStar reserves the right to require any associate to close an unapproved social media profile/site that refers to MedStar or one that does not meet the conditions set by the Social Media Usage Policy, or to transfer ownership to an authorized representative of MedStar.

IX. Related Policies

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

X. Right to change or terminate policy

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

Graduate Medical Education
Institutional Policy
Approved by GMEC: January 6, 2004
First Revision: May 2004
Second Revision: June 2011

I. Purpose
To establish a policy for all graduate medical education (GME) programs at the MedStar Washington Hospital Center to ensure appropriate levels of supervision, progression of responsibility and procedural competency of house officers.

II. Scope
This policy will apply to all house staff who participate in a graduate medical education (GME) training program at MedStar Washington Hospital Center. All information contained in this policy shall be used as minimum criteria for supervision. More detailed supervision criteria shall be delineated by each GME program in its respective Supervision Policy.

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

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

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

**IV. Responsibilities/Requirements**

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

1. *This information should be available to 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 physically 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 supervi-
sory 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:

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

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

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

4. The sponsoring institution must ensure the availability of schedules that inform all members of the health care team of attending physicians and 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.

V. Supervision of Procedural Competency:

A. House Officers must be instructed and evaluated in procedural techniques by a licensed independent practitioner (LIP) who is certified as competent to independently perform that procedure or who has been credentialed by MWHC to perform that procedure.
B. The Department Chair or Program Director is responsible for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency.

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

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

E. Once the 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 direct supervision by the senior resident 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 District of Columbia. This requirement will be directed at the institutional level.

USMLE/COMLEX Requirements

Graduate Medical Education
Institutional Policy
Approved by GMEC: April 7, 2009

I. Purpose
To establish a USMLE/COMLEX policy for all graduate medical education programs within MedStar Washington Hospital Center to use in the promotion and appointment of house officers.

II. Scope
This policy will apply to all graduate medical education programs at MedStar Washington Hospital Center. All information contained in this policy shall be used as minimum criteria. More detailed USMLE/COMLEX criteria may be delineated by each clinical department in its respective Departmental USMLE/COMLEX policy.

III. Definitions
A. House Staff or House Officer – refers to all interns, residents and fellows in a MedStar Washington Hospital Center graduate medical education program.
B. Graduate Medical Education Training Program – refers to a residency or fellowship educational program.

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

D. COMLEX - refers to the Comprehensive Osteopathic Medical Licensing Exam.

IV. Responsibilities/Requirements:

**USMLE Steps 1 and 2 or COMLEX Levels 1 and 2:**

A. All applicants for positions in a graduate medical education training program at MedStar Washington Hospital Center are expected to have taken and passed all components of both Steps 1 and 2 of the USMLE or Levels 1 and 2 of the COMLEX prior to their first day of employment in the training program.

B. Failure of an applicant to take Steps 1 and 2 of the USMLE or Levels 1 and 2 of the COMLEX by their contracted start date will make null and void any letters of offer and/or employment contracts used by MedStar Washington Hospital Center.

C. Applicants who have not passed Steps 1 and 2 of the USMLE or Levels 1 and 2 of the COMLEX will not be accepted in transfer from other graduate medical education programs.

**USMLE Step 3 or COMLEX Level 3:**

A. All house officers enrolled in a residency training program at MedStar Washington Hospital Center must take and pass USMLE Step 3 or COMLEX Level 3 by the end
of their PGY-2 year. Additionally, USMLE Step 3 must be taken and passed within seven years of taking Step 1 (see D below). Applicants to a fellowship program must take and pass USMLE Step 3 or COMLEX Level 3 prior to their first day of employment in the training program. An exception is made for international medical graduates who must complete three years of accredited training in the United States before taking USMLE Step 3 in the District of Columbia.

B. If USMLE Step 3 or COMLEX Level 3 has not been passed by the end of the house officer’s PGY-2 year of training, the PGY-3 contract will be null and void.

C. If the house officer has not passed USMLE Step 3 or COMLEX Level 3 by the sixth-month point of the PGY-2 year, the program director should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.

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 house officers 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 graduate medical education program, pursuant to the Academic Improvement Policy.
Compensation and Benefits

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

The following benefits are available to eligible house staff:

- Cafeteria/Meal Allowance
- Computer, E-mail Usage
- Employee Assistance Program
- Emergency House Staff Loans
- Financial Plans
  - Flexible Spending Accounts
  - Tax-Deferred Annuity Plan (403B)
- Insurance Plans
  - Medical & Dental Insurance
  - Life Insurance
  - Long-Term Disability Insurance
  - Malpractice Liability Insurance
  - Short-Term Disability Insurance
  - Workers’ Compensation Insurance
- Leave of Absence
  - Family Leave
  - Medical Leave
- On-call Quarters/Lounge/Gym
- Opticians Shop
Some benefit programs require contributions from the employee, but most are fully paid by MedStar Washington Hospital Center.

**Cafeteria/Meal Allowance**

A meal allowance is provided to all house staff to subsidize the cost of their meals. Debit cards are issued to house staff. Debit cards may be used in the main cafeteria, Physician’s Dining Room, Blimpie/Noble Roman’s (both located in the Physician’s Office Building) and the Hot Shotz Coffee Bars.

Main cafeteria hours are as follows: 6:15 am - 8:00 pm
Blimpie’s Sub Shop: open 24 hours a day

All house staff receive a discount on food from the Hospital cafeteria.

**Computer, E-mail Usage & Network Security Access**

Computers, computer files, the e-mail system, and software furnished to employees are MedStar Washington Hospital 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.

The MedStar Washington Hospital Center strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, the MedStar Washington Hospital 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 staff should notify their immediate supervisor, the Office of Graduate 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.

**Employee Assistance Program**

Offering counseling services and more, the Employee Assistance Program (EAP) can provide information on just about everything.

Call 202-877-6606, or 1-866-765-3277, to obtain information, referrals, and resources for daycare, legal services, local activities, passports/visas, restaurants and entertainment, transportation coordination and much, much more.
Emergency House Staff Loans

Graduate Medical Education
Institutional Policy
Approved by GMEC: February 3, 1998
Revised: December 7, 2004

House Staff Emergency Loans

I. Purpose
To establish an institutional policy for all house staff at MedStar Washington Hospital Center outlining guidelines for loans to cover emergency expenses.

II. Definitions

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

Post-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.

Instant Check - A check request voucher that is processed by the Accounts Payable Department, for emergencies only, within 24 hours.

Outstanding Loan - Funds that are owed to the Office of Graduate Medical Education for an emergency loan. Each resident/fellow may have a maximum of one outstanding loan at any given time not to exceed $1000.00.
III. Responsibilities/Requirements

A. An *Application for House Staff Emergency Loan* form must be completed by the requesting resident/fellow and delivered to the Office of Graduate Medical Education (GME). If the resident/fellow does not have an outstanding loan with the GME Office, the request, up to $1000.00, normally will be approved. The *Application for House Staff Emergency 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 $50.00 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.

2. Forwarded to the Accounts Payable Department with a *Check Request Voucher* indicating the need for an *instant check*.

B. House staff are required to pay any balance due on an emergency loan prior to their termination. Any outstanding balance that has not been repaid will be deducted automatically from the last pay check. If the balance due exceeds monies available in the last pay check, the resident/fellow will be required to pay the balance upon check-out.

C. The *Application for House Staff Emergency Loan* form is available in the GME Office.
Financial Plans

Flexible Spending Accounts:
MedStar Washington Hospital Center includes two flexible spending accounts (FSAs) that let you use tax-free dollars to pay for certain medical and dependent care expenses. Each plan year, you may establish either or both of the following:

- Health care spending account
- Dependent care spending account

FSAs allow you to set aside pre-tax money from your paycheck — so you pay less in state and federal taxes. When you enroll, you decide how much money to contribute for the year and a portion of that total is deducted from each paycheck. When you participate in a HealthCare FSA, you automatically receive a HealthCare FSA debit card. The card can be used at your doctor’s office for co-pays, or at participating pharmacies for prescriptions and other eligible expenses. Make sure to save your receipts or Explanation of Benefits because you may be required to verify your claim.

To obtain more information on this benefit please refer to your Benefits Summary Booklet or contact the MedStar Washington Hospital Center Benefits Office.

Tax-Deferred Annuity Plan (403B):
The Tax-sheltered Annuity Plan allows employees to set aside pre-tax dollars to save for retirement. You may contribute up to $16,500 for the 2013 calendar year, and an
additional $5,500 if you are age 50 or older. To obtain more information on this benefit please refer to your Benefits Summary Booklet or contact the MedStar Washington Hospital Center Benefits Office.

**House Staff Reimbursement Fund**

*Graduate Medical Education*

*Institutional Policy*

*Revised/Approved GMEC: September 27, 2005*

**I. Purpose**

To establish a policy for all post-graduate training programs within the MedStar Washington Hospital Center to provide funding for educational expenses.

**II. Scope**

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

**III. Definitions**

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

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

**IV. Responsibilities/Requirements**

A. Effective July 1, 2001, the “House Staff Reimbursement Fund” will replace the “House Staff Travel/Book Fund.”
### 3.8 COMPENSATION

B. House Staff will accrue $833 on July 1 of each year of training at WHC, to be used for educational expenses including:

- Books directly related to current training
- Educational travel
- Palm pilots
- Surgical loops
- Stethoscopes
- Computer (one-time purchase at $750 maximum)
- Pager replacement fees
- Board review courses

C. All requests for funds will be allocated at the discretion of the program director, and must be approved by the program director prior to submission to the GME Office.

D. Funds cannot be used until they are accrued.

E. In order to be reimbursed for expenses, house staff must complete the *Request for House Staff Reimbursement Form*, attach original receipts and submit them to their program director. For travel reimbursement, an expense report must also be completed (see G. Below). Once the program director has approved the expense, it should be submitted to the GME Office for processing. If funds are available, the GME Office will process the reimbursement, and will submit a check request voucher to Accounts Payable within 24 hours of receipt. Turnaround time for checks is normally 2 weeks. If funds are not available, GME will advise as such.
F. Travel Reimbursement:

1. A *Request for House Staff Reimbursement Form* and a *WHC Travel Expense Form* must be completed with the original receipts attached.

2. **GME will reimburse the following travel expenses:**
   - Registration fee
   - Roundtrip coach airfare
   - Hotel accommodations not to exceed $225 per night
   - Meal allowance at a maximum of $75 per day
   - Reasonable roundtrip transportation to and from the airport
   - Airport parking fees (for personal car)
   - Personal mileage (if applicable)

   **Rental cars will not be reimbursed.**

G. The GME Office will be responsible for tracking house staff reimbursement funds. Program directors and house staff may contact the GME Office at any time to determine remaining balances.

H. Additional funds for research presentations may be granted at the discretion of the program director. Documentation of the resident/fellow presentation must be provided.
Insurance Plans

**Life Insurance**

- **Basic Life and Accidental Death & Dismemberment Insurance:**
  For all eligible employees, MedStar Washington Hospital Center provides Basic Life Insurance equal to one times your annual base salary at no cost to you. Your coverage will be rounded up to the next higher $1,000.

  MedStar Washington Hospital Center also provides you with Basic AD&D Insurance equal to one times your annual base pay. AD&D pays a benefit to your beneficiary if you die or to you if suffer certain serious injuries as the result of an accident and is paid in addition to the Life Insurance Benefit.

- **Supplemental Life Insurance:**
  As a full-time employee, you may also purchase Supplemental Life Insurance in amounts equal to one, two or three times your base pay, up to a combined (Basic plus Supplemental) maximum of $1,500,000. The amount of total life coverage (Basic plus Supplemental) is rounded up to the next higher $1,000. The cost for additional coverage is determined by your age and the amount of coverage you elect.

- **Supplemental AD&D Insurance:**
  Employees may purchase Supplemental AD&D protection, which provides benefits in the event of accidental death or loss of limb, hearing, sight or speech. Like Supplemental Life, optional AD&D coverage is available
for 1, 2, or 3x your annual earning to a combined (Basic plus Supplemental) maximum of $1,500,000. Your amount of coverage will be rounded up to the next higher $1,000. Coverage is available for employees and/or your family members.

**Dependent Life Insurance:**
Full-time employees may purchase Life Insurance coverage for their spouses and dependent children. The coverage for your spouse and/or children cannot be more than the total amount of your Basic and Supplemental Life Insurance.

To obtain more information on these benefits please refer to your Benefits Summary Booklet or contact the MedStar Washington Hospital Center Benefits Office at (703) 558-1300.

**Medical and Dental Insurance**

**Medical Plans:**
MedStar Washington Hospital Center offers the choice of these, high-quality medical plans:

- MedStar Select
- CareFirst PPO
- Kaiser Permanente HMO

All full-time employees contribute towards the biweekly premium of the plan. In addition, all medical plans offer prescription coverage. The cost for this benefit is included in the cost of your medical coverage.

To obtain more information on this benefit please refer to your Benefits Summary Booklet or contact the MedStar Washington Hospital Center Benefits Office at (703) 558-1300.
Dental Plans:
The MedStar Washington Hospital Center benefits program provides the choice of three dental options. Employees are eligible to elect dental coverage on their date of hire. Plan options are as follows:

- CIGNA PPO
- CIGNA DHMO
- Kaiser Permanente (only if enrolled in Kaiser Medical)

Spouses or same-sex domestic partners are eligible for coverage, as are children up to age 26.

To obtain more information on this benefit please refer to your Benefits Summary Booklet or contact the MedStar Washington Hospital Center Benefits Office at (703) 558-1300.

Vision Plans:
MedStar Washington Hospital Center offers you a full service vision plan through Advantica Eye Care.

To obtain more information on this benefit please refer to your Benefits Summary Booklet or contact the MedStar Washington Hospital Center Benefits Office at (703) 558-1300.

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).
Details of the health insurance plan 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 Benefits Office for more information.

**Disability Insurance**

- **Long-Term Disability**

MedStar Washington Hospital Center provides a long-term disability (LTD) benefit plan to help house staff 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.

MedStar Washington Hospital Center offers an expanded LTD plan at no cost during the training program. This insurance coverage is portable; that is, you may continue the coverage in effect by assuming payment of the premium when you complete your training program. Contact the MedStar Washington Hospital Center Benefits Office for more information at (703) 558-1300.

- **Short-Term Disability**

MedStar Washington Hospital Center provides a short-term disability (STD) benefits plan to all house staff who are unable to work due to a non-work related injury or illness. Eligible employees may participate in the STD plan subject to all terms and conditions of the agreement between WHC 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.
Details of the STD benefits plan including limitations, restrictions, and other exclusions are described in the Benefits Summary provided to eligible employees. Contact the MedStar Washington Hospital Center Benefits Office for more information.

**Malpractice Liability Coverage**

As agents of the Hospital, and in accordance with the rules and regulations of the Hospital and the Accreditation Council for Graduate Medical Education (ACGME), house staff are covered for professional liability by the MedStar Health, Inc. Risk Financing Plan for approved activities performed on behalf of MedStar Health, Inc. at MedStar facilities within the scope of the House Staff Agreement. Coverage through the plan provides limits of $1,000,000/$3,000,000 and is occurrence based. All subpoenas and information relating to professional liability claims, or potential claims, against the hospital, its staff or house staff at affiliated institutions, should be reported immediately to Risk Management, ext. 4-3281.

All requests for insurance verification should be submitted to:

Emily Gutchell  
Risk Management Department  
MedStar Washington Hospital Center  
110 Irving St., NW  
Washington, DC 20010  
202-877-9178 telephone  
202-877-6798 facsimile  
e-mail: EmilyMargaret.M.Gutchell@Medstar.net
House Staff FMLA and Medical Leave of Absence Policy

Graduate Medical Education Institutional Policy
Approved by GMEC: July 1, 2002 Revised: November 1, 2011

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

II. Scope
This policy will apply to all house staff who participate in a graduate medical education (GME) training program at MedStar Washington Hospital Center.

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

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

Leave of Absence – refers to a paid or unpaid period of time absent from work while maintaining employment

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

FMLA:

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 employee’s spouse, son, daughter or parent being notified of or on active duty in support of a contingency operation.

B. Under FMLA, MedStar Washington Hospital Center provides eligible house staff with up to twelve workweeks of family and/or medical leave in a twelve month period. The D.C. Family & Medical Leave Act also covers house staff who work in the District of Columbia and provides
up to sixteen weeks of family and/or medical leave in a twenty-four month period.

C. 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.

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

E. 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 dates of leave with the Office of Graduate Medical Education and complete the necessary forms. When possible, house staff should complete all of the following forms before taking the leave of absence:

1. Notice of Eligibility Form
2. Health Care Provider Certification (HCPC) Form
3. Request for Leave of Absence

F. 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.

**Medical Leave of Absence**

A. A maximum of 4 weeks (20 days/160 hours) of paid leave is available to house staff for medical leaves of absence. 2 weeks (10 days/80 hours) are available in the first year of training and 2 weeks (10 days/80 hours) in the second or subsequent years. This paid leave can be carried over from year to year, but must be accrued at the time of medical leave of absence. Unused medical leave will not be paid at the conclusion of training. In order to receive pay for medical leaves of absence that exceed 4 weeks, house staff must apply for short-term disability through the Work Life Services.

B. Per the MWHC Policy, a medical leave of absence is granted for illnesses that are at least 2 weeks (10 days) in duration. In the case of scheduled medical leave, the house officer should give the program director 30 days’ prior notice, if possible, or at least provide notice as soon as the need arises. For an unscheduled/emergency leave, a resident will be placed on medical leave after two weeks of absence.

C. In order to apply for a Medical Leave, the house officer must complete the *Medical Leave of Absence Form*, which can be obtained from the Work Life Services, and submit it to the Program Director for approval. All leave requests must be approved by the Program Director and
be in compliance with graduate medical education policy. Upon approval, the Program Director will forward the form to the GME Office for signature. The GME Office will submit the completed Leave of Absence Form to the Work Life Services.

D. The house officer must provide notice to the Program Director prior to returning to work from a Leave of Absence. He/she must also obtain fitness for duty clearance through Managed Disability before returning to work. The GME office must be notified by the house officer or the program director when a house officer returns to work, in order to place him/her back on Payroll, if the paid leave was exhausted.

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.

Please refer to the MedStar Washington Hospital Center Leave of Absence Policy for all other types of leave.
Loan Deferment
All applications for Loan Deferment must be authorized by the Office of Graduate Medical Education.

On-call Quarters, Lounge and Gym
The house staff on-call quarters, house staff lounge and gym are located on the 6th floor of the main Hospital. Additional on-call rooms may be available in the individual departments. Doors to the on-call quarters must remain locked at all times. Keys for the 6th floor rooms are available in the Office of Graduate Medical Education. If admittance is necessary after hours, please call Security at x7-6188. Proper ID is required to gain entrance to the area.

Pagers
To initiate a page outside the MedStar Washington Hospital Center, dial 202-801-_ _ _ _ (pager #) and follow the paging instructions. (Within the 202 area code dial 801-_ _ _ _ (pager #).) Hospital pagers are issued to house staff for business purposes only and should be used appropriately at all times.

Parking
House staff members may sign up for parking in a MedStar Washington Hospital Center parking garage at orientation.
Security
The Protective Services Department at MedStar Washington Hospital Center is committed to providing a safe and secure working environment for all employees. House staff should contact Protective Services immediately, on extension 7-6188, 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 Protective Services and the Office of Graduate Medical Education.

Smoking
In keeping with MedStar Washington Hospital Center’s intent to provide a safe and healthful work environment, smoking is prohibited on campus. This policy applies equally to all employees, patients, and visitors.

Stipends/Paychecks
MedStar Washington Hospital Center will provide 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 for 2013-2014 are as follows:
### Level Stipends (effective 7/1/13)

<table>
<thead>
<tr>
<th>Level</th>
<th>Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1</td>
<td>$50,800</td>
</tr>
<tr>
<td>PGY 2</td>
<td>$51,500</td>
</tr>
<tr>
<td>PGY 3</td>
<td>$54,800</td>
</tr>
<tr>
<td>PGY 4</td>
<td>$57,000</td>
</tr>
<tr>
<td>PGY 5</td>
<td>$60,200</td>
</tr>
<tr>
<td>PGY 6</td>
<td>$61,500</td>
</tr>
<tr>
<td>PGY 7</td>
<td>$65,500</td>
</tr>
<tr>
<td>PGY 8</td>
<td>$68,800</td>
</tr>
</tbody>
</table>

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

In the event that a regularly scheduled payday falls on a day off such as a weekend or holiday, employees will receive pay on the last day of work before the regularly scheduled payday.

Employees may have pay directly deposited into their bank accounts if they provide advance written authorization to the MedStar Washington Hospital Center. Employees will receive an itemized statement of wages when MedStar Washington Hospital Center makes direct deposits.

### Vacation Benefits

All house staff are eligible for two weeks’ vacation time with pay to provide opportunities for rest, relaxation, and personal pursuits.
To take vacation, employees should request advance approval from their Program Directors. Requests will be reviewed based on a number of factors, including business needs and staffing requirements. Up to an additional 2 weeks of vacation may be granted with the approval of the Program Director.

Vacation time is paid at the employee’s base pay rate at the time of vacation. It does not include overtime or any special forms of compensation such as incentives, commissions, bonuses, or shift differentials.

As stated above, house staff are encouraged to use available paid vacation time for rest, relaxation, and personal pursuits. In the event that available vacation is not used by the end of the benefit year, employees will forfeit the unused time.

**Visa Information/Policy**

MedStar Washington Hospital Center adheres to the standards and guidelines for the employment of non-immigrants as established by federal immigration laws and the United States Department of Labor.

The GME Office sponsors J-1 visas for eligible, employed house staff. Please access the (ECFMG) (Educational Commission for Foreign Medical Graduates) website for information about J-1 visa requirements.
Conduct and Disciplinary Action

Academic Improvement Policy

MedStar Washington Hospital Center
Graduate Medical Education
Institutional Policy
Revised/Reviewed by GMEC: February 7, 2006

I. Purpose
To establish a policy and process for all programs at the MedStar Washington Hospital 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.

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

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

Post-Graduate Training Program – refers to a residency or fellowship educational program.
IV. 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”)\(^1\), 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 the 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

\(^1\) 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.
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:

1. Issuance of a new Letter of Deficiency
2. Election not to promote to the next PGY level
3. Requiring the repeat of a rotation that in turn extends the required period of training
4. Extension of contract, which may include extension of the defined training period
5. Denial of credit for previously completed rotations
6. Dismissal from the residency or fellowship program

D. **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.

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 appoint a neutral physician reviewer who will:

1. Review the complaint
2. Meet with the house officer
3. Review the house officer’s file
4. Meet with the program director
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed, 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:

1. Appoint the physician reviewer
2. Assist the physician reviewer to identify other potential participants, if warranted
3. Attend all meetings held by the physician reviewer
4. Coordinate communications between the physician reviewer and the house officer
5. Monitor timely completion of the review process
6. Notify the Senior Vice President of Medical Affairs (SVPMA) or designee Vice President, Academic Affairs (VPAA) of the request for review

F. Opportunity for a Final Review: If either the house officer or the program director disagree with the decision of the physician reviewer, either can request a final review of the decision to take a Reportable Action by the SVPMA OR DESIGNEE VPAA. 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 SVPMA OR DESIGNEE VPAA 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 SVPMA OR DESIGNEE VPAA 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

Graduate Medical Education
Institutional Policy
Revised/Reviewed by GMEC: March 7, 2006

I. Purpose
To establish a policy for all post-graduate training programs within the MedStar Washington Hospital 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 Washington Hospital 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
House Staff or House Officer – refers to all interns, residents and fellows enrolled in a MedStar Washington Hospital Center post-graduate training program.

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

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

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

Grievance Policy

Graduate Medical Education Institutional Policy
Revised/Reviewed by GMEC: March 7, 2006

I. Purpose
To establish a policy for all graduate training programs within MedStar Washington Hospital 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 Washington Hospital 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 MedStar Washington Hospital Center graduate training program.

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 Washington Hospital Center*
*Graduate Medical Education*
*Institutional Policy*
*Revised/Reviewed by GMEC: February 7, 2006*

I. **Purpose**
To establish a policy and process for all programs at the MedStar Washington Hospital Center to use when allegations of misconduct are made against a house staff officer.

II. **Scope**
This policy applies to all Graduate Medical Education (GME) training programs at MedStar Washington Hospital Center.

III. **Definitions**
**House Staff or House Officer** – refers to all interns, residents and fellows participating in a program of postgraduate medical education

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

**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.

IV. **Process**
A. **Allegations of Misconduct:** A house officer, employee
of the Hospital, attending physician, patient, or any other person who believes that a house officer has engaged in misconduct 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:

1. Meet with the person complaining of misconduct.
2. Meet with the house officer to advise the house officer of the existence of the complaint, to give the house officer an opportunity to respond to the allegations, and to identify any potential witnesses to the alleged misconduct.
3. Consult with the Administrative Director of GME to determine whether the SVPMA OR DESIGNEE VPAA, Department Chairman, Legal Affairs and/or Human Resources should be contacted as appropriate based on the issues and the people involved.
4. Upon request of the house officer, or if the Program Director, GME Director, SVPMA OR DESIGNEE VPAA, or Human Resources decide the incident warrants more investigation, then a “Full Inquiry” must be done.
5. All allegations of sexual harassment will be reported immediately to Human Resources in accordance with the Hospital’s policy against harassment.
6. 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 oth-
ers. 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 pro-
gram director and the house officer for appropriate action.

1. If the full inquiry results in a finding that no mis-
conduct occurred, no action will be taken against the
house officer. If the house officer was suspended pend-
ing 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 offi-
cer participated in misconduct, the Program Director shall
determine, in conjunction with the SVPMA OR
DESIGNEE VPAA, Department Chair, GME, Human
Resources, Legal, or other appropriate individuals, what
action is appropriate under all the circumstances, to reme-
dy the situation. The Program may take actions including,
without limitation, the following:

1. A verbal or written warning
2. Election to not promote to the next PGY level
3. Non-renewal of contract
4. Suspension
5. Termination from the residency or fellowship program

E. **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.

F. **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 SVPMA OR DESIGNEE VPAA who will:

1. Review the complaint
2. Meet with the house officer
3. Review the house officer’s file
4. Meet with the program director
5. Consider any extenuating circumstances
6. Consult with others, as appropriate, to assist in the decision making process; and
7. Determine whether this Policy was followed, 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:

1. Advise the SVPMA OR DESIGNEE VPAA of the request for review
2. Assist the SVPMA OR DESIGNEE VPAA to identify other potential participants, if warranted
3. Attend all meetings held by the SVPMA OR DESIGNEE VPAA
4. Coordinate communications between the SVPMA OR DESIGNEE VPAA and the house officer
5. 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.

G. **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 and Other Unlawful Harassment**

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

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

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

Anyone engaging in sexual or other unlawful harassment will be subject to disciplinary action, up to and including termination of employment.
House Staff Medical Records Compliance Policy

Graduate Medical Education
Institutional Policy
Approved by GMEC: February 1, 2011

I. Purpose:
To establish guidelines that adhere to Joint Commission regulations for the timely and accurate completion of Medical Records for the house staff.

II. Scope:
This policy will apply to all house staff who participate in a graduate medical education (GME) training programs at MedStar Washington Hospital Center.

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

Post-Graduate training program – refers to a residency or fellowship educational program.

Affiliate Programs – for the purpose of this policy; external residency programs for which the MedStar Washington Hospital Center is closely associated and has an existing affiliation agreement.

IV. Procedure:
A. All medical records must be completed with all information concerning a patient’s care, and all practitioner signatures within thirty (30) days of the date of discharge. A
medical record which is not complete within thirty (30) days of discharge is “delinquent.”

B. The Health Information Management Department will maintain and manage all medical records in the Medical Records Document Imaging (MRDI) system, which will identify the House Officer who is responsible for completion of any portion of the medical record.

C. Each House Officer is responsible for completion of his or her portion of the medical record on a timely basis. A House Officer wishing to complete his or her medical records can complete them on-line by accessing the MedStar Health Clinician Portal. The Health Information Management (HIM) Department also has computers available to the House Officers to complete their records.

D. A preliminary listing of House Officers subject to Administrative Action due to delinquent records will be produced semi-monthly. The report will be sent to the Office of Medical Affairs, the Senior Vice President and Chief Medical Officer and the Office of Graduate Medical Education.

E. If the medical record is not completed within 7 days after the notice of proposed Administrative Action, the House Officer may be placed on Administrative Action. The Administrative Action means that the House Officer will be suspended from clinical activities until the Administrative Action is removed. The House Officer will be notified of the Administrative Action by certified letter from the Senior Vice President and Chief Medical Officer.
1. If future credentialing requests specifically ask about issues related to timely completion of medical records, a program director should truthfully disclose any issues the house officer may have had.

2. The house officer may elect to use vacation time during this period. If they no longer have any vacation time for that academic year, the absence will be unpaid.

F. When a House Officer on the Administrative Action list has completed his/her delinquent records the House Officer may resume all of his/her usual duties.

G. If a House Officer is repeatedly placed on Administrative Action, a letter of deficiency will be issued in compliance with our academic improvement and misconduct policies.

H. House Officers scheduled to be on vacation, an away rotation, or other type of leave must complete their medical records within three (3) day of going away and request to be placed “on hold” by calling the HIM Department. House Officers should complete a vacation notification form located on the MedStar Health Clinician Portal to alert Medical Records if they are taking vacation. This will avoid being placed on administrative action during this time period.

I. House Officers from affiliate programs will be required to meet the guidelines as set forth above. Affiliated sponsoring institutions will be notified of delinquent medical records, and will work in conjunction with the Office of Graduate Medical Education to enforce these standards. House Officers from affiliated programs are subject to suspension from clinical duty at MWHC.
Ancillary

Annual Requirements
In addition to licensure and Occupational Health requirements, all house staff are required to complete the annual MedStar Washington Hospital Center mandatory modules prior to June 30th.

Dictation System Instructions
1. To access the Medical Records Dictation System you may use any touch tone telephone. Dial 2221 from within the hospital or 571-784-3494 from outside the hospital.
2. Listen for voice prompts.
3. Enter your assigned 6-digit physician ID number followed by # key. If you do not know your number, contact Medical Records at extension x7-7173 to obtain it.
4. Enter the 7-digit medical record number followed by # key. Include any leading zeros. Press * to clear any mistaken digits and start over at step 3.
5. Enter the 1-digit work type number followed by # key

WORK TYPES
1 - Discharge Summary
2 - Operative Report
3 - Consultation Report
4 - History & Physical
9 - STAT Report
12 - Cardia Catheterization
6. Wait for the short tone and begin your dictation. For each report be sure to:
   • State the type of report
   • State and spell the patient’s full name
   • State the patient’s medical record number
   • State the patient’s admission date, discharge date, consultation date, and operation date
   • State and spell your name
   • Indicate if a carbon copy should be sent to a certain clinic chart, or to any other locations or physicians

7. Press 3 to review the first few seconds of dictation.

8. If dictating multiple reports, press 5 and return to step 4. Your 6-digit ID number will be re-entered automatically.

9. If you would like confirmation of your dictation, press # #. The system will play a unique job control number for your dictation.

10. At completion of the dictation, press 9 to disconnect

Note:
For assistance contact Health Information Management (Medical Records) at 877-7173 at any time. If you are in the middle of dictating, you can also request assistance by pressing # and 0 between the hours of 8:00 a.m. – 10:00 p.m., Monday – Friday. You must be a valid user to gain access to the system.

(See next page for Key Pad Functions)
## Dictation System Key Pad Functions

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Resume dictation</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Multiple dictations (repeats phys. ID)</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>Disconnect</td>
<td># #</td>
</tr>
</tbody>
</table>

- The single beep lets you know you are in record mode.

**MULTIPLE DICTATIONS**: If you wish to dictate multiple reports, it is not necessary to disconnect and call back into the system. Simply press 5 at the end of each dictation. The system will prompt you to enter the next patient’s medical record number followed by # key and work type followed by # key.

**JOB CONTROL NUMBER**: If you would like confirmation of your dictation, press # #. The system will play a unique job control number for your dictation.

If you have problems accessing the system, please call the MDI office at 301-921-2006.
Accessing Medical Records Document Imaging (MRDI)

■ To Log In
   1. Go to the Clinician Portal to access the application. http://www.emedstar.net
   2. Sign into the Clinician Portal
   3. Click on Medical Records Document Imaging (MRDI)

■ Search Options

To Search for a Patient Name:
   1. In the Last Name field, enter the patient’s last name.
   2. Enter the First Name.
   3. Click Search.
   4. Optionally, select an encounter from the list.

To Search for a Patient Medical Record Number (MRN):
   1. On the search menu, go to the MRN field.
   2. Enter the MRN.
   3. Click Search.
   4. Optionally, select an encounter from the list.

To Search for an Encounter:
   1. On the Search Menu, go to the Encounter field.
   2. Enter the Encounter Number.
   3. Click Search.
To View Documents:

1. Use the search menu to select a patient.
2. Under the Encounter list click on the appropriate visit.
3. Review the document images in the viewer.
4. Exit viewer by going to File on tool bar and click Exit or click on the red door icon on toolbar.
5. To view like documents across patient visits, select the “Documents” option appearing below the document tree.

To Process Signature Deficiencies:

1. On the Deficiency Worklist Tab, click Signature (or Group).
2. Click Process All or Select a deficiency and click Process One.
3. On the PIN Entry Screen, enter your six digit dictation Number. Click OK.
4. On the Document with the yellow signature box, click the Complete button (or Skip, Decline, Exit).
5. Continue through the documents. After Completing all Signature deficiencies, you return to the signature screen.

For additional help with MRDI, contact the HIM Department or Help Desk.
<table>
<thead>
<tr>
<th>Icon</th>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td>Complete</td>
<td>Completes the active signature or missing text deficiency.</td>
</tr>
<tr>
<td>![Skip]</td>
<td>Skip</td>
<td>Skips the current deficiency, which remains in the worklist.</td>
</tr>
<tr>
<td>![Next Page]</td>
<td>Next Page</td>
<td>Goes Directly to the next page of multipage document</td>
</tr>
<tr>
<td>![Previous Page]</td>
<td>Previous Page</td>
<td>Goes directly to the previous page of a multipage document.</td>
</tr>
<tr>
<td>![Decline]</td>
<td>Decline</td>
<td>Removes the deficiency form your worklist; it is returned for reanalysis.</td>
</tr>
<tr>
<td>![Exit]</td>
<td>Exit</td>
<td>Exits deficiency processing and returns the workstation.</td>
</tr>
</tbody>
</table>
To Process Missing Text Deficiencies:

1. On the Deficiency Worklist Menu, click Missing Text (or group).
2. Click Process All or Select a deficiency and click Process One.
3. On the PIN Entry Screen, enter your six digit dictation Number. Click OK.
4. Click in Text to Add box.

---

### Pages Menu

<table>
<thead>
<tr>
<th>Icon</th>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="First Page" /></td>
<td>First Page</td>
<td>Display the first page of a multi-page document</td>
</tr>
<tr>
<td><img src="image" alt="Previous Page" /></td>
<td>Previous Page</td>
<td>Display the previous page of a multi-page document</td>
</tr>
<tr>
<td><img src="image" alt="Next Page" /></td>
<td>Next Page</td>
<td>Display the next page of a multi-page document</td>
</tr>
<tr>
<td><img src="image" alt="Last Page" /></td>
<td>Last Page</td>
<td>Displays the last page of a multi-page document</td>
</tr>
</tbody>
</table>
To Process Dictation Deficiencies:
1. Sort by Facility.
2. On the Deficiency Worklist Menu, click Dictation (Group).
3. Click Process All or Select a deficiency and click Process One.
4. To complete the deficiency after dictation, click Complete (or Skip, Decline, Exit).

To Print your list of deficiencies:
1. On the Deficiency Worklist Menu, click Signatures, Missing Text, or Dictation (or Group Option).
2. Click the Print button.
3. On the Windows Print Preview Screen, select Print.

To Decline deficiencies:
From any of the Completion functions, you can use the decline button if the document is assigned incorrectly.
1. Click Decline.
2. Select a reason for rejecting the deficiency from the list box, or enter free text.
3. To decline just this deficiency, click OK, or to decline all deficiencies for this encounter (for example: Not My Patient), check the box for Decline all deficiencies for this encounter and click OK.
Document Viewer Toolbar Controls Viewer Options (to activate, go to “View, Toolbars” and select options).

Expand Button—Displays total pages associated with each document type (Page 1, 2, 3, etc)

Collapse Button—Displays the document name only.

<table>
<thead>
<tr>
<th>Icon</th>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Zoom In" /></td>
<td><strong>Zoom In</strong></td>
<td>Increase the viewed size of the documents image each time you click</td>
</tr>
<tr>
<td><img src="image" alt="Zoom Out" /></td>
<td><strong>Zoom Out</strong></td>
<td>Reduces the viewed size of the document image each time you click</td>
</tr>
<tr>
<td><img src="image" alt="Best Fit" /></td>
<td><strong>Best Fit</strong></td>
<td>Display the entire document image in the window while maintaining the aspect ratio. Selection is saved across viewer sessions.</td>
</tr>
<tr>
<td><img src="image" alt="Rotate Left" /></td>
<td><strong>Rotate Left</strong></td>
<td>Rotates images 90 degrees to the left</td>
</tr>
<tr>
<td><img src="image" alt="Rotate Right" /></td>
<td><strong>Rotate Right</strong></td>
<td>Rotates images 90 degrees to the right</td>
</tr>
<tr>
<td><img src="image" alt="Bookview" /></td>
<td><strong>Bookview</strong></td>
<td>Display 2 pages of a multi-page document</td>
</tr>
</tbody>
</table>
Library and Media Services
The Library is located on the 2nd floor of the main hospital and is open Monday through Thursday from 7:30 a.m. to 5 p.m. and Friday from 7:30 a.m. to 4:30 p.m.

House staff are able to access the library after hours with their ID badge.

Health Information Management/ Medical Records
The Medical Records Department is located on the second floor of the main Hospital. Medical Records is open 24 hours daily. House Officers are required to complete their charts in a timely manner.

Quality Improvement
Quality Improvement focuses on improving the performance of the hospital through supporting the Service Excellence philosophy and our tradition of “Patient First.” QI provides support and training for team leaders and facilitators in statistical process tools, decision-making tools, and group techniques.

Other educational efforts address compliance with the Joint Commission and other accrediting agencies. A database of the MedStar Washington Hospital Center teams is viewable through the hospital’s intranet under Quality Improvement. The hospital-wide, interdisciplinary Performance Improvement Committee (PIC) focuses on
leadership/management development, quality management education, customer service, and patient/staff satisfaction. If you are interested in participating in a team or would like to register for a course please call Quality Resources at x7-7538.
Other Institutional Policies

Administrative Support for GME Programs in the Event of a Disaster or Interruption of Patient Care (formerly known as the Disaster Policy)

Graduate Medical Education Institutional Policy
Approved by GMEC: April 2007
Issued: April 2007
Reviewed: March 2011

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

II. Scope
This policy will apply to all graduate medical education (GME) training programs at MedStar Washington Hospital Center.

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

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

IV. Responsibilities/Requirements
MedStar Washington Hospital Center is committed to its GME programs and house officers. In order to protect and
assist house officers in the event of disaster or any interruption in training, the following policy is provided and supported by the institution.

1. MedStar Washington Hospital Center will continue patient care and graduate medical education training activities during a disaster, if at all possible.

2. If a break in service does occur due to any natural disaster or interruption in patient care, MedStar Washington Hospital Center will review the situation to decide the best course of action.

3. Written notice will be given to all house staff in the event of an interruption in training.

4. If it is determined that postgraduate training must be discontinued for a period of time, MedStar Washington Hospital Center will support house officer transfer to another accredited program to continue, and if necessary, complete training.

5. While it will be the house officer’s responsibility to locate interested programs, MedStar Washington Hospital Center will provide letters of support for their house officers 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.

6. MedStar Washington Hospital Center will work with the receiving institution to transfer associated cap positions, if applicable.
Internal Review Policy
Graduate Medical Education
Institutional Policy
Approved by GMEC: July 1, 2002
Revised by GMEC: April 2007
Revised by GMEC: November 2011

I. Purpose
To establish an institutional policy for internal reviews of all graduate medical education training programs sponsored by the MedStar Washington Hospital Center.

II. Scope
This policy will apply to all graduate medical education (GME) training programs within the MedStar Washington Hospital Center.

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

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

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

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

IV. Procedure
A. The Graduate Medical Education Committee (GMEC) is responsible for the periodic review of all residency train-
ing programs, and assuring their compliance with institutional policies and program requirements as outlined in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements.

B. Internal reviews will be conducted, at least, at the midpoint between ACGME program surveys.

C. The GMEC shall appoint a committee to review each residency program. The committee will include a chairperson (the DIO or designated faculty person from an outside program), outside faculty, a house staff representative from another program and GME administration. As a part of the review process, interviews will be conducted with the applicable program director, internal faculty, residents of the program being reviewed, and the residency coordinator/other administrative personnel, as needed.

D. The internal review will include appraisal of:

1. Compliance with the Common, specialty specific, and institutional requirements, including:
   - Professionalism, personal responsibility and patient safety
   - Transitions of care
   - Alertness management/fatigue mitigation
   - Supervision of residents
   - Clinical responsibilities
   - Teamwork
   - Residency duty hours
2. educational objectives of the program (as defined by respective Residency Review Committee (RRC) guidelines);

3. adequacy of available educational and financial resources to meet the objectives;

4. effectiveness of each program in meeting its objectives;

5. effectiveness in addressing areas of noncompliance and concerns from previous ACGME letters of accreditation and internal reviews;

6. annual program improvement efforts in:
   - resident performance using aggregated resident data
   - program quality
   - faculty development
   - graduate performance (including performance of graduates in certification examination)

The internal review will also assess the effectiveness of:

1. each program in defining, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides the educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice;

2. of the program’s use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas;
3. each program using dependable outcome measures developed for each of the six general competencies; and,

4. each program in implementing a process that links educational outcomes with program improvement.

E. Documentation to be used in the appraisal process must include:

1. Institutional and Program Requirements from the *Essentials of Accredited Residency Programs*;
2. letters of accreditation from previous ACGME surveys;
3. reports from previous internal reviews of the program; and,
4. interviews with the program director, faculty and residents in the program and anyone outside of the program that is deemed appropriate;
5. ACGME and/or other resident survey results and associated action plans.

F. Process:

The Program Director will be asked to complete the *Program Director Questionnaire* which will be distributed to the Internal Review Committee prior to the meeting.

In addition, an informal meeting will be held with the residents of each program and the administrator(s) of Graduate Medical Education prior to the meeting of the full committee. At this time, the residents will be asked to provide their perception on all areas of the program,
as outlined in the *Internal Review Resident Questionnaire*. A summary of the resident meeting will be provided to the Internal Review Committee.

The Internal Review Committee will convene to evaluate the quality of the educational program and to promote constructive feedback. The evaluation shall also serve to educate the committee on the institutional and program requirements.

Upon completion of the Committee’s evaluation, a succinct summary of the Internal Review Meeting will be documented, and mechanisms to correct identified deficiencies will be recommended.

The completed summary report will be approved by the Chair of the Internal Review Committee and submitted to the GMEC for their next scheduled meeting. The GMEC will vote to either fully endorse the evaluation and recommendations as reported, or to suggest additional follow-up. A copy of the final report will be maintained in the program’s file and in the Office of Graduate Medical Education’s files.

In most cases, the program director will be asked to follow-up with the GMEC after six months by preparing a report of the status of the program in relation to the recommendations of the internal review committee. Serious issues may warrant more frequent follow-up, or an immediate, focused internal review.

G. Programs that are not accredited by the ACGME will be expected to adhere to the same quality standards for education.
Conflicts of Interests and Interactions with Industry

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

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

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

This conflict of interest policy is intended to supplement and be complementary to MedStar’s Code of Conduct, Business Ethics and Confidentiality Policy, and other policies involving conflicts of interest including MedStar Health Research Institute Policy on Conflicts of Interest. However, it does not replace those policies or materials. To the extent this policy conflicts with or is more stringent than the Code of Conduct or other MedStar policies, this policy shall supersede such other policies and materials. All applicable state and federal laws continue to apply in accordance with their terms.
III. Scope

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

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

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

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

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

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

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

¹ Note, please see Requirements and Guidelines for Implementing this Policy for individuals subject to reporting of potential financial conflicts of interest.
This policy specifically does not apply to private physicians with clinical privileges at MedStar facilities who are acting or performing services in their private practices or in their capacity as private physicians.

IV. Definitions

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

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

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

C. Financial Interest – means:

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

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

E. Industry Company - means any biomedical, pharmaceutical, medical device, or medical equipment companies that make products used in the treatment of patients or the provision of medical care.

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

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

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

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

2. **Meals, Invitations, and Entertainment.** Industry sponsored meals, invitations, and entertainment (including, for example, both in-house and external/off-site meals, events, and entertainment) are considered personal gifts and are prohibited, unless otherwise specifically permitted by this policy. This includes industry-donated lunches and other meals for grand rounds and noon-
6.14 OTHER INSTITUTIONAL POLICIES

time conferences.\(^2\) However, Industry may donate funds centrally to the GME/CME Office to support a general fund for meals and/or educational activities, provided:

i. The donation is unrestricted and the Industry Representatives may not determine the content or presenter for any specific programs; and

ii. The Industry Company making a donation to a general meal fund may only be listed or identified among all commercial sponsors of on-site educational programs and may not be specifically identified as supporting any particular educational activity.

3. Attendance at Industry-Sponsored (and Third-Party Industry Sponsored) Conferences, Education Sales, or Promotional Events.\(^3\) Honoraria, compensation, reimbursement or other remuneration paid directly or indirectly by Industry for listening to a sales presentation or for time, effort, or attendance of an individual at Industry-Sponsored or Third-Party Sponsored conference, training, education, or promotional sessions is not permitted.\(^4\) However, reimbursement for, or pay-

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

\(^3\) Honoraria received from educational institutions (universities, teaching hospitals, non-profit institutions, and professional societies) is permitted.

\(^4\) Except that support may be provided by Industry to conference sponsors to reduce overall conference or educations event expenses.
ment of, the reasonable and necessary expenses associated with modest travel, meals, and lodging for bona-fide purchasing, training, education are permitted if they are primarily for:

i. Learning how to properly and safely use medical devices, equipment and other technologies, or compliance with legal, regulatory or accreditation requirements; and

ii. The payment is pursuant to the terms of a written agreement with the Industry Company, or is related to the review of capital equipment MedStar is considering purchasing or acquiring which cannot be transported to the MedStar facility.

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

i. The MedStar entity (not Industry or donor) must select the beneficiaries of any such support consistent with any regulatory [i.e., ”Match”] rules and entity selection policies and support cannot be designated to hire named physicians, or specific individuals into funded slots, nor can they be used to fund “named” fellowships, except as approved by the VPMA (or as applicable, the entity President or their designee) in line with principles of named chairs/endowments;
ii. All donations and support must be unrestricted and no limitations or quid pro quo requirements can be placed on the incumbents’ future employment, practice, referrals, or location of practice. However donations **CAN** be designated for a specific clinical specialty, defined fund, department, or program;\(^5\) and

iii. All such unrestricted gifts, donations, or professional support must be collected and managed through either the VPMA/Academic Affairs/GME/CME office’s (as applicable) or the local entity Foundation, such funds must be used for GME/CME or medical student training purposes, and it is the entities responsibility to implement this requirement.

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

i. The engagement is reported and approved by the entity VPMA (or as applicable, the entity President or their designee) in advance;

ii. The engagement does not otherwise pose an unacceptable conflict of commitment for MedStar employees (as determined by the VPMA or as applicable, the entity President or their designee);

\(^5\) Such limitations do not apply to other non-Industry commercial sponsors (i.e. American Heart Association, American Cancer Society, etc.)
iii. The arrangement is governed by a written agreement that specifically describes all services to be provided as well as the legitimate need and purpose for services/engagement which is not tied to the value or volume of any referral, purchase, order or recommendation for such referral, purchase, or order; the individual has sufficient expertise and experience to justify the consulting or speaking relationship, and the compensation or remuneration for the engagement is not in excess of fair market value (FMV);

iv. Industry pays for only modest travel, lodging and meals in connection with the engagement;

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

6 Industry created slides, images, and materials illustrating biological or chemical structures may be utilized if they do not prominently display company names or logos. Industry created slides or materials may display copyright ownership and the name of the Industry company copyright owner.
6. **Fiduciary, Management, or Other Financial Interests with Industry.** Individuals subject to reporting under this policy who have any Financial Interest in any Industry company including an ownership interest, fiduciary role, management role, or a compensation arrangement (including for speaking or consulting), or any stock options (even if they have a present value of zero dollars) must disclose the relationship consistent with reporting requirements of this policy, but not less than annually, and the financial relationships may be subject to further management up to and including dissolution of the relationship.\(^7\) Individuals subject to reporting under this policy may not have Financial Interests, fiduciary roles, or management responsibilities with any Industry Company, including but not limited to services on board of directors, as an officer, manager, medical director of and Industry Company if the individual has any ordering, recommending, or patient-care responsibilities in which that Industry Company’s product or services may be used by a patient, unless:

i. The role is disclosed, reviewed, and approved in advance by the entity VPMA (or as applicable, the entity President or their designee);

ii. An appropriate management oversight plan is implemented to assure professional objectivity in decision

\(^7\) Industry relationships will be evaluated individually and collectively with any other outside commitments when determining whether such activities can be approved and appropriately managed.
making, and in ordering or recommending goods or services; and

iii. The relationship must be fully disclosed in writing to the patient if the individual has any patient-care responsibilities.

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

8. **Conflicts of Commitment**. Financial Interests, speaking or consulting arrangements, fiduciary and other roles with Industry may pose an inappropriate conflict of commitment for MedStar employees/associates. Unless reviewed and specifically approved in advance by the VPMA (or if applicable the entity President or their designee), any individual or collective external or private commitments with Industry that are undertaken by employees which may burden or interfere with the individual’s obligations to MedStar are prohibited.8

---

8 MedStar employees must report any actual or potential conflicts of commitment to their entity VPMA or President (or their designee). Services to foundations, professional societies, non-profit organizations, or academic institutions which do not do business with or compete against MedStar do not need to be reported under this policy.
Any outside activities must not distract employees from fulfilling their professional obligations to MedStar including their obligations of professional loyalty, time and energy necessary for their patient care, teaching or research responsibilities.

9. Site or Facility Access. Site or facility access by Industry Representatives such as Industry sales and marketing representatives for the purpose of soliciting MedStar facilities and representatives is governed by MedStar’s Vendor Access Policy Tlnsert Hyperlinkl.

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

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

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

VI. What Constitutes Non-Compliance
Actions or conduct in violation of this Policy.

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

VIII. Explanation and Details/Examples
N/A
IX. Requirements and Guidelines for Implementing the Policy

1. Duty to Disclose Financial Relationships with Industry. The obligation to disclose any relationships with Industry that constitute an actual or potential conflict of interest applies to the following individuals:

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

   b. **Full-time and Part-time Associates/Employees**: Only management level associates/employees.

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

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

   e. **Residents, Fellows and Students**: Only residents, fellows, who receive training at a MedStar facility and are subject to MedStar’s Graduate Medical Education (GME) program requirements.

---

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

   a. Individuals subject to this policy may also be subject to the terms of their employment agreements or other MedStar policies (including the MRI Research Conflict of Interest policy) which may separately require disclosure of any potential conflicts of interest, conflicts of commitment, or other outside activities and they are required to comply with those requirements separately.

   b. All individuals required to disclose conflicts under this policy must electronically submit a conflict of interest disclosure statement available consistent with Attachment A to this policy via the Internet.

   c. At the time their disclosures are submitted, all individuals required to disclose conflicts must certify that they:

      i. Have received a copy of this conflict of interest policy,

      ii. Have read and understand this policy,

      iii. Are in compliance with and agree to continue to comply with this policy,

      iv. Agree to disclose all applicable potential or actual conflicts,

      v. Agree to take such actions as determined to be appropriate by MedStar in order to manage or eliminate any potential conflicts of interest.
3. Review and Management of Conflicts.


i. Disclosures submitted by a MedStar entity associate/employee, employed physician, or independent contractor of a MedStar entity will be reviewed, evaluated, managed, documented and monitored by that entity’s Compliance Director in consultation with the entity’s President (or their designee) in order to appropriately manage any potential or actual conflicts.

ii. The Office of Corporate Business Integrity (OCBI) or MedStar Legal Department will be consulted as necessary on the identification or management of any conflicts.

iii. All potential or actual conflicts involving physicians or independent contractors will be reviewed, evaluated, and monitored by the entity VPMA (or if applicable, the President or their designee).

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

i. Disclosures submitted by faculty/teaching staff/residents, fellows, or students will be reviewed, evaluated, managed, documented and monitored by the entity GME Director (or as applicable, the President or their designee) in consultation with the corporate GME office.

ii. The Office of Corporate Business Integrity (OCBI) or MedStar Legal Department will be
consulted as necessary on the identification or management of any conflicts,

iii. All potential or actual conflicts involving faculty, teaching staff, residents, fellows, or students will be reviewed and monitored by the entity VPMA (or as applicable, the President or their designee), and the corporate GME office.

c. Corporate Associates/Employees and all Senior Managers
   
i. Disclosures submitted by corporate associates/employees, MedStar Senior Managers, or any MedStar entity that does not have a Compliance Director will be reviewed, evaluated, managed, documented and monitored by OCBI in consultation with the MedStar Legal Department,

   ii. Any disclosures involving members of the MedStar Legal Department will be reviewed, evaluated, managed, documented and monitored by the OCBI in consultation with the CEO. Any disclosures involving members of the OCBI will be reviewed, evaluated, managed, documented and monitored by the General Counsel in consultation with the CEO.

d. Board Members
   
i. Disclosures submitted by Members of a MedStar entity Board of Directors will be reviewed, evaluated, managed, documented and monitored by the General Counsel (or their designee) in order
to identify any potential or actual conflicts of interest.

ii. The General Counsel will determine the appropriate steps to be taken to manage any potential or actual conflicts of interest identified.

iii. Actual conflicts will be reported to the chair of the Governance Committee of the MedStar Board.

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

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

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

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

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

X. Related Policies
   MedStar Health Business Ethics and Confidentiality Policy
   MedStar Health Vendor Access Policy
   MedStar Health Code of Conduct
   MedStar Research Institute Conflicts of Interest and Conflicts of Commitment Policy
XI. Procedures Related To Policy
N/A

XII. Legal Reporting Requirements
N/A

XIII. Reference to Laws or Regulations of Outside Bodies
- AMA Code of Medical Ethics, Opinion 8.061 - “Gifts to Physicians from Industry”
- HHS OIG Compliance Program Guidance for Pharmaceutical Manufacturers
- Pharmaceutical Research and Manufacturers Association (PhRMA) Code of Interactions with Healthcare Professionals
- Health Industry Group Purchasing Association (HIGPA) GPO Ethics Guidance
- AdvaMed (Device Manufacturers Code of Ethics)

XIV. Right To Change or Terminate Policy
Any material changes to this Policy require review and approval by the EVP for Medical Affairs and the MedStar Legal Department. The Corporation’s policies are the purview of the Chief Executive Officer (CEO) and the CEO’s management team. The CEO has the final sign-off authority on all corporate policies.
Attachment A: Questions for Conflict of Interest with Industry Disclosures

Questions for all individuals required to file a disclosure:

1) Have you or an Immediate Family Member received any Financial Interest, compensation, gifts or remuneration of any amount over the last 12 months from any Industry Company (including any subsidiary or affiliated entity) in exchange for Detailing, Tying, Switching, or Ordering any product, goods or services? [Yes/No]
   a. [If yes] Please describe in detail, including the name of each company, the compensation or remuneration received, and the nature of the activity:

2) Over the last 12 months have you or an Immediate Family Member received, or are you requesting approval of, any Financial Interest, compensation, gifts or remuneration of any amount from any Industry Company (including any subsidiary or affiliated entity) in exchange for consulting services or speaking engagements on behalf of an Industry Company (including any subsidiary or affiliated entity)? [Yes/No]
   a. [If yes] Please describe in detail, including the name of each company, the compensation or remuneration received or requested, and the nature of the activity:

3) Have you or an Immediate Family Member received any Financial Interest, compensation, gifts
or remuneration of any amount over the last 12 months from any Industry Company (including any subsidiary or affiliated entity) in exchange for attending any educational or professional meetings, conferences, or events which were sponsored or supported in whole or in part or by any Industry Company? [Yes/No]

a. [If yes] Please describe in detail, including the nature of the meeting(s), the name of each sponsoring company and the nature of the compensation(s) received:

4) Have you or an Immediate Family Member had any Financial Interests, fiduciary roles, or management responsibilities in any Industry Company (including any subsidiary or affiliated entity) over the last 12 months, or are you requesting approval of any such relationships including:

a. any stock or ownership interests of greater than a 3%;

b. any compensation arrangement for any amount;

c. any company-issued stock-options regardless of amount or present value;

d. any role as an officer or director of any Industry Company? [Yes/No]

e. [If yes] Please describe in detail, including the name of each company and the amount of ownership, Financial Interest, or the nature of any fiduciary or management responsibilities:
5) Do you or an Immediate Family Member hold any other relationships or have you received anything of value over the last 12 months from any Industry Company (including any subsidiary or affiliate) that could reasonably give the appearance of improperly influencing medical judgment, business judgment, objectivity, relationships, or business outcomes?
   a. [If yes] Please describe in detail:

**Certification for All Disclosures**

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

- To the best of my knowledge the information I have provided above is complete and accurate.
- Should my situation change at any point such that the information provided above no longer constitutes complete and accurate answers to all questions I will promptly update this disclosure.
- Neither I, nor any Immediate Family Member, has disclosed or used, or will disclose or use any confidential, special or inside information obtained through my association with any MedStar Health entity for the personal profit or advantage of myself or any Immediate Family Member.
- Neither I, nor any Immediate Family Member, has accepted gifts, gratuities, or entertainment that are in excess of limits stated in the MedStar Code of Conduct or the MedStar Health, Inc. Business Ethics and Confidentiality Policy or this policy that might
influence my judgment or actions concerning the business of any MedStar Health entity, except as listed on a separate disclosure sheet. (This does not include the acceptance of items of nominal or minor value that are clearly tokens of respect or friendship, are not related to any particular transaction or activity, and are permitted under the MedStar Code of Conduct.)

I understand that I have an obligation to take remedial action to correct, or cause others to correct, any violation of the MedStar Code of Conduct, the Business Ethics and Confidentiality Policy, or this policy of which I become aware, and to report any material violation of the Code or Policy to the Office of Corporate Business Integrity (directly or by calling the Ethics Hotline at 1-877-811-3411), or to the MedStar Legal Department.

I have read and understand MedStar’s Conflict of Interest Policy, Code of Conduct and the Business Ethics and Confidentiality Policy and agree to comply with them.