



Franklin Square  
Hospital Center

Centered on You  
*MedStar Health*

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## ACKNOWLEDGEMENT FORM

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

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

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

### **Resident's Responsibilities:**

- To develop a personal program of learning to foster continued professional growth with guidance from the teaching staff.
- To participate in safe, effective and compassionate patient care, under supervision, commensurate with their level of training and responsibility.
- To participate fully in the educational and scholarly activities of their program and, as required, assume responsibility for teaching and supervising other residents and students.
- To participate as appropriate in institutional programs and medical staff activities and adhere to established practices, procedures, and policies of the institution.
- To have appropriate representation on institutional committees and councils whose actions affect their education and/or patient care.

NAME (printed): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## **INTRODUCTION**

### ***Welcome***

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

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

Graduate medical education is a key component of our mission as an institution, and our commitment to GME grows every year. More medical students from the University of Maryland School of Medicine are doing core third year rotations than ever before. Our strategic plan for the next few years includes a commitment to increase the number of fellows and fellowships.

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

Anthony Sclama, M.D.  
Vice President of Medical Affairs

## *Directories*

### *Department Program Directors/Coordinators*

#### **Internal Medicine**

Lillian Alt, M.D, Program Director 443-777-7115  
Susan Rogers, Residency Coordinator 443-777-7676

#### **Family Practice**

Sallie Rixey, MD, Program Director 443-777-2003  
Nora Kellner, Program Coordinator 443-777-6545

#### **Obstetrics/Gynecology**

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

### *Graduate Medical Education Staff*

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

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

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

## **EMPLOYMENT**

### ***Advanced Cardiac Life Support/Basic Life Support Training***

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

### ***Basic Ethics and Conduct***

The successful business operation and reputation of Franklin Square Hospital Center is built upon the principles of fair dealing and ethical conduct of our employees. Franklin Square 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 Director of Medical Education for advice and consultation.

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

### ***Check Out Procedure***

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

- ❖ Identification badges
- ❖ Keys
- ❖ Pagers
- ❖ Uniforms

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

### ***Committees***

House staff are assigned to the committees of the Hospital and Medical Board as appropriate. Residents will be given a list of committee's to which they are expected to attend at the departmental orientations. Residents are encouraged to contact their program coordinators for additional information.

### ***Disability Accommodation***

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

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

Reasonable accommodation is available to all disabled employees, where their disability affects the performance of job functions. All employment decisions are based on the merit of the situation in accordance with defined criteria, not the disability of the individual.

This policy is neither exhaustive nor exclusive. FSH 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.

# Disaster Policy

*Franklin Square Hospital Center  
Graduate Medical Education  
Institutional Policy*

*Approved by GMEC: May 19, 2009*

## I. Purpose

To establish a policy for all post-graduate training programs within Franklin Square Hospital Center in the event of disaster or any interruption in patient care.

## II. Scope

This policy will apply to all post-graduate training programs at Franklin Square Hospital Center

## III. Definitions

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

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

## IV. Responsibilities/Requirements

Franklin Square Hospital Center (hospital) is committed to its GME programs and residents. In order to protect and assist residents in the event of disaster or any interruption in training, the following policy is provided and supported by the institution.

1. The hospital will continue patient care and post-graduate 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, the hospital 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, the hospital will support resident transfer to another ACGME-accredited program to continue, and if necessary, complete training.
5. While it will be the residents' responsibility to locate interested programs, the hospital will provide letters of support for their residents 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. The hospital will work with the receiving institution to transfer associated cap positions, if applicable.

## ***Duty Hour Policy***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Reviewed and Approved: April 20, 2010***

#### **I. Purpose**

To establish a policy for all graduate training programs at Franklin Square Hospital Center to monitor and schedule appropriate work/duty hours of the house officers to ensure that the educational goals of the program and learning objectives of the residents is not compromised by excessive reliance on residents to fulfill institutional service obligations.

#### **II. Scope**

This policy will apply to all ACGME-accredited training programs at Franklin Square Hospital Center. All information contained in this policy shall be the minimum standards for house officer duty hours. More detailed duty hour information will be delineated by each clinical department in its respective Departmental Policy for House Officer Duty Hours. The Graduate Medical Education Committee of each Hospital must approve all policies.

#### **III. Definitions**

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

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

Duty Hours – defined as work time scheduled for 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 time for a program of self-study, e.g., reading and preparation time spent away from the duty site.

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

- a. The Program Director is responsible for the duty schedules in his/her respective department. The Program Director is responsible for making the ultimate decisions regarding scheduling of all duty hours for all residents within their scope of supervision.
- b. On-call rooms are provided for house officers with nighttime duty hours.
- c. The on-call schedule will be tailored to be consistent with the residency requirements set forth by the Accreditation Council for Graduate Medical Education (ACGME) in the Institutional Requirements, Common Program Requirements and Program Requirements.
  - i. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house activities.
  - ii. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities when averaged over a four-week period, inclusive of call.
  - iii. A 10-hour time period should be provided between all daily duty periods and after in-house call.
  - iv. In-house call must occur no more frequently than every third night, averaged over a four-week period.
  - v. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours- (for a total of 30 continuous hours) to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

- vi. No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
  - vii. At-home call must be monitored to ensure that house staff have 1 day in 7 free from duty as defined above in IV.C.2 and should a house officer be called into the hospital from home those hours spent in-house must be counted toward the 80 hour limit.
- d. On a periodic basis, Program Directors will be asked to review their duty hour schedules to ensure that they are in compliance with applicable institutional and program requirements, and to submit this information to the Graduate Medical Education Committee.
  - e. Any house officer working in excess of the hours mentioned in item IV.C.1-7 above should, and is strongly encouraged to report the situation to their Chief Resident, Program Director, Department Chief or the Vice President, Medical Affairs.
  - f. Duty hours will be recorded in the New Innovations Residency Management Suite.  
House Officers are responsible for accurately recording their duty hours into New Innovations on regular basis. The GMEC will monitor duty hour compliance by all programs on a regular basis.

## ***Duty Hour Extension Policy***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Reviewed and Approved: November 17, 2009***

#### **I. Purpose**

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

#### **III. Definitions**

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

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

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

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

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

- A. All requests for duty hour extensions must be reviewed and approved by the Graduate Medical Education Committee (GMEC). In order to be placed on the agenda for the GMEC meeting, the following information must be submitted to the Graduate Medical Education Office (GME Office) at least 2 weeks prior to the next meeting.
  1. Documentation that the program is accredited and in good standing (continued full accreditation or full accreditation) without a warning or a proposed or confirmed adverse action.
  2. Information that describes how the program and institution will monitor, evaluate, and ensure patient safety with extended resident work hours.
  3. The educational rationale in relation to the program's stated goals and objectives for the particular assignments, rotations, and level(s) of training for which the increase is requested.
  4. Specific information regarding the program's moonlighting policies for the periods in question.
  5. Specific information regarding the resident call schedules during the times specified for the exception

6. Evidence of faculty development activities regarding the effects of fatigue and sleep deprivation

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

- B. Procedure: If approved by the GMEC, all of the above information should be sent to the GME Office. In addition the GME Office will provide the following:
  1. A written statement of institutional endorsement of the requested duty hour extension signed by the Designated Institutional Official (DIO).
  2. A copy of this policy.
  3. The current accreditation status of the program and of the sponsoring institution.

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

## ***Elective/Clerkship Documentation Policy***

### ***Graduate Medical Education Institutional Policy***

***Revised/Reviewed by GMEC: May 19, 2009***

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

- A. House Staff or House Officer – refers to all interns, residents and fellows participating in a Franklin Square Hospital Center post-graduate training program.
- B. Graduate Training Program – refers to a residency or fellowship educational program.
- C. Medical Student – refers to a student currently enrolled in an LCME or AOA accredited medical school.

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

- A. MEDICAL STUDENTS: Medical students rotating through the Franklin Square Hospital Center on one of two levels:
  - 1. **Clerkship**: Rotation during the third year of medical school, to fulfill core clerkship or elective clerkship requirements will require the following documentation:
    - A signed agreement between Franklin Square Hospital and the medical school
    - Authorization Form signed by the Department Chairman or designee
    - Evaluation of clinical ability during rotation - forms supplied by the supporting medical school
    - Dean's letter of approval
    - Proof of recent physical examination (within one year)
    - Proof of up-to-date vaccinations
    - Malpractice coverage provided by the supporting medical school
    - Proof of blood borne pathogen and TB education program
    - Confidentiality agreement (provided by medical school or hospital)
    - Goals and objectives for rotation- provided by medical school
  - 2. **Elective**: Rotation during the fourth year of medical school, to fulfill academic requirements. Requirements are the same as clerkship.

##### **Institutional Benefits for medical students will include:**

- Free Parking
- Access to SMS

- B. **House Officers rotating from other hospitals (JCAHO accredited)**: Must provide

the following items:

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

**Institutional Benefits for Residents will include:**

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

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

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

**Institutional Benefits for fellows will include:**

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

## ***Evaluation Policy***

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

***Reviewed and Approved by GMEC: April 20, 2010***

### **Evaluation of House Officers**

#### **I. Purpose**

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

#### **II. Scope**

This policy will apply to all Graduate Medical Education (GME) training programs in the MedStar Health System (Baltimore Division). All information contained in this policy shall be used as minimum criteria for evaluation. More detailed evaluation criteria shall be delineated by the clinical departments in their respective Departmental Evaluation Policies.

#### **III. Definitions**

- A. House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.
- B. Post-Graduate Training Program – refers to a residency or fellowship educational program.

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

- A. Evaluation of House Officers
  - 1. To enhance the educational process and keep all house officers 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

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

# ***General Responsibility Policy***

## ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Revised/Reviewed by GMEC: June 15, 2010***

### **I. Purpose**

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

### **II. Scope**

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

### **III. Definitions**

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

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

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

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

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

1. Understand the content and requirements of the six core competencies and remain committed to the development of each of these competencies during residency training.
2. Attend and actively participate in all conferences and teaching rounds within the assigned department
3. Render appropriate medical care to our patients in a kind and caring manner under the supervision of the attending physician
4. Attend assigned clinics.
5. Participate in the evaluation of the program, his/her peers and teaching faculty as requested by the Program Director.
6. Do independent study using the services and resources offered through the medical library.
7. Participate in research activities and quality improvement of the Hospital.
8. Document care and complete/sign patient medical records in a timely manner.
9. Volunteer to serve as a member of various staff and hospital committees.
10. Be on time and present for all assignments.
11. Respond to pages promptly.
12. Conduct himself/herself in an ethical and moral manner.
13. Maintain a professional appearance and demeanor.
14. Assume progressive responsibilities as he/she gains experience.

15. Contribute to the successful operation of the Hospital.
16. Provide supervision to junior house officers and medical students.
17. Document completion of procedures and submit information to program director's office.
18. "Sign out" before leaving the hospital.
19. Accept "Sign out" from departing house officers.
20. Cooperate with nursing and other staff.
21. Report to the Program Director any event that may expose you and/or the Hospital to liability.
22. Comply with all departmental policies.
22. Abide by all relevant hospital policies and procedures.

## ***Immigration Law Compliance***

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

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

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

## *Licensure in the State of Maryland*

### *Franklin Square Hospital Center Graduate Medical Education Institutional Policy*

*Reviewed and Approved by GMEC: April 20, 2010*

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

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

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

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

- A. All house officers must either be licensed to practice medicine in the State of Maryland or be registered as an unlicensed medical practitioner with Maryland's Board of Physician Quality Assurance (BPQA).
  1. Each Program Director (or designee) shall register or re-register the unlicensed practitioner with the Maryland BPQA annually unless the house officer provides a copy of a valid license to practice medicine (See Attached forms).

**State law requires that the completed, signed forms and application fees must be received by the BPQA within 30 days of the effective date of the training program contract.**

## ***Moonlighting and Outside Professional Employment***

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

***Revised/Reviewed by GMEC: June 15, 2010***

### **I. Purpose**

To establish guidelines for employment outside of the Franklin Square Hospital Center contract for residency and fellowship training.

### **II. Scope**

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

### **III. Definitions**

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

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

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

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

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

A. House Officers will not be required to engage in moonlighting; however, moonlighting is permissible so long as, in the judgment of the Program Director, such activity does not interfere with the house officer's ability to meet his/her educational obligations in a satisfactory manner.

B. House Officers who moonlight must obtain, at their own cost, an unrestricted state license prior to commencing any moonlighting activity.

C. It is the responsibility of the moonlighting house officer to obtain appropriate professional liability insurance for any moonlighting. Additionally, the house officer must report to the hiring institution's medical staff office for credentialing.

D. The Program Director must prospectively approve in writing all moonlighting of the house officers within their scope of supervision. This written approval will be noted in the house officer's file. Approval does not extend coverage for professional liability. Should it be determined that moonlighting activity has an adverse effect on a resident's performance the permission to moonlight may be withdrawn.

E. Any moonlighting occurring within the sponsoring institution or a major participating institution must be counted towards the 80-hour weekly limit on duty hours.

F. Professional activities outside the scope of moonlighting must not interfere with the house officer's ability to meet educational objectives in a satisfactory manner.

G. Any house officer holding an H-1B or J-1 visa, by virtue of INS regulations and 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 Labor Conditions Application approved by the INS.

## ***Personal Appearance***

***Franklin Square Hospital Center  
Human Resources and Employee Health P&P  
Effective Date: June 2, 1010***

Purpose:

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

### **2.0 POLICY**

#### **2.1 General Dress**

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

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

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

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

#### **2.2 Holiday & Special Events & Extreme Weather**

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

#### **2.3 Uniforms**

2.3.1 Supervisors will inform associates of applicable uniform requirements in each work area. Associates are responsible for keeping uniforms clean, neat, pressed, and in good repair. Certain areas have guidelines for special

clothing. Associates may not wear Hospital provided surgical clothing outside of the Hospital. All such clothing printed with names of other institutions is prohibited.

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

## 2.4 Shoes

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

## 2.5 Hygiene

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

## 2.6 Identification Badges

2.6.1 For ease of identification, associates must display their photo identification badge at all times. The badge must be pinned, clipped, or worn on a chain on the upper torso with the picture, name and title clearly visible and readable without having to look down or search for the badge.

2.6.2 Pins may not be affixed to the badge. No sticker or emblem of any type may cover identifying information on the face or reverse side of the badge. No other cards may be clipped to the badge clip that obscure either side of the badge. The clear strips with the designation RN or other professional designation that do not obscure the badge may be worn. The waive testing strip may be placed on the badge of associates who need it to do their job.

## 2.7 Jewelry, Insignias, Tattoos and Nails

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

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

2.7.3 Tattoos on the face, scalp, legs, feet, arms, torso and neck must be covered. Our patients have expressed that tattoos do not inspire confidence and trust in the care they are about to receive. Tattoos that are visible, such as on the hand, must not be of an offensive nature.

## 3.0 **LEVEL OF RESPONSIBILITY**

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

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

## 4.0 **CORRECTIVE ACTION**

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

### ***Personnel Data Changes***

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

## ***Personnel Files Policy***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Reviewed/Approved by GMEC: May 19, 2009***

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

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

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

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

- A. The respective residency office serves as the personnel office for the house officer. To that end, all employment documents and verifications shall be received, reviewed, and filed by the residency office in the house officer's personnel file.
- B. House Officers shall have access to their files during regular business hours upon request.
- C. The following information will be contained in each personnel file:

##### **CURRENT HOUSE OFFICER Files:**

- |            |  |
|------------|--|
| SECTION 1: | Personal History/Personnel Information   |
| SECTION 2: | Contracts & Diplomas in chronological order  |
| SECTION 3: | All correspondence to, from, or about the house officer,<br>MD License, when obtained  |
| SECTION 4: | Loan Deferment Forms<br>Check Requests (travel, educational expenses)  |
| SECTION 5: | All ECFMG/Visa Paperwork (if applicable)   |
| SECTION 6: | Application Materials: <ul style="list-style-type: none"><li>• Franklin Square Hospital Center Application, Universal or ERAS Application</li><li>• Official (original) Transcripts</li><li>• Personal Statement</li><li>• Dean's Letter</li><li>• At least two letters of Recommendation:</li><li>• USMLE Step 1 &amp; 2 Scores (if applicable)</li></ul> |

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

- Evaluations of house officer
- House officer evaluations of faculty
- Correspondence between the house officer and the program director
- Procedure logs

*\* Note: Confidential correspondence directed to the Program Director, about a resident, shall not be maintained in the resident's personnel file.*

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

**ALUMNI Files:**

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

## **PHYSICAL EXAMINATIONS AND DRUG TESTING**

To help ensure that house staff are able to perform their duties safely, a drug screening and physical examination are required. Prior to the first day of work, a physical examination will be performed either through Occupation Health at FSH 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 accommodations cannot be made, then the contract may be terminated.

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

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

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

It is Franklin Square 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 or alcohol.

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

## PROMOTION POLICY

*Franklin Square Hospital Center  
Graduate Medical Education  
Institutional Policy*

*Approved by GMEC: June 15, 2010*

### I. Purpose

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

### II. Scope

This policy will apply to all post-graduate training programs in the MedStar Health System (Baltimore Division). All information contained in this policy shall be used as minimum criteria for promotion. More detailed promotion criteria shall be delineated by each clinical department in its respective Departmental Promotion Policy.

### III. Definitions

- A. House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.
- B. Post-Graduate Training Program – refers to a residency or fellowship educational program.
- C. Letter of Deficiency – refers to the process of formally providing “notice and opportunity to cure” as described in the “Academic Improvement” Policy.

### IV. Responsibilities/Requirements

#### Promotion:

- A. The decision as to whether or not to re-appoint and promote a house officer to the next level of post-graduate training shall be made annually by the Program Director upon review of the house officer’s performance.
- B. The Program Director shall consider all feedback and evaluations of the house officer’s performance (refer to the Policy for Evaluation of House Officers) and any other criteria deemed appropriate by the Program Director.
- C. Each year, the Office of Graduate Medical Education will request promotional decisions from the Program Directors by February 1<sup>st</sup>. 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 1<sup>st</sup>. 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
- f. See Policy for "Dismissal and Termination"

## ***Reduction in Force Policy***

***Franklin Square Hospital Center***

***Graduate Medical Education***

***Institutional Policy***

***Reviewed and Approved by GMEC: April 20, 2010***

### **I. Purpose**

To establish a policy for all graduate training programs within the Franklin Square 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 training programs in the Franklin Square Hospital Center.

### **III. Definitions**

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

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

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

- A. There are no planned closures of post-graduate training programs; however, in the unlikely event, it is important to have a policy in place to protect and assist residents if unforeseen changes occur.
  1. All current contracts will be honored.
  2. House officers will be notified in writing at least three months prior to any major change in the residency program.
  3. Every effort will be made to ensure residency programs will only be eliminated or downsized at the end of the academic year.
  4. Every effort will be made to help each house officer find alternative training in an ACGME-accredited program.
  5. Every effort will be made to all our current residents to complete their training, if permitted by the ACGME/RRC.

## ***Restrictive Covenants***

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

***Revised/Reviewed by GMEC: January 20, 2009***

### **I. Purpose**

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

### **II. Scope**

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

### **III. Definitions**

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

Restrictive Covenant – refers to a non-competition guarantee.

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

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

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

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

***Reviewed and Revised by GMEC: May 19, 2009***

### **I. Purpose**

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

### **III. Definitions**

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

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

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

- A. All applicants for a house officer position must be (pending) graduates of one of the following:
1. medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME);
  2. osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA);
  3. medical schools outside the United States and Canada who meet one of the following qualifications;
    - a) Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates ;
    - b) Have a full and unrestricted license to practice medicine in a United States licensing jurisdiction.
  4. medical schools outside the United States and have completed a Fifth Pathway program provided by an LCME-accredited medical school.
- B. All applications for House Officer positions must be submitted by one of the following methods:
1. The Electronic Residency Application Service (ERAS); or
  2. The Universal Application for Residency Training; or
  3. Approved Hospital employment application for residency training.

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

- C. The Program Director, or designee, will evaluate and select the candidates he/she believes to be the most qualified for the positions available within the training program.
- D. **PROCEDURE.** Once an applicant is selected for an interview, the following procedure must be employed by all programs:
1. The following credentials must be collected for each candidate:
    - a) Application and personal statement completed and signed.
    - b) Original dean's letter
    - c) Original (certified) medical school transcript
    - d) Verification of graduation from the medical school. (Appointments to PGY-1 positions may be made prior to graduation however, it is the responsibility of each Program Director to verify graduation before the intern begins the program. Verification documentation must be kept in the personnel file.)
    - e) Verification of graduation from previous U.S. residency program. (If Relevant) (Appointments to positions above the PGY-1 level may be made prior to the completion of the current academic year. It is the responsibility of each Program Director however, to verify successful completion of such training before the resident begins the program. Verification documentation must be kept in the personnel file. Letter should include:
      - a. Training Length
      - b. Specialty
      - c. Overall, evaluation of the resident to include whether the resident left the program in good standing.
      - d. Evaluation of how resident met the six-competencies during training.
      - e. Discussion of any disciplinary action taken against the resident.

Two (2) letters of reference from attending physicians familiar with the individual's performance. If the candidate has previously been in a graduate training program, one letter must be from the candidate's former Program Director.
  2. Candidates of medical schools that are not accredited by the LCME, the AOA or other accredited college for specialty training must have the following additional documentation:
    - a) Official certified translations of all documents listed above in English; and
    - b) Certification by the Educational Commission of Foreign Medical Graduates (ECFMG).
  3. All candidates should interview with the Program Director (*or designee*) and when possible one or more members of the faculty. Telephone interviews will only be granted in lieu of a personal interview in the event of business necessity.
  4. All residency programs are expected to participate in the National Residency Matching Program (NRMP) and to follow all rules and requirements as set forth by that organization.
  5. All candidates should be evaluated based on the following minimum criteria:
    - a) Preparedness
    - b) Ability
    - c) Aptitude
    - d) Academic credentials
    - e) Communication skills

- f) Personal qualities, such as motivation and integrity
6. All candidates invited for interviews must be given the following information in written format:
    - a) Salary and benefits information
    - b) Explanation of the professional liability coverage for house officers
    - c) Any conditions of employment
  7. Upon selection (or after the Match), contracts shall be prepared by each residency office and forwarded to the Director, Graduate Medical Education for signature.
  8. If any of the required credentials documentation, as identified above, is missing on the effective date of the contract, the contract may be void.
  9. If a prospective house officer fails to graduate, the contract will be made null and void.
  10. MedStar Health is an equal opportunity employer. Residency programs will not discriminate with regard to gender, race, age, religion, color, national origin, disability, or veteran status.

## *Supervision of House Officers*

*Franklin Square Hospital Center  
Graduate Medical Education  
Institutional Policy*

*Reviewed and Approved by the GMEC: June 15, 2010*

### **I. Purpose**

To establish a policy for all graduate training programs within Franklin Square Hospital Center to ensure all post-graduate programs provide increasing amounts of responsibility with appropriate supervision of house officers and other educational trainees.

### **II. Scope**

This policy will apply to all graduate training programs in the Franklin Square 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 clinical department in its respective Departmental Supervision Policy.

### **III. Definitions**

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

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

- A. Every house officer is assigned to a designated clinical service. On-call schedules and rotation schedules are developed by each service to provide residents with a variety of service and patient mix.
- B. Residents are provided increased responsibility for patient care as they progress through each graduate level, but remain under the direct supervision of their attending and, senior house officers.
- C. In all resident care cases, the ultimate responsibility rests with the attending physician.
- D. The requirements for on-site supervision are established for and by each department in accordance with sub-specialty guidelines.
- E. It is the responsibility of each Program Director to establish detailed written policies for supervision in their respective program. All departmental policies must be reviewed and approved by the Graduate Medical Education Committee.
- F. The GMEC and each residency program supports and agrees to abide by the framework of resident responsibilities and supervision as approved by the MEC in its Policy on Resident Supervision and Job Description.
- G. Resident supervision should be discussed at least annually and as issues arise, with the MEC by the Director of Medical Education and each Program Director.

## ***Termination/Dismissal of Employment***

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

***Approved by GMEC: June 15, 2010***

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

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

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

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

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

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

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

##### **B. Resignation**

1. If the house officer desires to withdraw from his or her program, the house office must submit a letter of resignation to the Program Director, at least 30 days in advance, stating the reason for the action. The 30 days' notice may be waived, in whole or in part, at the discretion of the Program Director.
2. An exit interview may be requested by the Program Director and/or the Director of Medical Education/VPMA (or designee).

##### **C. Dismissal**

1. The Hospital may elect to dismiss a house officer from enrollment in a program prior to the established completion date due to:
  - a) Academic Failure to Progress
  - b) Misconduct
  - c) Abandonment of position/employment
  - d) Any other reason set forth in the house staff agreement.

2. The decision to dismiss should be made consistent with other applicable GME policies, such as the “Academic Improvement Policy or the “House Officer Misconduct” Policy.
3. When a house officer is informed of dismissal, he/she has the right to request due process as delineated in the “Due Process” policy.

**D. Non Renewal of Contract:**

1. A program director may elect not to renew a house officer’s contract (i.e., deny promotion to the next level of education) consistent with the Academic Improvement Policy or House Staff Misconduct Policy.
2. Non-renewal of contract is an action that allows the resident to request due process (See policy for “Academic Improvement” and “House Staff Misconduct”).
3. The Office of Graduate Medical Education should be notified immediately upon the Program Director’s decision to not renew an employment contract.
4. Consistent with the Promotion Policy, house officers must be notified by February 1 of each academic year whether the house officer is then on-track to be promoted to the next educational level of training. If the program cannot confirm that a house officer is on track for promotion by February 1 of the academic year, then the house officer should be notified that the decision is being held until a specific future date, and the reason for holding on the decision (i.e., academic concerns, pending evaluations, scores, etc... )
5. Even if a house officer is notified of the program’s intent to promote as specified above, if circumstances warrant, the program may reverse its decision and elect not to promote or to dismiss a house officer in accordance with other provisions of this policy.

## **USMLE Requirements**

### *Franklin Square Hospital Center Graduate Medical Education Institutional Policy*

*Reviewed/Approved: February 16, 2010*

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

- A. House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.
- B. Post-Graduate Training Program – refers to a residency or fellowship educational program.
- C. USMLE – refers to the United State Medical Licensing Examination.

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

##### **USMLE Steps 1 and 2:**

- A. All applicants for positions in a post-graduate training program at Franklin Square Hospital Center are expected to have taken and passed all components of both Steps 1 and 2 of the USMLE prior to their first day of employment in the training program.
- B. Failure of an applicant to take Steps 1 and 2 of the USMLE by their contracted start date will null and void any letters of offer and/or employment contracts issued by the MedStar hospital.
- C. An applicant who has failed to pass Step 2 of the USMLE by their contracted start date may be permitted at the discretion of the Program Director to enter the program and retake Step 2 of the exam. All components of Step 2 of the USMLE must be passed by September 1<sup>st</sup> of the current academic year. Failure to pass Step 2 by September 1<sup>st</sup> will result in termination of the resident from the academic program in compliance with the institutional termination/dismissal policy.
- D. Applicants who have not passed Steps 1 and 2 of the USMLE will not be accepted in transfer from other residency programs.
- E. This policy will apply to all residents entering residency training in the 2007-2008 academic year.

##### **USMLE Step 3:**

- A. All residents enrolled in post-graduate training in a Franklin Square Hospital Center program must take USMLE Step 3 by their eighteenth month of training. A passing score on the USMLE Step 3 must be presented to the program no later than the 24<sup>th</sup> month of their training, or within seven years of taking Step 1 (See D below)
- B. If USMLE Step 3 has not been passed by the end of the second year (24<sup>th</sup> month) of the resident's training, his/her PGY-2 contract may be extended to allow for successful completion of Step 3 at the discretion of the program director and with the approval of the Department Chair and VPMA, Director of Medical Education.

- C. If the Program Director elects to extend the house officer's contract pending satisfactory completion of the USMLE Step 3 requirements, he/she should issue a Letter of Deficiency to the house officer pursuant to the Academic Improvement Policy.
- D. USMLE Steps 1, 2 and 3 must all be taken and passed within a seven year time period.
  - 1. Due to non-traditional training cycles and/or off-cycle training, some residents may be required to adhere to stricter time requirements than listed above in order to comply with the seven year provision.
  - 2. If a house officer does not pass all three steps of USMLE within the seven year period, regardless of their PGY-level, they may be dismissed from the resident program, pursuant to the Academic Improvement Policy.

## Conduct and Disciplinary Action

### Academic Improvement Policy

*Franklin Square Hospital Center  
Graduate Medical Education  
Institutional Policy*

*Revised/Reviewed by GMEC: June 15, 2010*

#### 1) Purpose

To establish a policy and process for all programs at the Franklin Square Hospital Center-MedStar Health Hospital to use in the normal process of evaluating and assessing competence and progress of house staff enrolled in programs of post-graduate medical education. Specifically, this policy will address the process to be utilized when a resident/fellow is not meeting the academic expectations of a program, and therefore, fails to progress.

#### 2) Scope

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

#### 3) Definitions

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

#### 4) Process

- a) **Structured Feedback:** All residents and fellows should be provided routine feedback that is consistent with the educational program. Feedback techniques include verbal feedback, rotational evaluations and summative evaluations (See Evaluation Policy). Each residency program must have a Clinical Competency Committee (“CCC”)<sup>1</sup>, 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 issuance of a “Letter of Deficiency” does not trigger a report to any outside agencies. The Program Director will provide the house officer with feedback consistent with the letter of deficiency. If, the house officer satisfactorily resolves the deficiency(ies) noted in the Letter of Deficiency, and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the house officer’s intended career development.
- c) **Failure to Cure the Deficiency:** If the Program Director/CCC determines that the house officer has failed to satisfactorily cure the deficiency and/or improve his/her overall performance to an acceptable level, the Program Director/CCC may elect to take further action, which may include one or more of the following steps:
  - i) **Issuance of a new Letter of Deficiency**
  - ii) **Election not to promote to the next PGY level**
  - iii) **Requiring the repeat of a rotation that in turn extends the required period of training**
  - iv) **Extension of contract, which may include extension of the defined training period**

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

- v) **Denial of credit for previously completed rotations**
- vi) **Dismissal from the residency or fellowship program**

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

- d) **Request for Review:** A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Administrative Director of Medical Education within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Administrative Director will first determine whether the matter is reviewable under this Policy, and if so, the Administrative Director shall appoint a neutral physician reviewer who will:
  - i) Review the complaint
  - ii) Meet with the house officer
  - iii) Review the house officer's file
  - iv) Meet with the program director
  - v) Consider any extenuating circumstances
  - vi) Consult with others, as appropriate, to assist in the decision making process; and
  - vii) Determine whether this Policy was followed, the house officer received notice and an opportunity to cure, and the decision to take the Reportable Action was reasonably made.

The Administrative Director of Medical Education will:

- i) Appoint the physician reviewer
  - ii) Assist the physician reviewer to identify other potential participants, if warranted
  - iii) Attend all meetings held by the physician reviewer
  - iv) Coordinate communications between the physician reviewer and the house officer
  - v) Monitor timely completion of the review process
  - vi) Notify the Vice President of Medical Affairs of the request for review
- e) **Opportunity for a Final Review:** If either the house officer or the program director disagree with the decision of the physician reviewer, either can request a final review of the decision to take a Reportable Action by the Vice President for Medical Affairs (VPMA). A request for final review shall be submitted to the Assistant Vice President for Academic Affairs within fourteen (14) days of learning of the Physician Reviewer's decision. The VPMA will conduct a final review in conjunction with the Assistant Vice President for Academic Affairs. The roles of these individuals and the process are the same as described in the "Request for Review" above. The decision of the VPMA constitutes a final and binding decision. Upon conclusion of the review, a report of the final review will be provided to both the house officer and the program director.

## ***Due Process Policy***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Reviewed and Approved by GMEC: April 20, 2010***

#### **I. Purpose**

To establish a policy for all post-graduate training programs within the Franklin Square 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 Franklin Square 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**

- A. House Staff or House Officer – refers to all interns, residents and fellows enrolled in a post-graduate training program.
- B. Graduate Training Program – refers to a residency or fellowship educational program.
- C. Dismissal – The act of terminating a house officer’s participation in a training program prior to the successful completion of the course of training, whether by early termination of a contract or by non-renewal of a contract.

#### **IV. Academic Matters**

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

#### **V. Misconduct Matters**

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

# Grievance Policy

*Franklin Square Hospital Center  
Graduate Medical Education  
Institutional Policy*

*Revised/Reviewed by GMEC: June 15, 2010*

## **I. Purpose**

To establish a policy for all graduate training programs within Franklin Square 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 Franklin Square 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 post-graduate training program.

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

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

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

- A. Grievances must be dealt with in a confidential manner, and without fear of retaliation. Incidents should be reported directly to the house officer in charge at the time of the incident.
- B. If the house officer in charge is unable to rectify the situation, the attending on the team should be consulted.
- C. For an incident that is not resolved as stated above or that is not associated with a particular incident on a patient unit, house officer should proceed directly to their Chief Resident.
- D. If the house officer does not feel as though the Chief Resident has effectively resolved the issue, he/she should take the problem to the Program Director for resolution.
- E. If satisfactory resolution is still not apparent after the Program Director has become involved, then the house officer should provide a written grievance report directly to the Director of Medical Education outlining the issue. This report should describe the involvement of the Chief Resident and the Program Director.
- F. The Director of Medical Education will review the written grievance report to ensure that all of the appropriate steps, as indicated above, were followed. A grievance committee will then be formed consisting of, at least, the following individuals:
  1. The grievant's Program Director
  2. Director of Medical Education (or designee)
  3. AVP of Academic Affairs (or designee)
  4. A resident not involved with the situation
  5. Any other department representative deemed necessary by management to perform a reasonable investigation and decision-making process

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

H. All proceedings and decisions of the grievance committee shall be reported to the Graduate Medical Education Committee and the applicable program director in a confidential manner.

## ***House Officer Misconduct Policy***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Revised/Reviewed by GMEC: May 20, 2008***

#### **1) Purpose**

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

#### **2) Scope**

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

#### **3) Definitions**

- a) House Staff or House Officer – refers to all interns, residents and fellows participating in a program of post-graduate medical education
- b) Post-Graduate Training Program – refers to a residency or fellowship educational program
- c) Misconduct – Improper behavior; Intentional wrongdoing; Violation of a law, standard of practice, or policy of the program, department, or hospital. Misconduct may also constitute unprofessional behavior, which may trigger action under the Academic Improvement Policy. These actions may proceed simultaneously.

#### **4) Process**

- a) **Allegations of Misconduct:** A house officer, employee of the Hospital, attending physician, patient, or any other person who believes that a house officer has engaged in misconduct of any kind should immediately report his/her concerns to his/her supervisor, or any other supervisor in the Hospital, who in turn should communicate the allegations to the house officer's Program Director.
- b) Upon receipt of a complaint regarding the conduct of a house officer, the Program Director should conduct an initial inquiry, as follows:
  - i) Meet with the person complaining of misconduct.
  - ii) Meet with the house officer to advise the house officer of the existence of the complaint, to give the house officer an opportunity to respond to the allegations, and to identify any potential witnesses to the alleged misconduct.
  - iii) Consult with the Administrative Director of GME to determine whether the VPMA, Department Chairman, Legal Affairs and/or Human Resources should be contacted as appropriate based on the issues and the people involved.
  - iv) Upon request of the house officer, or if the Program Director, GME Director, VPMA, or Human Resources decide the incident warrants more investigation, then a "Full Inquiry" must be done.
  - v) All allegations of sexual harassment will be reported immediately to Human Resources in accordance with the Hospital's policy against harassment.
  - vi) Upon consensus of the Program Director and GME, the accused house staff officer can be removed from duty (with or without pay) pending the outcome of a full inquiry.
- c) **Full Inquiry:** A full inquiry is an internal investigation of the allegation/incident by appropriate individuals, which may include GME, the Program Director, the Department Chairman, Human Resources, Legal, or others. The inquiry process is administered by the Administrative Director of GME. Factual results of the inquiry will be prepared by the GME Director and/or other responsible individuals and reported back to the program director and the house officer for appropriate action.
  - i) If the full inquiry results in a finding that no misconduct occurred, no action will be taken against the house officer. If the house officer was suspended pending the inquiry, the house officer will be reinstated with full benefits and pay.
- d) If the full inquiry results in a finding that a house officer participated in misconduct, the Program Director shall determine, in conjunction with the VPMA, Department Chair, GME, Human Resources, Legal, or other appropriate individuals, what action is appropriate under all the circumstances, to remedy the

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

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

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

- e) **Request for Review:** A review of the decision to take a Reportable Action may be requested by the house officer. A Request for Review should be submitted to the Administrative Director of Medical Education within fourteen (14) days of learning of the Reportable Action. Upon receipt of a Request for Review, the Administrative Director will first determine whether the matter is reviewable under this Policy, and if so, the Administrative Director shall advise the VPMA who will:
  - i) Review the complaint
  - ii) Meet with the house officer
  - iii) Review the house officer's file
  - iv) Meet with the program director
  - v) Consider any extenuating circumstances
  - vi) Consult with others, as appropriate, to assist in the decision making process; and
  - vii) Determine whether this Policy was followed, the house officer received notice and an opportunity to be heard, and the decision to take the Reportable Action was reasonably made.

The Assistant Vice President for Academic Affairs and/or the Administrative Director of Medical Education will:

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

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

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

# ***Physician Impairment Policy***

## ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Approved by GMEC: January 18, 2005***

### **1.0 PURPOSE:**

The Medical Staff of Franklin Square Hospital Center is committed to maintaining a safe, healthful and efficient environment which enhances the welfare of health care practitioners credentialed by Franklin Square Hospital Center, employees, patients, visitors, and the community. The Physician Impairment Policy of the Medical Staff is intended as a guide when health care providers appear to have performance problems that could be attributed to impairment. The graduate medical education programs of Franklin Square Hospital Center fully endorse this Medical Staff Policy and adopt it as a Graduate Medical Education Institutional Policy.

### **2.0 PHILOSOPHY**

Our approach will be guided by the following:

- Our responsibility for the patient's safety and instilling confidence in the care they receive
- An intent/desire to be a drug-free workplace
- Striving for primary, proactive intervention
- To the degree possible, achieve a safe and confidential environment for the individuals involved
- Prompt, timely, thorough and consistent review/investigation process
- A consistent philosophy and policy for all
- We will approach individuals with the expectation that they are accountable for their behavior, and follow through with the appropriate evaluations and performance improvement plans.

### **3.0 AUTHORITY**

Bylaws of the Medical Staff state:

- 3.0.1 The responsibilities of the Medical Staff, to be fulfilled through the actions of its officers, committees and members includes:
- 3.0.2 To initiate, investigate, and make recommendations to the Board concerning corrective action or disciplinary action with respect to individuals granted clinical privileges or medical staff membership by the Board
- 3.0.3 To develop, administer, and seek compliance with these by laws, the rules and regulations of the staff, and other patient care related hospital policies.
- 3.0.4 Department Chair - Each Chair shall perform the duties and responsibilities as outlined in the Position Description for their position, which shall be developed jointly by the Vice President-Medical Affairs and the President. The Position Description shall include, but not be limited to, the responsibility to fulfill the following functions within the department, either directly or through the delegation of specific responsibilities to others under the Chair's supervision and direction.

### **4.0 DEFINITIONS**

#### **4.0.1 American Medical Association (AMA)**

The American Medical Association defines the impaired physician as *"one who is unable to practice medicine with reasonable skill and safety to patients because of physical or mental illness, including deterioration through the aging process, loss of motor skills or substance abuse including drugs or alcohol"*. Because the term "impaired physician" includes a variety of

problems from age to substance abuse to physical or mental illness, corrective action will vary depending upon the circumstances. However, in all situations that lend themselves to rehabilitation, reasonable steps will be taken to assist the practitioner in a constructive fashion.

#### 4.0.2 **Board of Physician Quality Assurance (BPQA)**

14-40 Denials, reprimands, problems, suspensions and revocations - Grounds

Provides professional services:

- (i) while under the influence of alcohol or
- (ii) while using any narcotic or controlled dangerous substance as defined in Article 27 of the Code, or other drug that is in excess of therapeutic amounts or without valid medical indications.

#### 4.0.3 ***Franklin Square Hospital Center***

For the purposes of this policy, “under the influence” and/or “impaired” means that the individual is affected by a mood altering substance – drug, alcohol, or the combination thereof – in any detectable manner wherein such influence may affect the safety of one or more of the following: the employee, coworkers, patients, visitors, or the safe, efficient operation of the Hospital.

Public perception of impairment including but not limited to:

- The odor of alcohol
- Altered behavior
- Failure to attend to responsibilities
- Questionable judgment

### 5.0 **APPLICATION**

This policy applies to members of the medical staff, health professionals, resident staff, students and to other individuals who are granted clinical privileges whether or not they are employed.

### 6.0 **PROCEDURE**

General principles related to a potentially impaired practitioner include the following:

6.0.1 Concerns about a potentially impaired practitioner should be brought to the immediate attention of the on-site supervisor (alternate: nearest supervisor) of the area. This supervisor is responsible for:

- (a) Gathering essential facts about the nature of the complaint and observation of the actions of the practitioner
- (b) Documenting the individual’s present condition
- (c) Mandatory notification of the concerns to the department chairman or their immediate designee if the chairman is not available.
- (d) Supervisor encouraged to make practitioner aware.

6.0.2 The chairman must conduct an immediate evaluation in order to assure:

- (a) Patient, employee and visitor safety
- (b) The practitioner of concern has an opportunity to document the absence of any substance causing impairment
- (c) Adequate review of the situation to determine appropriateness of ongoing patient care responsibilities
- (d) Evaluation which is kept confidential as the situation allows

6.0.3 Investigation by the chairman shall be documented with a prompt oral and a subsequent written confidential peer review report to the Chair of the Risk Management Committee (Alternate: VPMA or President and/or Director of Risk Management) and should include:

- (a) The report shall include a description of the incident or concerns that led to the concern that the practitioner may be impaired.
  - (b) The report must be factual and thorough.
  - (c) The individual making the report does not need to have proof of the impairment, but must state the facts leading to the suspicions.
- 6.0.4 If the Chair does not believe that any of the aforementioned characteristics/behaviors are present then he should document findings and report conclusions to the Risk Management Committee. If the Chair confirms the presence of any of the characteristics/behaviors he will conduct a thorough review.
- 6.0.5 Following investigation the Chair will review his findings with the VPMA, the President of the Hospital and the President of the Medical Staff. Other individuals may be consulted as needed or advised such as legal counsel, the Director of Human Resources, or other chairmen and/or practitioners as appropriate.
- 6.0.6 If there is not enough information to make a determination, then the President of the Hospital may direct an investigation which would include the President of the Medical Staff, a committee of the medical staff, an outside consultant, or another appropriate individual under the circumstances.
- 6.0.7 If, after investigation, sufficient evidence exists that the practitioner is deemed impaired, the Chairman and members noted in *paragraph 6.0.6* will meet with the practitioner. It will be the expectation that the individual will acknowledge the impairment, be accountable for their behavior, and follow through with appropriate and prescribed interventions.

## **7.0 CONSIDERATIONS**

- 7.0.1 If there are issues concerning the appropriate domain for review of a practitioner, the Chair, President of the Medical Staff and Hospital President with the advise of counsel will determine the appropriate process/forum for review.
- 7.0.2 The organization has a responsibility to address concerns that are expressed through the Compliance Hot Line and other leaders of the organization in addition to the formal Chain of Command.
- 7.0.3 To the extent possible, the confidentiality of all parties will be protected.

## ***Sexual Harassment Policy***

***Franklin Square Hospital Center  
Graduate Medical Education  
Institution Policy***

***Reviewed/Approved by GMEC to adopt Hospital Policy: May 20, 2008***

### **I. Purpose**

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

### **II. Scope**

The Franklin Square Hospital Human Resource and Employee Health P&P Sexual Harassment Policy will apply to all house officers who participate in a training program in the Franklin Square Hospital Center.

### **III. Responsibilities/Requirements**

## **2.0 Policy**

2.1 It is Franklin Square Hospital Center's policy that all associates have a right to work in an environment free of discrimination. Sexual harassment is a form of unlawful sex discrimination. Generally, sexual harassment may occur when an associate is subject to unwelcome sexual attention or conduct that is so severe and pervasive as to unreasonably interfere with his/her job performance and/or create an intimidating, hostile or offensive working environment.

2.2 No manager or supervisor shall threaten or insinuate, either explicitly or implicitly, that an associate's submission to or rejection of sexual advances will in any way influence any personnel decision regarding that associate's employment, wages, advancement, assigned duties, employment benefits, shifts or work schedules, or any other condition of employment or career development.

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

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

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

## **3.0 Reporting Sexual Harassment**

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

## 4.0 Equal Opportunity and Sexual Harassment Policy Violations

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

## 5.0 Internal Investigations

5.1 In keeping with its commitment under this policy, Franklin Square Hospital Center will promptly and effectively investigate sexual harassment complaints of which it is made aware.

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

## 6.0 Non-Retaliation

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

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

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

## 7.0 Responsibilities

### 7.1 Management

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

### 7.2 Associates

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

### 7.3 Human Resources

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

Updated by: [Karen Robertson-Keck on 04/01/2009](#)

## COMPENSATION AND BENEFITS

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

**The following benefits are available to eligible employees:**

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

Some benefit programs require contributions from the employee, but most are fully paid by Franklin Square Hospital Center.

### ***Computer, E-mail Usage***

Computers, computer files, the e-mail system, and software furnished to employees are Franklin Square 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.

Franklin Square Hospital Center strives to maintain a workplace free of harassment and sensitive to the diversity of its employees. Therefore, Franklin Square 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 officers should notify their Program Director, Director of Medical Education or any member of management upon learning of violations of this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

## ***SMS Network Security Violation Policy***

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

***Revised/Reviewed by GMEC: August 18, 2009***

### **I. Purpose**

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

### **II. Scope**

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

### **III. Definitions**

- A. House Staff or House Officer – refers to all interns, residents and fellows participating in a Franklin Square Hospital Center graduate training program.
- B. Graduate Training Program – refers to a residency or fellowship educational program.

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

- A. Each residency coordinator will provide their respective house officers with SMS paperwork and acknowledgement forms. Upon completion, the forms will be delivered to Information Systems.
- B. House officers are assigned a user identification code and password for the SMS network. This information is generated by Information Systems and is monitored through their security officer.
- C. Each house officer signs an acknowledgment statement agreeing to the following terms and conditions:
  - 1. Data in databases will be accurately entered and maintained.
  - 2. Passwords will be kept confidential and not shared with others; each individual is responsible for notifying Information Systems if they believe confidentiality has been compromised.
  - 3. Data, either hard copy or machine-readable, will not be provided to other individuals if it knowingly compromises patient confidentiality, financial, competitive, or legal well being of MedStar Health.
  - 4. Data will not be provided to external organizations without prior approval of the data base owner.

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

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

### ***Credit Union***

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

## *Days Away*

### *Franklin Square Hospital Center Graduate Medical Education Institutional Policy*

*Revised/Reviewed by GMEC: January 20, 2009*

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

- b. House Staff or House Officer - refers to all interns, residents and fellows participating in a Franklin Square Hospital Center graduate training program.
- c. Graduate Training Program - refers to a residency or fellowship educational program

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

- A. The Days Away benefit given to house officers must be consistent with the academic and regulatory board requirements of physician training programs. In general, medical specialty boards require house officers to be present for 11 out of 12 months per year to receive credit for that year. "Days Away" encompasses a day away from the program for any reason; vacation, illness, or any other approved reason.
- B. The Days Away benefit for house officers allows a maximum of one month (out of a possible twelve months) away from any residency program. One month is defined as twenty (20) workdays away, all of which are paid days off. House officers exceeding twenty (20) days away will be subject to an extension of their training program and any significant extensions must be communicated to the VPMA.
- C. Approval for "Days Away" requests is at the discretion of the program director, and will be approved or denied based on patient care activities and other programmatic needs. Each residency program should have a written protocol for requesting days away that is distributed to all house officers. The VPMA/Office of GME will not have a role in the determination of scheduling or approval of days away. The VPMA/Office of GME should be involved if a complaint arises from a house officer of an egregious accreditation violation with regard to scheduling and/or duty hours.
- D. The program director is responsible for tracking all days away and reporting days away to their respective Specialty Board and/or the RRC, as well as the institution upon request.
- E. "Days Away" do not accrue and do not carry over into the next academic year. House officers who leave the program mid-year are not eligible to collect money for unused days away.
- F. House officers are eligible for the Family and Medical Leave Act (FMLA) program. If the house officer is eligible and approved for FMLA leave, such leave will run concurrently with his/her unused days away. For questions regarding FMLA, as well as the use of short- and long-term disability, contact the Employee Health and Safety Department and the VPMA/Office of GME.

- G. It must be very clear that an approved Leave of Absence could extend the house officer's academic year and contract with the institution. Due to the complexity of leave and disability benefit, compiled with the academic/contractual requirements, Employee Health and Safety, as well as the VPMA/Office of GME should be notified when "Days Away" extend a contract or duration of training.

## ***Employee Assistance Program***

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

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

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

## ***Family Medical Leave***

Franklin Square Hospital Center provides family medical leave without pay to house officer who wish to take time off from work for the following reasons:

- Birth of a son or daughter and to care for the newborn of the employee;
- Placement with the employee of a son or daughter for adoption or foster care;
- Care for the employee's spouse, son, daughter or parent with a serious health condition; and or
- Serious health condition that makes the employee unable to perform the functions of the employee's job.

For the purposes of these rules, "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves:

- Any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., and overnight stay) in a hospital, hospice, or residential medical care facility;
- Any period of incapacity requiring absence from work, school, or other regular daily activities, of more than (3) three calendar days, that also involves continuing treatment by (or under the supervision of) a health care provider or
- Continuing treatment by (or under the supervision of) a health care provider for a chronic or long-term health condition that is incurable or so that, if not treated, would likely result in a period of incapacity of more than (3) three calendar days; or for prenatal care.

House officers should make requests for family leave to their supervisors at least 30 days in advance of foreseeable events and as soon as possible for unforeseeable events and make an appointment with Occupational Health to obtain the appropriate leave of absence forms and information.

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

## ***Laundry/Linen Room***

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

## ***Loan Deferment***

All applications for Loan Deferment must be submitted to the program residency office for processing.

## ***Loans***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Revised/Reviewed by GMEC: August 19, 2008***

#### **I. Purpose**

To establish an institutional policy for all house staff in the Franklin Square Hospital Center outlining guidelines for interest free loans.

#### **II. Definitions**

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

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

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

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

#### **III. Responsibilities/Requirements**

- A. An Application for House Staff 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 normally will be approved. The Application for House Staff Loan will be:
  1. Faxed to the Payroll Department to begin *automatic payroll deduction*. The maximum amount to be deducted from each paycheck will be designated by the resident/fellow on the application form. The minimum deduction is one-twentieth of the loan amount per pay period. The Payroll office will begin automatic payroll deduction, and will ensure that payroll deductions end when the balance due has been paid in full.
- B. House staff are required to pay any balance due on a loan prior to completing their educational program or in the event of termination, any outstanding balance that has not been repaid will be deducted automatically from the last paycheck. If the balance due exceeds monies available in the last paycheck, the resident/fellow will be required to pay the balance upon exit from residency program.

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

## **Insurance Plans:**

### ***Life Insurance:***

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

### ***Medical, Dental and Vision Insurance***

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

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

### ***COBRA:***

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

## ***Disability Insurance***

### ***Long-Term Disability***

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

House officers are offered an expanded LTD plan at no cost during the training period. This insurance coverage is portable; that is, house staff may continue the coverage in effect by assuming payment of the premium upon completion of the training program.

### ***Short-Term Disability***

Franklin Square Hospital Center provides short-term disability (STD) benefits to all house officers who are unable to work due to a non-work related injury or illness. Eligible employees may participate in the STD plan subject to all terms and conditions of the agreement between Franklin Square Hospital Center and the insurance carrier.

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

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

## ***Malpractice Liability Coverage***

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

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

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

### ***On-Call Meals/Cafeteria***

House officers will receive meal tickets at the beginning of each block from the program coordinators in their respective program. Meal tickets can be used in the cafeteria. The hours of operation are as follows:

Cafeteria	Monday thru Friday
	6:30am to 10:30 am
	11:00am to 7:30 pm
	10:00pm to 2:00 am
	Saturday and Sunday
	6:30am to 6:30pm

In addition, snacks are placed in the lounge to cover the hours when the cafeteria and Café are closed.

### ***On-Call Quarters/Lounge***

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

### ***Parking***

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

### ***Security***

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

### ***Smoking***

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

## ***Stipends***

Franklin Square Hospital Center provides house officers with a stipend as compensation for patient care services and support for the educational responsibilities of the training program. The appropriate stipend level will be reviewed by the Graduate Medical Education Committee annually. The stipends for the 2008-2009 academic year are as follows:

<b>Year Level</b>	<b>Stipend (effective 7/1/2010)</b>
PGY 1	\$47,800
PGY 2	\$49,500
PGY 3	\$51,500
PGY 4	\$53,000
PGY 5	\$56,200
PGY 6	\$59,200

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

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

## ***Educational Fund Policy***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Reviewed/Approved by GMEC: May 19, 2009***

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

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

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

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

- A. A minimum total of \$1000.00 per post-graduate year will be available to each House Officer during the first four years of training for educational travel and/or the purchase of medical education material. A maximum of \$500.00 of unused funds may be carried over to the next year of training. Any funds previously dispersed to the house officer will be deducted from the total educational allotment.
- B. Funds are reimbursable and may be used with approval of the program director for purchases related to medical education such as:
  - Text books
  - Subscriptions to medical journals and/or medical societies
  - Medical software
  - Travel for purposes of a Board Review Course or research presentations
  - Maximum allowance of \$300.00 toward the purchase of a hand held computer during the course of training
  - Maximum allowance of \$500.00 toward the purchase of a personal computer during the first or second year of training.

See your department policy for additional information.

- C. All requests for funds must be approved, prior to submission for reimbursement, by the program director, and according to the department policy.
- D. Each Residency Office will be responsible for tracking funds used by house staff. House staff may contact their program coordinator to determine their remaining balances.
- E. Travel Allowance:
  1. A Request for Use of House Staff Travel/Book Fund Form must be completed and approved by the program director at least one month prior to travel.
  2. When the travel fund request has been approved, written confirmation, indicating the total reimbursable amount will be sent to the requestor by their program coordinator.

**Reimbursement will be made for the following items ONLY and will be done in accordance with the Hospital Policy on Travel and Reimbursement:**

- Registration fee
  - Roundtrip coach airfare
  - Hotel accommodations
  - Meals
  - Roundtrip transportation to and from the airport
  - Airport parking fees (for personal car)
  - Personal mileage (if applicable)
3. Within one week of return, a completed travel expense voucher and original receipts must be submitted to the Residency Office.
  4. The Residency Office will verify all expenses and complete a check request for reimbursement.
  5. Check requests are processed by the Central Business Office. Reimbursement checks will be mailed directly to the house officer's home address. House officers should allow approximately 2 weeks for processing.
  6. See Department policy for additional details.

F. Book Allowance:

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

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

1. See Department policy for additional details.

## **ANCILLARY SERVICES**

### ***Health Information Management***

#### **DESCRIPTION OF DEPARTMENT**

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

##### **Document Imaging**

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

##### **Correspondence**

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

##### **Coding**

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

##### **Discharge Analysis**

Assign documentation deficiencies to appropriate provider.

##### **Transcription**

Accurately transcribe reports dictated by physicians. Discharge Summaries, operative reports, admission notes and consults are done routinely.

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

#### **Location of Records**

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

#### **Requesting Medical Records**

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

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

#### **INCOMPLETE MEDICAL RECORDS**

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

When residents have charts with dictation delinquencies of more than 30 days or other extended delinquencies based on the regular biweekly report, notice will be provided to the Department Chair and resident. If the resident does not complete the delinquent charts within a week, it will be the responsibility of the Department Chair to relieve the

resident of his/her clinical duties and place the resident on vacation until the charts are completed. If there is no remaining vacation time available, the resident will be suspended from the residency until the charts are completed and will be required to fulfill his/her time obligation for the residency through other means.

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

Any extenuating circumstances related to the completion of medical records will be provided to the Vice President-Medical Affairs in writing by the Department Chair and a copy placed in the house officer's file.

Attention to medical records is an assigned duty. **Under the Resident Physician Rules of Conduct, lack of attention to an assigned duty may be subject to disciplinary action.**

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

## **TRANSCRIPTION**

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

### *Format for Dictation*

#### *All dictations must include:*

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

#### *Discharge Summary*

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

#### *Consultation*

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

#### *Operation/Procedure Note*

- Date of Operation/Procedure
- Preoperative Diagnosis
- Postoperative Diagnosis
- Procedure Performed

- Surgeon
- Assistant
- Anesthetist
- Indications for Procedure
- Procedure

***History & Physical/Admission Note (Hand written)***

- Date of Admission
- Attending Physician
- Referring Physician
- Chief Complaint
- History of Present Illness
- Past Medical History
- Allergies
- Family History
- Social History
- Advance Directives/Code Status
- Review of Systems
- Physical Examination
  - General
  - Vital Signs
  - HEENT
  - Neck
  - Lungs
  - Breasts
  - Cardiovascular
  - Abdomen
  - GU/Rectal
  - Extremities: Muscular
  - Neurological
- Laboratory and Imaging Studies
- Assessment/Diagnosis
- Plan

When dictating a report, it is helpful for you to write in the patient's record the date and type of report dictated.....

**Example:** OP note dictated 5/31/08 J. Johnson, MD.

***Dictation Instructions***

**TOUCH-TONE TELEPHONE CONTROLS FOR THE**

**LANIER DICTATION SYSTEM**

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

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

The work types are as follows:

- 01 Transfer Summary
- 02 Discharge Summary
- 03 History & Physical/Admission Note
- 04 Operative Note
- 06 Consultation Report
- 07 ICU Transfer Summary Report

You will then hear a low continuous "ready" tone.

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

The touch-tone commands are as follows:

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

**#+0 Intercom (touch to reach the supervisor).**

### **Verbal Insertion**

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

### **STAT TRANSCRIPTION**

Discharge Summaries may be required as a STAT to facilitate transfer of patients to a nursing home or for open-heart surgery. Occasionally your dictation may be needed STAT (on the record within a short period of time). In order to facilitate rapid transcription of this report, you must contact the Health Information Management Department at extension 7275 before you dictate. They will instruct you on how to dictate a stat report.

### **IF YOU REQUIRE COPIES OF YOUR DICTATION**

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

## ***LIBRARY SERVICES***

### **Collection**

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

A core collection of electronic knowledge-based resources is available through StarPort on all networked computers within the hospital and in the Primary Care / Family Health Center. Among the networked resources are over 140 full-text electronic books, and approximately 600 full-text electronic journals, Cochrane Library, MDConsult, MicroMedex, ePocrates, and ePocrates Disease Index, ACP Pier, and OVID. We also have access to the Emergency Medicine and Internal Medicine Modules from Procedures Consult. On the library's computers and a multimedia workstation are other applications such as MKSAP 14, SPSS, Microsoft Word, Excel, Lotus and Power Point.

### **Library Policies and Procedures**

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

## **Circulation**

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

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

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

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

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

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

## **Library Services**

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

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

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

**Scanner:** A scanner is available in the Medical Library. There is no charge for the scanner provided the service is utilized reasonably.

# ***ACGME REQUEST FOR CHANGE***

## ***Graduate Medical Education Institutional Policy***

*Approved by GMEC: June 15, 2010*

### **ACGME REQUESTS FOR CHANGE**

#### **I. Purpose**

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

#### **II. Scope**

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

#### **III. Definitions**

DIO - Designated Institutional Official

GMEC – Graduate Medical Education Committee

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

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

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

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

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

## ***Internal Review***

### ***Franklin Square Hospital Center Graduate Medical Education Institutional Policy***

***Revised/Reviewed by GMEC: May 19, 2009***

#### **I. Purpose**

To establish an institutional policy for internal reviews of all graduate medical education training programs sponsored by the Franklin Square Hospital Center.

#### **II. Scope**

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

#### **III. Responsibilities/Requirements**

- A. House Staff or House Officer - refers to all interns, residents and fellows participating in a Franklin Square Hospital Center post-graduate training program.
- B. Graduate Training Program - refers to a residency or fellowship educational program.
- C. Graduate Medical Education Committee - an organized, administrative, oversight system for residency training programs sponsored by an institution.
- D. Internal Review - periodic quality assessment of all residency training programs.

#### **V. Procedure**

- A. The Graduate Medical Education Committee (GMEC) is responsible for the periodic review of all residency training 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. The GMEC shall appointment a sub-committee to review each residency program. The committee will include a Chair, who will be a Director from another graduate training program, a House Staff member from another training program, and appropriate administrators. The GMEC may request on a case by case basis that additional internal or external individuals be part of the committee.
- C. The internal review will include appraisal of:
  - 1. If each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas:
    - Patient Care
    - Medical Knowledge
    - Practice-Based Learning and Improvement
    - Interpersonal Skills and Communication
    - Professionalism
    - Systems-Based Practice
  - 2. Evidence of the program's use of evaluation tools to ensure that residents demonstrate competence in each of the six areas;
  - 3. Use of dependable outcomes measures for each of the general competencies

4. Effectiveness of each program in implementing a process that links educational outcomes with program improvement;
5. Educational objectives of the program (as defined by respective Residency Review Committee (RRC) guidelines);
6. Adequacy of available educational and financial resources to meet the objectives;
7. Effectiveness of each program in meeting its objectives;
8. Effectiveness in addressing citations from previous ACGME letters of accreditation and previous internal reviews; and,
9. Effectiveness of faculty and resident education in the affects and signs of fatigue. And compliance with the details and philosophy of the ACGME Duty Hours requirements.
10. Annual program improvement efforts in:
  1. Resident performance using aggregated resident data
  2. faculty development
  3. graduate performance including performance of program graduates on the certification examination; and,
  4. program quality

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

1. Institutional, Common and Program Requirements from the Essentials of Accredited Residency Programs;
2. Letters of accreditation from previous ACGME surveys; and progress reports sent to the respective RRC
3. Reports from previous internal reviews of the program;
4. All correspondence between the program and the ACGME;
5. Curriculum with goals and objectives by PGY level and that address specific and core competencies;
6. Summary of the evaluation tools used by the program
7. Previous annual program evaluations
8. Results from internal, external resident surveys if available
9. Rotation schedules
10. Information from interviews with the program director, program key faculty and at least one peer-selected resident from each level of training in the program, and anyone outside of the program that is deemed appropriate.

E. Process:

1. The Internal Review Committee will convene to, not only completely evaluate the program, but to improve the quality of the educational program and to promote constructive criticism. The evaluation shall also serve to educate the committee on the institutional and program requirements.
2. The Program Director and/or Coordinator will provide four copies of the required documentation to the Office of Graduate Education approximately two weeks prior to the date of the program's Internal Review.
3. The process should include interviews with the Department Chair, Program Director(s), faculty, all residents in the training program, and other key individuals as necessary.

4. 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 recorded.
  5. The completed summary report will be provided to the Program Director and submitted to the GMEC for their next scheduled meeting, and presented by the Chair of the Internal Review Committee. The GMEC will vote to either fully endorse the evaluation and recommendations as reported, or to suggest additional evaluation. A copy of the final report will be maintained in the program's file and in the Office of Graduate Medical Education's files.
  6. In most cases, the program director will be asked to follow-up after six months by preparing a report of the status of the program in relation to the recommendations of the internal review committee. This report will be submitted to the GMEC. Serious issues may warrant more frequent follow-up, or an immediate, additional internal review.
- F. Reviews will be conducted at least once, by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.
- G. Programs with no residents enrolled at the mid-point of the review cycle:
- a. The GMEC must demonstrate continued oversight of the program through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.
  - b. After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.
- H. Programs that are not accredited by the ACGME will be reviewed on the same basis and time schedule, and will be expected to adhere to the same quality standards for education.

## ***Vendor Interactions with House Staff***

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

***Reviewed by GMEC: May 19, 2009  
Approval Pending***

### **Vendor Interactions with House Staff**

#### **Purpose**

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

#### **Scope**

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

#### **Definitions**

- A. House Staff or House Officer – refers to all interns, residents and fellows participating in a MedStar Hospital post-graduate training program.
- B. Post-Graduate Training Program – refers to a residency or fellowship educational program.
- C. Grant - a gift for a particular purpose
- D. Vendor- someone who promotes or exchanges goods or services for money

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

- A. The Office of Graduate Medical Education will not sponsor house staff-related functions with vendors, but will accept from any source unrestricted educational grants related to medical education.
- B. Each program director, and/or department chair, will establish written guidelines for vendor interaction within their department. A copy of the guidelines for each department will be on file in the Office of Graduate Medical Education.
- C. Vendors approaching the Office of Graduate Medical Education for resident-related functions will be referred to the appropriate department's program director and/or chief resident(s).