

STANFORD UNIVERSITY MEDICAL CENTER
Stanford University School of Medicine
Stanford Hospital & Clinics
Lucile Packard Children’s Hospital

Statement of Commitment to Graduate Medical Education

In accordance with its mission, Stanford University Medical Center is dedicated to pursuing the highest quality of patient care and graduate medical education. Stanford University Medical Center recognizes as one of its major responsibilities the provision of organized educational programs. This responsibility includes guidance and supervision of the resident while facilitating the residents’ professional and personal development and ensuring safe and appropriate care for patients. In fulfilling these responsibilities, the administrations, Hospital Boards, and faculty of Stanford University School of Medicine are committed to supporting quality graduate medical education programs and excellence in residency training and research. Furthermore, Stanford University Medical Center commits itself to providing adequate funding of graduate medical education to ensure support of its faculty, residents, ancillary staff, facilities, and educational resources to achieve this important mission.

Stanford University Medical Center will ensure that all of its graduate medical education programs meet or exceed the Institutional, Common Program Requirements and Specific Specialty Program Requirements, promulgated by the Accreditation Council for Graduate Medical Education.

Residency Programs

Application to Stanford Residency Programs

Information may be obtained from the individual School of Medicine departments to which the application is made. Completed applications should be sent directly to the residency program being considered.

Note: A reference to “Stanford” or “Stanford University Medical Center” usually means all three entities and their programs that make up the Stanford University Medical Center – the *Stanford University School of Medicine*, *Stanford Hospital & Clinics (SHC)*, and *Lucile Packard Children’s Hospital (LPCH)*. The Stanford residency programs are formally a part of Stanford Hospital & Clinics, with their substantive content and conduct provided through the clinical departments of the School of Medicine, whether in SHC or LPCH.

The term house staff refers to all Stanford residents and fellows; and may be used interchangeably with the terms resident, fellow, provider, workforce, trainee or house staff officer. All policies and procedures remain applicable to Stanford residents and fellows regardless of the term used.

Resident Eligibility – Recruitment

Employment by Stanford is based on merit, qualifications and competence. Employees and applicants will not be discriminated against on the basis of race, religion, color, national origin, ancestry, physical or mental disability, veteran status, medical condition, marital status, age, sex, sexual orientation, or gender identity.

Applicants with one of the following qualifications are eligible for consideration for appointment to accredited residency programs:

- A. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
- B. Graduates of colleges of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).
- C. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications.
 - (1) Have received a current valid certificate from the Educational Commission for Foreign Medical Graduates and an applicant status letter (PTAL) from the Medical Board of California confirming completion of pre-residency requirements.
 - (2) Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- D. Graduates of medical schools outside the United States who have completed a Fifth Pathway program¹ provided by an LCME-accredited medical school.

Visa Policy for Graduates of International Medical Schools

An International Medical School Graduate (IMG) is defined as a graduate of a medical school located outside of the United States. SHC/LPCH supports the use of the clinical (ECFMG sponsored) J-1 Visa for all clinical trainees. Exceptions for individuals with pending green cards or individuals unable to obtain the ECFMG J-1 Visa may be granted by a majority vote by the Graduate Medical Education Committee (GMEC).

¹ A Fifth Pathway program is an academic year of supervised clinical education provided by an LCME accredited medical school to students who meet the following conditions: (1) have completed in an accredited college or university in the United States, undergraduate premedical education of the quality acceptable for matriculation in an accredited United States medical school, (2) have studied at a medical school outside the United States and Canada but listed in the World Health Organization Directory of Medical Schools; (3) have completed all of the formal requirements of the foreign medical school except internship and/or social service; (4) attained a score satisfactory to the sponsoring medical school on a screening examination; and (5) Steps 1 and 2 of the United States Medical Licensing Examination (USMLE).

Visa Policy for Graduates of International Medical Schools (cont'd)

Stanford uses J-1 visas sponsored by the Educational Commission for Foreign Medical Graduates. Please see www.ecfm.org for more information. Please allow 120 days for the processing of a J-1 visa. Stanford does not sponsor graduates of international medical schools on H-1B visas.

Under certain circumstances Graduates of United States medical schools may be eligible for the H-1B visa. This is at the discretion of your program. Approval must be granted by both the program and the Graduate Medical Education Committee. The cost of obtaining the HIB visa is the responsibility of the residency program training the resident.

National Resident Matching Program

Stanford University Medical Center participates in the National Resident Matching Program (NRMP) for all PGY I positions. The purpose of the NRMP is to match all medical students and other applicants with hospitals to obtain internships and residencies. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of most desired applicants. On a uniform date (mid-March) all of the applicants and hospitals are informed of the result of the match.

The NRMP sends rank order list information to the individual programs starting in July of each year. Rank order lists are entered by individual programs into the NRMP system.

Lists are subject to the approval of the Director of the Department of Graduate Medical Education.

The results of the match are delivered to program directors on the date specified by the NRMP via email. Programs are not allowed contact with successful applicants until the national announcement of the match has taken place. Programs are expected to submit a recommendation of appointment form via the Stanford web-based program for all matched PGY I applicants to the Department of Graduate Medical Education within forty-eight (48) hours of the match. The Department of Graduate Medical Education will send employment contracts to all matched House Staff within fifteen (15) working days of receiving the recommendation of appointment.

Graduates of medical school programs accredited by the LCME may participate in the match. Foreign medical school graduates who have a valid ECFMG certificate and a California applicant status letter (PTAL) may enroll as independent applicants.

Rank order lists are to remain confidential. Any agreement or contact offered by an enrolled hospital or program prior to the Match Date will be superseded by the results of the NRMP match.

Recommendation of Appointment

Recommendations of appointment for continuing residents are due in the Department of Graduate Medical Education no later than January 1st each year for the following July 1st. It is strongly suggested that departments verify home addresses with their house staff prior to completion of the forms via MedHub, our online web-based Resident Management program. All recommendations of appointments

Recommendation of Appointment (cont'd)

are subject to review and final approval by the Director of the Department of Graduate Medical Education.

House staff contracts are issued with a copy of House Staff Policies and Procedures attached. House Staff Policies and Procedures are part of the resident contract. All house staff are required to read the Policies and Procedures and then return the contract to the Department of Graduate Medical Education. **Contracts are issued for each academic year and are limited to one (1) year duration at a time.** All residents must complete all required online training modules and provide proof of completion of training.

Incoming residents: In order to receive the \$2000 educational bonus, given out in January 2014, all required Healthstream and EPIC/LINKS modules must be completed by June 17th, 2013.

Continuing House Staff: In order to receive the \$2000 educational bonus, given out in January 2014, all required Healthstream modules must be completed by May 31st, 2013. Signed contracts for academic year 2013-2014 need to be returned, to the GME Office by May 31st, 2013.

SHC/LPCH continuing Residents & Fellows will have until July 1st, 2013, to be compliant with their medical surveillance. To promote compliance, all house staff need to be TB tested between March 1st and June 28th, 2013.

Occupational Health Services (OHS) is located on the Ground Floor, Main SHC Hospital, Room H0124. Walk-in appointments are available.

Monday & Wednesday	7:00 am – 3:30 pm
Tuesday & Thursday	7:00 am – 6:00 pm
Friday	7:00 am – 2:30 pm

Failure to complete Healthstream, return contracts or complete TB screening, may result in house staff ineligibility to continue in their residency training after July 1st, 2013.

Level of Appointment

A house staff officer's appointment is determined in accordance with the level recognized by the specialty board in the residency training program. If you have any questions as to your appropriate level, this should be resolved with your department prior to your acceptance of appointment.

Program Closure/Reduction

SHC will make reasonable efforts to complete the training of residents actively enrolled in a residency program in the event of program closure or reductions in resident numbers. In the event the residency cannot be finished, SHC will make a reasonable effort to place the affected resident in another training situation which will allow completion or continuation of the residency training. Before making any reductions in a residency program, SHC will consider the effects of such reductions on its other residency programs and its affiliated institutions. Residents will be informed as soon as possible of any decisions regarding program closure or reduction in size. Such decisions are not reviewable under the Dispute Resolution Procedure.

Natural Disaster Policy

If, because of a disaster, an adequate educational experience cannot be provided for each resident/fellow the sponsoring institution will attempt to:

1. Arrange temporary transfers to other programs/institutions until such time as the residency/fellowship program can provide an adequate educational experience for each of its residents/fellows.
2. Cooperate in and facilitate permanent transfers to other programs/institutions. Programs/institutions will make the keep/transfer decision expeditiously so as to maximize the likelihood that each resident will timely complete the resident year.
3. Inform each transferred resident of the minimum duration of his/her temporary transfer, and continue to keep each resident informed of the minimum duration. If and when a program decides that a temporary transfer will continue to and/or through the end of a residency year, it must so inform each such transferred resident.

The Designated Institutional Official (DIO) will call or email the ACGME Institutional Review Committee Executive Director with information and/or requests for information. Similarly the program directors will contact the appropriate Review Committee Executive Director with information and/or requests for information.

Residents should call or email the appropriate Review Committee Executive Director with information and/or requests for information. Within ten days after the declaration of a disaster, the DIO will contact ACGME to discuss due dates that ACGME will establish for the programs.

1. To submit program reconfigurations to ACGME and
2. To inform each program's residents of resident transfer decisions.

The due dates for submission shall be no later than 30 days after the disaster unless other due dates are approved by ACGME.

Registration

1. You will receive an email with a link to the online application prior to April 1st, 2013. Please complete the checklist by Friday, May 3rd, 2013. We cannot guarantee your June/July start date if your online application is received late. **Individuals may not start training without completion of all mandatory online modules and completion of all required forms.**
2. **Please check the GME website (gme.stanford.edu) for your scheduled orientation time.**
3. If you are leaving an outside internship/residency program and are unable to attend one of the orientations, please contact the Department of Graduate Medical Education at: (650) 723-5948 as soon as possible or email Ann Dohn at: adohn1@stanford.edu.
4. **Please bring proof of eligibility of employment (e.g., passport or birth certificate/social security card plus a valid driver's license with picture) to orientation along with receipt of the online I-9 registration. We will be unable to employ you without this information.**

Computer Training

Computer Training

Residents, fellows, and visiting residents are required to complete computer training (Healthstream, EPIC/LINKS) in order to participate in educational activities at Stanford Hospital & Clinics and affiliate hospitals. **Training is mandatory and failure to complete required training by the dates specified earlier in this manual may lead to a leave of absence from program without pay and forfeiture of the educational bonus.**

Data Encryption

Data & Device Attestation & Encryption

The encryption of computing devices that may handle restricted or prohibited data, including protected health information (PHI), is of the utmost importance. State/Federal laws require encryption to protect patient data. This is your personal responsibility. A process has been in place since October 29, 2012, to identify, back up and encrypt any devices that may have such data and were not encrypted. The first step in this process is for every Resident to complete the Data and Device Attestation. This is the step in which Residents declare what computers they have which access restricted data.

Residents must bring all their computer and mobile devices that handle PHI into compliance by:

Data & Device Attestation & Encryption (cont'd)

- Installing BigFix on all computers.
- Backing up regularly.
- Encrypting all laptops and computers.
- Installing Mobile Device Management (MDM) on iPhones and iPads.
- ⊘ Do NOT use Android or Windows mobile devices for PHI (no MDM solution yet).
- Always use Stanford's SECURE email for messages containing PHI.
 - Type SECURE: in the subject line of any message using a Stanford mail service, including Webmail.
 - ⊘ Do NOT use personal email (gmail, etc.) for Stanford business.
 - ⊘ Do NOT forward your Stanford mail to your personal email.
- ⊘ Do NOT use these cloud vendors for PHI restricted or prohibited data:
 - ⊘ Box, Dropbox, iCloud
 - ⊘ Google Docs/Drive
 - ⊘ Egnyte
 - ⊘ Gmail
 - ⊘ Amazon Web Service
 - ⊘ Microsoft SkyDrive

Approved Stanford cloud vendor coming soon.

Residents must report lost or stolen devices (laptops, desktops, mobile phones, tablets) to the Privacy Office, their program director and the Office of Graduate Medical Education immediately.

Privacy Office: (650) 725-1828

Office of Graduate Medical Education: (650) 723-5948

Laws specify actions and timelines Stanford must follow.

Protected Health Information (PHI) includes patient identifiers plus any of the following:

- Name, address, date of birth, age, contact information
- Medical records, x-rays, lab results, photographs, prescriptions
- Billing and insurance information
- Research data

Failure to comply could result in loss of professional licenses and disciplinary action.

Visiting Residents

Visiting Residents

All visiting residents must be approved by the applicable ACGME program director **PRIOR** to submission to the Department of Graduate Medical Education.

Visiting residents from ACGME accredited programs who comply with California requirements for medical trainees within the state will be considered for rotation to Stanford residency programs. Residents wishing to spend elective time at Stanford Hospital & Clinics or the Lucile Packard Children's Hospital should apply directly to the department or division in which the training will take place for consideration. The department/division will obtain a letter of good standing from the program director of the visitor's residency. The letter will also include an affirmation that the visiting resident's salary and benefits will be covered in full during the stay at Stanford and documentation of current TB surveillance and immunity to measles, rubella, chickenpox, hepatitis B, a copy of medical school diploma and ECFMG certificate (if applicable) and completion of HIPAA training.

The Stanford program will provide the Department of Graduate Medical Education with a copy of the signed Program Letter of Agreement with the visiting resident parent program. All visiting resident rotations are subject to review and final approval by the Department of Graduate Medical Education.

A copy of the program director's letter will be forwarded to the Department of Graduate Medical Education in room HC435 with an explanation from the Stanford department/division accepting the resident. **The visiting resident will report to the Department of Graduate Medical Education prior to the start of the rotation.** They should bring a copy of their medical school diploma, photo I.D., a California physician's license (if applicable) or a license to practice medicine in another state (if available) and proof of HIPAA training. **Visiting residents must wear a photo I.D. from their home institution at all times while at Stanford.** Registration forms (House Staff Information Form and IT form) must be completed before the start of their rotation. The Department of Graduate Medical Education will arrange for issuance of the physician's number, and access to the on-call quarters, if needed. All visiting residents are covered under Stanford Hospital & Clinics malpractice insurance.

The Department of Graduate Medical Education will also forward the registration information to Finance in order to qualify for Indirect Medical Education (IME) payments.

Visiting residents from Santa Clara Valley Medical Center (SCVMC) and Kaiser Permanente, Santa Clara (KPSC) do not need a letter of good standing from their program director.

Effective January 1, 2008, a late fee of \$350.00 will be charged to the hosting Stanford Department to cover costs incurred by the Department of Graduate Medical Education. The fee applies **only** if the application is not complete and not given to GME at least thirty-one (31) days prior to the start of the rotation.

Observership

SHC does NOT offer clinical observationships. No unauthorized visitors should be brought to observe clinical interactions or procedures. Violations of this policy by house staff are referred to the Department of Graduate Medical Education.

Photo ID's / Access Cards

Photo ID's / Security Access Card

Photographic I.D. badges will be issued during the orientation process. **You are required to wear your I.D. badge at all times when on duty at Stanford University Medical Center. Under no circumstances may your I.D. badge be loaned to anyone.** Your I.D. badge functions as your identification badge & security access card. Photo identification badges must be worn using red plastic badge holder sleeves to identify you as a resident. Photo identification badges must also be worn above the waist and be clearly visible, in compliance with Title XXII of the California Administrative Code.

Upon completion of training you will need to turn in your badge, security access card, VTA and Go Pass to the Department of Graduate Medical Education Office. The Security Access Card remains Stanford University Medical Center property at all times and must be returned upon request of the GME office.

Consequences of transferring or fraudulently using the Go Pass and/or Eco Pass

The Go Pass and Eco Pass issued to eligible house staff is valid only for the duration you are actively employed at Stanford. Once your employment ends, your ID badge and passes are no longer valid and must be returned. Fraudulent use and transfer of the Go Pass and/or Eco Pass is a serious violation of the program. **If you are caught using a Go Pass and/or Eco Pass on an expired or inactive ID badge, or discovered to have transferred your passes or accepted a pass that was not originally issued to you, you will face confiscation and potential fines up to \$250.** In addition, otherwise eligible employees or residents will immediately forfeit Commute Club privileges and the privilege of receiving future passes and prizes through Parking & Transportation Services. More information:

<http://transportation.stanford.edu/EcoGOpass>

University Courtesy Card

Access to University facilities is authorized by obtaining a University Courtesy Card at the Stanford Card Office located at: 275 Panama Street, Forsythe Hall, Room 135, Monday through Friday, 8:00 am to 5:00 pm. They may also be contacted via phone at: (650) 498-2273.

Courtesy cards are free for house staff. House staff may also purchase eligible spouse/domestic partner day passes for \$5 or 7 day passes for \$25.

Stanford Libraries Access Card

To obtain access to Stanford University Libraries, register at the Privileges Desk in the Green Library located at: 557 Escondido Mall. You will become eligible for both physical and online access. Privileges Desk hours are Monday through Thursday, 8:00 am to 12:55 am and Fridays, 8:00 am to 5:55 pm. Please bring your hospital photo ID badge.

Licensure

California Medical License

California law provides that medical school graduates in the first postdoctoral year may practice for that year without a California license, but must register with the Medical Board of California, which is accomplished at orientation.

The law further provides that a resident in the second or subsequent postdoctoral year may be appointed and may practice in an approved hospital, **provided** that such a resident shall qualify for and take the next succeeding examination for physician's and surgeon's certificate, or qualify for such a certificate by one of the other methods specified in the California Business and Professional Code (USMLE or reciprocity with another state). Graduates of international medical schools must complete 2 years of U.S. residency prior to receiving a California medical license.

All eligible house staff must obtain a California physician's license **within two months from the date the house staff officer becomes eligible for licensure**. The resident must immediately (within two (2) months of eligibility for licensure) apply for a DEA number. Copies of the license and DEA certificate must be provided to the Department of Graduate Medical Education. **Failure to promptly obtain a license and DEA certificate will result in a suspension of training until such time as they are obtained. Unreasonable delay in obtaining a medical license or DEA certificate may result in termination of the resident at the discretion of the program director and the Director of GME.**

If an individual in their third postdoctoral or subsequent years (following completion of "internship" and one year of residency in the USA or Canada) does not have a valid California medical license, written confirmation will be requested from the program director of the resident's department certifying that the resident will have **no patient contact until the license is received**. Continuation in the program is at the discretion of the program director and the Director of Graduate Medical Education. The resident may be placed on leave and may be subject to termination. Salary may be continued only in the amount of personal time off not used. Graduates of international medical schools must be licensed by the first day of their fourth year of training in order to continue residency.

Residents who have completed their first postdoctoral year are urged to seek full licensure as soon as possible. (See California Medical License Fees under Other Benefits). It may take six (6) months or longer for the processing of an initial California physician's license application. We **expect** all residents to file the application **no later than March 1st** of their residency year. Applications may be obtained via the Medical Board of California website (www.medbd.gov).

Incoming residents requiring a California Medical license to start must show proof that an application has been submitted to the Medical Board of California (MBC) with their registration materials. Please allow nine (9) months for the MBC to process your application.

Prescription Authority

House staff without California licenses are authorized **only** to prescribe medications for inpatients (chart orders). **Outpatient prescriptions and discharge prescriptions written by House staff without California licenses and DEA numbers must be countersigned by a licensed physician.** The California license and DEA number of the licensed physician must appear on all outpatient prescriptions. Residents with California licenses should apply immediately for assignment of a DEA number (www.deadiversion.usdoj.gov).

Mandatory Procedures

Certain specific requirements in the areas of medical records, employee health, and cardiopulmonary resuscitation must be met by all house staff. The details of these requirements are outlined below. **Failure to comply may result in the unpaid suspension of the house staff officer from training, pending satisfactory completion of any given requirement.**

Residents are required to promptly complete medical records (including medical records at affiliates). Failure to do so is grounds for **suspension without pay** (suspension means you cannot work as a resident until the suspension has been lifted). Any resident who feels that a proposed suspension is unfair should contact the Director of Graduate Medical Education or the Medical Director of Education within 24 hours of the notice to suspend.

1. **Medical Records:**

All records are the property of SHC or LPCH. Original medical records shall not be removed from SHC or LPCH. Copies of medical records may be released pursuant to contractual arrangement with affiliated hospital, court order, subpoena or other statutory requirements. The records may be inspected for professional purposes only by members of the Medical Staff, Allied Health Care Staff, and authorized hospital employees. Information from the medical record shall not be disclosed to persons not otherwise authorized to receive this information without written permission of the patient or of the patient's legally authorized representative.

All medical record entries and documents which are to be completed by house staff must be completed within the guidelines as stated in the Hospital Rules and Regulations.

- HIMS SHC – Chart Completion: (650) 721-7594 or (650) 721-7488
- HIMS SHC -Transcription Front Desk: (650) 721-7591
- LPCH – Chart Completion: (650) 497-8605

The Guidelines for document completion are as follows:

- History & Physical within 24 hours of admission
- Operative Report must be dictated or written immediately but in no case later than 24

Medical Records (cont'd):

hours after surgery or procedure

- Discharge Summary within seven (7) days of patient discharge
- Signature within 14 days of patient discharge
- Verbal orders must be signed within 48 hours

All entries in the medical record are also to be **timed, dated and signed**. Please clearly dictate your name and pager number or dictation number. Errors in documentation should be reported to the chart completion desk at: (650) 721-7594.

2. **Occupational Health Requirements:**

The California Hospital Licensing Regulations require that you obtain a physical examination, drug testing, and tuberculosis (TB) screening prior to the commencement of training. TB screening with the Quantiferon blood test is the preferred TB screening test performed by Occupational Health Services (OHS).

- In order to meet regulatory requirements, annual TB screening is required for all healthcare workers regardless of any previous results
- Persons with a positive result are required to have a chest x-ray and provide documentation of physician consultation regarding the positive result and/or history of treatment or prophylaxis
- All persons will be tested for antibodies against hepatitis B. If you have not already been vaccinated against hepatitis B, you should begin the three dose series of injections as soon as possible. If you choose to refuse vaccination, you are required to sign a declination form found through Healthstream at:
<http://www.healthstream.com/hlc/stanford>.
- Please provide documentation of positive titers for rubella, rubella and varicella and mumps. Submit documentation of all previously administered vaccines prior to your physical; vaccines will be given to persons requiring vaccines in order to meet proof of immunity requirements

You may make arrangements for a physical examination and tuberculosis surveillance through Occupational Health Services: (650) 723-5922.

All work-related injuries, including needle sticks, are to be reported to Occupational Health Services as soon as possible after injury occurs. If Occupational Health Services is closed, notify the 1 STIX pager (1-7849) for any blood or body fluid exposures. Residents with injuries requiring immediate first aid and/or medical care must proceed directly to the Emergency Department.

3. **Training or Demonstrated Proficiency in Cardiopulmonary Resuscitation:**

All house staff are required to complete (or substantiate the completion of) a course, or demonstrate proficiency in Cardiopulmonary Resuscitation within three (3) months of the commencement of training and at least once every two years thereafter. You can make arrangements with the Life Support Training Center before or shortly after you commence training to ensure that this requirement is completed. The Life Support Training Center Office is located at 1451 S. California Avenue, Palo Alto, CA 94304. For questions call: (650) 725-9938 or visit their website at www.cecenter.stanfordhospital.com

Infection Prevention

Infection Prevention

The following are a list of mandatory infection prevention procedures:

1. Perform hand hygiene (waterless alcohol gel or soap and water wash) before and after every patient contact.
2. Do not wear artificial fingernails.
3. Wear personal protective equipment (PPE) for contact with blood/body fluids:
 - GLOVES: non-intact skin, mucus membranes
 - GLOVES & GOWN: large draining wounds
 - GLOVES, GOWNS, EYEWEAR: intubation, irrigating large wounds
4. If blood exposure occurs, go to OHS during the day 7:30 am to 3:30 pm, (closed for lunch 12:30 pm to 1:00 pm) Room H0121, located on the ground floor of the hospital, Monday through Friday. On holidays, weekends and off-hours notify OHS via the 1 STIX Pager (1-7849) to speak with the on-call Occupational Health Services Blood Borne Pathogens (BBP) specialist. Available 24 hours a day, seven (7) days a week.
5. Have immunity to hepatitis B, measles, rubella; know your varicella antibody status; have annual tuberculosis screening.
6. Do not report to work if you have a fever, flu symptoms, or skin lesion drainage. Report to Occupational Health Services for evaluation and clearance.
7. Report "Reportable Diseases" and conditions to the Santa Clara County Health Department: (408) 885-4214 or to Infection Control: Adult, (650) 725-1106; Child, (650) 497-8447.
8. Before discharging or transferring a patient with verified or suspected active TB, obtain approval from the county TB Controller. Call Infection Control: Adult, (650) 725-1106.
9. Get fit-tested for N-95 respirator and wear N-95 respirator for all patients with verified or suspect pulmonary TB, H1N1, SARS, and other diseases as required. Fit testing is managed by SHC Risk Management Department. Contact: John Champoux at JChampoux@stanfordmed.org.

Infection Prevention (cont'd)

10. Use single dose/use vial for one use and discard immediately after use; multi-dose vial used in a patient room will be used for the patient only and then discarded.

For SHC & LPCH, call Infection Control and Epidemiology at: (650) 725-1106 or pager (1-6167) Adult.

Needlesticks/Blood Borne Pathogens

Exposure to blood borne pathogens or other potentially infectious material ("BBP exposure") is a common occupational hazard for health care workers. It is important to be prepared so that a BBP exposure can be handled without panic or undue alarm. Stanford Occupational Health Services (OHS) has developed a plan to ensure that an appropriate medical evaluation is done in a timely manner. Always call the 1-STIX pager (17849) immediately after a BBP exposure to initiate an incident reporting. The pager is covered 24/7. OHS will ensure employees are counseled regarding their risk of infection and will help arrange additional specialty consultation and treatment, if needed.

Please Note: The source patient's testing must be done within two hours in order to receive the rapid HIV test results as part of the risk assessment for post exposure prophylaxis. The employee with a BBP exposure should come to OHS for a medical evaluation during regular business hours on the next regular business day. A BBP exposure does not need to go to the Emergency Department, unless directed to do so by OHS. Completion of the OHS forms is required in order to meet State and Federal reporting criteria and to pay any bills associated with exposures. This is true whether the exposure happens at SHC/LPCH or at an off-site facility such as Santa Clara Valley Medical Center.

The Injury/Illness report form is found at:

http://med.stanford.edu/gme/current_residents/documents/EmployeeInjury-IllnessForm.pdf

For BBP exposures that occur during OHS office hours (7am - 10pm, Monday - Friday), the initial evaluation will be managed by OHS. For BBP exposures that occur "after hours" (10pm - 7am or on weekends/holidays) at SHC, the Clinical Resource Nurse (CRN) of the unit where the BBP exposure occurred will manage the initial evaluation with the help of the on-call OHS nurse. To help guide the initial response to a BBP Exposure, OHS has created a "Red Packet" which contains instructions and all the necessary paperwork. Each Red Packet contains a confidential ID number to use for testing the employee and the source patient. This ID number will be used by OHS to track test results and provide follow-up care.

Red Packets can be obtained from OHS during normal business hours. Afterhours they can be obtained after paging the 1-STIX pager from the SHC Security Department.

Remember: always call the 1-STIX pager to initiate an incident reporting. There is a red packet drop off box outside of OHS.

Blood and Bodily Fluid Exposures

- Immediately wash wounds and contaminated skin with soap and water for 3-5 minutes.
- Eye Splash: remove contact lenses if wearing; flush eyes with copious amounts of water or saline for 15 minutes.
- Splash to Mouth/Nose: Rinse with tap water or saline for 3-5 minutes
- Notify your manager and page 1-STIX (17849). From an outside line call 723-8222.

During business hours Monday through Friday 7 am to 10pm go immediately to Occupational Health Services for treatment and further flushing of mucus membranes.

Smoking-Free Workplace

Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) have a 100% smoke-free policy. Smoking is not permitted anywhere inside SHC or LPCH buildings, including private offices and internal patios. This policy applies to all hospital-controlled premises and leased hospital offices, including those within the City of Palo Alto. Smoking is also not permitted outside anywhere within the geographic area bounded by Welch Road, Quarry Road and Campus Drive West. Additionally, all of our off-campus locations are either entirely smoke-free or follow the applicable city/county smoking ordinances.

Violations of this policy by house staff are referred to the Department of Graduate Medical Education. House staff repeatedly violating this policy may be subject to appropriate action to correct any violation(s) and prevent future occurrences.

The American Cancer Society Quit for Life program is available for employees at no cost. Employees may contact (877) 210-7848.

Away Elections/Rotations

All elective rotations outside of SHC, LPCH, the Palo Alto VA Healthcare System, Kaiser Permanente, Santa Clara (KPSC), and Santa Clara Valley Medical Center (SCVMC) **must be approved by the GME Director and Medical Director of Education of Stanford Hospital & Clinics at least 60 days prior to the start of the away rotation.** If you **fail** to obtain approval you will not be paid for any time worked on such elective rotation. The appropriate form for away rotations is available in each program office or on our website (www.med.stanford.edu/gme/). *You must attach competency based goals and objectives for the away rotation as well as a completed and signed Program Letter of Agreement with the elective site. Please send all requests to the GME Department, at HC435, MC:5207.* Residents wishing to rotate outside of the state must obtain malpractice coverage from the institution sponsoring the elective.

Harassment Prohibited

We are committed to maintaining an environment that is free of unlawful harassment or intimidation. Harassment includes any behavior or conduct which is based on a protected characteristic and which unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Such behavior is in violation of policy and will not be tolerated.

All employees and managers should be aware that the organization will take appropriate action to prevent unlawful harassment, including sexual harassment, and that people engaged in such behavior will be subject to corrective action, up to and including termination. No reprisals against house staff reporting suspected harassment or discrimination in good faith will be tolerated.

Any resident subject to unwelcome or threatening verbal or physical conduct, telephone calls, mail or attention from patients, co-workers, or others should notify Ann Dohn, Director of the Graduate Medical Education at: (650) 723-5948, or the Office of the Ombudsperson, Stanford University School of Medicine at: (650) 723-3682 (David Rasch) for immediate assistance.

A copy of SHC's harassment policy is attached hereto as Appendix A.

Impaired Physicians

It is imperative that house staff in a position of responsibility, whether this is for patient care or other areas, should not have their performance impaired by drugs, alcohol or other circumstances. For those who recognize that they have such a problem or feel they may be developing a problem or need advice concerning substance abuse, there is a Physician Support Panel which functions on a confidential basis. Members are knowledgeable about the subject and act as physician advocates, offering advice on sources of treatment and other aspects. The 2013-2014 Chairman is Dr. William Berquist. Stanford Hospital & Clinics views this issue with the utmost seriousness, and it is the policy of the institution to ensure that a chemically impaired physician be enrolled in an effective program of therapy. Every reasonable encouragement and support is given for this purpose. **Residents are prohibited from being impaired or under the influence of illegal drugs or alcohol while on duty.**

Access to Treatment

For access to treatment house staff have the following options:

- Dr. Berquist, Chairman of the Physicians Support Panel at Stanford University Medical Center: (650) 498-5603
- The House Staff Well Being Committee: Dr. Janet Spraggins, (650) 346-3241
- United Behavioral Health (866) 374-6060, PRESS 8, if emergency; Does not include Kaiser participants
- Ann Dohn, Director, Department of Graduate Medical Education: (650) 723-5948
- Health Connect: Mickey Trockel, PhD (650) 498-6241
- The Stanford University Help Center: (650) 723-4577. In addition to the Faculty Staff Help Center, you may also use the Value Options EAP - which has the same benefit of ten (10) free and confidential sessions. They can be reached at: (855) 281-1601

Supervision

Each residency training program is required to maintain a level of faculty supervision of residents which complies with ACGME requirements. Resident supervision should reflect graduated levels of responsibility based on individual skill and level of training.

Each department shall develop a policy regarding residents who request to participate in patient care provided by non-faculty and non-visiting clinical faculty physicians. This policy will include a provision to assess the educational benefits of the participation.

Resident Reporting & Responsibilities

Resident Reporting Procedures

The faculty of the Stanford University School of Medicine is responsible for the specific content and conduct of the house staff education and training program. You will report through your Chief Resident to the Director of the Residency Training Program for your program in all matters involving education, training, professional care and patient management.

The faculty is responsible for resident supervision. Medical staff concerns over resident competency in performing procedures or writing orders should be addressed with the attending faculty member of the service involved.

Stanford Hospital & Clinics, through the Medical Director of Education and its Department of Graduate Medical Education, is responsible for the administrative aspects of the educational programs. These include: pay, personnel benefits, legal matters, privileges, procedures concerned with admission and discharge of patients, medical records, consents for treatment, use of pharmacy, laboratories, x-ray and similar matters.

The house staff training programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Resident Responsibilities

The Hospital supports the delineation of resident responsibilities as outlined in the Essentials of Accredited Residencies in Graduate Medical Education, which appears below:

Residents are expected to:

Develop a personal program of self-study and professional growth with guidance from the faculty.

1. Participate in safe, effective and compassionate patient care under supervision, commensurate with their level of advancement and responsibility.

Resident Responsibilities (cont'd)

2. Participate fully in the educational and scholarly activities of their program and assume responsibility for teaching and supervising other residents and students.
3. Participate in institutional programs and activities involving the medical staff and adhere to established practices, procedures, and policies of the institutions.
4. Participate in institutional committees and councils, especially those that relate to patient care activities.
5. Develop an understanding of ethical, socioeconomic, and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care.
6. Cooperate with any reporting requirements in connection with the national practitioner data bank and applicable state and federal requests for information pertaining to Stanford Hospital & Clinics and its affiliates.
7. Comply with the ethical standards of the American Medical Association.
8. Participate in risk management, compliance and quality assurance/improvement activities.
9. Participate in evaluation of the quality of education provided by the program.

Residents should be aware that federal and state agencies, either directly or through affiliates of SHC, may require information concerning residents (such as social security numbers, dates of hire, training participation dates, and other such data) be provided to the requesting agency or other government unit. SHC will comply with such requests and may also provide this information to an affiliate who requires such information. Residents are expected to comply with such reporting requests if they are directed to the resident.

There may be additional responsibilities and expectations of resident physicians specific to the service to which they are assigned.

Compliance Integrity Program

As an organization, we are committed to honest and ethical behavior, and to conducting our business with integrity. The practice of behaving honestly, ethically and with integrity is an individual responsibility. We make decisions about how to conduct ourselves every day as we go about our work. Each of us is accountable for the actions that we decide to take.

The Lucile Packard Children's Hospital and Stanford Hospital and Clinics *Code of Conduct* is the keystone of its corporate integrity philosophy and communicates its ethical business standards. The *Code of Conduct* serves as a cultural compass for staff, management, vendors, volunteers and others who interact with the hospitals. It is an essential element of our Compliance Integrity Program. The Compliance Department was created to oversee our Compliance Integrity Program and to demonstrate our commitment to conducting our business with integrity. The Compliance Integrity Program is a partnership among all of us to make the right business choices.

Compliance Integrity Program (cont'd)

At Stanford Hospital and Clinics and Lucile Packard Children's Hospital, we are each guardians of our reputation for ethical business practices and our standing as a leader in the academic medical center community. We are committed to delivering the highest quality patient care in compliance with our *Code of Conduct*.

The standards set forth in our *Code of Conduct* apply to Lucile Packard Children's Hospital and Stanford Hospital and Clinics staff, faculty, health care professionals with hospital privileges, trainees, agents, officers, directors, volunteers, representatives, contractors, vendors and any other person or organization engaged to provide products or services. The *Code of Conduct* standards require us to follow all applicable laws, rules, regulations and hospital policies as related to the scope of our duties and responsibilities for Lucile Packard Children's Hospital and Stanford Hospital and Clinics, and to maintain an educational, health care and business environment that is committed to integrity and ethical conduct.

Our *Code of Conduct* standards are mandatory and must be followed. Anyone who violates laws, policies or our *Code of Conduct* may be disciplined, up to and including termination. Our *Code of Conduct* is an evolving document that will be updated periodically to respond to changing conditions and to reflect changes in law.

Our *Code of Conduct* is not intended to cover every situation that may be encountered. We must comply with all applicable laws, regulations and our policies whether or not specifically addressed in our *Code of Conduct*. In some cases, a subject discussed in our *Code of Conduct* involves such complexity that additional guidance may be needed. In these cases, you should consult with your manager or the Compliance Department for additional guidance.

Duty to Report and Cooperate with Investigations

Our *Code of Conduct* is to be used as a guide if you are confronted with a situation that raises questions about ethical business conduct. If you think a law, policy or our *Code of Conduct* is not being followed, you must report it to our Compliance Department. You should also report it to your supervisor and the Office of Graduate Medical Education. If you feel uneasy talking to your supervisor, voice your concern to the next supervisory level, up to and including the highest level of management. Lucile Packard Children's Hospital and Stanford Hospital and Clinics encourage open and honest discussion of issues with management. We are committed to providing an environment that allows reporting in good faith without fear of retaliation.

It is very important, as well as required, that you immediately report perceived violations of compliance law, policy or our *Code of Conduct* to the Compliance Department. Failure to report to the Compliance Department may result in disciplinary action, up to and including termination. Our Compliance Department will evaluate all reports promptly, completely and fairly. You can report compliance concerns to the Compliance Department in one of the following ways:

- Contact the Compliance Department directly by calling: (650) 724-2572;
- Email your concern to ComplianceOfficer@stanfordmed.org, or PrivacyOfficer@stanfordmed.org;

Duty to Report and Cooperate with Investigations (cont'd)

- Fax your concern to: (650) 723-3628; or
- Call the Compliance and Privacy 24 hour Hotline at 800-216-1784, including making anonymous reports.

If you report a compliance concern, be sure to include information that our Compliance Department will need to follow up, such as the location where your concern occurred or is occurring (for example, the hospital name and department), the date or dates of any incident, the names and job roles of individuals involved in the concern, a description of your concern and your name if you are comfortable letting us know. If you are not comfortable leaving your name, you may make an anonymous report by calling the Hotline number above.

Anyone making such a report is assured that it will be treated as confidential and will be shared with others only on a need-to-know basis. The findings of a compliance investigation are confidential to protect all involved in the investigation process. As a result, details and specific findings of a compliance investigation will be shared only on a need-to-know basis. The Chief Compliance Officer ensures that all reports will be thoroughly and fairly investigated and that appropriate action will be taken.

No adverse actions will be taken against someone for making a report in good faith or for cooperating with a compliance investigation in good faith. Lucile Packard Children's Hospital and Stanford Hospital and Clinics have a policy that protects against retaliation or retribution for reporting a compliance concern in good faith or cooperating with a compliance investigation with good intentions. The non-retaliation policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem or for honestly participating in a compliance investigation. However, if someone purposely falsifies or misrepresents a report or makes false statements during an investigation, that person will not be protected under the non-retaliation policy. False accusations or statements made in a report or during an investigation, including those made with the intent of harming or retaliating against another person, may result in disciplinary action, up to and including termination. Although we have a policy that does not permit retaliation for reporting or cooperating in good faith, it is important to understand that no policy can protect you from applicable consequences if you have broken the law or violated our policies. Breaking the law or violating our policies may result in disciplinary action, up to and including termination, as well as possible state and federal actions and penalties.

LPCH and SHC are committed to correcting wrongdoing, whether intentional or inadvertent, wherever it may occur in the organization, and to cooperating fully with government investigations.

Duty to Protect Patient Privacy

State and federal patient privacy laws include serious consequences for failing to protect patient privacy, including potential fines for LPCH/SHC and for you as an individual, imprisonment, and loss of your professional license. Patients have the right to assert legal claims against both LPCH/SHC and you personally. The State of California and federal authorities aggressively investigate and enforce privacy and security laws against healthcare institutions and individuals when a compromise to patient information occurs, whether due to intentional wrongdoing or simply a mistake. Additionally, violating LPCH/SHC privacy policies can lead to disciplinary actions, up to and including termination.

Duty to Protect Patient Privacy (cont'd)

Information that is protected under the law is often referred to as Protected Health Information (PHI) and applies to both living and deceased patients. PHI is defined as individually identifiable health information that relates to a patient's past, present or future physical or mental health or condition, the provision of health care to a patient, or the past, present, or future payment for health care provided to a patient. You should assume that all information that you access, use or disclose – in any form, verbal, electronic or physical – about patients or their relatives is subject to the law and must be safeguarded. At a minimum, the following information about a patient or a patient's relatives, employers or household members is considered PHI and must be protected.

- Names;
- Social Security Numbers;
- Telephone numbers;
- Addresses and all geographic subdivisions smaller than a State;
- All elements of dates (except year), including birth date, admission date, discharge date, date of death; and all ages over 89;
- Fax numbers;
- Electronic mail (e-mail) addresses;
- Medical record numbers;
- Health plan beneficiary numbers;
- Account numbers;
- Certificate/license numbers;
- Vehicle identifiers and serial numbers, including license plate numbers;
- Device identifiers and serial numbers;
- Web Universal Resource Locators (URLs);
- Internet Protocol (IP) addresses;
- Biometric Identifiers, including finger and voice prints;
- Full face photographic images and any comparable images; and
- *Any other unique identifying number, characteristic or code.*

All House Staff are expected to strictly comply with all policies of LPCH and SHC, including privacy and compliance policies and procedures. House Staff must be especially careful to adhere to the following patient privacy practices.

Patient Privacy Practices You are Required to Follow Include:

- **DO NOT** save patient information to non-hospital approved locations or devices. For example, do not store or transport patient data on unencrypted laptops, flash drives, smartphones, or other mobile media. No saves to the desktop or c: drive.
- **DO NOT** use cloud storage, i.e., Google Docs, Dropbox, Sugarsync and other consumer Internet document, mail and storage solutions for transferring and storing patient information.
- **DO NOT** use your personal email account, e.g., Gmail, Hotmail, Yahoo for sending or receiving patient information; do not forward your work email to your personal email account.
- **DO NOT** share or disclose your user ID or password.
- **DO NOT** leave patient information or devices containing patient information in a car, a car trunk, an unlocked room, or any other area unattended (not even for a few minutes).
- **DO NOT** access patient medical records if you do not have a legitimate job related need to access the information.

Patient Privacy Practices You are Required to Follow Include (cont'd):

- **DO** use only hospital networks, shared drives, team sites and hospital approved devices and encrypted solutions for saving patient information.
- **DO** use your “stanford.edu” email account for sending or receiving patient information. You must place “Secure:” in the subject line before sending emails with patient information, and the email must only be sent for legitimate business purposes. Do not put patient information in the subject line of the email.
- **DO** log off your computer workstations when you step away.
- **DO** use strong passwords i.e., 8 digits minimum, a combination of letters, numbers, and symbols.
- **DO** abide by the minimum necessary standard e.g., de-identify information whenever possible. De-identifying information means removing all the patient identifiers in the list above.
- **DO** report loss or suspected theft of a mobile device (laptop, tablet, smartphone), desktop, or media (CD, thumb drive, etc) immediately.

There are a number of information sources to assist house staff in identifying and protecting PHI. One is the online Compliance Manual which is accessible from the LPCH/SHC intranet where you can access LPCH and SHC policies and procedures:

(<http://portal.stanfordmed.org/depts/ComplianceDepartment/pages/compliancePolicyManual.aspx>).

In addition, house staff are required to complete Health Insurance Portability and Accountability Act (HIPAA) training, which is available on-line through the internet at:

<http://healthstream.com/hlc/stanford>.

Other SHC/LPCH Resources

- Chief Compliance Officer: Diane Meyer (LPCH/SHC) (650) 724-2572 or dmeyer@stanfordmed.org
- IT Security Officer: Michael Mucha (SHC) (650) 796-7462 or mmucha@stanfordmed.org
- IT Security Officer: Paul Caracciolo (LPCH) (650) 724-0503 or PCaracciolo@lpch.org
- Compliance and Privacy 24 hour Hotline: (800) 216-1784
- Email inquiries: PrivacyOfficer@stanfordmed.org

Physician Order Entry/Verbal Order

The 4th floor house staff on-call quarters have computers in each call room that have access to the physician order entry system at SHC. Verbal orders are accepted by nurses from the residents who are sleeping in the on-call area. The person receiving the verbal order is required to read the order back to the physician and document that verification. Verbal orders must be signed within 48 hours.

Duty Hours & Professional Activities

Outside Program

With respect to working hours both on-site and off-site, all house staff must comply with the rules of the department to which they are assigned and will also comply with any applicable ACGME, State or Federal Regulations setting limitation on work hours. All house staff are required to accurately record their work hours and report their work hours on the Stanford residency management system (MedHub) (stanford.medhub.com) and will be disciplined if they fail to do so. Access to MedHub will be emailed to the Resident/Fellow upon completion of orientation.

Duty Hours

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

Residents can report non-compliance with residency work hours to the Department of Graduate Medical Education, Medical Director, of Education or ACGME. Contact Ann Dohn, Department of Graduate Medical Education at: (650) 723-5948, if you have any questions about work hours or outside commitments. (gme.stanford.edu/anon_report.html)

All residents must accurately report their work hours on a weekly basis using the MedHub system. Failure to do so may result in disciplinary action including termination from the residency program.

Professional Activities During Off Time

Professional activities in your off time hours should be arranged so as not to interfere with your house staff obligations and your ability to benefit from the Graduate Medical Education Program.

Moonlighting

Residents are not required to engage in “moonlighting.” All residents engaged in external moonlighting must be licensed for unsupervised medical practice in California or the state in which the moonlighting occurs. Stanford’s malpractice insurance will not cover residents for moonlighting activities. Residents must obtain written acknowledgement that the program director is aware and approves of any moonlighting activities before any moonlighting activity is undertaken. **A copy of the written acknowledgement will be kept in the resident’s file. The program director has the discretion to decline to approve moonlighting activities if he/she believes that such activities will interfere with the resident’s training progress or for other legitimate reasons. All external moonlighting must be logged into MedHub as duty hours.**

Moonlighting (cont'd)

SHC/LPCH does not allow internal moonlighting by an ACGME trainee. You may have the opportunity to receive extra compensation for “on-call coverage” i.e.: extra shifts within the scope of your training program.

Moonlighting is not permitted under a J-1 VISA.

Paging

Upon commencement of your training you will be issued a pager by Stanford Hospital & Clinics. You will be asked to sign a “Responsibility Form” which guarantees return of the pager in the same condition as it was when received, with due consideration for normal wear. Warranty for the pager is for one year. **If the pager is lost or stolen you are required to reimburse Stanford Hospital & Clinics for the full replacement value (at the time of replacement).** The present cost of a pager is approximately \$106 and you may wish to find out if your personal property insurance will cover this, or add a rider if it does not. It is an expectation of all house staff that they keep their pager on, with them **and** respond promptly to pages while in the hospital, on-duty or on-call.

To page internally, dial x22222, enter the 5-digit pager number and then enter a 10-digit call back number. Alpha pages can be sent thru: <https://smartpage.stanford.edu/>.

Research

Residents and fellows paid by SHC are not qualified to participate in clinical research as Principal Investigators. They may participate in clinical research under the direction of a faculty member who is a qualified Principal Investigator as long as the participation is disclosed to the School of Medicine prior to commencement of the research project and the terms and conditions of the resident/fellows grant, tuition reimbursement or stipend do not conflict with the research project requirements.

Performance Evaluation

These policies are generally applicable to all house staff training programs. However, since house staff training programs vary from one department or division to another, some programs may wish to add additional policies of their own. Such policies must be approved by the Graduate Medical Education Review Committee and the Medical Director of Education.

1. Recommendation of Residency Review Committee:

As part of the educational mission of Stanford Hospital & Clinics residency training programs,

Recommendation of Residency Review Committee (cont'd):

each resident's professional qualifications must be periodically evaluated by his or her department. Residents should be made aware of the results of these evaluations. The following policies are intended to assist the resident and the department or division in the evaluation process.

2. Evaluation Procedures:

Each department shall adopt procedures which provide for regular and timely evaluation and regular verbal and written notification of the evaluation to each resident regarding performance. During the residency, evaluation results should be personally presented to the residents no less than every six (6) months. A resident whose performance is less than satisfactory should be notified of the conclusion promptly after such determination is made.

An evaluation file should be maintained for each resident. Information in this file shall be accessible to the resident. Supervisory faculty should use MedHub to electronically submit evaluations of each resident after each rotation, but not less frequently than quarterly during the Post Graduate Year (PGY) I year or semiannually above the PGY I level. The program director should review each resident's file on a routine basis. If a resident disagrees with statements in an evaluation in the file, the resident has a right to submit a written response which shall become a part of the file.

Residents will participate in evaluation of the faculty and the training program.

3. Consequences of Satisfactory or Unsatisfactory Evaluation:

Upon receipt of satisfactory evaluations and compliance with all other terms of the house staff Policies and Procedures, each resident should expect to continue to the level of training agreed upon when the resident was recruited, unless given four (4) month notice (if possible) from the department that advancement to the next level of training is not to take place at the anticipated time. Reasons for lack of advancement must be given to the resident both verbally and by written notification. While advance written notice is preferable, an unsatisfactory evaluation may result in a decision adversely affecting the resident at any time and without advance notice, such as probation, non-advancement, non-renewal or immediate termination. In such instance, the resident shall be informed of the reasons for that decision both verbally and by written notification by the program director. The program director of any service to which the house staff officer will rotate may be notified of the existence of any current probation or other performance-related issue of which the resident has been apprised.

Unless circumstances warrant immediate termination, residents will typically have an opportunity to remediate unsatisfactory performance. Corrective actions can include: (1) repeating one or more rotations; (2) participation in a special remedial program; (3) academic probation; (4) termination. With respect to academic probation, the program will determine the length of the probationary period, and what the resident must accomplish to be removed from the probation. In general, the probationary period will not extend past the end of the

Consequences of Satisfactory or Unsatisfactory Evaluation (cont'd):

current agreement year, unless the agreement ends within three months, in which case the program has the option of extending the probationary period into the next agreement year, but the extension shall not exceed three months. Any house staff officer agreement that has been issued by a program for a subsequent training year will be considered invalid and withdrawn until the resident has fulfilled the probationary requirements imposed in the current training year and successfully been removed for probation. At the time the house staff officer completes a period of probation, the program has the following options: (1) allow the resident to complete the remainder of the training year, (2) reappoint the house staff officer for the next year, where applicable, (3) not reappoint for the next year, (4) immediately terminate the resident's contract for the current training year.

If a resident disagrees with an evaluation or an adverse decision based on the evaluation, the resident shall have a right to meet with the cognizant program director or committee making the decision, to hear the reasons for the decision, and to respond to them verbally or in writing. If after such meeting the resident wishes to appeal the adverse decision, the resident may do so through the mechanism for resolution of disputes outlined below. Residents may not appeal a negative performance evaluation, beyond discussions with the cognizant program director or committee, unless the negative evaluation also results in some adverse action such as academic probation or the imposition of a remediation program which may be appealed to Level 2 only.

Except in cases involving termination, the resident may at the discretion of the program director in consultation with the Medical Director of Education be permitted to continue in the residency program pending such appeal. If the resident is permitted to continue in the program, the resident may be assigned to a non-patient care rotation, unpaid leave or observation status.

Resolution of Disputes

The procedures set forth below are designed to provide both house staff officers and Stanford Hospital & Clinics with an orderly means of resolving differences which may arise between them. It is the desire of Stanford Hospital & Clinics that all disputes or other matters of concern to the house staff be fully considered by medical professionals charged with the responsibility for achieving inter-professional resolution of disputes wherever possible.

I. Informal Discussions

The interests of Stanford University Medical Center and members of its house staff are best served when problems are resolved as part of regular communications between the house staff officer and the appropriate Department Chair or Division Chief. House staff officers are also encouraged to utilize other resources available to aid them in addressing difficulties. The Department of Graduate Medical Education and the Office of the Ombudsperson, Stanford University School of Medicine, may provide useful guidance.

If informal discussion is not successful in resolving disputes the following procedures may be followed to appeal adverse decisions other than negative evaluations. The procedures described are available to all house staff officers.

II. House Staff Dispute Resolution Procedures

A. Applicability

A house staff officer may use these procedures when it is believed an unfair or improper adverse action has occurred, provided that the action complained of involves a claim of a violation of a Hospital or Department policy which has had a direct and adverse effect upon the house staff officer.

The procedures are not applicable to claims that Stanford Hospital & Clinics or School of Medicine department policy is inadvisable or unfair generally. House staff suggestions for change of such general rules or policies may be submitted to the Department of Graduate Medical Education.

B. Dispute Resolution Levels

Level 1 – Discussion with Department Head or Division Chief

House staff officers who feel that they have been improperly subjected to an adverse action and who have been unable to resolve the problem through informal discussion shall submit the matter in writing to the appropriate Department Head or Division Chief for consideration within fifteen (15) days² of the occurrence of the action identifying the matter as a formal dispute. The Department Head or Division Chief consulted will respond in writing to the claim by the house staff officer within fifteen (15) days.

Level 2 – Review by Medical Director of Education

If the dispute is not resolved by these discussions, a house staff officer who wishes to continue the matter shall file a written statement of dispute with the Medical Director of Education.

The statement must describe the matter in dispute, previous attempts at resolution, and the action that the house staff officer requests be taken. The statement must specify a particular adverse action or inaction taken by the Hospital or School of Medicine and how that adverse action or inaction directly and adversely affects the individual house staff officer. **TO BE COGNIZABLE UNDER THESE PROCEDURES THE STATEMENT MUST BE PRESENTED TO THE MEDICAL DIRECTOR OF EDUCATION WITHIN TEN (10) WORKING DAYS AFTER THE DATE OF LEVEL 1 RESPONSE FROM CHAIR OR CHIEF.**

The Medical Director of Education or designee shall discuss the dispute with the house staff officer and the appropriate individual or individuals in the department of division in an effort to resolve the matter. If the matter is not resolved within fifteen (15) days and involves a decision to terminate or, not to advance the house staff officer, the Medical Director of Education will notify the house staff officer in writing that the matter has not been resolved

² As used in this section, “days” are Monday through Friday only and exclusive of weekend days.

Level 2 – Review by Medical Director of Education (cont'd)

and inform the house staff officer of his or her right to request review pursuant to Level 3 below. If the Medical Director of Education or designee determines that time beyond fifteen days may be required, the house staff officer shall be notified accordingly. In no event will there be an extension of time beyond 30 additional days after receipt of the written statement of dispute from the house staff officer.

In all other disputes that remain unresolved after fifteen (15) days, including decisions to place a house staff officer on probation, the Medical Director of Education or designee will issue a written determination regarding whether the adverse action by the Program was consistent with Policies and Procedures applicable to the house staff officer. The determination of the Medical Director of Education or designee will be final in all such **Level 2** disputes, except those involving termination or non-advancement which are subject to review and arbitration at Level 3 and Level 4 as described below.

Level 3 – Review by House Staff Review Committee

If the dispute involves termination or non-advancement, the house staff officer may request review by a House Staff Review Committee (HRC). The request from the house staff officer for a HRC review must be made in writing to the Medical Director of Education within fifteen (15) days after issuance of the Level 2 notice from the Medical Director of Education that no **resolution** has been reached. In the alternative, by mutual agreement, the house staff officer and Medical Director of Education can agree to skip Level 3 and proceed to Level 4 of this procedure.

In each instance the HRC will be appointed by the Medical Director of Education and will consist of one member of the full-time faculty, one senior resident and one member of the Graduate Medical Education Committee who shall chair the committee. No member of the committee will have been involved in any earlier review of the dispute.

A review meeting will be set by the Chair of the HRC within forty-five (45) days of the receipt of the house staff officer's request for review by HRC. At least fifteen (15) days prior to the meeting the house staff officer and HRC will be provided with a **written explanation** supporting the department or division's decision to terminate or not advance the house staff officer. The house staff office may submit a response to the written explanation to the HRC and program no later than five (5) days before the review meeting. The house staff officer will have an opportunity at the review meeting to examine the evidence against him or her and to present evidence. A stenographic record of the review meeting will be made.

The affected department or division will appoint a representative from the medical staff to present its **information** in support of its decision and to present evidence. The house staff officer may be represented at the review by a physician or surgeon licensed to practice medicine in the State of California, who preferably is a member in good standing of the medical staff at Stanford University Medical Center. Attorneys may not participate in the review meeting (even if the attorney is also a licensed physician or surgeon). At the discretion of the HRC chair, the meeting may be opened or closed to witnesses, and may run over the course of more than one (1) session or day.

Level 3 – Review by House Staff Review Committee (cont'd)

At the review meeting it will be incumbent on the department or division to initially come forward with evidence to support its decision concerning the house staff officer. Thereafter the burden will shift to the house staff officer to come forward with evidence to establish the decision was improper. The HRC will evaluate the evidence presented. The decision of the department or division will be upheld unless the HRC finds by preponderance of evidence that the action of the department or division was arbitrary or capricious.

The HRC shall reach a decision based upon the record produced at the review meeting within 30 days of the final committee session. The written decision will be forwarded to the Medical Director of Education, the affected house staff officer, and the appropriate Department Head or Division Chief. Such decision will be final unless timely appealed to arbitration at Level 4 as described below.

Level 4 – Final Binding Arbitration

Either the house staff officer or the department or division may appeal the HRC's decision to final and binding arbitration as described in the Arbitration Provision attached hereto as Appendix B. The request for arbitration must be submitted in writing to the Medical Director of Education, within seven (7) days of issuance of the HRC decision. The decision of the arbitrator will be final.

Reappointment Procedure

Until completion of the term of residency required by the appropriate specialty board, a house staff officer who is performing satisfactorily will be offered reappointment to succeeding residency levels, subject to continuing satisfactory performance and conduct, and continuing satisfaction of all other terms and conditions of house staff officer appointments, unless notified in writing AT LEAST FOUR (4) MONTHS, IF POSSIBLE, prior to the termination of an existing appointment.

A resident who is not performing satisfactorily is subject to probation, non-advancement or immediate termination at any time during residency, including during the period after any notice of reappointment.

Fees for Professional Services

Patients may not be billed by a house staff officer for professional services rendered in the course of a house staff officer's training program.

Benefits

Initial Enrollment

When you enroll, you may also choose coverage for your spouse or eligible domestic partner and/or your dependent children. You must enroll within 31 days of your first date of employment; otherwise, the next opportunity to enroll will be during the open enrollment period or when you have a qualified life event as defined by the IRS.

Effective Date

Your medical benefits go into effect on your date of hire. All other basic and elected benefits under the SHC Group Plan such as dental, legal, disability and life insurance go into effect the first day of the month following your hire date. Please refer to your Summary Plan Description Booklet's through BenefitsConnect via the HealthySteps website www.healthysteps4u.org for detailed information.

Open Enrollment Period

There is an open enrollment period once each year typically in November. During that time, you may add, drop, or change your health insurance plans, enroll in the legal plan and/or add any eligible dependents. Your new coverage becomes effective January 1st, of the following year.

You will receive communication about the benefits open enrollment in the fall. The HR Benefits Center can answer any questions concerning your coverage at: (855) 349-4437.

Health Care

All medical plans provide 100% coverage for preventive care from in-network providers, with no deductibles or copays. This means you and your family can receive the important preventive care services you need to manage your health, such as routine physical exams and lab tests, all covered at 100% with no out-of-pocket costs. A list of preventative care is available at www.healthysteps4U.org. Click on the "Personal Health" tab.

You have a choice of three Medical plans: Exclusive Provider Organization (EPO), Preferred Provider Organization (PPO) or Kaiser Permanente HMO plan. You have two choices for a Dental plan: PPO or HMO plans for which SHC/LPCH pays most of the cost (and in some cases, SHC/LPCH pays all of the coverage). With a choice of programs, you can be sure to find one that is best for you and your family.

Medical coverage also includes prescription, vision and mental health benefits. Please refer to the HealthySteps website at www.healthysteps4u.org for detailed information (i.e. Overview of the Plans, Medical Plan Comparison Chart, Premiums for your Health Care Contributions, List of eligible preventive generic and formulary brand name drugs covered at 100% for PPO participants only) or you can link out to BenefitsConnect from the HealthySteps website.

Hoover Pharmacy

Employees on the UMR EPO plan may have their individual prescriptions filled at the Hoover pharmacy with no co-payment or co-insurance. Regular prescription co-payments and co-insurance still applies to covered dependents.

Health Savings Account (HSA)

A Health Savings Account, or “HSA”, is an employee-owned, tax advantage savings and investment account to pay for eligible health care expenses both now and after retirement. Housestaff health care plans do not qualify for HSA because they do not meet the IRS definition of a high deductible plan.

Flexible Spending Accounts (FSA)

Flexible Spending Accounts allow you to pay for eligible health care and/or dependent daycare expenses with money you earmark for that use. You can set aside up to \$2,500 for health care and up to \$5,000 for dependent daycare on an annual, calendar basis. The money is deducted automatically from your paychecks on a pre-tax basis. During the year, you can draw on your reimbursement account(s) to pay yourself back for eligible expenses.

In addition, you will have the ability to pay eligible health care expenses with a debit card that is linked to your reimbursement account balance. You can use your debit card for many purchases without the initial requirement to pay out-of-pocket and then be reimbursed at a later date. However, using the card does not eliminate the requirement to submit receipts and documentation within 30 days if requested by HealthEquity.

Wellness Incentive Program

SHC is committed to your health and wellbeing – personally, financially and in the workplace. That is why we launched our HealthySteps wellness program. HealthySteps encourages individuals to make informed health decisions and measures the impact of prevention activities.

The first step towards your good health is completing the Stanford Health and Lifestyle Assessment (SHALA). This fully confidential health risk assessment will provide an instant personal health report, which includes an outline of your risk for diseases, and suggest behavior targets for improving your health. The SHALA is also a helpful tool you can use as a starting point for conversations with your health professional, family members and wellness providers.

If you complete the SHALA before January 31, 2014, you will earn \$100 to use for your health expenses in 2014! SHC will automatically deposit your reward into a Health Incentive Account or HSA in January or April 2014 depending on when you complete the SHALA.

Health Incentive Account (HIA)

Your wellness incentive will be deposited into a Health Incentive Account that will be set up for you. This money is available any time during the year to help pay for your medical expenses. Similar to an FSA, the funds in this account do not roll over at the end of the year, so you must use all your HIA money by December 31st.

Voluntary Benefits Program

This program, which is offered through Marsh U.S. Consumer, is designed to provide you access to quality insurance coverage at group discount rates with the convenience of payroll deductions. Voluntary benefits help you meet your personal needs by providing you access to affordable protection for what is most valuable to you and your family. You may elect to participate in any of the following plans:

- Legal Insurance
- Homeowners/Renters Insurance
- Auto Insurance
- Identify Theft Services
- Online Discount Market place
- Purchase Program
- Pet Insurance

Details about each of these benefits as well as other Employee Discounts can be found at: www.shclpchvoluntarybenefits.com or by calling: (800)689-9314.

Life and Accident Insurance

We know financial security is important to you and your family. That is why we offer all employees hospital-paid basic life insurance up to \$50,000, at no additional cost to you, as well as the optional, employee-paid personal and dependent life and accident insurance. Employees may elect additional supplemental life insurance for themselves, their eligible spouse or domestic partner or child when they first become eligible for benefits. Additional amounts after that time may only be purchased after completing an approved Statement of Health. Be sure to specify a beneficiary for your life insurance when you enroll on line for benefits.

Tax Deferred Annuity Plan

Stanford Hospital & Clinics provides an opportunity by which you can begin saving a portion of your own earnings through the Tax Deferred Annuity Plan. When participating in this program you can contribute as much as 75% of your salary up to a \$17,500 annual limit for 2013 through payroll deduction. There are two companies to choose from and Diversified can provide you with a summary of the programs on their website, including investment choices. You may review the materials and enroll online by going to www.healthysteps4u.org, clicking on the Financial Health tab and linking out to the Diversified website.

Continuation of Group Coverage (COBRA)

Our benefit program complies with the federal COBRA law, which requires that companies continue health coverage under certain circumstances. If your health coverage under our benefit plan ends, you will be notified of your right(s) to continue health care under COBRA. See Appendix C for more information about the **Group Health Coverage Continuation Rights under COBRA**.

Benefit Forms

Forms are available through BenefitsConnect located on the HealthySteps website at: www.healthysteps4u.org

Disability

Disability

Graduate Medical Education (GME) values and has an institutional commitment to provide equal employment opportunities for qualified employees with disabilities in accordance with state and federal laws and regulations, including the California Fair Employment and Housing Act (CFEHA), the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973.

Disability is defined as any physical or mental impairment that limits one or more of an individual's major life activities (e.g., caring for oneself, walking, seeing, hearing, speaking, breathing, learning, sitting, standing). To ensure equality of access for employees with disabilities, reasonable accommodations and auxiliary aids shall be provided to enable the employee to perform the essential functions of his/her job and to participate in all University programs and activities.

This section contains benefit highlights only and is subject to change. The specific terms of coverage, exclusions and limitations are contained in the plan documents. If there is any conflict between this summary and the plan documents, the plan documents will govern. SHC/LPCH reserves the right to review, change or end any benefit for any reason. A Summary Plan Description (SPD) is available to you through BenefitsConnect at www.healthysteps4u.org. For benefit questions, please contact the HR Benefits Center at:

Telephone Number: (855) 349-4437

Fax Number: (650) 887-2322

To ensure equality of access for employees with disabilities, reasonable accommodations will be provided to house staff who require accommodation to perform the essential functions of his/her job. House staff who require a reasonable workplace accommodation for a disability should contact their Program Director or the Office of Graduate Medical Education. If you believe you have been discriminated against because of a disability (including a failure to provide reasonable accommodation), contact the Office of Graduate Medical Education.

Disability Insurance

1. California State Disability Insurance (SDI). California SDI pays approximately 55% of your weekly salary up to a maximum weekly benefit amount of \$1,067 in 2013. Benefits begin after you have been continuously disabled for seven (7) calendar days. To be eligible for California SDI benefits, you generally must have contributed to the California SDI plan within the last 18 months and must have earned at least \$300 from which State Disability Insurance (SDI) deductions were withheld. Beginning July 1, 2004, State Disability Insurance also provides benefits for "Paid Family Leave" to eligible employees.

All leaves also require a Leave of Absence notice form which must be submitted to the GME Office. See "Advanced Notice and Medical Certification" on page 36.

2. Workers' Compensation Insurance. If a resident sustains a work-related injury or illness he/she is eligible to receive benefits under the workers' compensation laws. Workers' compensation benefits are designed to provide residents with the medical treatment needed to recover from work-related injury or illness, partially replace the wages lost while recovering and help the resident return to work. Report all injuries to your supervisor immediately. Additionally, please contact Occupational Health at: (650) 723-5922 immediately if you sustain an injury in the workplace so that there is no delay any claim processing.
3. Long Term Disability Insurance. Stanford Hospital & Clinics Plan pays the premium for a long-term disability (LTD) plan designed to provide you with income protection in case of a disability during your tenure at Stanford Hospital & Clinics. This insurance also offers the ability to purchase specialty-specific LTD coverage when you leave Stanford Hospital & Clinics.

The LTD coverage while at Stanford Hospital & Clinics typically pays a benefit of 60% of your salary to a maximum of \$3,000 per month after a period of disability of 90 days. You will be enrolled in the plan automatically at time of hire.

On leaving Stanford Hospital & Clinics, you may continue the group coverage by purchasing it at group rates, and you may also purchase an individual, specialty-specific policy.

Monthly Benefits:	60% of salary to a maximum benefit of \$3,000/mo.
Integration:	Policy coverage integrates with CA State Disability, Social Security and Workers Compensation.
Elimination:	90 days
Length of Coverage:	To age 65 whether disabled by sickness or accident. Includes a two (2) year protection of medical student provision.
Company:	The Guardian (A++rated by A.M. Best)

Disability Insurance (cont'd)

Conversion Option: Guaranteed conversion to an individual disability policy for up to \$3,000 per month upon completion of residency from Stanford.

Contact: Anthony George
Company: George Advisors/HPIS
225 Rockaway Beach Ave, Suite 300
Rockaway Beach, CA 94044
Office: (650) 355-4247
Email: ageorge@pacificadvisors.com

Time Off

Family and Medical Leave Act

Family and Medical Leave is leave authorized by the federal Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). In most cases, FMLA and CFRA run concurrently with each other and with periods of Short-Term Disability, including leave due to work-related illness or injury. Eligible house staff are entitled to up to 12 weeks of unpaid leave for a qualifying reason during a 12-month period. The criteria for eligibility are one year of service, **and** 1250 hours during the 12 months preceding the leave and that the leave entitlement has not been used within the last year. (As discussed below, CFRA does not run concurrently with periods of Pregnancy Disability Leave.)

FMLA will not be provided beyond the end date of a fixed term appointment.

See appendix D for a more detailed description of FMLA and CFRA leave.

Reasons for Taking Leave

Unpaid FMLA/CFRA leave will be granted for any of the following reasons:

- The birth of your child, or placement for a child with you through adoption or foster care;
- To care for your spouse, domestic partner, child or parent who has a serious health condition;
- For a serious health condition that makes you unable to perform your job; or
- Leave is for a qualifying exigent circumstance relating to the active duty or deployment of a qualifying service member; or
- Leave is to provide for the care of a family member who is an ill or injured military service member

Certain kinds of paid disability benefits may be used to provide salary replacement during unpaid leave.

Family and Medical Leave Act (cont'd)

Advance Notice and Medical Certification

You are required to provide advance notice of leave and medical certification. Taking of leave may be denied until requirements are met.

- Ordinarily you must provide 30 days advance notice when the leave is “foreseeable”.
- If the reason for the leave is not foreseeable, then you are required to provide as much advance notice as possible.
- SHC requires medical certification to support a request for leave because of a serious health condition, and may require second opinions (at SHC’s expense) regarding the need for leave and/or a fitness-for-duty report prior to your return to work.

Effective March 1, 2013, California State Disability Claims may be filed online or you may pick up a claim form at the GME Office. If you file a claim online, you need to print and submit a copy to the GME Office to ensure your leave dates are recorded correctly with the payroll department and in MedHub. SDI dates not communicated correctly to the GME Office may result in over or under payments from SDI which the resident will be responsible for repaying.*

- For CA State Disability Forms: <http://www.edd.ca.gov/disability>

Note: *Stanford will not reimburse for any under or overpayments as a result of inaccurate information provided by the resident.

Job Benefits and Protection

- For the duration of authorized FMLA/CFRA/PDL leave, SHC will maintain your health coverage under its group health plan for a period not to exceed six (6) months, provided you continue to pay any premiums you were paying prior to the leave.
- Upon return from authorized leave, consistent with applicable law, you will be restored to your original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of leave will not result in the loss of any employment benefit that accrued prior to the start of your leave.

NOTE: Residents are advised that absences of longer than four (4) weeks per year may require additional training in order to comply with board regulations. Please contact your program director for more information. In cases where a leave of absence has been approved by the Department Chair and the Medical Director of Education, residents will be paid in full during the additional weeks of residency required to be board eligible.

Pregnancy Leave

In accordance with California law, a female resident must be granted an unpaid Pregnancy Disability Leave of up to four (4) months if the employee is incapable of performing her job duties because of medical disability resulting from pregnancy, delivery, or post-childbirth recovery, as verified by a physician. In addition, under the California Family Rights Act (CFRA), eligible employees have a right to unpaid family care/baby bonding leave of up to 12 weeks in the 12 month period following the birth, adoption or foster care placement of a child. During these periods of unpaid leave, qualifying residents will receive up to six (6) weeks of salary continuation from SHC in coordination with California SDI benefits to maintain the resident's base pay.

Failure to file for SDI benefits or ineligibility for California SDI benefits will not result in SHC paying the equivalent of the disability benefit available from the California.

In addition, a resident on Pregnancy Disability Leave or CFRA baby bonding leave has the option of using available personal time off for up to an additional three (3) weeks total, at the end of the paid six (6) week period. Salary will be coordinated with any applicable state disability benefits. California Pregnancy Disability Leave and any applicable periods of CFRA or FMLA leave run concurrently with the paid periods noted above. See Appendix D for a more detail description of these and other FMLA and CFRA entitlements. Any other arrangement should be negotiated with your department/division and cleared with the Department of Graduate Medical Education. Any pregnant house staff officer should notify her program director as soon as possible after discovery of pregnancy so that scheduling changes can be made to accommodate any leave. The sick leave policy will apply during the extended period of disability.

The Graduate Medical Education Office must be notified at least 30 days prior to a leave or as soon as resident is aware of the need for a leave. See "Advanced Notice and Medical Certification" above.

Paternity Leave

SHC offers one week with pay; (5 days). Additional unpaid time off will be provided in accordance with FMLA & CFRA (see Appendix D for more information regarding these policies).

Bereavement Leave

Residents are eligible for up to five (5) work days of pay in the event of a death of the employee's immediate family, including parents, legal guardian, spouse, children, stepchildren, grandparents, grandchildren, siblings, step-siblings, step-parents, mother-in-law, father-in-law and eligible domestic partners as defined in the Employer's Health Benefits Summary Plan Descriptions.

Bereavement will be granted immediately following the death unless arrangements require other dates approved by the Program Director and the Director of Graduate Medical Education.

Holidays

Holidays for residents will be consistent with the schedule at the institution to which the resident is assigned and with the policies of the program and/or department.

Educational Meetings and Activities

Request to attend educational, scholarly and professional activities/seminars should be submitted to the program director for approval. Duty hours must be entered for the dates and times you are in attendance in compliance with ACGME regulations.

Personal Time-Off

House staff do not accrue vacation. House staff are permitted to take up to three (3) weeks of personal time off with pay during each one-year period. Personal time off must be scheduled in advance with the approval of the Director of the Residency Training Program in each department or division. Stanford University Medical Center believes that personal time away from the residency program is important to the welfare of house staff, so unused personal time off does not accumulate from year to year and there is no provision to pay in lieu of time off.

A leave of absence for professional reasons will be considered on a case by case basis. Written consent must be obtained from the program director and the Director of Graduate Medical Education. Continuation of salary is at the discretion of the Chief Medical Officer. Benefits, however, will not continue for more than six months.

Jury Duty

If you are called to jury duty on a day in which you are scheduled to work, you will be given leave with pay for the actual time spent on jury service (time required to spend sitting on a jury or physically waiting at the courthouse in anticipation of being called to sit on a jury) and in related travel. The program director and/or department must be notified as soon as a jury summons is received.

**Only the court, as outlined in the Jury Summons Notice can grant deferment or excused absence from jury service.*

Sick Leave

House staff will be granted up to 20 days of sick leave (four (4) weeks) per year, if needed. House staff do not accumulate sick leave credit, and no additional compensation will be paid for unused sick leave. Salary will continue, offset by state disability or worker's compensation benefits, until the 20 days of sick leave are exhausted.

Reimbursements

Academic Year Payment

All residents will receive a one-time \$1,000 payment added to a paycheck in July. The funds are designed to cover cell phone charges, mileage, and meals while on duty. The benefit will be subject to the appropriate taxes.

California Medical License Fees

Stanford residents are eligible for reimbursement of the initial license application fee of \$491, if the application is submitted to the GME office for review by March 1st of their first residency year. License applications can be notarized in the Department of Graduate Medical Education by setting up an appointment. License application forms can be found on the Medical Board of California's website (www.medbd.ca.gov).

Stanford residents in their PGY II year are eligible for a partial reimbursement of their CA medical license application fee in the amount of \$893, if the medical license is issued before September 1st. Residents that completed their first residency year at Stanford and were reimbursed the initial licensing fee of \$491, will receive an additional reimbursement of \$402, provided they meet the September 1st deadline.

Stanford residents and fellows that will be starting at Stanford as a PGY III or higher are eligible for a partial reimbursement of their CA medical license application fee in the amount of \$895, if the medical license was issued after a formal offer letter from Stanford was sent to the individual and before the individual's start date at Stanford Hospital.

When you receive your license, please bring it by the Department of Graduate Medical Education for verification and arrangements will be made for reimbursement. A Xerox copy of your license will be maintained in the Department of Graduate Medical Education.

California Medical License Renewal Fees

The Department of Graduate Medical Education will reimburse residents/fellows up to \$805 towards the renewal fee for their California medical license. To qualify for renewal reimbursement, the residents' license must expire during the contract year as a SHC resident/fellow. Residents/Fellows will not be reimbursed if the California medical license has been allowed to lapse or become delinquent. To qualify for reimbursement you must bring a copy of the renewed California medical license to the GME Office. **It is your responsibility to renew your license in a timely manner.**

DEA Certificates

Effective 9/1/2012, individuals are eligible to receive \$731 for the cost of obtaining a DEA certificate. The certificate must be obtained while employed as a SHC resident/fellow. To qualify for DEA renewal reimbursement, your certificate must expire during your contract year. A copy of your DEA certificate must be turned in to the GME Office along with the reimbursement form.

Education and Other Business Related Expense Reimbursements

Full-time, active residents will receive an educational benefit of \$2,000 on a January, 2014 paycheck, **IF ALL HEALTHSTREAM MODULES WERE COMPLETED BY May 31st. 2013.** Receipts are no longer required. Funds should be used for educational materials at the discretion of each resident.

Note: The educational benefit funds of \$2,000 will be subject to all appropriate taxes.

USMLE Part III

Effective 9/1/2008, individuals at Stanford Hospital & Clinics in the PGY I category are eligible to receive \$655 towards the cost of one sitting of the USMLE Part III examination. Individuals should provide a receipt from their money order or cashier's check to the Department of Graduate Medical Education for reimbursement. (Eligible to receive during your PGY I year at Stanford Hospital & Clinics) Reimbursement must be submitted to the GME office by June 30th of your PGY I year.

Housing Allowance

Each resident commencing training in a Stanford house staff program for the **first time** will be eligible for up to \$3,000 in housing allowance. **Individuals transferring from the University to Stanford Hospital & Clinics while remaining within residency/fellowship programs are not eligible for the reimbursement. Individuals failing to complete at least six (6) months of residency are expected to repay the \$3,000 in full. The housing allowance will be added to a paycheck in August. You do not need to apply or save receipts for this benefit.**

Note: The \$3,000 will be subject to all appropriate taxes. All reimbursements appear on your paycheck.

Malpractice Insurance

Medical Malpractice Insurance - Tail Coverage

Professional liability and general liability insurance coverage or self-insurance will be provided for you without charge for patient care related activities that are part of your official duties at Stanford Hospital & Clinics and at any other institutions to which you are assigned during the term of your appointment. Insurance coverage off site is not automatic. The Risk Management Office must be contacted for coverage to be in effect for off campus assignments, volunteer activities or training opportunities.

Stanford Hospital & Clinics currently maintains a program of self-insurance through a licensed captive insurance company, SUMIT. Tail coverage, or coverage that allows for claims to be covered outside the policy year of their occurrence, is provided for individual physicians leaving the Stanford program. Specific information regarding the availability of tail coverage can be obtained from the Risk Management Office.

Medical Malpractice Insurance - Tail Coverage (cont'd)

House staff are cautioned that SUMIT will not cover activities which have not been assigned as part of your Stanford postdoctoral training program, e.g., moonlighting at other institutions.

The professional conduct of house staff officers is a very important element in Stanford University Medical Center's exposure to medical malpractice claims. Maintaining good rapport with your patients reduces the risk of being sued.

Any patient care complaint against a house staff officer will be fully investigated by Risk Management and/or the Department of Graduate Medical Education. When applicable and appropriate, the resident will be notified of the outcome of the investigation and any action taken. If the resident wishes to appeal any decision made in such cases, the resident may go through the mechanism for resolution of disputes described in Resolution of Disputes.

Any unusual occurrence or accident involving the care of a patient should be reported immediately using the *online incident reporting system* available at each nursing station. Incidents involving the possibility of serious consequences to a patient, or those situations in which a patient and/or family has threatened legal action or requested compensation, should be reported immediately by you or the Unit/Clinic/Department to the Risk Management department at (650) 723-6824 or by paging the on-call Risk Manager.

The Risk Management Office investigates adverse events, patient complaints/claims, and lawsuits involving the Hospitals, Clinics and physicians and arranges for assignment of outside defense counsel needed for the defense of these matters. If you are involved in an adverse event, or named in a claim or as a defendant in a suit, you will be contacted by a member of the Risk Management Office who will advise you of your role in the investigation as well as the details of the legal process for the matter in which you are involved.

It is also possible that you may be subpoenaed as a witness in a matter where you were the patient's treating physician but where they are not suing the hospital or providers for malpractice (for example, an auto accident, where the patient was treated in the emergency room). Should you receive any legal papers please call the Risk Management Office immediately.

For questions regarding certificates and medical malpractice claims history:

<http://portal.stanfordmed.org/depts/RiskManagement/Pages/CertificatesOfInsurance.aspx>

If you have general questions about liability or insurance, please review the following documents:

<http://portal.stanfordmed.org/depts/RiskManagement/Documents/Insurance-Coverage-Sheet-FY2012-SHC.pdf>

<http://portal.stanfordmed.org/depts/RiskManagement/Documents/Insurance-Coverage-Sheet-FY2012-LPCH.pdf>

<http://portal.stanfordmed.org/depts/RiskManagement/Documents/MMP%20Letter%20Request%20Form.pdf>

Medical Malpractice Insurance - Tail Coverage (cont'd)

Acceptance of Documents

You may be personally served with various legal documents, including summons and complaints (lawsuits) or personal subpoenas which are related to your house staff activities. If you receive such documents, please contact the Risk Management Office: (650) 723-6824 for advice. Your clinic staff may also contact you directly about accepting such documents. You or your clinic can contact Risk Management about how to handle such documents.

Other Services

On-Call Meals

Each house staff officer **required to be on-call at Stanford hospital overnight (24 hours)** will be eligible to receive \$12.50 per night in food credit. A barcode behind your security access card will serve as your meal card. Your monthly food credit is automatically entered at the beginning of each month. Please notify the GME office if you obtain a new barcode at any time or contact Debbie Valdez Barragan at: (650) 723-5948; email: dvaldez@stanfordmed.org.

On-Call Quarters

Sleep quarters are provided for house staff officers who are required to take call at Stanford Hospital & Clinics. Residents taking call from home should check with their residency program director regarding any response time requirements. Security access cards are distributed at orientation. To replace a lost security access card notify Security Dispatch in Room H0258C.

All of the sleep rooms are single occupancy. A number of rooms are designated as hotel. They are open to all house staff needing to sleep. For assistance call the GME office at: (650) 723-5948, located on the 4th floor of SHC in the "C" wing.

GME Gym

The GME gym is located on the fourth floor of the hospital. Equipment includes: stair-climbers, treadmills, bicycles and weights. Residents must use their access card to enter and exit the roof access door that leads to the gym. The code for the gym door can be found posted above the keypad used to access the gym.

GME Lounge

The GME lounge is located on the fourth floor of the hospital, next to the GME Office. The lounge is

GME Lounge (cont'd)

furnished with sofas, chairs, television, pool table, refrigerator and nearby microwave. This is provided to residents for their comfort, however we ask for you to please be mindful of the noise level for the nearby on-call sleeping rooms.

After Hours Food

As an additional service for our residents and fellows, the GME stocks the lounge with healthy snacks for after hours, meaning when the cafeteria and other food options are not available. This food is for residents and fellows *only*.

Stanford Golf Course

Stanford University Golf Course is located in the foothills above the Stanford University Campus, the golf course is consistently rated one of the finest courses in the world. Residents may sign up to be on the GME golf list and play at a reduced rate of \$20.

Rules:

- Sign ups must be in person at the GME Office HC435
- To allow access for all, residents are given up to two months on a first come, first serve basis
 - Residents may sign up for additional months in the low-demand months. In order for these additional months not to count against your two months, sign-up must be on the last day of the month based on availability.
- Guest pay \$110, subject to change. Fees can be found at:
http://golfcourse.stanford.edu/fees_policies.htm
- For additional rules, golf course hours and general information, call: (650) 724-0944 or go to:
<http://golfcourse.stanford.edu>

Welch Road Apartments

Seventy-two (72) apartments located adjacent to Stanford Hospital are available for house staff. They are configured as studios, one (1) and two (2) bedroom units. The application for the Welch Road Apartments is available on the GME Website: www.gme.stanford.edu. If you are interested in applying, print out the application and submit it to the GME Office by May 6th, 2013. Fax: (650) 723-3045. Assignments are made via lottery in early May 7th, 2013. Tenancy is limited to the term of your initial Stanford residency. There is a strict no pet policy.

Transportation and Parking

Stanford Parking and Transportation Services will help answer employee questions regarding parking places, permits and alternative transportation options. For more detailed information, visit their website at: <http://transportation.stanford.edu> or visit their office in person at: 340 Bonair Siding, Stanford, CA. You may also call them at: (650) 723-9362 or e-mail questions to: transportation@stanford.edu.

Alternative Transportation

- The Stanford Commute Club offers hundreds of dollars in Clean Air Cash or Carpool Credit to eligible individuals who agree not to drive alone to work and who choose not to purchase a Stanford parking permit. Commute Club members also receive up to 12 free hourly car rental vouchers each year, free membership gifts, automatic enrollment in the Emergency Ride Home program and more. For more information, visit: <http://transportation.stanford.edu/commuteclub> or send email to commuteclub@stanford.edu
- Marguerite Shuttle (free comprehensive campus shuttle system, open to the public and connecting with local transit, including CalTrain, and to shopping and dining). Please visit: <http://transportation.stanford.edu/marguerite> for Marguerite maps and schedules.
- Eco Pass* (Free use of VTA buses and light rail, Dumbarton Express, Highway 17 Express, and Monterey-San Jose Express by eligible SHC/LPCH employees)
- Line U Stanford Express (Free use of East Bay express bus that connects BART and ACE train to Stanford. Requires a valid Stanford University, SHC or LPCH ID for free service)
- Bicycle Program (Please visit <http://transportation.stanford.edu/bike> for bicycling information, including bike lockers, showers, and bike registration)
- Vehicle Rentals (Hourly, half-day, and full-day car rental (through on-campus Enterprise Rent-A-Car office or Zipcar at Stanford) available to faculty, staff, and students 18 years of age and older). Visit the following sites for more information:

<http://transportation.stanford.edu/enterprise> and/or
<http://transportation.stanford.edu/zipcar>
- Charter Bus Services (On- and off-campus group transportation services for conferences, events, activities etc.). Visit <http://transportation.stanford.edu/charterbus>
- Commute Planning. Contact commuteclub@stanford.edu

*Zip codes that do not qualify for the ECO and Go pass are: anyone whose residence address in the HR database has a 94304, 94305, 94309, or blank ZIP code.

Find more details of the eligibility requirements at:

http://transportation.stanford.edu/alt_transportation/EcoPass.shtml

Parking

Commuting housestaff are required to purchase parking permits to park in designated parking lots from 6 a.m. to 4 p.m., Monday through Friday. "A" and "C" permits are available to commuters for various durations, including daily parking scratchers, by the month, or up to a year for longer-term parking.

For more information about parking at SHC and LPCH, visit <http://parking.stanford.edu>

When purchasing a permit, employees must present either an SHC or LPCH ID or a sponsorship form from their department administrator (forms are also available online at <http://transportation.stanford.edu>).

For information about parking at Stanford Hospital and Clinics and Lucile Packard Children's Hospital parking facilities, please visit the following website: <http://www.stanfordhospital.com/directions>.

Stipend Deductions

In addition to deductions for optional items as spousal dental insurance, the following deductions are required:

Income Tax Withholding

Stanford Hospital & Clinics is required by IRS regulations to withhold income tax on the entire stipend paid to house staff officers. If you wish to change the number of exemptions for withholding purposes, use the Benefits Office website www.econnect.stanfordmed.org

Social Security

The Federal Social Security Act requires the deduction of social security (F.I.C.A.) payments. House staff officers must have social security numbers.

California State Disability Insurance

House staff on the Stanford Hospital & Clinics' payroll are covered by California State Disability Insurance (CSDI). The coverage is mandatory under California law and is solely contributory by the covered individual. Certain requirements must be met for eligibility to claim CSDI benefits. (See CSDI on page 34.)

Payroll

Change of Address

Please keep your address updated in eConnect and MedHub (for MedHub contact your coordinator or the GME office). This will **ensure** that you receive all mailings such as your contract, benefits information, reimbursements and your W2 in a timely manner.

Log onto: www.econnect.stanfordmed.org

Direct Deposit

All residents should use direct deposit for automatic deposit of their paycheck into their personal checking and/or saving account(s). Log into eConnect (www.econnect.stanfordmed.org) to setup or make changes to your account. You are allowed to have up to three accounts at any one time. Direct deposit is the safest way to get your money in your account(s) and prevents lost or stolen live checks. **House staff are paid 26 times annually** or every other Friday. Direct Deposit receipts are sent to your home address. “Go Green” and waive paper copies of your direct deposit on eConnect.

If you do not sign up for direct deposit you will receive and be paid through the Visa Aline Pay Card. We strongly suggest you sign up for direct deposit asap.

Visa Aline Pay Card

On the Visa Aline Card by ADPSM your pay will be direct deposited electronically onto your card by every payday, so it is instantly available to you on that day. That means, for example, that you can withdraw money surcharge-free from an ATM on payday. Your money is deposited directly onto your Aline Card. There are NO live checks.

Note: Keep your Aline in a safe place. DO NOT throw away! The Aline is your default form of payment if you do not have direct deposit, change direct deposit (during processing) and for any payroll adjustments.

For additional information, call Payroll at: (650) 723-5948 or go to:
<http://portal.stanfordmed.org/depts/Payroll/Pages/alinepaycard.aspx>

Completion of Training

An appropriate certificate will be issued to each individual upon successful completion of residency. Issuance of the certificate will require the following prior clearance:

Completion of Training (cont'd)

- Return of the photo ID, Security Access Card, the Eco Pass and the Go Pass
- Return of pager
- Return of lab coats
- Return of access key FOB
- Return of University Access Card
- Medical Records (chart completion)
- Lane Medical Library (return books and journals and clear any fines)
- Operating Rooms (return of locker key, if applicable)
- Department of Graduate Medical Education (delivery of clearance form)
- Enter forwarding address in eConnect, important for correspondence and W2s

Consequences of Not Returning ID Badge

Once your employment ends, your ID badge and any attached passes are no longer valid and must be returned. Fraudulent use and transfer of the Go Pass and/or Eco Pass is a serious violation of the program. If you are caught using a Go Pass and/or Eco Pass and/or an expired or inactive ID badge, or discovered to have transferred your passes or accepted a pass that was not originally issued to you, you will face confiscation and potential fines of up to \$250.

A checkout list must be completed prior to departure. You can print the form from the web: (www.med.stanford.edu/gme/).

Restrictive Covenant

Stanford does not require residents to sign noncompetition guarantees or agreements.

Ombudsperson's Office

The Office of the Ombudsperson's for Stanford University School of Medicine is available to all residents and fellows. The Ombudsperson is a neutral and confidential resource for assistance with any work-place related issue. Further information about the office is available at: www.med.stanford.edu/ombuds or by calling the office at: (650) 498-5744.

Ombudsperson:

Address:

DAVID RASCH

Mariposa House
585 Capistrano Way
2nd floor, Room 210
Stanford, CA 94305-8200

Phone:

(650) 723-3682

Fax:

(650) 725-7288

Email:

rasch@stanford.edu

Department of Graduate Medical Education

Director/ DIO:	ANN M. DOHN, MA
Operations:	ROBBIN BANKSTON BRETT TOENSING, MS DEBBIE VALDEZ BARRAGAN TINA MORRISON, BA
Education:	NANCY PIRO, PhD KIM WALKER, PhD EVELYN HERNANDEZ, BS, PHR
Room:	HC435/MC: 5207
Telephone:	(650) 723-5948
Fax:	(650) 723-3045

The Department of Graduate Medical Education is located on the fourth floor of Stanford Hospital & Clinics. Access is via the stairwell located adjacent to the Hospital Gift shop or you can take the escalators by the Gift shop up to the third floor, as you enter the hallway take a right then another right around the corner and on your immediate left is the stairwell. Take the stairwell up to the 4th floor and knock on the door to your left. Office hours are 8:00 am to 5:00 pm or by appointment.

The office services include payroll, verification of training for student loans, employment and licensure. The office is available to assist house staff officers with questions on physician licensure, housing and general questions on relocating/living in the Palo Alto area.

House Staff Wellbeing Panel

Residents and their spouses/significant others may obtain up to 12 hours of free psychiatric counseling through a panel of community psychiatrists and psychologists. For referral to the services contact Janet Spraggins, M.D. at: (650) 346-3241 (**from inside the hospital, dial *82 first**). Please identify yourself as a Stanford resident or resident's dependent. This service is entirely confidential. There is no reporting to either the hospital or the department regarding individuals seeking care.

Health Connect, Mickey Trockel, PhD: (650) 498-6241, Clinical Associate Professor and Clinical Psychologist, is director of this confidential consultation and referral service jointly sponsored by the Department of Psychiatry and Stanford Hospital & Clinics to facilitate timely access to mental health services.

Graduate Medical Education Review Committee

The Graduate Medical Education Review Committee was formed in 1989 to coordinate and review all aspects of residency education. It is chaired by the Medical Director, for Graduate Medical Education. The committee is composed of:

- Program Directors who are not Department Chairs
- Department Chairs who are not program directors
- Five (5) resident representatives elected by their peers
- The Associate Chief of Staff for Education at the VA
- The Medical Director, SCVMC
- The Director, Staff Education, Kaiser Northern California Region
- The Medical Director at LPCH at Stanford
- A University lawyer (ex-officio, non-voting)
- Director, Department of Graduate Medical Education/Designed Institutional Official (DIO)

All ACGME program information forms (PIFs) and any/all documents must be reviewed and signed by the DIO. In the absence of the DIO the chair of the GMEC can review and sign the documents. Please allow a minimum of two (2) weeks for review of all program information forms.

Residents are encouraged to bring issues or topics for discussion to the committee's monthly meetings.

Stanford University Programs Resident Representation

Five (5) resident representatives will be elected by their peers to serve one-year terms on the Graduate Medical Education Review Committee. Of the five (5) representatives, no more than one (1) resident from each program will serve per year, and at least one (1) representative will be a Chief Resident.

Process: A call for nominations/interest will be sent to all house staff via email in May/June of each academic year. The nominations will be placed on a ballot. Voting will be via an online anonymous survey.

**POLICIES AND PROCEDURES ARE SUBJECT TO CHANGE AT ANY TIME BY
STANFORD HOSPITAL & CLINICS ADMINISTRATION**

Specialty Board Contact Information

The 24 Member Boards of The American Board of Medical Specialties (ABMS), including current contact information and Web site addresses, are:

<p><i>The American Board of</i> <u>Allergy and Immunology</u> 111 S. Independence Mall East, Suite 701 Philadelphia, PA 19106 phone: (215) 592-9466 toll-free: (866) 264-5568 fax: (215) 592-9411 online: www.abai.org</p>	<p><i>The American Board of</i> <u>Anesthesiology</u> 4208 Six Forks Road, Suite 900 Raleigh, NC 27609-5735 phone: (919) 745-2200 fax: (919) 745-2201 online: www.theaba.org</p>	<p><i>The American Board of</i> <u>Colon and Rectal Surgery</u> 20600 Eureka Road, Suite 600 Taylor, MI 48180 phone: (734) 282-9400 fax: (734) 282-9402 online: www.abcrs.org</p>	<p><i>The American Board of</i> <u>Dermatology</u> Henry Ford Health System 1 Ford Place Detroit, MI 48202 phone: (313) 874-1088 fax: (313) 872-3221 online: www.abderm.org</p>
<p><i>The American Board of</i> <u>Emergency Medicine</u> 3000 Coolidge Road East Lansing, MI 48823 phone: (517) 332-4800 fax: (517) 332-2234 online: www.abem.org</p>	<p><i>The American Board of</i> <u>Family Medicine</u> 1648 McGrathiana Parkway, Suite 550 Lexington, KY 40511 phone: (859) 269-5626 toll-free: (888) 995-5700 fax: (859) 335-7501 online: www.theabfm.org</p>	<p><i>The American Board of</i> <u>Internal Medicine</u> 510 Walnut Street, Suite 1700 Philadelphia, PA 19106 phone: (215) 446-3500 or toll-free: (800) 441-2246 fax: (215) 446-3473 or (215) 446-3590 online: www.abim.org</p>	<p><i>The American Board of</i> <u>Medical Genetics</u> 9650 Rockville Pike Bethesda, MD 20814 phone: (301) 634-7315 fax: (301) 634-7320 online: www.abmg.org</p>
<p><i>The American Board of</i> <u>Neurological Surgery</u> 245 Amity Road, Suite 208 Woodbridge, CT 06525 phone: (203) 397-2267 fax: (203) 392-0400 online: www.abns.org</p>	<p><i>The American Board of</i> <u>Nuclear Medicine</u> 4555 Forest Park Boulevard, Suite 119 St. Louis, MO 63108 phone: (314) 367-2225 fax: (314) 362-2806 online: www.abnm.org</p>	<p><i>The American Board of</i> <u>Obstetrics and Gynecology</u> 2915 Vine Street Dallas, TX 75204 phone: (214) 871-1619 fax: (214) 871-1943 online: www.abog.org</p>	<p><i>The American Board of</i> <u>Ophthalmology</u> 111 Presidential Blvd., Ste. 241 Bala Cynwyd, PA 19004 phone: (610) 664-1175 fax: (610) 664-6503 online: www.abop.org</p>
<p><i>The American Board of</i> <u>Orthopaedic Surgery</u> 400 Silver Cedar Court Chapel Hill, NC 27514 phone: (919) 929-7103 fax: (919) 942-8988 online: www.abos.org</p>	<p><i>The American Board of</i> <u>Otolaryngology</u> 5615 Kirby Drive, Suite 600 Houston, TX 77005 phone: (713) 850-0399 fax: (713) 850-1104 online: www.aboto.org</p>	<p><i>The American Board of</i> <u>Pathology</u> 4830 Kennedy Blvd., Suite 690 Tampa, FL 33609 or P.O. Box 25915 Tampa, FL 33622 phone: (813) 286-2444 fax: (813) 289-5279 online: www.abpath.org</p>	<p><i>The American Board of</i> <u>Pediatrics</u> 111 Silver Cedar Court Chapel Hill, NC 27514 phone: (919) 929-0461 fax: (919) 929-9255 online: www.abp.org</p>
<p><i>The American Board of</i> <u>Physical Medicine and Rehabilitation</u> 3015 Allegro Park Lane SW Rochester, MN 55902 phone: (507) 282-1776 fax: (507) 282-9242 online: www.abpmr.org</p>	<p><i>The American Board of</i> <u>Plastic Surgery</u> Seven Penn Center, Suite 400 1635 Market Street Philadelphia, PA 19103 phone: (215) 587-9322 fax: (215) 587-9622 online: www.abplsurg.org</p>	<p><i>The American Board of</i> <u>Preventive Medicine</u> 111 West Jackson, Suite 1110 Chicago, Illinois 60604 phone: (312) 939-2276 fax: (312) 939-2218 www.theabpm.org</p>	<p><i>The American Board of</i> <u>Psychiatry and Neurology</u> 2150 E. Lake Cook Road, Suite 900 Buffalo Grove, IL 60089 phone: (847) 229-6500 fax: (847)229-6600 online: www.abpn.com</p>
<p><i>The American Board of</i> <u>Radiology</u> 5441 East Williams Blvd., Ste. 200 Tucson, AZ 85711 phone: (520) 790-2900 fax: (520) 790-3200 online: www.theabr.org</p>	<p><i>The American Board of</i> <u>Surgery</u> 1617 John F. Kennedy Boulevard, Suite 860 Philadelphia, PA 19103 phone: (215) 568-4000 fax: (215) 563-5718 online: www.absurgery.org</p>	<p><i>The American Board of</i> <u>Thoracic Surgery</u> 633 N. St. Clair Street, Suite 2320 Chicago, IL 60611 phone: (312) 202-5900 fax: (312) 202-5960 online: www.abts.org</p>	<p><i>The American Board of</i> <u>Urology</u> 600 Peter Jefferson Parkway, Suite 150 Charlottesville, VA 22911 phone: (434) 979-0059 fax: (434) 979-0266 online: www.abu.org</p>

APPENDIX A

Stanford Hospital and Clinics

Harassment Policy

I. PURPOSE:

This policy defines harassment and explains the procedures for responding to harassing behavior by members of the hospital community.

II. POLICY:

A basic value of Stanford Hospital & Clinics (SHC) is the respect for each individual and for individual differences. In keeping with that principle, we are committed to maintaining an environment which is free of harassment or intimidation based on race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy. Harassment includes any behavior or conduct that unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive work environment. Such behavior is in violation of policy and will not be tolerated. While all forms of harassment are prohibited, this policy also separately emphasizes the prohibition against sexual harassment. To that end, SHC will comply with the State-mandated requirement (AB 1825) that all Supervisors, Managers, Directors and above receive two (2) hours of sexual harassment training every two (2) years.

All employees and supervisors should be aware that SHC will take appropriate action to prevent and correct any behavior which constitutes harassment or sexual harassment as defined and that individuals who are found to be engaged in such behavior are subject to discipline up to and including termination.

III. DEFINITIONS:

A. Harassment (Based on a Legally-Protected Status)

1. Harassment is verbal, visual, or physical conduct that denigrates or shows hostility or aversion toward an individual because of his/her race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy or that of his/her relatives, friends, or associates and that:
 - a. Has the purpose or effect of creating an intimidating, hostile, or offensive working environment;

APPENDIX A (cont'd)

- b. Has the purpose or effect of unreasonably interfering with an individual's work performance; or
 - c. Otherwise adversely affects an individual's employment opportunities.
2. Harassing conduct includes, but is not limited to, the following:
- a. Epithets, slurs, negative stereotyping, or threatening, intimidating or hostile acts that relate to race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy.
 - b. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of race/color, national origin/ancestry, sex (including gender expression), religion, age (for persons 40 and older), mental or physical disability, veteran status, medical condition (including genetic characteristics), marital status, sexual orientation, and pregnancy and that is placed on walls, bulletin boards, or elsewhere on SHC premises, or circulated in the workplace.
 - c. Retaliation for having reported harassment or for participating in an investigation into a complaint of harassment is prohibited by law and hospital policy.

B. Harassment (Sexual)

1. The determination of what constitutes sexual harassment will vary with the particular circumstances. However, in general, unwelcome sexual advances, requests for sexual favors and other verbal, visual or physical conduct of a sexual nature may constitute sexual harassment when:
- a. Submission to such conduct, made either directly or indirectly, is a term or condition of an individual's employment;
 - b. Submission to such conduct or rejection of such conduct is used as a basis for employment decisions affecting an individual; or
 - c. Such conduct unreasonably interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment. Examples of conduct which may create an offensive work environment include, but are not limited to, repeated and unwanted sexual advances or requests for sexual favors, displays of sexually suggestive objects, cartoons, web pages, screen savers, or pictures; suggestive or derogatory comments, insults or jokes; gestures or physical contact which are sexual in nature.

APPENDIX A (cont'd)

2. Prohibited acts of sexual harassment can take a variety of forms ranging from subtle words or actions to physical assault. Sexual harassment can be male to female, female to male, female to female, or male to male. Examples of conduct which may create an offensive work environment include, but are not limited to:
 - a. Verbal conduct such as using epithets, derogatory comments, slurs, or making unwanted sexual advances, invitations, comments or noises;
 - b. Visual conduct such as displaying derogatory posters, photographs, cartoons, or web pages, or viewing or disseminating offensive material online;
 - c. Unwelcome physical conduct such as touching, purposely blocking normal movement, or interfering with work directed at an individual because of his/her sex (including gender expression);
 - d. Insinuations, threats and demands of an individual to submit to sexual requests in order to keep his/her job or avoid some other adverse impact on his/her job, and offers of job benefits in return for sexual favors. An adverse impact on an individual's job need not amount to a loss of his/her job or a demotion, but could mean an action that adversely impacts the individual's evaluation, wages, advancement or promotion, assigned duties, shift or any other condition of employment or career development.
3. Retaliation for having reported harassment or for participating in an investigation into a complaint of harassment is prohibited by law and hospital policy.

IV. **PROCEDURE:**

A. Manager Responsibility

Each manager has a responsibility to maintain the workplace free of any form of harassment, whether by a manager, supervisor, employee, or other person (including a patient or vendor).

B. Discussing and Reporting Incidents or Problems

1. We urge anyone who believes he or she has been subjected to discrimination, harassment or offensive sexual behavior to immediately contact one of the resources listed in Section E. below to discuss the situation.
2. All complaints of discrimination, harassment or offensive sexual behavior will be investigated promptly and in an impartial manner by a staff member of Employee and Labor Relations or other appropriate person designated by Employee and Labor Relations.

APPENDIX A (cont'd)

3. Because the subject of sexual harassment may be particularly sensitive to some, you are encouraged to choose the resource you feel most comfortable with in order to resolve the situation as quickly as possible. These discussions will be kept confidential to the extent possible and every reasonable effort shall be made to protect the privacy of all parties. However, please keep in mind that reporting of the situation and cooperation in the inquiry is important in order to prevent it in the future.
4. In addition, employees may call an Employee and Labor Relations representative on an anonymous basis to explore, discuss or gain clarification about sexual harassment.

C. Investigation

An Employee and Labor Relations representative or appropriate designee will promptly conduct a thorough and objective investigation of the alleged incident, and will make a determination as to whether the harassment occurred, whether it did not occur, or whether the evidence is inconclusive.

1. The investigation will include, but may not be limited to, a meeting or meetings with the individual accused of harassment ("individual accused"), the complaining employee ("complainant"), and potential witnesses, including other employees or non-employees who have frequent contact with the individual accused.
2. An Employee and Labor Relations representative or appropriate designee will meet with the individual accused and:
 - a. Inform the individual that an investigation is being conducted;
 - b. Summarize the procedure that will be followed in conducting an investigation;
 - c. Inform the individual that the hospital will treat the complaint and its investigation confidentially to the extent possible and that it expects the individual accused to do the same; and
 - d. Advise the individual of the hospital's policy against harassment and retaliation and inform him/her that any retaliation against or intimidation of any individual who has made a complaint or who has participated in an investigation of a harassment charge will not be tolerated.
3. The complainant will be informed:
 - a. That he or she should contact any of the available resources identified below immediately if he or she believes that any further violation of this policy against harassment or retaliation occurs; and
 - b. That SHC will treat the complaint and its investigation confidentially to the extent possible and that it expects the individual accused and the complainant to do the same; and

APPENDIX A (cont'd)

- c. That intentionally submitting a complaint of sexual or other harassment which contains material false facts may be grounds for disciplinary action, but that no disciplinary action will be taken against an employee who submits a complaint which, although accurate, does not qualify as harassment under the definition contained in this policy. Further, that a finding that a complaint is not supported by the evidence, or is inconclusive, is not in itself evidence that material false facts were made as part of the complaint; and
- d. That any retaliation against or intimidation of any individual who has made a complaint or who has participated in an investigation of a harassment charge will not be tolerated and should be reported immediately to Employee and Labor Relations.

D. Resolution

1. If it is determined that harassment or retaliation has occurred, prompt and effective measures will be taken to remedy.
2. The Employee and Labor Relations representative will inform the complainant of the results of the investigation, and any action that will be taken to remedy the harassment.
3. Any employee, supervisor, manager, director or above who is found, after appropriate investigation, to have engaged in harassment of another employee will be subject to appropriate disciplinary action depending on the circumstances, up to and including termination.

E. Available Resources

1. Your immediate supervisor or the next level manager
2. Staff member of Employee and Labor Relations (650) 724-0958
3. Any member of SHC management
4. Compliance Office (650) 724-2572
5. Employee Assistance Program at (855) 281-1601
6. SHC Hotline (800) 216-1784
7. External resources:

In addition to the internal resources that are available, employees may file complaints regarding unlawful discrimination, harassment or retaliation with either the Federal Equal Employment Opportunity Commission or with the California Department of Fair Employment & Housing. Contact information for these agencies is available in the Government section of the telephone book and online.

<http://portal.stanfordmed.org/policies/hrmanual/Documents/harassmentPolicy.pdf>

APPENDIX B

AGREEMENT TO ARBITRATE DISPUTES

1. As a condition of appointment as a house staff officer, each house staff officer agrees that all disputes relating to or arising out of his/her residency training program and employment with SHC, including the termination of his/her appointment, or the terms of his/her appointment, shall be resolved through final and binding arbitration under the terms and conditions set forth below.
2. In the event that any dispute arises between the house staff officer and SHC concerning or related to the house staff officer's training program and employment with SHC, the house staff officer and SHC agree to make a good faith effort to resolve such dispute informally pursuant to the Dispute Resolution Procedures contained in these House Staff Policies and Procedures. However, if they are unable to resolve such dispute, either party shall have the right to demand that the dispute be resolved by final and binding arbitration.
3. This arbitration agreement is made pursuant to a transaction involving interstate commerce and shall be governed by the Federal Arbitration Act, 9 U.S.C. ss 1-16.
4. This agreement to arbitrate all disputes includes but is not limited to claims of discrimination, harassment or retaliation under Title VII of the 1964 Civil Rights Act, as amended, the Civil Rights Act of 1991, the California Fair Employment & Housing Act, the Americans with Disabilities Act, the Age Discrimination in Employment Act, the Family and Medical Leave Act, the California Family Rights Act, the California Pregnancy Disability Leave Act, or any other state, federal or municipal statute, rule, regulation or ordinance governing employment-related claims, as well as other claims related to or arising out of the house staff officer's training and employment, including claims for wrongful termination, fraud, misrepresentation, defamation, tort, or breach of contract. The only claims not covered by this agreement to arbitrate workplace disputes are claims for unemployment insurance benefits under any state law and claims for workers' compensation benefits under SHC's workers' compensation insurance policy or fund.
5. The parties agree that in order to preserve the status quo pending arbitration, either party reserves the right to seek injunctive or other equitable relief in court where appropriate.
6. Any arbitration under this agreement shall be administered by the Judicial Arbitration and Mediation Services ("JAMS"), conducted by a single, neutral arbitrator mutually selected by the parties and in accordance with the then applicable Rules for the Resolution of Employment Disputes of JAMS. The arbitrator shall have all the powers available to a court of law or equity. The opinion and award shall be final and binding to the fullest extent permitted by law and be enforceable in any court of competent jurisdiction.
7. Each party to the arbitration shall bear his/her own attorney's fees and costs, including witness fees and the cost of exhibits or transcripts. If the house staff officer initiates arbitration, he/she shall be required to pay an arbitration fee equivalent to the cost of filing a civil complaint in the superior court in the county in which the arbitration will be conducted. SHC shall be responsible to pay all costs that are unique to arbitration as required by law. However, nothing herein shall prevent the arbitrator from awarding fees and costs at the conclusion of the arbitration in accordance with law or contract.

APPENDIX B (cont'd)

8. THE PARTIES UNDERSTAND AND AGREE THAT UNDER THIS AGREEMENT TO ARBITRATE, SHC AND THE HOUSE STAFF OFFICER ARE KNOWINGLY AND VOLUNTARILY WAIVING THEIR RESPECTIVE RIGHTS TO A TRIAL BEFORE A JUDGE AND/OR JURY REGARDING ANY DISPUTE BETWEEN THEM WITHIN THE SCOPE OF THE AGREEMENT.
9. The parties agree that should a court determine that any aspect of this agreement is unconscionable, unenforceable, or otherwise invalid, such provision may be severed so that the remainder of this agreement to arbitrate may be enforced.

APPENDIX C

VERY IMPORTANT NOTICE OF GROUP HEALTH COVERAGE CONTINUATION RIGHTS UNDER COBRA

Our benefit program complies with the federal COBRA law, which requires that companies continue health coverage under certain circumstances explained in this notice. If you have health coverage under our benefit plan, and if that coverage ends for a reason listed below, you may be able to continue your health coverage for a certain period of time. It is important that you, your covered spouse, and any covered child(ren) over the age of 18 read this notice carefully as it outlines both your rights and your responsibilities under the law.

What is a Qualifying Event?

A *qualifying event* is an event that causes you or your dependents to lost health benefits. The law defines qualifying events as:

- termination of employment (voluntary or involuntary except for gross misconduct)
- reduction in work hours
- death of employee
- divorce or legal separation
- a child no longer satisfying eligibility requirements of a plan (for example a child no longer qualifying as a dependent because of age or student status).

When Does Continued Coverage Apply?

If you are an *employee or the dependent of an employee* you may elect up to 18 months of continued health coverage if you lose coverage due to the employee's:

- termination of employment (voluntary or involuntary except for gross misconduct); or
- reduction in work hours less than the minimum needed to remain covered by the plan.

APPENDIX C (cont'd)

If you are an *employee's spouse or dependent child*, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- death of the employee; or
- divorce or legal separation; or

If you are a *dependent child*, you may elect up to 36 months of continued health coverage if you lose coverage due to:

- No longer satisfying the dependent eligibility requirements of a plan.

If you are a *retiree* and your employer commences a bankruptcy proceeding, you and your dependents who lose a substantial portion of coverage within one year before or after the bankruptcy filing is also entitled to continuation coverage. Coverage may be continued for the lifetime of retiree, or surviving spouse of a retiree who was deceased at the time of the filing. If the retiree is living at the time of the filing, dependents are entitled to up to 36 months of coverage from the date of the retiree's death.

What Coverage is Continued?

COBRA continuation rights apply only to health coverage as defined by the law (typically medical, dental, vision, employee assistance programs and health care spending accounts). Other coverages provided by your employee benefit plan are not included in these continuation rights.

Your continued health coverage will be the same as the health coverage provided for similarly situated employees or dependents who have not had a Qualifying Event. Any future plan or rate changes affecting the benefit plans for current employees will affect your continued coverage as well.

Continuation is available only for coverage's that you or your dependents were enrolled in at the time of the Qualifying Event. However, you may enroll new dependents acquired while you are covered under COBRA in the same manner as similarly situated employees. A child born to or placed under adoption with an employee covered under COBRA is considered a qualified beneficiary, provided the child is enrolled under COBRA, and may have additional COBRA extension rights. The covered employee or family member must notify the plan administrator within 30 days of the birth or adoption, in order to enroll the child on COBRA.

How Long Can Coverage Continue?

There are three potential durations of COBRA coverage, depending on the type of qualifying event.

18 Months: Termination of the employee's employment or a reduction in the employee's work hours.

36 Months: Death of the employee, divorce or legal separation of the employee, losing dependent status. In addition, if you become entitled to Medicare and, within 18 months, experience a termination of employment or reduction in hours resulting in a loss of coverage, your covered dependents may elect to continue coverage for the period ending 36 months after the date you became entitled to Medicare.

APPENDIX C (cont'd)

Extension beyond 18 months: There are three additional circumstances when you can potentially continue COBRA beyond 18 months.

If you or your dependents have a subsequent qualifying event during the initial 18 months of continuation coverage, dependents of the original employee may continue their coverage for up to 36 months total, from the date of the initial qualifying event.

If you or any family member are determined to have been disabled (for Social Security disability purposes) on the date of the original qualifying event (termination of employment or reduction of hours) or within the first 60 days of COBRA coverage, all qualified beneficiaries may extend COBRA coverage for up to 29 months total, from the date of the qualifying event. Non-disabled family members of COBRA coverage may also be eligible for this extension. To receive such an extension, you must notify the plan administrator of your disability determination before the end of the initial 18-month period and within 60 days of the Social Security determination date. If Social Security makes a determination of disability prior to the date of the qualifying event, then you must notify the plan administrator within 60 days of the date of the qualifying event.

The Cal-COBRA extension provides up to 36 months of medical coverage from the date federal COBRA coverage began, provided you were entitled to less than 36 months of federal COBRA, your former employer's insurance contract is issued in California and you are enrolled in a fully-insured medical plan. The premium charged under this Cal-COBRA extension may be up to 110% of the employer cost. Please contact your medical insurance carrier directly, 30 days prior to the termination date of your federal COBRA coverage, to inquire about the availability of this option.

When Does Coverage End?

COBRA coverage can be terminated before the maximum coverage period expires. Continuation coverage will terminate on the earliest of the following dates. In no event can coverage continue beyond 36 months from the original qualifying event date.

- a. when no health coverage is provided by your employer for any employees; or
- b. when premium payment for your continued coverage is not made on time; or
- c. after electing COBRA coverage, when you become covered under another group health plan. Exceptions to this rule include if the new group plan contains any exclusion or limitation with respect to any pre-existing condition that applies to you; or
- d. after electing COBRA coverage, when you first become entitled to Medicare; or
- e. after electing COBRA coverage, the date you or your dependent is no longer disabled if you have extended coverage for up to 29 months due to your disability and Social Security has made a final determination that you or your dependent is no longer disabled. (You must notify the plan administrator within 30 days of this Social Security determination).

APPENDIX C (CONT.)

What Does It Cost?

You are required to pay the entire cost of your continued health coverage to the COBRA Representative plus a 2% administration fee. The cost of coverage during the 19th through the 29th month extension period for individuals under the Social Security disability extension may be up to 150% of the total cost.

You have 45 days from the day you elect COBRA to pay all current and retroactive premiums back to the day you lost coverage. Thereafter, you have a grace period of 30 days for regularly scheduled premium payments.

What Do You Have To Do?

In the event of a divorce, legal separation or dependent child who is no longer eligible as a dependent, you or a family member must formally advise your employer of the qualifying event. Such notification must be received on a COBRA Employee Notice of Qualifying Event Form. This form may be obtained in your human resources department.

The form must be received by your employer within 60 days of the date of the Qualifying Event or loss of coverage, whichever is later. No exceptions can be made.

In the event of a termination of employment, reduction of hours or death, you need not take any action to request election materials. You should automatically receive a COBRA Election Kit at your home via the U.S. Postal Service. This COBRA Election Kit will outline coverage costs and options available to you and your dependents. If you wish to elect coverage, you must follow the guidelines detailed in the COBRA Election Kit.

If you decide to elect continued coverage, you must return your Universal Election Form (UEF) to the COBRA Representative within 60 days from the later of:

- (a) the date your coverage would terminate due to the Qualifying Event; or
- (b) the date on which the COBRA Election Kit is provided.

You then have 45 days to pay all current and retroactive premiums. Your coverage will be retroactively reinstated once the premium(s) and all required re-enrollment forms are received.

Is There Continuation Beyond COBRA?

You may be eligible to continue health coverage beyond COBRA by converting to an individual plan. A conversion privilege must be exercised within 30 days of termination of coverage. Individual conversion plans offer different plan designs at higher costs. The coverage and cost will not be the same as under COBRA.

APPENDIX C (CONT.)

What About Life Insurance?

Group life insurance benefits are not subject to the COBRA continuation provisions. However, your life insurance policy may offer a conversion privilege. This must be exercised within 30 days following the date of termination. If you wish to exercise this conversion, please refer to your certificate of coverage for specific requirements.

NOTE: Questions regarding continuation of benefits should be referred to our COBRA Administrator, Vita Administration Company, at (650) 966-1492.

APPENDIX D

FAMILY CARE AND MEDICAL LEAVE (CFRA LEAVE) & PREGANCY DISABILITY LEAVE

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 work weeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse. Corresponding federal leave under the Family Medical Leave Act also provides for leave to care for family members who are members of armed services and injured and for exigent circumstances in connection with a family member's deployment to service or active service. An eligible employee may take up to 12 workweeks of leave during any 12-month period when leave is for a qualifying exigency. When leave is to care for an injured or ill service member, an eligible employee may take up to 26 workweeks of leave during a single 12-month period.

Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take a pregnancy disability leave of up to four months, depending on your period (d) of actual disability. If you are CFRA-eligible, you have certain rights to take BOTH a pregnancy disability leave and a CFRA leave for reasons of the birth of your child. Both leaves contain a guarantee of reinstatements to the same or to a comparable position at the end of the leave, subject to any defense allowed under law.

If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or of a family member). For events, which are unforeseeable, we need you to notify us, at least verbally as soon as you learn of the need for the leave.

Failure to comply with these notice rights is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

APPENDIX D (cont'd)

We may require certification from your health care provider before allowing you to leave for pregnancy or your own serious health condition or certification from the health care provider of your child, parent, or spouse who has a serious health condition before allowing you a leave to take care of the family member. When medically necessary, leave may be taken on an intermittent or a reduced work schedule.

If you are taking a leave for birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks; however, leave may be granted for less than two weeks on any two occasions. The leave must be taken and conclude within one year of the birth or placement for adoption or foster care.

Taking a family care pregnancy disability leave may impact certain of your benefits and your adjusted hire date. If you want information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits, please contact the Benefits Office at (650) 723-4748 or www.HR4Uonline.org.

Appendix E

Vendor Policy

Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital & Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry")

Purpose of Policy:

The purpose of this policy is to establish guidelines for interactions with industry representatives for medical staff, faculty, staff, students, and trainees of the Stanford School of Medicine, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies onsite, on-site training of newly purchased devices, the development of new devices, educational support of medical students and trainees, and continuing medical education.

Faculty and trainees also participate in interactions with industry off campus and in scholarly publications. Many aspects of these interactions are positive and important for promoting the educational, clinical and research missions of the Medical Center. However, these interactions must be ethical and cannot create conflicts of interest that could endanger patient safety, data integrity, the integrity of our education and training programs, or the reputation of either the faculty member or the institution.

Appendix E (cont'd)

Statement of Policy:

It is the policy of the Stanford School of Medicine, Stanford Hospital & Clinics and the Lucile Packard Children's Hospital that interactions with industry should be conducted so as to avoid or minimize conflicts of interest. When conflicts of interest do arise they must be addressed appropriately, as described herein.

Scope of Policy:

This policy incorporates the following types of interactions with industry. It does not include faculty research and related activities, which are included in the Stanford University Faculty Policy on Conflict of Commitment and Interest: <http://www.stanford.edu/group/coi/overview/overview.html#c0>

- I. Gifts and compensation
- II. Site access by sales and marketing representatives
- III. Provision of scholarships and other educational funds to students and trainees
- IV. Support for educational and other professional activities
- V. Disclosure of relationships with industry
- VI. Training of students, trainees, and staff regarding potential conflict of interest in industry interactions

I. Gifts and Compensation

- A. Personal gifts from industry may not be accepted anywhere at the Stanford School of Medicine, Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, the Menlo Clinic or off site clinical facilities such as other hospitals at which Stanford faculty practice, outreach clinics and the like.
 1. It is strongly advised that no form of personal gift from industry be accepted under any circumstances. Individuals should be aware of other applicable policies, such as the AMA Statement on Gifts to Physicians from Industry (<http://www.ama-assn.org/ama/pub/category/4001.html>) and the Accrediting Council for Continuing Medical Education Standards for Commercial Support (<http://www.accme.org/>).
 - B. Individuals may not accept gifts or compensation for listening to a sales talk by an industry representative.
 - C. Individuals may not accept gifts or compensation for prescribing or changing a patient's prescription.
 - D. Individuals must consciously and actively divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.
 - E. Individuals may not accept compensation, including the defraying of costs, for simply attending a CME or other activity or conference (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).
-

Appendix E (cont'd)

II. Site Access by Sales and Marketing Representatives

- A. Sales and marketing representatives are not permitted in any patient care areas except to provide in-service training on devices and other equipment and then only by appointment. (Note: Vendor policies are already in place in the hospitals and will need to be made consonant with this policy.)
- B. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
 - 1. In-service training of Stanford Hospital & Clinics or Lucile Packard Children's Hospital personnel for research or clinical equipment or devices already purchased.
 - 2. Evaluation of new purchases of equipment, devices, or related items.
- C. Appointments to obtain information about new drugs in the formulary will normally be issued by the hospital pharmacy or by Pharmaceutical and Therapeutics Committees.
- D. Appointments may be made on a per visit basis or as a standing appointment for a specified period of time, at the discretion of the faculty member, his or her division or department, or designated hospital personnel issuing the invitation and with the approval of appropriate hospital management.

III. Provision of Scholarships and Other Educational Funds to Students and Trainees

- A. Industry support of students and trainees should be free of any actual or perceived conflict of interest, must be specifically for the purpose of education and must comply with all of the following provisions:
 - 1. The School of Medicine department, program or division selects the student or trainee.
 - 2. The funds are provided to the department, program, or division and not directly to student or trainee.
 - 3. The department, program or division has determined that the funded conference or program has educational merit.
 - 4. The recipient is not subject to any implicit or explicit expectation of providing something in return for the support, i.e., a "quid pro quo."
- B. This provision may not apply to national or regional merit-based awards, which are considered on a case-by-case basis.

Appendix E (cont'd)

IV. Support for Educational and Other Professional Activities

- A. Individuals should be aware of the ACCME Standards for Commercial Support. They provide useful guidelines for evaluating all forms of industry interaction, both on and off campus and including both Stanford- sponsored and other events. The Standards are appended to this policy and may be found at: <http://www.accme.org/>.
- C. All education events sponsored by the Stanford School of Medicine, Stanford Hospital & Clinics or the Lucile Packard Children's Hospital must be compliant with ACCME Standards for Commercial Support whether *or not CME credit is awarded*.
- D. Meals or other types of food **directly** funded by industry may not be provided at Stanford School of Medicine, Stanford Hospital & Clinics, the Lucile Packard Children's Hospital, or the Menlo Clinic.
- E. Faculty and medical staff should evaluate very carefully their own participation in meetings and conferences that are fully or partially sponsored or run by industry because of the high potential for perceived or real conflict of interest. This provision does not apply to meetings of professional societies that may receive partial industry support, meetings governed by ACCME Standards, and the like.
- F. Individuals who actively participate in meetings and conferences supported in part or in whole by industry (e.g., by giving a lecture, organizing the meeting) should follow these guidelines:
 - 1. Financial support by industry is fully disclosed by the meeting sponsor.
 - 2. The meeting or lecture content is determined by the speaker and not the industrial sponsor.
 - 3. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse.
 - 4. The Stanford participant is not required by an industry sponsor to accept advice or services concerning speakers, content, etc., as a condition of the sponsor's contribution of funds or services.
 - 5. The lecturer makes clear that content reflects individual views and not the views of Stanford School of Medicine, Stanford Hospital & Clinics or the Lucile Packard Children's Hospital
 - 6. The use of the Stanford name in non-Stanford event is limited to the identification of the individual by his or her title and affiliation.

Appendix E (cont'd)

V. Disclosure of Relationships with Industry

- A. Individuals are prohibited from publishing articles under their own names that are written in whole or material part by industry employees.
- B. In scholarly publications, individuals must disclose their related financial interests in accordance with the International Committee of Medical Journal Editors (<http://www.icmje.org/>).
- C. Faculty with supervisory responsibilities for students, residents, trainees or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her supervision of the student, resident, trainee, or staff member.
- D. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit, prior to making any such decision, any financial interest they or their immediate family have in companies that might substantially benefit from the decision. Such financial interests could include equity ownership, compensated positions on advisory boards, a paid consultancy, or other forms of compensated relationship. They must also disclose any research or educational interest they or their department have that might substantially benefit from the decision. The purchasing unit will decide whether the individual must recuse him/herself from the purchasing decision.
 - 1. This provision excludes indirect ownership such as stock held through mutual funds.
 - 2. The term "immediate family" includes the individual's spouse or domestic partner or dependent children.
- E. For disclosure requirements related to educational activities, see the ACCME Standards for Commercial Support (<http://www.accme.org/>).

VI. Training of Students, Trainees, and Staff Regarding Potential Conflict of Interest in Interactions with Industry

- A. All students, residents, trainees, and staff shall receive training regarding potential conflicts of interest in interactions with industry.