



MedStar Health

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# MedStar Health GME COVID-19 Resident and Fellow Town Hall

**May 6 & 7, 2020**

# Zoom/Meeting Logistics

- Several presentations, then time for questions
  - Ask questions or provide comments in the Moderator Q&A function
  - Utilize the Google Form for anonymous questions or topics
  - Anything we don't cover on the call we will summarize and distribute after both Town Halls are concluded
- Both Town Halls will be recorded and posted for those who could not join
- “Residents” refers to both Residents and Fellows during discussion today

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# Agenda

1. Welcome – Dr. Evans
  - MedStar’s Leadership in MD/DC Response
2. GME Updates – Dean Padmore
3. Clinical Learning Environment – Dr. Davis
  - Redeployment & Moonlighting
4. PPE Protocols & Conservation – Dr.’s Kumar, Wortman, Kellogg and Fairbanks
5. Open Forum – Questions & Concerns

# Welcome

**Steve Evans, MD**

Executive Vice President Medical Affairs  
Chief Medical Officer

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# GME Updates

Jamie Padmore, DM

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# GME Updates

## ACGME Pandemic Stages 2 & 3

- MedStar is currently operating in **Stage 2**  
**“Increased Clinical Demands”**
  - Institutional, Common & Specialty (Program)  
Requirements remain in effect with flexibility and additional guidance from specialty boards
- **Stage 3**
  - Common and Specialty (Program)  
Requirements are lifted, except for:
    - Supervision
    - Resources
    - Duty Hours
    - Fellows functioning in core specialties (20%)



[www.acgme.org](http://www.acgme.org)

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# GME Updates

## ACGME Pandemic Stages 2 & 3

- Pandemic Stage 2 Status
  - Didactics, conferences, journal clubs, etc.
    - Programs should continue to provide education to residents/fellows, when feasible, utilizing remote conferencing technology, web-based resources, and other innovative tools. Programs should document the educational activities that they are able to provide during the crisis.
  - GME is actively monitoring this with every Program Director
  - Most programs are engaging in more conferences than prior to COVID

# GME Updates

## Electives

- Elective rotations remain on hold until further notice. This includes:
  - MedStar residents/fellows rotating out to other institutions
  - External residents/fellows rotating in to MedStar on elective
- Electives within MedStar Health entities can proceed as long as workforce needs are being adequately met.
- External rotations that are part of the core program are allowed to continue as long as those institutions maintain adequate PPE and there are no safety concerns.

# GME Updates

## Medical Students



- Georgetown M3 and M4 student clinical rotations remain suspended
- Tentatively, clinical rotations are planned to resume on July 6, 2020
- Summer research students may engage in projects that can be completed virtually
- No other student rotations (from other medical or professional schools) are being allowed or considered at this time.

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# Personal Travel

- If your program director approves you for time away; or
- If you are traveling on a day off, then:
  - Must follow Occupational Health screening requirements upon return
    - Asymptomatic: Return to work, utilize a mask and self-monitor for 14 days
    - Symptomatic: Remain home and call Occupational Health pending guidance
  - International Travel continues to be suspended temporarily until further notice
    - This includes the Global Health program

# GME Updates

## COVID Infection Rates

- Total Associates, Physicians, Residents & Fellows = 24,000
- Associates, Physicians & Residents/Fellows tested = 2,582 (10.7%)
  - 434 positive for COVID-19 (16.8% of those tested)
    - Attending Physicians testing positive = 22
    - Residents/Fellows testing positive = 19
  - Residents/Fellows
    - N = 1,133
    - n = 121 (screened, 10.7%)
    - Tested = 82 (7.2%)
    - Positive = 19 (1.6% of N)

# GME Updates: COVID & HIPAA

- Reminder to EVERYONE
- Associates (including physicians and residents/fellows) may access their own PHI through the Patient Portal
- It is against policy to access anyone's PHI for whom you are not authorized, i.e., not the treating provider or consultant
- Improper access to PHI can result in dismissal from the program and termination of employment

# Clinical Learning Environment

Jonathan Davis, MD

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# Clinical Learning Environment

## Learning in Setting of COVID-19

- MedStar issued guidance (early March)
  - Limit to **minimum necessary** # of learners
  - Limit “**layering**” of learners – e.g., limit multiple evals of same patient by different learners
- Goals in CLE: **Continuity of care, Continuity of education**
- Operationalizing: Within guardrails, workflow nuances for each program/service/unit/clinic
- Focus of joint PD & Chief/Chair collaboration

# Clinical Learning Environment

## Re-Assignment - Within Program

- Resident/Fellow reassignments
  - ACGME Stage 2 Status allows residents/fellows to be reassigned from previously scheduled clinical rotations and other assignments with the approval of the PD and GME.
    - Appropriate safety measures and training – e.g., PPE
    - Appropriate supervision
    - Adherence to duty hour requirements
- Re-assignment is being determined by each Program Director

# Clinical Learning Environment

## Re-Deployment - Outside of Program

- Same standards hold with redeployment
- Volunteers first, team approach, GME engagement every step – PD, ADIO, GME
- **Fellows**
  - May also redeploy as attending physicians in their core specialty
  - Time working as an attending will be paid accordingly
  - Maximum of 20% of the academic year (12 weeks)
- Re-deployment is overseen by the PD, GME and the Local ADIO.... Oversight by GME

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# Clinical Learning Environment Call for Fellow Volunteers

- **Fellows**
  - Qualified Fellows Eligible to be Disaster Credentialed as Attendings\*
- **DC Convention Center Alternate Care Site (ACS)**
  - Fellows deployed as hospitalist/attendings
  - Limited time/scope/shifts – team-based, with non-fellow attendings/APCs
  - Coupled with a one-week service giveback to help decompress locally
    - Exceptions for PCC, ID, Nephrology Fellows & IM Chief Residents
- **Other Opportunities**
  - May present with surge volumes/heightened clinical care demands
  - GME will be maintaining a list of volunteers
  - Contact Dean Padmore at any time to sign up
  - Your PD must also approve

*\*Fellows must be in good academic standing, licensed, board-eligible, and not on a J-1 visa status.*

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# Moonlighting

- Residents/Fellows are first and foremost learners, enrolled in GME programs - distinct from attendings/independent practitioners
- Trainees are required to have authorization from their PD to moonlight, whether internal and external
- There are several complicating factors involved with trainee moonlighting:
  - **ACGME**
    - Duty hours limitations
    - Limitations that are specific to rotations or affiliate sites
  - **Federal CMS** regulations
    - “Separate and Distinct” designations
    - Restrictions on non-ER, non-psych unit deployment within one’s own “institution” (including affiliate sites)
  - **Regulatory** requirements – Full licensure, DEA, etc.

# Moonlighting

- MedStar has temporarily suspended external moonlighting
  - **For your safety.** If you work outside the system, there are exposure risks that remain outside of our oversight.
  - **For energy preservation.** We must conserve energy for internal needs and MedStar patients that may arise precipitously based on clinical demands
  - The significant added stress created by the pandemic has led us to limit moonlighting: Safety and health, wellbeing, energy preservation
  - **Our primary responsibility and focus presently is on our MedStar community – physicians, associates, patients**
- Internal Moonlighting
  - We currently have internal workforce needs allowing fellows to moonlight in various internal assignments, including the DC Convention Center ACS
  - These needs may continue/increase based on clinical demands
- External Moonlighting
  - Committed to reassessing at recurring intervals based on trajectory

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# PPE Policies & Conservation Infectious Disease

Terry Fairbanks, MD  
Kate Kellogg, MD  
Princy Kumar, MD  
Glenn Wortmann, MD

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# Questions and Discussion

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