



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%)



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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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