Stanford MEDICINE School of Medicine

Stanford Health Care

GME Residents and Fellows

Stanford Health Care Policies & Procedure

April 28, 2026

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When a provision in this document differs from the union contract, the contract shall take precedence.

Stanford Health Care GME Mission Statement

Stanford's Graduate Medical Education mission is to educate and empower the next generation care leaders in medicine by providing premier training in clinical care, scholarship, teaching and advocacy in a diverse and inclusive learning environment.

Statement of Commitment to Graduate Medical Education

In accordance with its mission, Stanford Health Care is dedicated to pursuing the highest quality of patient care and graduate medical education. Stanford Health Care recognizes as one of its major responsibilities the provision of organized educational programs. This responsibility includes guidance and supervision of the Residents and Fellows while facilitating the Residents'/Fellows' 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 Health Care commits itself to providing adequate funding of Graduate Medical Education to ensure support of its faculty, Residents and Fellows, ancillary staff, facilities, and educational resources to achieve this.

Stanford Health Care 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.

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Table of Contents

Stanford Health Care GME Mission Statement 1
Statement of Commitment to Graduate Medical Education 1
COVID-19 Refresher 5
Residency and Fellowship Programs 5
Registration of New Residents and Fellows to Stanford 7
Lists of Acceptable Employment Documents 8
Mandatory Procedures 9
Continuing Medical Education Requirement 11
Supervision 12
Residents and Fellows Reporting & Responsibilities 12
Compliance Program 14
Work Hours 17
Performance Evaluation 23
Grievance Procedure 24
Resolution of Disputes 24
Residents and Fellows Dispute Academic Resolution 24
Reappointment Process 26
Harassment Prohibited 27
WellConnect (Mental Health) 28
Graduate Medical Education Review Committee 28
Completion of Training 28
Program Closure/Reduction 29
Benefits 30
Holidays 32
PGY Level and Salary 32
Housing Allowance 33
License Reimbursement and Required Training 33
Allowances 33
Reimbursements 33
Annual Required Training 34
Data Security 34
Infection Prevention 35
Blood Borne Pathogen (BBP) Exposures at Off-Site Rotation Instructions 36
Natural Disaster Policy 36
Fees for Professional Services 37

Licensure 37
Malpractice Insurance 37
Ombudsperson's Office 39
Leaves 39
Severability 39
Duration 39
Disability 40
Paging 41
Payroll 42
Salary Deductions 42
Photo ID's / Security Access Cards 43
Stanford Libraries 44
Physician Order Entry/Verbal Order 44
Prescription Authority 44
Electronic Prescription (E-Prescribe) for Controlled Substances (EPCS) 44
Qualified Bilingual Staff (QBS) Program 44
Research 45
Restrictive Covenant 45
Rotations/Educational Activities Outside of SHC: 45
Away Rotations 45
Visiting Residents (VR) 46
Specialty and Subspecialty Board Contact Information 46
Smoke-Free Workplace 46
Transportation and Parking 46
Fatigue Mitigation 47
Other Services 47
Uniforms 48
SHC GME Department 49
Appendix A-Harassment, Discrimination and Retaliation Prevention Policy 50
Appendix B-Very Important Notice of Group Health Coverage Continuation Rights Under COBRA 57
Appendix C-Guide to Residents and Fellows Leaves 62
Appendix D-Stanford Industry Interactions Policy 70
Appendix E-Transfer of Care Policy 77
Appendix F-Supervision Policy 79
Appendix G-False Claims Recovery Policy 81
Appendix H-Substance Abuse-Free Workplace Policy 90

Appendix I_a-Procedure for Reasonable Suspicion Testing 96
Appendix I_b-Impaired Behavior Checklist 97
Appendix J-Consent to Drug and Alcohol Screening 99
Appendix K-Inventions, Patents and Licensing 100
Appendix L-Eligibility and Selection of Residents and Fellows 106
Glossary 109
Useful Stanford Links 112
Revisions & Notes 113

COVID-19 Refresher

Stanford Medicine continues to quickly and judiciously vaccinate its health care workforce, in accordance with guidelines set by Santa Clara County. Please visit the Stanford Health Care (SHC) website SHC Connect (stanfordmed.org) for updated information.

Stanford Health Care strongly encourages all employees to get their boosters *as soon as possible*: either in Stanford Medicine's Occupational Health or community-facing vaccination clinics or through additional providers, such as other health systems or local pharmacies. Get your booster wherever you can get it soonest.

Residency and Fellowship Programs

Application to Stanford Residency and Fellowship Programs

Information may be obtained from the individual training programs to which the application is made. Completed applications should be sent directly to the training program being considered.

Resident and Fellow Eligibility-Recruitment

SHC is committed to providing a work environment free of harassment, discrimination, retaliation and disrespectful or other unprofessional conduct based on: Ancestry, age (40 and above), color, physical and mental disability (including HIV and AIDS), genetic information, gender, gender identity (including transition status), gender expression, marital status, registered domestic partner status, medical condition (including cancer, or a record or history of cancer), military and veteran status, national origin (including language use restrictions and possession of a driver's license under vehicle code section 12801.9), race, religion (including religious dress and grooming practices), sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), citizenship, primary language, immigration status, sexual orientation, or any other basis protected by federal, state or local law or ordinance or regulation. SHC also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or as having had any of those characteristics.

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

1. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

2. Graduates of colleges of Osteopathic Medicine in the United States accredited by the American Osteopathic Association (AOA).

3. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications.

    A. Have received a current valid certificate from the Educational Commission for Foreign Graduates (ECFMG).

    B. Are able to obtain a full and unrestricted license to practice medicine in California.

4. Graduates of medical schools outside the United States who have completed a Fifth Pathway program[1] provided by an LCME-accredited medical school.

Visa Policy for Graduates of International Medical Schools

The primary visa for Residents/Fellows is the ECFMG J-1 visa to graduates of international medical schools. Further information on application materials is available at www.ecfmg.org.

Under special circumstances, use of H1B or O1 is permitted for graduate medical education training. Programs should reach out to the dedicated Training Program Liaison (TPL) and the GME Operations Manager for visa inquiries, Farishta Yawary. All Residents and Fellows on the following visa types are required to work with the SHC TPL (J-1s) and use Stanford Health Care's immigration attorneys.

J-1	Non-immigrant, work and study based exchange visitor
H1B	Nonimmigrant visa
O1	Individuals with extraordinary ability or achievement in sciences, education, business, athletics
TN	USMCA Professionals for Canadian and Mexican citizens - only for PhD training programs

The cost of obtaining an H1B, O1, or TN visa is the sole responsibility of the Stanford Training Program. To learn more visit, GME's website
International Medical Graduates & J-1 Visas | Graduate Medical Education | Stanford Medicine.

National Resident Matching Program (NRMP)

Stanford participates in the NRMP for all postgraduate year residency (PGY) I, II, III, many fellowships and International Medical School Graduate (IMG) positions. The purpose of the NRMP is to match medical students and other applicant physicians with hospitals to obtain internships, residencies, and fellowships. 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 the applicants and hospitals are informed of the result of the match. To learn more visit Match Calendars | NRMP.

The NRMP sends rank order list information to the individual programs starting in July of each year.

Lists are subject to the approval of the Designated Institutional Official and Associate Dean of GME of the Department of Graduate Medical Education.

Graduates of medical school programs accredited by the Liaison Committee on Medical Education (LCME) may participate in the match.

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.

[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).

Recommendation of Appointment

Recommendations of appointment for continuing Residents and Fellows are due in the GME office no later than December 15th of each year. All recommendations of appointments are subject to review and final approval by the Executive Director of the Department of Graduate Medical Education.

Resident and Fellow contracts are issued electronically with a copy of this Resident and Fellow Policies and Procedures (P&P) document. Resident and Fellow P&P are part of the Resident's/Fellow's contract. All Residents and Fellows are required to read the Residents and Fellows P&P and electronically sign their contract using MedHub. Contracts are issued for each academic year and are limited to one (1) year duration at a time. Residents and Fellows must complete all required online training modules and provide proof of completion. To promote compliance, all Residents and Fellows need to be tested for tuberculosis (TB) and to comply with all the SHC WHW requirements annually.

To be eligible for the educational allowance of two thousand ($2,000) dollars per year in November, all assigned HealthStream modules must be completed by the Resident/Fellow **within the first (1st) week of their academic year and/or hire date**.

Eligible Residents and Fellows shall receive an educational allowance of two thousand ($2,000) dollars per year in November in their paycheck.

Policies & Procedures contains a number of references to required on-line courses, California Medical license, deadlines, and other mandatory requirements. Failure to comply with these requirements and deadlines may mean the inability to commence or continue training, or termination or loss of reimbursement.

Level of Appointment

A Resident's/Fellow'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 program prior to your acceptance of appointment.

Registration of New Residents and Fellows to Stanford

This offer is subject to verification of Resident's and Fellow's authorization to work as required by the Immigration Reform and Control Act of 1986 and a satisfactory background check.

Residents and Fellows will receive an email with a link to the online New Hire Registration Process in April. Residents and Fellows are to complete their checklist within MedHub's required timeline.

1. GME cannot guarantee Residents and Fellow's June/July start date if their online application is received late. Individuals may not start training without completion of all mandatory online modules and completion of all required forms. **Background Check submission should be done immediately.**

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 send an email as soon as possible, the Stanford GME Associate Dean and DIO, Becky Blankenburg, rblanke@stanford.edu.

4. Residents shall be paid at their normal rate of pay for SHC Resident/Fellow onboarding.

Residents and Fellows must bring proof of eligibility of employment to GME orientation along with receipt of the online I-9 registration.

GME will be unable to employ Residents and Fellows without this information, and the Resident and Fellow will be unable to commence training.

Lists of Acceptable Employment Documents

- All documents must be unexpired.
- Residents and Fellows must provide two documents:
  - One Photo Identification
  - At least one Other Identity Document

Photo Identification

Photo identification must show Resident's and Fellow's name, date of birth, and photograph. Any of the documents from the following list is acceptable:

1. State identification (ID) card
2. Driver license
3. US passport or passport card
4. US military card (front and back)
5. Military dependent's ID card (front and back)
6. Permanent Resident Card
7. Certificate of Citizenship
8. Certificate of Naturalization
9. Employment Authorization Document
10. Foreign passport

Other Identity Document

In addition to the one Photo Identification document listed above, Residents and Fellows must provide an identity document from one of the lists below:

1. Employment Record
   - W-2 from last year
   - A pay stub or payment statement that shows:
     - An issue date within 12 months prior to the date your claim was filed
     - Residents and Fellow's first name (or initial) and last name
     - At least the last four digits of Residents and Fellow's Social Security number or employee identification number
     - Employer's name of the Residents and Fellows
     - The pay period dates or the date it was issued

2. Address Verification
   - Any bill or financial statement showing Residents and Fellow's name and residence address.
     - Utility bill (electricity, gas, garbage, water, or sewer)
     - Cable TV or internet bill
     - Telephone bill

  - Bank statement
  - Property tax bill
  - Mortgage statement
- Lease or rental agreement showing your name and residence address
- Registration for a PO Box or private mailbox

3. Social Security Number-Important: A Social Security card will not satisfy this requirement.
   - Social Security statement (all pages)
   - Notice to Third Party of Social Security Number Assignments (SSA-7028)
   - Report on Confidential Social Security Benefit Information (SSA-2458)

4. Date of Birth
   - Official birth certificate (with official translation, if applicable)

Mandatory Procedures

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

Residents/Fellows are required to promptly complete medical records (including medical records at affiliates). Failure to do so is grounds for **suspension without pay** (suspension means one cannot work until the suspension has been lifted). Any Resident/Fellow who feels that a proposed suspension is unfair should contact the Stanford Health Care GME Executive Director or DIO within twenty-four (24) hours of the notice to suspend.

1. Medical Records:

All records are the property of SHC or its affiliate Hospitals. Original medical records shall not be removed from SHC or its affiliate Hospitals. 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 Residents and Fellows must be completed within the guidelines as stated in the Hospital Rules and Regulations.

HIMS SHC – Chart Completion	**(510) 974-2258 or (510) 974-2264 M-F 7-3:30 PM**
HIMS Stanford Health Care – Transcription Front Desk	**(510) 974-2239**
HIMS SMCH – Chart Completion	**(650) 497-8605 M-F 7-3:00 PM (650) 497-8607 M-F 6:30-3 PM (650) 597-1338 M-F 8-4:30 PM (650) 498-6952 M-F 7-3:30 PM**

The Guidelines for document completion are as follows:

- History & Physical within twenty-four (24) hours of admission
- Operative Report must be dictated or written immediately but in no case, later than twenty-four (24) hours after surgery or procedure
- Discharge Summary within 48 hours of patient discharge
- Verbal orders must be signed within forty-eight (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: (510)-974-2258 (SHC) or (650)-497-8605 (SMCH).

2. Workforce Health & Wellness Requirements:

The California Hospital Licensing Regulations require that Residents and Fellows obtain a physical assessment, drug testing and tuberculosis (TB) screening, within the last ninety (90) days, prior to the commencement of training. TB screening with the Quantiferon blood test is the preferred TB screening test performed by Workforce Health & Wellness (WHW). Two (2) step PPD will also be accepted (one step within the ninety (90) days of the start date and another one within 365 days of the most current one).

- 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.
- All persons will need to show proof of immunity to hepatitis B by antibodies or by three (3) doses of vaccination of hepatitis B. If you have not already been vaccinated against hepatitis B, you should begin the three (3) dose series of injections as soon as possible. If you choose to refuse vaccination, you are required to sign a declination form provided by WHW.
- Please provide documentation of positive titers for mumps, measles, rubella and varicella. Submit documentation of all previously administered vaccines prior to your physical; vaccines will be given to persons requiring vaccines to meet proof of immunity requirements.

Residents and Fellows may make arrangements for a physical examination and tuberculosis surveillance through WHW.

All work-related injuries, including needle sticks, are to be reported to WHW as soon as possible after injury occurs. If WHW is closed, notify the 1 STIX pager (1-7849) for any blood or body fluid exposures. Residents and Fellows with injuries requiring immediate first aid and/or medical care must report to WHW during the regular business hours or if incident occurs after hours will need to contact Stanford Express Care at (650) 736-5211 or proceed to the Emergency Department if emergency care is warranted.

3. Training or Demonstrated Proficiency in Cardiopulmonary Resuscitation:

SHC shall either provide or pay for all required BLS, ACLS, ATLS, PALS while the Resident is actively employed at SHC, remains actively enrolled in an ACGME program, and the course is required by the ACGME Residency Review Committee.

All Residents and Fellows should 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 (2) years thereafter. Residents and Fellows can make arrangements with the Life Support Training Center before or shortly after they commence training to ensure that this requirement is completed. The Life Support Training Center Office is located at 1850 Embarcadero Rd., Palo Alto, CA 94303. For questions call (650) 723-6366 or visit

https://stanfordhealthcare.org/health-care-professionals/nursing/professional-excellence/cepd/life-support-program.html.

Continuing Medical Education Requirement

Please visit http://www.mbc.ca.gov/Licensees/Continuing_Education/ for full description of requirements. In summary:

1. All licensees, regardless of status as a trainee or a practicing doctor outside of training must complete at least fifty (50) hours of approved Continuing Medical Education (CME) during each biennial (2-years) renewal cycle. Licensees do not provide proof of renewal; they just sign the statement. However, if later audited, they must provide the paperwork for verification. The Board conducts random audits throughout the year.

2. Residents/Fellows are allowed six (6) hours of Category 1 credit for each month of residency or fellowship, with a maximum of seventy-two (72) hours each year. So, in reality, a trainee who does one year of training meets the whole fifty (50) hours/two (2) years of requirement.

3. For general internists and family physicians who have 25% of their patients aged 65 or older, they must complete at least 20% of the required CME in geriatric medicine or the care of the elderly.

4. Pain Management/End of Life Care (PM/ELC)-Please visit the Medical Board of California for the guidelines http://www.mbc.ca.gov/Licensees/Continuing_Education/.

Do not forget about the Pain Management and End of Life Care (PM/ELC) requirements or CME, which is separate from the above requirements. The legislation that enacted this mandate was specific-the PM/ELC hours must be a separate class specific to those topics. Post graduate training does not count towards this requirement.

ACGME Training Programs

Full time Residents and Fellows completing an ACGME accredited program do NOT need to complete any CMEs.

Please have your Stanford Program Director generate a letter stating on their letterhead to the MBC that the Residents and Fellows in question are a full time Resident/Fellow training in an ACGME training program and provide the program's full name and ACGME #.

Non-ACGME Training Programs

To ensure the continuing competence of licensed physicians, Residents and Fellows must complete a minimum of 50 hours of approved Continuing Medical Education (CME) hours during each biennial renewal cycle. CME courses must have been completed during each two-year period immediately preceding the expiration of your license. Courses must be taken through a continuing education provider recognized by the Board (Code of Regulations section 1336).

On the Renewal notice, Residents and Fellows must certify under penalty of perjury they have complied with the CME requirements, unless the Board has approved a CME waiver. If Residents and Fellows "declare under penalty of perjury" that they have completed the required CME hours during the renewal process but fail to provide the required verification of completion upon request by the Board, it is considered unprofessional conduct by the Board and may result in disciplinary action.

If Residents and Fellows do not complete a minimum of 50 hours, they shall be ineligible for renewal unless they obtain a waiver. Residents and Fellows are not required to provide documentation to the Board unless they are contacted during a CME audit.

Courses approved by the Licensing Program include:

- Programs accredited by the California Medical Association (CMA), the American Medical Association (AMA), and the Accreditation Council for Continuing Medical Education (ACCME) that qualify for AMA PRA Category 1 Credit(s)™.
- Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and
- Other programs offered by other organizations and institutions acceptable to the Division.
- Courses approved by the Licensing Program for Category 1 CME include programs that are approved by the California Medical Association and the American Medical Association and programs that qualify for prescribed credit from the American Academy of Family Physicians. For a list of courses visit https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Renew/Current-Status/Continuing-Medical-Education.aspx.

Supervision

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

Each department shall develop a policy regarding Residents and Fellows 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 participation.

Non-Standard Training (NST) Programs must provide direct supervision until fellows are approved for indirect supervision. NST fellows must be assessed within the first 3 months to make this determination.

Residents and Fellows Reporting & Responsibilities

Residents and Fellows Reporting Procedures

The faculty of the Stanford University School of Medicine is responsible for the specific content and conduct of the Residents and Fellows education and training program. Residents and Fellows will report through their Chief Resident to the Program Director in all matters involving education, training, professional care, and patient management. However, Program Directors have no authority to modify the terms and conditions of a Resident's/Fellow's employment contract with SHC. Any questions or concerns regarding a Resident's/Fellow's contract should be directed to the Department of Graduate Medical Education.

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

SHC or affiliate hospitals, through the CMO and its Department of Graduate Medical Education, is responsible for the administrative aspects of the educational programs. These include issues related to employment, terms of the Residents/Fellow's employment contract, 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 Residents and Fellows training programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Residents and Fellows Responsibilities

The hospital supports the delineation of Residents and Fellows' responsibilities as outlined in the Essentials of Accredited Residencies in Graduate Medical Education, which appear below:

Residents and Fellows are expected to:

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

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

3. Participate fully in the educational and scholarly activities of their program and assume responsibility for teaching and supervising other Residents, Fellows and students.

4. Participate in institutional programs and activities involving the Medical Staff and adhere to established practices, procedures, and policies of the institutions.

5. Participate in institutional committees and councils, especially those that relate to patient care activities.

6. 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.

7. Cooperate with any reporting requirements in connection with the national practitioner data bank and applicable State and Federal requests for information pertaining to SHC Hospital and their affiliates.

8. Comply with the ethical standards of the American Medical Association.

9. Participate in risk management, compliance, and quality assurance/improvement activities.

10. Participate in evaluation of the quality of education provided by the program.

Resident/Fellows should be aware that federal and state agencies, either directly or through affiliates of Stanford Health Care, may require information concerning Residents and Fellows (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. Stanford Health Care will comply with such requests and may also provide this information to an affiliate who requires such information. Residents and Fellows are expected to comply with such reporting requests if they are directed to the trainee.

There may be additional responsibilities and expectations of Residents and Fellows specific to the service to which they are assigned. Job descriptions may be found on the Stanford Health Care Connect website under Residents and Fellows Job Description.

Compliance Program

As an organization, we are committed to honest and ethical behavior, and to conducting our business responsibly. The practice of behaving honestly and ethically 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.

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 one thinks a law, policy or our Code of Conduct is not being followed, one must report it to the Office of Compliance and Privacy. One should also report it to one's supervisor and the Department of Graduate Medical Education. If one feels uneasy talking to their supervisor, one should voice their concern to the next supervisory level, up to and including the highest level of management. SHC and affiliate hospitals 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 one immediately reports perceived violations of compliance law, policy, or our Code of Conduct to the Office of Compliance and Privacy. Failure to report to the Office of Compliance and Privacy may result in disciplinary action, up to and including termination. Our Office of Compliance and Privacy will evaluate all reports promptly, completely, and fairly. One can report potential compliance issues to the Office of Compliance and Privacy in one of the following ways:

Contact the Compliance Department by calling	**(650) 724-2572**
Email your concern to	• **ComplianceResident/Fellow@stanfordhealthcare.org or** • **PrivacyResident/Fellow@stanfordhealthcare.org**
Fax concern/s	**(650) 723-3628**
Or call the Compliance and Privacy 24-hour Hotline	**(800) 216-1784**

If you report a potential compliance issue, be sure to include information that our Office of Compliance and Privacy will need to follow up, such as the location where your issue 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, a description of the issue and your name. If you are not comfortable leaving your name, you may make an anonymous report by calling the Office of Compliance and Privacy 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. SMCH and SHC hospitals have a policy that protects against retaliation or retribution for reporting a potential 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.

Sometimes hospitals are required by law to report certain compliance issues to state or federal agencies. When this is the case, the Compliance Department will conduct an evaluation of the issue in terms of state or federal reporting requirements and will notify the appropriate state or federal agencies on behalf of the hospitals when applicable.

SHC and SMCH Hospitals 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 SHC/affiliate hospitals and for Residents and Fellows as an individual, imprisonment, and loss of one's professional license. Patients have the right to assert legal claims against SHC/affiliate hospitals and Residents and Fellows 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 SHC/affiliate hospital's privacy policies can lead to disciplinary actions, up to and including termination.

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, including ZIP Codes, 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
- Any other unique identifying number, characteristic or code

De-identified data is to be used for purposes other than treatment, payment, or healthcare operations or if the data is used or disclosed outside of the hospital, permission must first be obtained from the Privacy Office. All patient information, including de-identified patient information, is the property of Stanford, including medical records, images, lab results, prescriptions and other patient data and is not to be used or disclosed for non-Stanford purposes, such as publishing, presenting outside Stanford, or posting on social media or other non-Stanford websites. If de-identified data is to be used for purposes other than treatment, payment, or healthcare operations or if the data will be used or disclosed outside of the hospital, permission must first be obtained from the Office of Compliance and Privacy.

All Residents and Fellows are expected to strictly comply with all policies of SHC/affiliate hospitals, including privacy and compliance policies and procedures. Residents and Fellows must be especially careful to adhere to the following patient privacy practices.

Patient Privacy Practices Residents and Fellows are Required to Follow Include:

DO'S:

- 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. You will be held responsible for any access to electronic medical records that occurs under your login ID.
- DO use strong passwords i.e., eight (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 listed on the previous page.
- DO report loss or suspected theft of a mobile device (laptop, tablet, smartphone), desktop, or media (CD, thumb drive, etc.) immediately.
- Do contact the Office of Compliance and Privacy for approval on any hospital data requests related to research or quality improvement projects.

DON'T:

- 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 personal cloud storage accounts on any external vendor site, including Box, Dropbox, iCloud, Google Docs/Drive, Egnyte, Gmail, Facebook, Snapshot, Amazon Web Service or Microsoft SkyDrive or other consumer application ("app") or Internet document, mail, and storage solutions for transferring and storing patient information. Only use Stanford approved and provided cloud vendors.
- DO NOT post patient information, photos, videos, images, even if de-identified, on social media without a written HIPAA-compliant authorization signed by the patient.
- DO NOT take photographs for uploading to EPIC unless performed within the EPIC mobile applications (Haiku or Canto) using an encrypted device.
- 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. Use My Health/My Chart for communicating with patients whenever possible.

- 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. The hospital's Privacy Office routinely monitors access to patient electronic medical records.
- DO NOT look up your own data or family/friend's data in EPIC.

There are a number of information sources to assist Residents and Fellows in identifying and protecting PHI. One is the online Compliance Manual which is accessible from the SHC/SMCH Hospital's intranet where you can access SHC/SMCH Hospital's policies and procedures: Office of Compliance & Privacy.

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

Compliance and Privacy Office Contact

Address	**Office of Compliance & Privacy** **Stanford Health Care** **300 Pasteur Dr., MC5780** **Stanford, CA 94305**
Main Line	**(650) 724-2572**
24 Hour Hotline	**(800) 216-1784**
Privacy Assurance Team Pager	**#25584**
Fax	**(650) 723-3628**
Email/s	• **officeofcomplianceandprivacy@stanfordhealthcare.org** • **PrivacyOfficer@stanfordhealthcare.org**
Office of Compliance and Privacy Reporting WebLine	**https://ocpreporting.webline.sai360.net/Reporting Line**

Work Hours

Work hours are defined as time spent by Residents and Fellows performing all clinical and academic activities required by the Resident's and Fellow's training program: patient care activities (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, research and research-related training in an ACGME rotation, and scheduled activities, such as conferences and other didactics. Work hours do not include reading and preparation time spent off site.

With respect to work hours both on-site and off-site, all Residents and Fellows must comply with the rules of the department to which they are assigned and any applicable ACGME, State or Federal Regulations setting limitations on work hours. All Residents and Fellows are required to accurately record their work hours on a weekly basis on the residency data management system MedHub at stanford.medhub.com and will be disciplined if they fail to do so.

Residents and Fellows must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours.

Clinical and educational work hours must be limited to no more than eighty (80) hours per week, averaged over a four-week (4) period, inclusive of all in-house clinical and educational activities, clinical work done from home, research and research-related training experiences, and all moonlighting.

Residents and Fellows must have eight (8) hours off between scheduled clinical work and education periods. There may be circumstances when Residents and Fellows choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in seven requirements.

Residents and Fellows must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents and Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

Clinical and educational work periods for Residents and Fellows must not exceed 24 hours of continuous scheduled clinical assignments.

Up to four (4) hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or Residents and Fellows education.

Additional patient care responsibilities must not be assigned to a Residents and Fellows during this time.

In rare circumstances, Residents and Fellows, on their own initiative may elect to remain or return to the clinical site in the following circumstances:

- To continue to provide care to a single severely ill or unstable patient
- Humanistic attention to the needs of a patient or family; or
- To attend unique educational events.

These additional hours of care or education will be counted toward the 80-hour weekly limit.

Moonlighting must not interfere with the ability of the Residents and Fellows to achieve the goals and objectives of the educational program and must not interfere with the Resident's and Fellow's fitness for work nor compromise patient safety. All Moonlighting, and any non-clinical outside work must be approved in writing and in advance by the Program Director and the GME department. Residents and Fellows must acknowledge that moonlighting and other outside work or volunteering are subject to work hour requirements and are **not** covered by Stanford Health Care's professional liability or other insurance.

Time spent by Residents and Fellows in internal and external moonlighting (as defined in the ACGME Glossary of Terms) must be counted toward the 80-hour maximum weekly limit.

Night float must occur within the context of the 80-hour and on-day-off-in-seven requirements.
Residents and Fellows must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

Time spent by Residents and Fellows taking calls from home must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident and Fellow.

Residents and Fellows are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

Residents and Fellows can report non-compliance with work hours to their Program Director, Stanford Health Care GME, or ACGME. Stanford DIO and Associate Dean of GME, Becky Blankenburg, can be reached at rblanke@stanford.edu if you have any questions about work hours or outside commitments you can submit an anonymous report to Contact | Graduate Medical Education | Stanford Medicine.

All Residents and Fellows must accurately report their work hours on a weekly basis using the MedHub system. Accurate reporting is considered part of the ACGME "professionalism" competency.
Residents and Fellows have access to their work hours in MedHub on a rolling two-week basis, current week & previous week. MedHub work hours start on Sunday – Saturday. MedHub is based in the Eastern Standard Time so access to the previous weeks' hours end at 9:00 PM Pacific Standard Time on Saturdays.

Moonlighting

Moonlighting is voluntary, financially compensated, medically related work performed beyond a resident's or fellow's clinical experience and education hours and additional to the work required for successful completion of their training program.

- **Internal Moonlighting**: Voluntary, financially compensated, medical related work performed within Stanford Health Care. .
- **External Moonlighting**: Voluntary, financially compensated, medically related work performed outside of Stanford Health Care.

Moonlighting must not interfere with the ability of the Residents/Fellows to achieve the goals and objectives of the educational program and must not interfere with their fitness for work nor compromise patient safety. All Moonlighting and any non-clinical outside work must be approved in writing and in advance by the Program Director and the GME Department. Resident or Fellow acknowledges that moonlighting and other outside work or volunteering are subject to work hour requirements and are not covered by Stanford Health Care's professional liability or other insurance.

Moonlighting Approval Procedure

All moonlighting (Internal or External) must be approved in writing and in advance by the Program Director and the GME Department. Residents and Fellows must attest to following the moonlighting rules on two forms: Smartsheet and MedHub, and then their Program Directors will sign. Moonlighting and other outside work or volunteering are subject to ACGME work hour requirements and are not covered by Stanford Health Care's professional liability or other insurance.

Required Moonlighting (Internal and/or External) Forms are listed below and may be found on the GME Website, https://med.stanford.edu/gme/program_portal/programs/moonlighting.html.

1. Program Director Approval Form

2. Residents and Fellows Attestation

Approved moonlighting requests are effective for the entire current academic year from July 1st (or request date) to the following June 30th.

Internal Moonlighting (SHC)

Moonlighting must comply with ACGME guidelines and the GME Moonlighting Policy, including:

1. Residents and fellows must receive approval from their Program Director to moonlight. Only those in good clinical, research, professional, and academic standing will be given permission.

2. Program Directors will perform monthly reviews of duty hours, moonlighting hours, and performance to ensure moonlighting is not having any negative effects on Resident's and Fellow's education, research, or well-being.

3. All shifts are voluntary and NOT an expectation of residency or fellowship training. Shift coverage is completely optional and NOT mandatory.

4. All shifts have to be reported as work hours in MedHub. Per ACGME rules, no Resident or Fellow is allowed to violate duty hour regulations for ANY reason. These work hour regulations include no more than 80 hours/week with an average of one (1) day in seven (7) is free of patient care.

5. Residents and Fellows cannot moonlight in roles that are part of their regular training programs.

6. Moonlighting cannot be done:
    a. As a PGY-1 Resident
    b. As a J-1 visa holder
    c. By active military Residents and Fellows
    d. If on remediation or probation
    e. While on vacation or leave

7. Moonlighting cannot be used for:
    a. Jeopardy
    b. Shifts that are longer than 24 hours

8. Moonlighting limits: 24 hours/week, maximum of 79 hours/month inclusive of the trainee's regular work hours.

External Moonlighting

- External moonlighting has to abide by the ACGME and Stanford GME rules listed above.
- All Residents and Fellows 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/Fellows for external moonlighting activities.
- Residents/Fellows must obtain written acknowledgement that their Stanford 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/Fellow's file by the program.

- 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/Fellow's training progress or for other legitimate reasons.
- All moonlighting (internal and external) must be logged into MedHub as work hours.
- SMCH provides oversight of all SMCH based moonlighting protocols.
- SHC and SMCH have mirrored moonlighting policies and rules.

Residents and Fellows who want to moonlight:

1. All Residents and Fellows who want to moonlight (either internally or externally) must complete the **Resident/Fellow Moonlighting Attestation Form**" by visiting the GME website https://med.stanford.edu/gme/program_portal/programs/moonlighting.html.

2. Fellows who want to moonlight as attendings:
   a. Are required to be in possession of a Clinical Scholar appointment from the Office of Academic Affairs (OAA) – please work with your Department Faculty Affairs Team to get this approved https://med.stanford.edu/academicaffairshandbook/chapter-9/role-definitions/clinical-scholar-role.html.
   b. Need credentialing from SHC Medical Staff Office-**Plan ahead as this takes a minimum of 120 days** https://stanfordhealthcare.org/health-care-professionals/medical-staff/credentialing-and-privileging.html.

3. When both Resident's/Fellow's and Program Director's attestations are complete, your Program Administrator is to submit a moonlighting request in MedHub following the instructions below.

4. Residents and Fellows must log work hours when moonlighting.

Program Directors:

Are to complete the "Program Director Moonlighting Approval Form" by submitting a list of Residents/Fellows in their program who are approved to moonlight (for both internal and external moonlighting) by visiting https://med.stanford.edu/gme/program_portal/programs/moonlighting.html.

Logging Moonlighting Hours in MedHub

Residents and Fellows are to follow the following steps to submit their moonlighting work hours in MedHub:

1. Log in to https://stanford.medhub.com

2. Select "Moonlighting Request Forms" on the left of the home page
   a. Pending requests are listed

3. Select "Submit New Moonlighting Request"

4. Complete details of your request

Location	**SHC**
Description	**Moonlighting details to justify the request**
Type	**Internal/External/Both**
Start date	**today (date of submission)**
End date	**End of your training period for the current year for example 6/30/26**

Max weekly hours	**24**
Files	**none required**

5. Select "Submit"
   Residents and Fellows can now see pending request/s in their list

6. Program Director will get notification of request – approval or revision requested
   a. PDs can see a Moonlighting Approval tutorial in Medhub
      https://community.medhub.com/community/tutorial_standalone.mh?tutorialID=120
   b. Residents and Fellows can revise and resubmit them in the pending list.
   c. GME Department will approve the request in MedHub.

7. Be sure to select "Moonlighting" dropdown option when entering these Moonlighting work hours.

Any residents or fellows found to be in violation of the established moonlighting rules may face the suspension of their moonlighting privileges.

Outside Activities with Professional Titles

Activities or titles that constitute or imply managerial or supervisory responsibility are not permitted and are not allowable as consulting relations. Titles such as CEO, Director, Scientific Resident/Fellow, or Vice President, etc., are designations generally assigned to people with line management responsibilities. Residents and Fellows must avoid titles that include terms such as Executive, Resident/Fellow, Director, Manager, or Chief as they imply or indicate management responsibilities and create real or perceived conflicts of commitment. To avoid implying a line management role, terms such as 'Resident/Fellow' or 'Vice-President' must not be used; on the other hand, the terms 'Advisor' or 'Consultant' may be used, e.g., 'Chief Scientific Advisor,' or 'Chief Technical Consultant.

Professional Activities During Off Time

Professional activities during Resident's and Fellow's off-time hours should be arranged so as not to interfere with the Resident's and Fellow's obligations and their ability to benefit from their training program.

Jeopardy

Each program may have a system for jeopardy coverage. Definition of jeopardy coverage:

- A system which defines the provision of coverage in the case that a Resident or Fellow cannot perform their duty based on excused absences that are pre-defined by the program, involving coverage by a trainee from another rotation. For the Resident/Fellow missing time, experiences will be reviewed by the Clinical Competency Committee to determine educational needs and specialty requirements.
- Considerations for excused absences that may require jeopardy coverage: Illness, Family Emergency, Extended leave (if no other coverage options are feasible).
- Not to be used for jeopardy coverage (unless for extraordinary circumstances defined by the program) for: conferences, and interviews.
- Residents and Fellows cannot be paid for jeopardy.

Performance Evaluation

These policies are generally applicable to all Residents and Fellows training programs. However, since Residents and Fellows 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 Stanford Health Care GME Department.

Recommendation of Residency Review Committee:
As part of the educational mission of SHC/affiliate hospital training programs, each Resident's and Fellow's professional qualifications must be periodically evaluated by his or her department. Residents/Fellows should be made aware of the results of these evaluations. The following policies are intended to assist the Resident/Fellow and the department or division in the evaluation process.

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 trainee regarding performance. During the residency/fellowship, evaluation results should be personally presented to the Residents and Fellows no less than every six (6) months. A trainee 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 trainee. Information in this file shall be accessible to the trainee. Supervisory faculty should use MedHub to electronically submit evaluations of each Residents and Fellows after each rotation, but not less frequently than quarterly during the Post Graduate Year (PGY) I level or semiannually above the PGY I level. The Program Director should review each Resident's and Fellow's file on a routine basis. If a trainee disagrees with statements in an evaluation in the file, the trainee has a right to submit a written response which shall become a part of the file.

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

Consequences of Satisfactory or Unsatisfactory Evaluation:
Upon receipt of satisfactory evaluations and compliance with all other terms of the Residents and Fellows P&P, each trainee should expect to continue to the level of training agreed upon when the trainee was recruited, unless given notice 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 trainee both verbally and by written notification. While advance written notice is preferable, an unsatisfactory evaluation may result in a decision adversely affecting the trainee at any time and without advance notice, such as probation, non-advancement, non-renewal, or immediate termination. In such instance, the Residents and Fellows 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 Resident/Fellow will rotate may be notified of the existence of any current probation or other performance-related issue of which the Resident/Fellow has been appraised.

Unless circumstances warrant immediate termination, Residents/Fellows 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 trainee must accomplish to be removed from the probation. In general, the probationary period will not extend past the end of the current agreement year, unless

the agreement ends within three (3) 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 (3) months. Any Residents and Fellows agreement that has been issued by a program for a subsequent training year will be considered invalid and withdrawn until the Resident and Fellow has fulfilled the probationary requirements imposed in the current training year and successfully been removed from probation. At the time the Residents and Fellows complete a period of probation, the program has the following options: (1) allow the trainee to complete the remainder of the training year, (2) reappoint the Residents and Fellows for the next year, where applicable, (3) not reappoint for the next year, (4) immediately terminate the trainee's contract for the current training year.

If a Resident or Fellow disagrees with an evaluation or an adverse decision based on the evaluation, the trainee 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 meetings the Resident or Fellow wishes to appeal the adverse decision, the trainee may do so through the mechanism for resolution of disputes outlined below. **Residents and Fellows 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 trainee may at the discretion of the Program Director in consultation with the CMO be permitted to continue in the training program pending such appeal. If the trainee is permitted to continue in the program, the trainee may be assigned to a non-patient care rotation, unpaid leave, or observation status.

Grievance Procedure

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

Resolution of Disputes

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

Residents and Fellows Dispute Academic Resolution

A. Applicability

A Resident and Fellow may use these procedures when it is believed an unfair or improper adverse action has occurred if 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 Resident/Fellow.

The procedures are not applicable to claims that SHC or School of Medicine Department policy is inadvisable or unfair generally. Resident's and Fellow's 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

Residents/Fellows 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) days 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 Residents and Fellows within fifteen (15) days or as soon thereafter as reasonably possible.

Level 2 – Review by Chief Physician Executive

If the dispute is not resolved by these discussions, a Resident and Fellow who wishes to continue the matter shall file a written statement of dispute with the Chief Physician Executive.

The statement must describe the matter in dispute, previous attempts at resolution, and the action that the Resident/Fellow 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 Resident/Fellow. **To be cognizable under these procedures the statement must be presented to the Chief Physician Executive within ten (10) working days after the date of level 1 response from Chair or Chief.**

The Chief Physician Executive or designee shall discuss the dispute with the Resident and Fellow and appropriate individual or individuals in the department or 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 Resident/Fellow, the Chief Physician Executive will notify the Resident/Fellow in writing that the matter has not been resolved and inform the Resident/Fellow of his or her right to request review pursuant to Level 3 below. If the Chief Physician Executive or designee determines that time beyond fifteen (15) days may be required, the Resident/Fellow shall be notified accordingly. In no event will there be an extension of time beyond thirty (30) additional days after receiving receipt of the written statement of dispute from the Resident/Fellow.

In all other disputes that remain unresolved after fifteen (1) days, including decisions to place a Resident/Fellow on probation, the Chief Physician Executive or designee will issue a written determination regarding whether the adverse action by the program was consistent with Policies and Procedures applicable to the Resident/Fellow. The determination of the Chief Physician Executive 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 Residents and Fellows Review Committee

If the dispute involves termination or non-advancement, the Resident/Fellow may request review by a Resident/Fellow Review Committee. The request from the Resident/Fellow for a Resident's/Fellow's Review Committee (HRC) review must be made in writing to the Chief Physician Executive within fifteen (15) days after issuance of the Level 2 notice from the Chief Physician Executive that no resolution has been reached. In the alternative, by mutual agreement and in writing, the Resident/Fellow and Chief Physician Executive can agree to skip Level 3 and proceed to Level 4 of this procedure.

In each instance the Resident/Fellow Review Committee will be appointed by the Chief Physician Executive and will consist of one member of the full–time faculty, one senior Resident/Fellow 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 Resident/Fellow Review Committee within forty-five (45) days of receipt of the Resident's/Fellow's request for review by Resident/Fellow Review Committee. At least fifteen (15) days prior to the meeting the Resident/Fellow and Resident/Fellow Review Committee will be provided with a written explanation supporting the department or division's decision to terminate or not advance the Resident/Fellow. The Resident/Fellow may submit a response to the written explanation to the Resident/Fellow Review Committee and program no later than five (5) days before the review meeting. The Resident/Fellow 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 Resident/Fellow 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 SHC/SMCH Hospitals. Attorneys may not participate in the review meeting (even if the attorney is also a licensed physician or surgeon). At the discretion of the Resident/Fellow Review Committee chair, the meeting may be opened or closed to witnesses and may run over the course of more than one (1) session or day.

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 Resident/Fellow. Thereafter the burden will shift to the Resident/Fellow to come forward with evidence to establish the decision was improper. The Resident/Fellow Review Committee will evaluate the evidence presented. The decision of the department or division will be upheld unless the Resident/Fellow Review Committee finds by preponderance of evidence that the action of the department or division was arbitrary or capricious.

The Resident/Fellow Review Committee shall reach a decision based upon the record produced at the review meeting within thirty (30) days of the final committee session. The written decision will be forwarded to the Chief Physician Executive, the affected Resident/Fellow, and the appropriate Department Head or Division Chief. Such a decision will be final unless timely appealed to arbitration at Level 4 as described below.

Level 4 – Final Binding Arbitration

Either the Resident/Fellow or the Department or Division may appeal the Resident/Fellow Review Committee's decision to final and binding arbitration. The request for arbitration must be submitted in writing to the Chief Physician Executive, within seven (7) days of issuance of the Resident/Fellow Review Committee decision. The decision of the arbitrator will be final.

Reappointment Process

Until completion of the term of residency/fellowship required by the appropriate specialty board, a Resident/Fellow who is performing satisfactorily will be offered reappointment to succeeding training levels, subject to continuing satisfactory performance and conduct, and continuing satisfaction of all other terms and conditions of Resident/Fellow appointments, unless notified in writing, prior to the termination of an existing appointment.

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

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 Residents and Fellows reporting suspected harassment or discrimination in good faith will be tolerated.

Any Residents and Fellows subject to unwelcome or threatening verbal or physical conduct, telephone calls, mail or attention from patients, co-workers, or others should use the following reporting mechanisms:

Contact option/s	Resource/s
Program Leadership	• **Program Director** • **Program Coordinator/Administrator** • **Associate Program Director** • **Chief Residents**
Program-specific Anonymous Reporting Mechanism	**Varies from Program to Program**
GME Anonymous Reporting System	**Report goes directly to Becky Blankenburg, MD, MPH, Stanford DIO, GME Associate Dean, https://med.stanford.edu/gme/gme_team.html#report_anonymously**
GME DIO	• **Becky Blankenburg, MD, MPH, Stanford DIO, GME Associate Dean, rblanke@stanford.edu, (650) 723-5948**
BIOS (SHC)	• **Captures concerns and recognition related to professionalism, reviewed by Committee on Professionalism** • **Resource available via SHC Intranet.**
ICares (SMCH)	• **Reviewed by: HR and Professional Practice Evaluation Resource located within EPIC.**
CIR-SEIU Union Representative	• **Evan Judd, ejudd@cirseiu.org** • **Hector Jiminez-Cardenas, hcardenas@cirseiu.org**
Ombuds person	• **Independent, confidential, third party individual to help identify recourse for concerns. *Not* a Title IX mandatory reporter.** • **James Laflin, Ombudsperson, Stanford University School of Medicine jlaflin@stanford.edu, 650-498-57 44**

A copy of Stanford Health Care's Harassment, Discrimination and Retaliation Prevention Policy is attached hereto as Appendix A.

WellConnect (Mental Health)

WellConnect, Mickey Trockel, MD, Professor and Psychiatrist, is Director of this confidential consultation and referral service jointly sponsored by the Department of Psychiatry and Stanford Health Care to facilitate timely access to mental health services. This service also provides mental health promotion coaching to address non-clinical problems such as distress restating from a difficult patient outcome. WellConnect can be accessed via email, wellconnect@stanford.edu, or by phone, (650) 724-1395.

Graduate Medical Education Review Committee

The Graduate Medical Education Review Committee (GMEC) was formed in 1989 to coordinate and review all aspects of residency/fellowship education. It is chaired by the Associate Dean for Graduate Medical Education & the Stanford Health Care Designated Institutional Official (DIO). The committee is composed of:

- Stanford DIO, GME Associate Dean
- Executive Director, GME
- Program Directors
- Program Coordinators
- One Department Chair
- Five (5) Resident/Fellow representatives elected by their peers
- Chair, Chief Residents Council
- Chair, Resident Safety Council
- DIO, SHC-TriValley
- Associate Chief of Staff for Education at the VA
- DIO, SCVMC
- DIO, Kaiser, Northern CA Region
- Associate Chief Quality Officer
- An attorney from the Stanford University Office of the General Counsel (ex-officio, non-voting)

All ACGME documents must be reviewed and signed by the Stanford Health Care DIO. In the absence of the DIO, the GME Executive Director can review and sign the documents. Please allow a minimum of two (2) weeks for review of all program information forms.

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

Process: A call for nominations/interest will be sent to all Residents and Fellows 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.

Completion of Training

A certificate will be issued to each Resident/Fellow upon successful completion of their training program. Residents/Fellows must update their mailing address and contact information with their department, in MedHub and Workday to ensure receipt of timely communications and tax related documents after their graduation. Issuance of their certificate will require the following during their checkout process:

1. Completion of:
   - All medical records and charts in EPIC prior to appointment end date by calling both the SHC and its affiliates Health Information Management Services (HIMS) to authenticate chart clearances.
   - Delivery of completed GME's Residents and Fellows "Check Out" form and signed Attestation form along with:

2. Return of the following:
   - SHC and affiliates EPIC medical clearances
   - SHC Photo ID Badge/Hospital Security Access Card
   - Stanford University Access/Courtesy/Gym Card
   - Pager (if applicable)
   - Data Security Key/Encrypted USB Drive (if applicable)
   - Completion of Resident's and Fellow's MedHub evaluations, work hours, vacations, holidays taken and downloading procedure logs and portfolio entries if applicable
   - Residents and Fellows to discuss with their programs any additional required steps
   - Return of any borrowed computers, library books, journals, electronic access and/or office keys or materials to the lender/s

Graduating Resident's and Fellow's early checkout must be approved by the Program Director and follow appropriate rules according to their work contract, program requirements, ACGME requirements, and ABMS requirements.

Residents and Fellows who are making up time as the result of leave of absence are not eligible to receive the standard bonuses or request early checkout.

Early appointment termination of any length requires a copy of the Resident's and Fellow's resignation letter.

Consequences of Not Returning ID Badge

Once the trainee's appointment ends, their ID badge and associated passes become inoperative and must be returned during their checkout procedure. Failure to return ID badge, Hospital Security Access Card or other materials may result in a $500 fine.

Residents and Fellows must submit their completed "Check Out" form, signed Attestation form along with materials loaned to them during their training on their last day of appointment. To obtain and complete this form, visit Outgoing Residents/Fellows website.

Program Closure/Reduction

Stanford Health Care will make reasonable efforts to complete the training for Residents/Fellows actively enrolled in a training program in the event of program closure or reductions in Residents and Fellows numbers. In the event the training cannot be finished, Stanford Health Care will make a reasonable effort to place the affected Residents and Fellows in another training situation which will allow completion or continuation of the residency/fellowship training. Before making any reductions in a training program, Stanford Health Care will consider the effects of such reductions on its other training programs and its affiliated institutions. Residents/Fellows 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.

Benefits

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents. This document is subject to final review and finalization by the parties.

Initial Enrollment

At Stanford Health Care, we offer a benefits package designed to reward your extraordinary work and commitment with benefits, tools and resources that will keep you and your family healthy and secure. As a Residents and Fellows employee, you are eligible to participate in the hospital's health and welfare plans with coverage for Medical/Vision, Dental, and Employee Assistance Program benefits effective on your date of hire, and all other benefits are effective the first day of the month after your date of hire.

Start by visiting SHC Benefits portal at https://healthysteps4u.org to review your benefits package. To enroll in Benefits, click on "Enroll, View, or Change Benefits; this will take you to Workday system where you will enroll in your benefits. Enroll in benefits in Workday within thirty one (31) days of your date of hire. If you have benefit questions or need assistance with enrollment, contact the Stanford Health Care Benefits Center at (833) 935.2167, Monday-Friday, 7:00 AM-4:00 PM PST.

Effective Date

Your Medical/Vision, Dental, Employee Assistance Program (EAP), and Business Travel Assistance (BTA) benefits go into effect on your date of hire. All other basic and elected voluntary benefits under the Stanford Health Care Group Plan such as Life Insurance, Accidental Death & Dismemberment (AD&D), Flexible Spending Accounts, and Legal Plan go into effect the first day of the month following your hire date. Please visit the Stanford Health Care Benefits website, HealthySteps, at https://healthysteps4u.org for detailed information.

Open enrollment period, Health Care Benefit, Dental options, Flexible Spending Accounts (FSA), Life and Accident Insurance details are communicated with Residents and Fellows directly by SHC Benefits Department.

Life and Accident Insurance

Basic Life Insurance–The hospital provides coverage of onetime salary-up to $50,000. Additional coverage is available, which is paid for by the employee:

- Employee Optional Life Insurance
- Dependent Optional Life Insurance for Spouse and/or Child
- Optional Accidental Death and Dismemberment (AD&D) Insurance

Long-Term Disability Coverage (LTD)

LTD is provided by Stanford Health Care through the Health Professionals Insurance Services. For detailed information of the plans, please visit https://healthysteps4u.org or contact Ivory Ruiz at (800)628-2861 or Ivory@hpis.biz. To obtain more information, please review the Disability heading, section LTD Insurance of this document.

Wellness Program

Stanford Health Care's wellness incentive program, Healthy Steps to Wellness, is designed to encourage Residents and Fellows to focus on improving their health and well-being. When enrolled in a hospital-sponsored medical plan and participating in approved wellness activities, Residents and Fellows are eligible to earn incentive dollars that can help pay for IRS-qualified health care expenses. Incentive funds

earned will be deposited in a Health Reimbursement Account (HRA) with HealthEquity. Residents and Fellows are eligible to earn up to $500 for employee-only medical plan coverage and up to $1,000 for employees with covered dependents.

Health Reimbursement Account (HRA)

Any wellness incentive dollars earned from the Healthy Steps to Wellness program will be deposited into a Health Reimbursement Account (HRA) that will be set up for Residents and Fellows with Health Equity. The funds are available any time during the year of active employment to help pay for Residents and Fellow's IRS-qualified medical expenses. Similar to a Flexible Spending Account, the money does not roll over at the end of the year, so Residents and Fellows must use all of their Health Reimbursement Account (HRA) money by December 31st. Residents and Fellows have until March 15th, of the following year to file claims for eligible expenses incurred through December 31st. **However, if Residents/Fellows terminate employment before the end of the plan year, all health care expenses must be incurred by date of termination and claims must be submitted no later than ninety (90) days from Resident's and Fellow's date of termination from Stanford Health Care**. For more details visit https://healthysteps4u.org.

Back-Up Care Advantage Program

We provide employees with a back-up care benefit that offers up to eighty (80) hours per calendar year of child or adult and elder care when Resident's and Fellow's regular caregiver is unavailable for a small copay. The Program supplements, rather than replaces, Resident's and Fellow's normal care arrangements. Care is not guaranteed but Bright Horizons Back-Up Care Consultants will make every effort to help solve Resident's and Fellow's temporary breakdown of care and get Residents and Fellows to work. For more information visit https://healthysteps4u.org. Residents and Fellows must register in advance with Bright Horizons. To learn more visit https://cardinalatwork.stanford.edu/benefits-rewards/worklife/financial-assistance/emergency-back-care.

Employee Discounts

Residents and Fellows have access to a variety of members-only discounts from Corestream, an online marketplace providing access to hundreds of brand-name retailers and local merchants. For more information, visit https://healthysteps4u.org or call (866)205-7354.

Voluntary Benefits Program

SHC offers Residents and Fellows programs and services at group discount rates with the convenience of payroll deductions. Voluntary benefits help Residents and Fellows meet their personal needs by providing Residents and Fellows access to affordable protection for what is most valuable to Residents and Fellows and Resident's and Fellow's family. Residents and Fellows may elect to participate in any of the following plans:

- Metlife Legal Plan
- Pet Insurance
- Auto and Home Program
- Allstate Identity Protection

Metlife Legal Plan and Allstate Identity Protection enrollment is only allowed during a New Hire event or during Annual Open Enrollment and change or termination of coverage is only allowed during Annual Open Enrollment. For more information, visit https://healthysteps4u.org or the Corestream site for Pet Insurance, Auto and Home and Purchasing Power at https://stanfordhealthcare.corestream.com/, or contact the Corestream service center by phone at (650) 292-0867.

Retirement Savings Plan

SHC provides an opportunity by which Residents and Fellows can begin saving a portion of their own earnings through the Retirement Savings Plan (RSP). When participating in this program, Residents and Fellows can contribute as much as 75% of their salary up to a $24,500 IRS-annual limit for 2026 through pre-tax or Roth payroll deductions. The catchup for those 50 or older is $8,000.

The pay period during which the Resident/Fellow has met the waiting period; they will be eligible for two employer contributions. The waiting period is met after a Resident/Fellow has worked for one (1) year. Once a Resident/Fellow has met the waiting period, they are qualified going forward.

1. Employer Basic Contribution: Stanford Health Care will contribute a basic employer contribution of 2% to Resident's and Fellow's retirement savings plan; Residents and Fellows will not need to contribute to receive this money.

2. Employer Match Contribution: Stanford Health Care will match Resident's/Fellow's contribution up to 2% as long as Resident/Fellow contributes at least 2% every pay period.

Both the Basic 2% and the Match of Resident's/Fellow's deferrals of up to 2% go into effect the pay period the Resident/Fellow has met the waiting period.

Residents and Fellows may review the materials and enroll online by going to https://healthysteps4u.org.

Continuation of Group Coverage (COBRA)

Our benefit program complies with the Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) law, which requires that companies offer continuation of health coverage under certain circumstances. If Resident's and Fellow's health coverage under our benefit plan ends, Residents and Fellows will be notified of their right(s) to continue health care under COBRA.

The Benefits section contains benefit highlights only and is subject to change. The specific terms of coverage, exclusion 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. Stanford Health Care reserves the right to review, change or end any benefit for any reason.

A Summary Plan Description (SPD) is available to Residents and Fellows through HealthySteps at https://healthysteps4u.org. For Benefit questions, please contact the Stanford Health Care Benefits Service Center telephone: (855) 278-7157, or contact Vita, our COBRA vendor (650) 966-1492 or help@vitamail.com.

Holidays

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

PGY Level and Salary

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

Housing Allowance

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

License Reimbursement and Required Training

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

1. Residents/Fellows must submit documentation of reimbursement costs in Workday within 30 days of start date for costs incurred prior to start date and within 30 days of expense for costs incurred after start date.

2. New or renewed medical license, DEA and one time Step 3 expense will be reimbursed if done within 6 months prior to start date.

3. In no event shall any reimbursement be provided after separation from employment.

4. For the purpose of this Agreement, an academic year begins on July 1 and ends on June 30.

5. Reimbursements cannot be accrued or deferred to a following academic year.

Allowances

Please visit the Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents for the following allowances:

- Cell Phone Allowance
- Educational Allowance
- Housing
- Meal Allowance
- Moving Allowance (a one-time for new hires only)

Reimbursements

Pls. visit the GME Reimbursement website https://med.stanford.edu/gme/housestaff/current/reimbursements.html to learn about:

- Eligibility
- Learning tools including reimbursement step-by-step guidelines
- Procedure
- Type
- Best practices
- Frequently Asked Questions

Annual Required Training

Residents and Fellows are required to complete annual required training (HealthStream, SHC & its affiliates EPIC) in order to participate in educational activities at Stanford Health Care and affiliate hospitals.

Data Security

Data & Device Attestation & Encryption

The security of computing devices that may handle restricted or prohibited data, including protected health information (PHI), is of utmost importance. State and Federal laws require device management, including encryption, to protect patient data. It is the Resident's and Fellow's responsibility to ensure that all their devices are fully compliant with data security policies.

Resident/Fellows will interact with Protected Health Information (PHI), which is considered restricted data by Stanford University policy; therefore, any device Residents and Fellows use to access School of Medicine, SHC/affiliate hospital systems (email, calendar, clinical medical records, etc.) could come into contact with restricted or prohibited data. All those devices must therefore be fully encrypted in order to comply with University and Hospital policies. (If Residents and Fellows have a personal device that is never used to access any of the above systems, and is not used on the Stanford network, then it is not required to be compliant with data security standards.).

Compliance Requirements for Devices

- Laptops and desktops must be Stanford Whole Disk Encryption (SWDE)-encrypted and have CrashPlan backup and BigFix
- Mobile devices must be enrolled in School of Medicine Mobile Device management (MDM)
- All devices must show in "Am I Encrypted" (AMIE) as compliant

Instructions can be found on the data security website at
https://uit.stanford.edu/security/sensitivedata

- The first step in this process is for every Resident/Fellow to complete the Data and Device Attestation. This is the step in which Residents and Fellows declare what computers they have which access Stanford data at New to Stanford – Computer & Information Security – Information Resources & Technology (IRT) – Stanford University School of Medicine | Technology & Digital Solutions | Stanford Medicine:
  - Install BigFix on all computers
  - Back up regularly
  - Encrypt all laptops and computers
  - Install School of Medicine Mobile Device Management (MDM) on any mobile devices
- 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
- Only use Stanford approved and provided cloud vendors. Do not use personal accounts on any external vendor site including:
  - Box, Dropbox, iCloud
  - Google Docs/Drive

- Egnyte
- Gmail
- Amazon Web Service
- Microsoft OneDrive
- CHAT GPT or other AI (that is not Stanford HIPAA compliant CHAT GPT)

State and Federal Law specify a very short timeline; therefore, Residents/Fellows 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**

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

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:
   a. Gloves: Non-intact skin, mucus membranes
   b. Gloves & Gown: Large draining wounds
   c. Gloves, Gowns, Eyewear: Intubation, irrigating large wounds

4. If exposed to blood or other potentially infectious material, either by sharps or splash injury, follow the Bloodborne Pathogen Exposure Policy SHC Workforce Health and Wellness to coordinate next steps.

5. Comply with the Infectious Disease Surveillance and Immunizations Policy.

6. Do not report to work if you have a fever, flu symptoms, or skin lesion drainage. Contact Workforce Health and Wellness (WHW) for return-to-work 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 Stanford's Infection Control: Adult (650) 725-1106; Child (650) 497-8447.

9. Comply with the Aerosol Transmissible Disease Policy and Tuberculosis Surveillance Policy.

Needlesticks/Blood Borne Pathogens

Exposure to blood borne pathogens (BBP) 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. Workforce Health and Wellness has developed a plan to ensure that an appropriate medical evaluation is done in a timely manner even when Residents and Fellows are offsite. Residents and Fellows are to follow the SHC Workforce Health and Wellness guideline.

Blood Borne Pathogen (BBP) Exposures at Off-Site Rotation Instructions

Follow BBP policies within the off-site location. Contact SHC Workforce Health and Wellness to coordinate next steps.

Natural Disaster Policy

If, because of a disaster, or if 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 to maximize the likelihood that each trainee will complete the Resident year timely.

3. Inform each transferred trainee of the minimum duration of his/her temporary transfer and continue to keep each trainee 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 training year, the program must inform each transferred trainee.

4. Continuation of salary and benefits will be maintained to the end of the contract period (minimum six months of appointment) or until paid employment is secured by the Resident/Fellow.

The Stanford Health Care DIO, Associate Dean of GME 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 and Fellows should call or email the appropriate Review Committee Executive Director with information and/or requests for information. Within ten (10) days after the declaration of a disaster, the Stanford Health Care DIO, Associate Dean of GME will contact ACGME to discuss due dates that ACGME will establish for the programs.

1. To submit program reconfigurations to ACGME

2. To inform each program's Residents and Fellows of trainees' 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.

Fees for Professional Services

The professional services provided by Residents/Fellows in the course of their residency/fellowship training may NOT be billed to patients or insurers.

Licensure

Please visit the GME CA Medical License website at https://med.stanford.edu/gme/housestaff/current/ca_md_license.html to learn about:

- California Medical License, appropriate checklists
- DEA Certificates

Malpractice Insurance

Medical Malpractice Insurance

Insurance coverage will be provided for Residents and Fellows, without charge, for patient care related activities that are part of Residents' and Fellows' official duties at SHC/SMCH/affiliate hospitals and at any other institutions to which Residents and Fellows are assigned during the term of their appointment. Insurance coverage for rotations, off campus assignments or volunteer activities must be requested through the GME Department.

Stanford Health Care maintains a self-insurance program through its licensed captive insurance company; SUMIT Insurance Company Ltd. Tail coverage is provided for individual physicians leaving the Stanford program and will extend to incidents which happened during the time of their coverage but filed after they've left. Information regarding coverage, including tail, can be obtained from the Risk Management Office at riskmanagement@stanfordhealthcare.org.

SUMIT will not cover activities which have not been assigned as part of an approved Stanford training program, e.g., moonlighting at other institutions. Malpractice coverage for one time off site electives must be provided by the host institution and not Stanford Health Care. Malpractice will be considered for this type of elective providing the Stanford program provides the educational advantages & rationale for such a request at the time of application submission.

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

Incident Reporting

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 have threatened legal action or requested compensation, should be reported immediately by the Residents and Fellows or the Unit/Clinic/Department to the Risk Management Department at (650) 723-6824 and select option 3 for urgent clinical consults 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 at (650) 723-6824.

When to Contact the Risk Insurance Team:

- For insurance questions you may email: Riskmanagement@stanfordhealthcare.org or visit Risk Management Intranet page: https://stanfordhealthcare.sharepoint.com/sites/RiskManagement/SitePages/InsuranceMgmt.aspx.
- To Request a certificate of insurance or medical malpractice claims history for future employment or credentialing; complete the following request form COI and Claims History Request Form.pdf (stanfordmed.org) and submit to riskmanagement@stanfordhealthcare.org.

Malpractice insurance requests for all rotations must be approved and submitted to SHC Risk management by the GME Department.

When to Contact the Clinical Risk Team or Claims Support:

After any unexpected or unanticipated occurrence or accident involving the care of a patient, the patient should be stabilized, and disclosure is advised per the disclosure policies of our organization.

Following those immediate steps, online incident reports should be made via the reporting system:

- SHC and Tri-Valley – SAFE: https://stanfordhealthcare.sharepoint.com/sites/Safe_SHC
- SMCH-iCare at Login (stanfordchildrens.org)

It is recommended for Residents and Fellows or the Unit/Clinic/Department representative to contact the Stanford Risk Management Department when an unexpected or unanticipated event or outcome occurs that results in or has potential to result in serious consequence(s) (e.g., harm, pain, suffering, damages, long-term loss or function, or other long-term sequelae) to a patient. Risk Management can be reached

at: (650) 723-6824, option 3 for urgent consultations or by paging the on-call Risk Manager between the hours of M-F 8:00 AM-5:00 PM.

In the event any of the below listed items arise, Residents and Fellows are advised to reach out to Risk Management at (650) 723-6824 and select option 2. Conversely, if Risk Management gets first notice of any of the below listed item, they will also reach out to Residents and Fellows:

- Subpoena/Deposition/Trial testimony
- Medical Board's complaints
- Lawsuit/Notice of Intent
- Claims for Compensation
- Attorneys calling for info re: potential claims or lawsuits
- Dental damage during intubation

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	**James Laflin**
Address	**Stanford University School of Medicine Medical School Office Building 1265 Welch Road, Suite X301, MC: 5404 Stanford, CA 94305**
Phone	**(650) 498-5744**
Fax	**(650) 498-5865**
Email	**jlaflin@stanford.edu**

Leaves

Please visit the:

1. Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

2. SHC's Appendix C-Guide to Residents and Fellows Leaves and procedural approval guidelines.

Severability

Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

Duration

Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

Disability

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. 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 Stanford Health Care programs and activities. Residents and Fellows can submit disability accommodation requests via AskHR.

The following three steps must be taken by the Residents and Fellows for all leaves. For additional leave details visit Appendix C.

Steps to be taken by the Residents and Fellows:

1. Contact Hartford to request the leave and provide supporting documentation

2. Complete & submit your Program Director's approved GME LOA Request Form to the GME Department

3. File a claim for State SDI or PFL benefits with the EDD

Workers' Compensation Insurance

If a Resident and Fellow 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 and Fellows with the medical treatment needed to recover from work-related injury or illness, partially replace the wages lost while recovering and help the trainee return to work. Report all injuries to your supervisor immediately. Additionally, please contact Workforce Health and Wellness (WHW) at: (650) 723-5922 immediately if you sustain an injury in the workplace so that there is no delay in claim processing.

Long Term Disability Insurance (LTD)

Stanford Health Care Plan pays the premium for an LTD plan designed to provide Residents and Fellows with income protection in case of a disability during their tenure at Stanford Health Care. This insurance also offers the ability to purchase specialty-specific LTD coverage when Residents and Fellows leave Stanford Health Care.

The LTD coverage while at Stanford Health Care typically pays a benefit of 65% of Residents and Fellow's salary to a maximum of $4,500 per month after a period of disability of 90 days. Residents and Fellows will be enrolled in the plan automatically at time of hire.

On leaving Stanford Health Care, Residents and Fellows may also purchase an individual, specialty-specific policy without any revision of their medical history.

Monthly Benefits	**65% of salary to a maximum benefit of $4,500/month**
Integration	**Policy coverage integrates with CA State Disability, Social Security and Workers Compensation.**
Elimination	**90 days**

Own Occupation	**5-year Resident definition allows for benefits if the Resident is unable to continue performing duties due to a disability during a 5-year period.**
Length of Coverage	**To age 65 whether disabled by sickness or accident.** Pre-existing Conditions: **Pre-existing conditions present 12 months before the effective date will be covered after 30 days as Residents/Fellows.** Loan Pay-off Provision: **$225,000 max after 12-month period of Permanent and Total Disability.** Lump sum Benefit: **$5,000 after a 12-month period of Permanent and Total Disability. This will not decrease the loan Payoff benefit.** Survivor Benefit: **5 times the monthly benefit.**
Mental Health & Substance Abuse Limits	**Payment of LTD benefits caused by Mental Disorder or Substance Abuse is limited to 24 months per occurrence.**
Continuation Option	**Guaranteed continuation option to an individual disability policy without any health, avocation, or financial questions up to $15,000 a month of coverage with Guardian Life Insurance Company.** **Contact Ivory Ruiz at (800)628-2861 or Ivory@hpis.biz.**
Company	**Standard Insurance Company (A rated by A.M. Best), Policy # 756706**
Contact	**Ivory Ruiz at (800)628-2861 or Ivory@hpis.biz**
Company	**Health Professionals Insurance Services** **8880 Rio San Diego Dr. Suite 800 San Diego, CA 92108** **www.hpis.biz** **Email: Ivory Ruiz, Ivory@hpis.biz** **Office: (800) 628-2861**

Paging

Upon commencement of training, Residents and Fellows may be issued a pager by Stanford. If Residents and Fellows do receive a pager, they are required to return the pager as it was received, with due consideration for normal wear at the end of their training appointment. Warranty for the pager is for one year. If the pager is lost or stolen, Resident/Fellow is required to reimburse Stanford Health Care for the full replacement value (at the time of replacement).

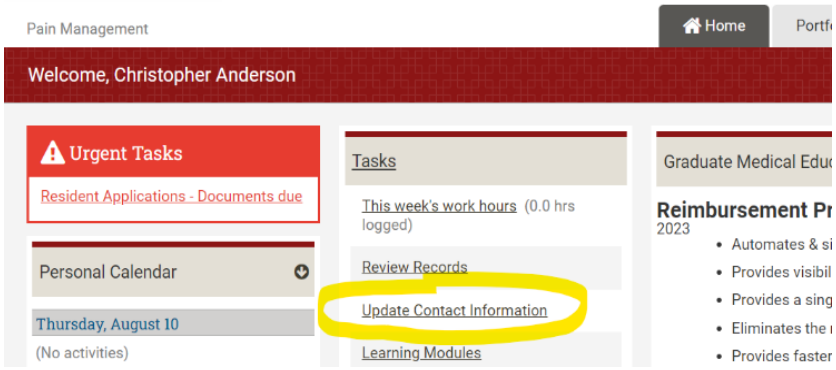
It is an expectation of all Residents and Fellows that they keep their pager on, with them and respond promptly to pages while in the hospital, on-duty, or on-call.

- To page internally, dial x 222, 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/.
- To page from an external location, dial (650) 723-8222 and follow the steps above.

Payroll

Change of Address

Address changes need to be reflected in the following three (3) areas within 2 weeks of change:

1. Resident's and Fellow's Program	**Residents and Fellows to keep their Program Coordinator (PC) know of their accurate address, email & phone number.**
2. MedHub	**Residents and Fellows are required to update their address in MedHub:** 
3. Workday	**Residents and Fellows are to maintain their current contact information in Workday for SHC human resources, payroll and benefits.**

Direct Deposit

All Residents and Fellows should use direct deposit for automatic deposit of their paycheck into their personal checking and/or saving account(s). Log into Workday to setup or make changes to their account. Residents and Fellows can have up to three (3) accounts at any one time. It is the Resident's and Fellow's responsibility to notify SHC/HR and/or GME office of any monies overpaid in error in a timely manner.

Note: Resident's and Fellow's direct deposit will take 1-2 pay periods to go in effect. Direct deposit is the safest way to get one's salary and prevent lost or stolen live checks. Residents and Fellows are paid 26 paychecks annually.

Workday is where Residents and Fellows can view/print paystubs, W2's, update tax withholdings and opt in to have direct deposit receipt/s mailed to their home. Please do not use the GME address. If Residents and Fellows do not sign up for direct deposit, they will be paid via live check. Live checks are sent to the GME office on payday and need to be picked up during GME's office hours by appointment. Residents and Fellows may also contact the payroll Department by phone (650) 725-4700 or email: PayrollQA@stanfordhealthcare.org.

For those with no banking set up in US, Residents and Fellows may want to consider the Stanford Federal Credit Union with a branch located at 300 Pasteur Dr. along with mobile banking services in Redwood City.

Salary Deductions

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

Income Tax Withholding
Stanford Health Care is required by Internal Revenue Service (IRS) regulations to withhold income tax on the salary paid to Residents/Fellows. If a Resident/Fellow wishes to change the number of exemptions for withholding purposes, Resident/Fellow must use the Workday website.

Social Security
The Federal Social Security Act (FICA) requires deduction of social security payments. Residents/Fellows must have social security numbers.

California State Disability Insurance (CASDI)
Residents and Fellows on the Stanford Health Care payroll are covered by CASDI. The coverage is mandatory under California law and is solely contributory by the covered individual. Certain requirements must be met for eligibility to claim CASDI benefits. To obtain more information, please review the Disability topic, section CASDI.

Photo ID's / Security Access Cards

Photographic ID badges will be issued prior to or during the GME orientation process. Residents and Fellows are required to wear their ID badge at all times when on duty. Under no circumstances may Residents and Fellow's ID badge and/or security access card be used by anyone. Resident's and Fellow's ID badge functions as their identification badge. Photo identification badges must be worn using red plastic badge holder sleeves to identify individual as a Resident or Fellow.

Photo identification badges must also be worn above the waist and be clearly visible, in compliance with Title XXII of the California Administrative Code.

Resident's/Fellow's Photo ID badge and security access card are property of Stanford Health Care and must be returned upon completion of their training during the checkout process. Failure to return ID badge and security access card may result in a $500 fine.

Consequences of transferring or fraudulently using the Clipper Card
The Clipper card issued to eligible Residents and Fellows is valid only for the duration of training at Stanford Health Care. Fraudulent use and transfer of the Clipper Card is a serious violation of the program. If Residents and Fellows are discovered to have transferred their Clipper Card or accepted a pass that was not originally issued to them, they will face confiscation and potential fines up to $250. In addition, otherwise eligible employees or Residents and Fellows will immediately forfeit Clipper card privileges and the privilege of receiving future passes and prizes through Stanford Medicine Transportation Services. For more information about Stanford Medicine Clipper cards and transit programs visit: https://www.stanfordmedicinetransportation.org/transportation-programs.

University Courtesy Gym Card
Access to University facilities is authorized by the GME Department and cards are given out during GME orientation for the duration of Resident's and Fellow's appointment with Stanford Health Care. This card must be returned to the GME Department at the end of the Resident's and Fellow's appointment with Stanford Health Care. To learn more contact Stanford Card Department located at: Tresidder Union, 459 Lagunita Drive, 2nd Floor (next to the Ticket Office & Wells Fargo Bank), Monday – Friday, 8:30 AM-12:30 PM & 1:00 PM-5:00 PM, phone (650) 498-2273.

Stanford Libraries

Residents and Fellows are provided access to several library resources. Please visit the GME website https://med.stanford.edu/gme/housestaff.html about Residents and Fellows access to Stanford Libraries.

Physician Order Entry/Verbal Order

It is best practice to enter orders via the EPIC system to minimize verbal orders. Residents and Fellows who are unable to access a computer can call an order in. 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.

Prescription Authority

Outpatient prescriptions and discharge prescriptions written by Residents and Fellows without California licenses and Stanford DEA certificate must be countersigned by a licensed physician. The CML and DEA numbers of the licensed physician must appear on all outpatient prescriptions. To learn more visit the GME website https://med.stanford.edu/gme/housestaff/current/prescription-guidelines.html.

Electronic Prescription (E-Prescribe) for Controlled Substances (EPCS)

Please visit the GME Prescription Guidelines website https://med.stanford.edu/gme/housestaff/current/prescription-guidelines.htm to learn about

- In-Patient
- Out-Patient
- Electronic Prescription

Qualified Bilingual Staff (QBS) Program

If Residents/Fellows are bilingual and would like to use their language skills to communicate directly with patients, there is now a test they can take to ensure their language skills are of the highest quality and compliant with Joint Commission Standards. The Qualified Bilingual Staff program (QBS) offers a process for bilingual physicians at Stanford to take a foreign language competency assessment. Signing up is easy, and the exam takes about 45 minutes over the phone. Passing the QBS exam helps Residents and Fellows make sure and show the hospital that they can communicate with patients in their preferred language and obtain consent without the assistance of an interpreter.

Note: Passing the QBS exam does not qualify an individual to interpret for other providers. For more information or to register for the exam, email: DL-LanguageTesting@stanfordhealthcare.org or call (650) 721-7883.

Research

Residents and Fellows may not 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's and Fellow's grant, tuition reimbursement or salary do not conflict with the research project requirements.

External Research Rotations

Programs cannot approve external research rotations (rotations outside of SHC or SMCH) for Residents or Fellows for training credit without the prior authorization of the GME Department. Research rotations at SHC, SMCH and the Stanford School of Medicine are not considered external. To be eligible for credit for training, an external rotation must be reviewed and approved by the Program Director and the GME Department. A Program Letter of Agreement (PLA) must be in place with the external organization. PLAs provide details on faculty supervision and evaluation, educational content, length of assignment and policies and procedures for each required assignment. These documents are intended to protect the program's Residents and Fellows by ensuring an appropriate educational experience under adequate supervision. All Residents and Fellows participating in any external rotation as part of their training remain employees of SHC, are paid solely by SHC, and must track their rotation work hours in MedHub**.**

Restrictive Covenant

Stanford and its programs do not require Residents and Fellows to sign noncompetition guarantees or agreements.

Rotations/Educational Activities Outside of SHC: Away Rotations

Please visit the GME Rotations/Educational Activities Outside of SHC website https://med.stanford.edu/gme/housestaff/current/away_rotations.html to learn about:

1. **Required Rotation**
2. **Recurring Elective**
3. **One-Time Elective**
4. **Global Health Elective**

All Residents and Fellows rotations must be preapproved by their Stanford program and the GME Department and correct schedules maintained in the Resident/Fellows MedHub account.

Observership

- As a general rule there is no elective observership.

- In exceptional circumstances the Stanford program needs to adhere to the elective application protocols & provide an explanation of the Observership educational benefits & the reasons for such request.

Visiting Residents (VR)

Please visit the GME Visiting Resident's website https://med.stanford.edu/gme/housestaff/visiting.html to learn about:

- Eligibility requirements
- Processing
- Parking
- How to submit a VR application

Specialty and Subspecialty Board Contact Information

The 24 certifying boards or Member Boards of American Board of Medical Specialties (ABMS) were founded by their respective specialties to assess and certify physicians and medical specialists who demonstrate the clinical judgment, skills, and attitudes essential for the delivery of excellent patient care. To contact an ABMS Member Board, click on the name of the Member Board. To learn more about where board certification is offered, visit specialty and the subspecialties details posted on https://www.abms.org/member-boards/specialty-subspecialty-certificates/.

Smoke-Free Workplace

Stanford Health Care and affiliate hospitals have a 100% smoke-free policy. Smoking is not permitted anywhere inside SHC or affiliate hospital 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 our off-campus locations are either entirely smoke-free or follow the applicable city/county smoking ordinances.

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

Transportation and Parking

Residents and Fellows are required to comply with the Stanford Health Care Transportation Services Policy, which can be reviewed online: https://stanfordhealthcare.policytech.com/docview/?docid=13330. Please visit the GME Parking Information website https://med.stanford.edu/gme/housestaff.html to learn more.

Fatigue Mitigation

A. Fatigue Mitigation Transportation. In the event a Resident or Fellow is too fatigued to drive home safely at the end of a shift the Resident or Fellow has the following options:

   1. Sleep in an available call room until able to drive safely; or

   2. Access Uber for round-trip transportation to their verifiable home address from a rotation site.

B. Use of these transportation services and/or reimbursements for any other purpose may result in discipline and an obligation of repayment by the Resident or Fellow to SHC.

To learn more, visit the GME Fatigue Mitigation website
https://med.stanford.edu/gme/housestaff/current/fatigue.html.

Other Services

Residents/Fellows Lounges & Call Rooms
To learn about the Residents and Fellows Lounge and Call Rooms visit the GME website https://med.stanford.edu/gme/housestaff.html.

GME Gym
The GME gym is located on the 4th floor of the Stanford Health Care, 300P. Equipment includes: stair-climbers, treadmills, bicycles, and weights. Residents and Fellows must use their access card to enter and exit the roof access door that leads to the gym. Please wipe down equipment after each use.

Childcare and Lactation Space Accommodations
Please visit the GME Childcare and Lactation Spaces website https://med.stanford.edu/gme/housestaff/current/childcare.html and shc-lactation-spaces-healthystepsrevised-92020.pdf.

Resident/Fellow Workroom at 300P, Room HC403
The GME Residents and Fellows workroom is on the 4th floor of the Stanford Health Care, 300P, room HC403, across the stairway from the GME Office. This workroom offers day lockers, three (3) computers, a phone, and a printer for Residents and Fellows to enjoy a quiet workspace. Additionally, Residents and Fellows can request permission to use a locker at all the Stanford facilities by reaching out to the appropriate Unit Clerk.

Collaborative Workspace at 300P, H1510
The collaborative workstation provides individual workspace and meeting rooms hoteling space for work related meetings and team collaborations. It is open 24/7 for all SHC employees. It contains 62 workstations and 12 reservable meeting rooms. The workspace offers a lactation room, lockers, break room and phone booths.

To find the Collaborative Workspace visit PowerPoint Presentation (stanfordmed.org). To reserve a meeting room and/or workstation visit Room Booking Tip Sheets & Resources (stanfordmed.org). For directions and to lean more visit

https://stanfordhealthcare.sharepoint.com/sites/Hospitality_Food_EventServices/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FHospitality%5FFood%5FEventServices%2FShared%20Documents%2FPath%20of%20Travel%20%2D%20300P%20Collaborative%20Workspace%5Fv18%2Epdf&parent=%2Fsites%2FHospitality%5FFood%5FEventServices%2FShared%20Documents.

Stanford Golf Course

Stanford University Golf Course is in the foothills above the Stanford University Campus, the golf course is consistently rated one of the finest courses in the world. Residents and Fellows may sign up to be on the GME golf list and play at a reduced rate of $25.

Rules:

- Sign-ups must be in person at the GME Office, 300P, room HC435.
- To allow access for all, Residents and Fellows are given up to two (2) months on a first come, first serve basis.
    - Residents and Fellows may sign up for additional months in the low-demand months. For these additional months not to count against your two (2) months, sign-up must be on the last day of the month based on availability.
- Guests pay $125, subject to change.
- For fees, rules, golf course hours and general information, call: (650) 724-0944 or go to https://www.stanfordgolfcourse.com/golf.

Housing

Welch Road Apartments

One hundred and eight-unit (108) Residential community of studio, one and two bedroom apartments are located southwest of Sand Hill Road, right across the street from Stanford Health Care are available for Residents and Fellows. To learn more visit Welch Road Apartments | (stanford.edu).

- The application for the Welch Road Apartments is sent to the new/incoming Residents and Fellows along with their MedHub contracts in spring of their appointment start date. Assignments are made via lottery in May. The Results of the GME Lottery will be posted after the draw has been completed. Please use your Lottery Identification Number to determine your position in the lottery. To view the detailed information regarding the GME housing lottery visit the Housing | Graduate Medical Education | Stanford Medicine.
- Effective January 1, 2026, all new Welch Road Apartment leases are limited to a maximum term period of two (2) years, irrespective of training duration.
- Off-cycle tenants will begin their two-year term at the start of their appointment or move-in date in 2026.
- Continuing Residents and Fellows appointed prior to January 1, 2026 lease will be grandfathered the current tenants in and are able to stay for the length of their training program (as their original contract states).

  Continuing Residents and Fellows are to call the Welch Road Apartment Leasing Office (650) 497-0101 to inquire about availability. For additional housing opportunities, visit GME website https://med.stanford.edu/gme/housestaff/current/housing.html.

Uniforms

A. White Coats

Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

B. Scrubs
Collective Bargaining Agreement (CBA) document available on the home page of MedHub, under Resources/Documents.

SHC GME Department

The GME services include assistance with licensure, GME reimbursements, loan deferment documentations, Rotations and Electives for Residents and Fellows, Visiting Residents/Fellows Rotations and many more.

To obtain the GME office address, directions, hours of operation and GME Staff members roles and contact information, visit the GME website https://med.stanford.edu/gme/gme_team.html.

Appendix A-Harassment, Discrimination and Retaliation Prevention Policy

I. PURPOSE

This policy defines harassment, discrimination, abusive conduct (bullying), and retaliation, and explains the procedures for reporting and responding to any such conduct. This policy applies to all Stanford Health Care (SHC) employees and any other persons affiliated with SHC or with whom SHC employees come into contact while working at or representing SHC whether onsite, offsite, or remote.

II. POLICY

A. A basic value of Stanford Health Care is respect for each individual and for individual differences. In keeping with that principle, SHC is committed to maintaining an environment free of harassment, discrimination, retaliation, abusive conduct, and any other disrespectful or unprofessional conduct based on any protected characteristic as defined below. SHC also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics as defined below. Abusive conduct, as defined by law, is also prohibited, and is addressed under SHC's Corrective Action policy.

B. Harassment is any unwelcome conduct that is based on a protected characteristic. Harassment becomes unlawful when it unreasonably interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment. Such behavior violates SHC policies and will not be tolerated. While all forms of harassment are prohibited, this policy also separately emphasizes the prohibition against sexual harassment. Sexual harassment and abusive conduct prevention training will be provided in accordance with the requirements set forth under California law.

C. SHC is committed to compliance with all applicable laws providing equal employment opportunities, including Equal Pay under both state and federal law. This commitment applies to all persons involved in SHC operations. SHC does not discriminate based on the actual or perceived basis of any legally protected characteristic as defined below. SHC prohibits unlawful discrimination against any job applicant, employee, or unpaid intern by any employee of SHC. SHC also prohibits pay discrimination based on gender, race, and ethnicity, for substantially similar work.

D. SHC prohibits retaliation against individuals who raise complaints of harassment, discrimination or retaliation, or who participate in workplace investigations.

E. All employees, including supervisors, should be aware that SHC will take appropriate action to prevent and correct any behavior that constitutes harassment, sexual harassment as defined, discrimination, retaliation, or other abusive conduct. Individuals who are found to be engaged in such behavior are subject to discipline up to and including termination.

F. Intentionally submitting a complaint of sexual or other harassment, discrimination, or retaliation which contains materially false facts may be grounds for disciplinary action. No disciplinary action will be taken against an employee who submits a complaint which, although accurate, does not qualify as harassment, discrimination, or retaliation under the definitions contained in this policy.

Further, a finding that a complaint is not supported by the evidence or is inconclusive is not in itself evidence that materially false facts were presented in the complaint, or that the complaint was made in bad faith.

III. DEFINITIONS

A. Legally Protected Characteristic as defined by California state law: Harassment, discrimination, retaliation, and disrespectful or unprofessional conduct based on any of the following characteristics is prohibited:

Ancestry, age (40 and above), color, physical and mental disability, genetic information, gender (including identity and expression), marital status, medical condition, military and veteran status, national origin, race, religious creed (including religious dress and grooming practices), reproductive health decision making, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), sexual orientation, or any other basis protected by federal, state or local law or ordinance or regulation. SHC also prohibits discrimination, harassment, and disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics, or as having had any of those characteristics.

B. Harassment

Harassment is verbal, visual, or physical conduct that denigrates or shows hostility, ridicule, or aversion toward an individual because of any aspect of the individual's actual or perceived legally protected characteristic, that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive work environment.

2. Has the purpose or effect of unreasonably interfering with an individual's work performance; or

3. Otherwise adversely affects an individual's employment opportunities.

4. Harassing conduct includes:
   a. Epithets, slurs, negative stereotyping, disparaging jokes, or threatening, intimidating or hostile acts that relate to a legally protected characteristic.
   b. Written or graphic material that denigrates or shows hostility or aversion toward an individual or group because of a legally protected characteristic and that is placed on walls, bulletin boards, other SHC assets, or elsewhere on SHC premises, or circulated in the workplace via posts or messages, including all electronic media.
   c. Retaliation for reporting, or threatening to report, harassment or for participating in an investigation into a complaint of harassment is prohibited by law and hospital policy.

C. Harassment (Sexual)

The determination of what constitutes sexual harassment will vary with the circumstances. Sexual harassment need not be motivated by sexual desire in order to be unlawful or to violate this policy. For example, hostile acts toward an individual because of gender, gender identity, gender expression, or the perception of the individual's gender, gender identity, or gender expression can amount to sexual harassment, regardless of whether the treatment is

motivated by sexual desire. 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:

1. Submission to such conduct, made either directly or indirectly, is a term or condition of an individual's employment.

2. Submission to such conduct or rejection of such conduct is used as a basis for any employment decision affecting an individual or

3. 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, drawings, photographs, internet sites and social media, or screen savers; suggestive or derogatory comments, insults, stereotyping, or jokes; gestures or physical contact which may be regarded as sexual in nature.

4. Prohibited acts of sexual harassment can take various forms, ranging from subtle words, noises, or actions to physical assault. Sexual harassment is not limited to interactions between different genders. Examples of conduct which may create an offensive work environment include:
   a. Verbal conduct such as using epithets, derogatory comments or jokes, slurs, or making unwanted sexual advances, invitations, comments, or noises.
   b. Visual displays in the workplace such as derogatory and/or sexually oriented posters, photographs, cartoons, drawings, or web pages, or viewing or disseminating offensive material online or through other electronic media.
   c. Unwelcome physical conduct such as touching, purposely blocking normal movement, or interference directed at an individual because of the individual's sex (including gender expression or any other protected basis).
   d. Insinuations, threats, and demands to submit to sexual requests or sexual advances as a condition of continued employment, or to avoid some other adverse impact on the affected individual's job and offers of job benefits in return for sexual favors. An adverse impact on an individual's job means any action that adversely impacts the individual's evaluation, wages, advancement or promotion, assigned duties, shift or any other condition of employment or career development.
   e. Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law or by SHC policy.

5. Retaliation is an adverse employment action taken against an individual for engaging in activity protected by law including having reported or threatened to report, harassment, discrimination or retaliation, or for participating in an investigation into a complaint of harassment, discrimination or retaliation. SHC will not retaliate against an employee for filing a complaint or participating in any workplace investigation and will not tolerate or permit retaliation by management, employees, or co-workers. Retaliation is prohibited by law and hospital policy.

D. Abusive Conduct

Abusive conduct is conduct of an employer or employee in the workplace, with malice, that a reasonable person would find hostile, offensive, and unrelated to an employer ' s legitimate business interests. Abusive conduct may include repeated infliction of verbal abuse, such as: the use of derogatory remarks, insults, and epithets; verbal or physical conduct that a reasonable person would find threatening, intimidating, or humiliating; or the gratuitous sabotage or undermining of a person's work performance. A single act shall not constitute abusive conduct, unless especially severe and egregious.

IV. PROVISIONS

A. Supervisor/Management Responsibility

Supervisors and any management level employee must refer all complaints involving harassment, discrimination, retaliation or other protected conduct to Employee and Labor Relations management so SHC can take action to resolve the complaint promptly. Each supervisor/management level employee has a responsibility to maintain a workplace free of all forms of harassment, discrimination or retaliation, whether by a manager, supervisor, employee, or other person (including a patient or vendor).

B. Discussing and Reporting Incidents or Problems

1. Any employee who believes they have been the subject of discrimination, harassment, bullying, or retaliation, should bring their complaint to their supervisor, next level supervisor, a staff member of Employee and Labor Relations at Service Catalog Item-AskSHC(service-now.com). or any member of SHC management. A full list of optional resources is listed below in the Appendix attached to this Policy. SHC urges all individuals to immediately report any incidents of harassment, discrimination, retaliation or other prohibited conduct forbidden by this policy so that complaints can be quickly and fairly resolved. All known details of the incident or incidents, names of individuals involved, and names of any witnesses should be provided. Individuals may bring their complaint to the resource(s) of their choice.

2. All complaints of discrimination, harassment, or retaliation will be investigated promptly and in an impartial manner by an Employee and Labor Relations Consultant or by another appropriate management-level person or third-party investigator as designated by Employee and Labor Relations.

3. Because the subject of harassment may be particularly sensitive to some, employees are encouraged to choose the resource with which they feel most comfortable 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 be mindful that reporting the situation accurately and cooperation in the subsequent investigation is important to prevent the same conduct in the future.

4. In addition, employees may contact Employee and Labor Relations on an anonymous basis to discuss or gain clarification about sexual harassment.

C. Investigation

1. An Employee and Labor Relations representative, management, or other appropriate designee who is impartial and qualified will promptly conduct a thorough and objective investigation of the alleged incident and make a determination as to whether the

complaint of harassment, discrimination or retaliation was credible, or whether the evidence is inconclusive.

2. The investigation will include 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 are identified as having relevant information.

3. 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 is followed in conducting an investigation.
   c. Inform the individual that the hospital will treat the complaint and its investigation confidentially to the extent possible but cannot promise complete confidentiality: SHC's duty to investigate and take corrective action may require the disclosure of information to individuals with a need to know. When necessary to protect the integrity of the investigation, SHC may ask the individual accused to maintain confidentiality as well. Such confidentiality may be requested to protect potential witnesses, preserve evidence and testimony, prevent fabrication or cover-up, and generally maintain the integrity of the investigation; and
   d. Advise the individual of the hospital's policy against harassment, discrimination, and retaliation, and inform the individual that any retaliation against or intimidation of any person who has made a complaint or who has participated in an investigation of a harassment, discrimination or retaliation charge will not be tolerated.

4. The complainant will be informed:
   a. That they should immediately contact any of the available resources identified below in paragraph E if they believe that any further violation of this policy against harassment, discrimination, or retaliation occurs and
   b. That SHC will treat the complaint and its investigation confidentially to the extent possible but cannot promise complete confidentiality. SHC's duty to investigate and take corrective action may require the disclosure of information to individuals with a need to know. When necessary to protect the integrity of the investigation, SHC may ask the individual accused and the complainant to maintain confidentiality as well. Such confidentiality may be requested to protect potential witnesses, preserve evidence and testimony, prevent a fabrication or cover-up, and generally maintain the integrity of the investigation and
   c. That any retaliation against or intimidation of any individual who has made a complaint or who has participated in an investigation of a harassment or discrimination charge will not be tolerated and should be reported immediately to Employee and Labor Relations.

D. Resolution
   1. Complaints will be:
      a. Responded to in a timely manner
      b. Kept confidential to the extent possible
      c. Investigated impartially by qualified personnel in a timely manner
      d. Documented and tracked for reasonable progress

e. Given appropriate options for remedial action and resolution by Employee and Labor Relations or management
f. Resolved in a timely manner as determined by the circumstances of the complaint

2. If SHC determines that harassment, discrimination, retaliation, or other prohibited conduct occurred, appropriate corrective and remedial action will be taken according to the circumstances. SHC will also take appropriate action to deter future misconduct.

3. Employee and Labor Relations, management or other appropriate designee will inform the complainant of the results of the investigation, and if any action will be taken to remedy the harassment to the extent such information can be disclosed without infringing on the accused individual's right to privacy.

4. Any employee, supervisor, manager, director or above who is found, after appropriate investigation, to be responsible for harassment, discrimination or retaliation will be subject to appropriate disciplinary action, up to and including termination.

V. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Stanford Health Care (SHC) are responsible for ensuring that individuals comply with this policy.

B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with SHC policy. Violations will be investigated to determine the nature, extent, and potential risk to SHC. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VI. APPENDICES

Appendix A: Available Resources for Reporting Complaints

VII. RELATED DOCUMENTS

A. Equal Employment Opportunity (EEO)

B. Non-Discrimination Policy

C. Code of Conduct Compliance and Privacy Manual

D. Services and Accessibility for Staff and Patients with Disabilities

VIII. DOCUMENT INFORMATION

A. Legal Authority/Regulatory References
Fair Employment and Housing Act (California Government Code Section 12900-12952

B. Original Document
Author/Original Date: July 1999 by Vice President of Human Resources

C. Stored in: Human Resources Manual

D. Review and Renewal Requirements
This policy will be reviewed every three (3) years and/or as required by change of law or practice.

E. Review and Revision History

1. January 2001, June 2007, December 2009, January 2012, December 2012, March 2015, December 2015, June 2016, May 2017, July 2017, October 2017, February 2024

2. June 2025, April Madison-Ramsey, General Counsel, Office of General Counsel; Alison Bodor, Executive Director, Belonging and Community; Shareef Valentine, Director, ELR; Shirley Nakamura, Director, HR Compliance and Employment

F. Approvals

1. January 2001, November 2003, October 2007, January 2010, January 2012, March 2015, December 2015, December 2015, June 2016, May 2017, July 2017, October 2017, July 2024, August 2024

2. September 2025 Policy and Procedure Committee

3. 10/2025 Clinical and Operational Performance Executive Committee (COPEC)

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Appendix A: Available Resources for Reporting Complaints:

1. Immediate supervisor or the next level manager

2. Employee and Labor Relations (Tel: 650-724-0958 or through an AskHR Inquiry)

3. Any member of SHC management

4. Compliance and Privacy Office (Tel: 650-724-2572)

5. SHC 24-Hour Compliance Hotline (Tel: 800-216-1784)

6. Employee Assistance Program at ww.achievesolutions.net/shclpch (Tel: 855-281-1601)

7. External resources:
In addition to internal SHC resources, employees may file complaints of unlawful discrimination, harassment, or retaliation with either the Federal Equal Employment Opportunity Commission (EEOC) or the California Civil Rights Department. Contact information for these agencies is available online.

Appendix B-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) until age 26 read this notice carefully as it outlines both your rights and your responsibilities under the law.

What is a COBRA Qualifying Event?

A COBRA qualifying event is an event that causes Residents and Fellows or their dependents to lose health benefits. The law defines COBRA 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).

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 employees:

- 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.

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 are also entitled to continuation coverage. Coverage may be continued for the lifetime of the 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, health reimbursement accounts, employee assistance programs and health care spending

accounts). Other coverages provided by your employee benefit plan is 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 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 (3) 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 (the employee) 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.

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 second 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 is determined to have been disabled (for Social Security disability purposes) on the date of the original qualifying event (termination of employment or reduction in work 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 starting from the later date on which the Social Security Administration issued the disability determination letter or the date coverage was lost following the original COBRA Qualifying Event 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's 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 (within the prescribed grace period); or
c. After electing COBRA coverage when you become covered under another group health plan; or
d. After electing COBRA coverage when you first become entitled to Medicare (enrolled on parts A or B), except Medicare entitlement for end stage renal disease; 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 in writing within 30 days of this Social Security determination).

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 a dependent losing eligibility under the plan, you or a family member must formally advise your employer of the Qualifying Event. Formal notice must be sent to your employer within 60 days of the later of the Qualifying Event date or the last day of coverage. The 60-day notice period is a hard deadline and exceptions cannot be made. If timely notification is not submitted to your employer, all Qualified Beneficiaries pursuant to that event will lose continuation rights under COBRA.

Supplemental documentation may be required for divorce or legal separation events. This is required to confirm the actual date of divorce, dissolution, or legal separation. Required documentation may consist of a divorce decree or official documentation supporting the legal separation that shows the official dissolution date. If your coverage is reduced or eliminated in anticipation of a divorce and a divorce or legal separation occurs later, your notice must provide satisfactory evidence to the employer that coverage was reduced or eliminated in anticipation of the divorce or legal separation.

Note in the event of a divorce or dependent child losing eligibility under the plan, the notice to your employer must be in written form or through your employer's electronic benefits administration system (if applicable). Specifically, verbal notification is not sufficient. If this written notice is not provided within the 60-day window, rights to COBRA continuation coverage (for this event) will be forfeited.

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 your COBRA Qualifying Event includes a personal e-mail address, in addition to the mailed packet, you will also be sent an e-mail with registration information to make your COBRA election and payments online.

If you decide to elect continued coverage, you must return your COBRA Election Form to the COBRA Representative, or elect online, 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 approximately 5-10 business days after the premium(s) are received.

Is There Continuation Beyond COBRA?

If you are married or in a domestic partnership, coverage may be available through your spouse or domestic partner if they are employed and have group health coverage. If a child is under age 26, coverage may be available through a spouse's plan if they are employed and have group health coverage. This option may provide coverage at a lower cost since employers may subsidize a portion of the premium for dependents. You have a right to enroll in a spouse's group health plan coverage since you lost your group health plan coverage. You must exercise this option with your spouse or domestic partner's employer within 30 days of your loss of your prior employer coverage and, in some cases, coverage will not have a retroactive effective date. Please note, not all group health plans allow coverage for domestic partners, so this option may not be available.

Individual health insurance can be purchased directly through an individual insurance company. You may apply for individual insurance within a "special enrollment period." Your special enrollment period is 60 days from the end of your COBRA coverage. After 60 days, your special enrollment period will end, and you may not be able to enroll until the general open enrollment period for individual plans (typically in November for a January 1st effective date). Application for coverage must be made prior to your COBRA termination date in order to not have a gap in coverage. For more information about individual health insurance options, contact the health insurance companies who specialize in the individual market in your area.

Individual health insurance can be purchased through an online Marketplace in lieu of electing COBRA or after your COBRA coverage ends. You have a "special enrollment" period 60 days from the date you lose your employer's group health coverage to enroll in the Marketplace. After 60 days, your special enrollment period will end, and you may not be able to enroll until a Marketplace "open enrollment" which typically begins in November for coverage starting as early as January 1st. However, if you elect COBRA and your coverage ends involuntarily, such as exhausting the maximum COBRA coverage period or if the employer no longer offers group health plan coverage, you may be able to enroll in the Marketplace through the special enrollment period. Coverage through the Marketplace may cost less than COBRA. Subsidies may be available through the Marketplace if your household income is between 138% and 400% of the Federal poverty level.

For more information about health insurance options available through the Marketplace, visit www.healthcare.gov or call 1-800-318-2596. If you live in California, contact Covered California at www.coveredca.com or 1-888-975-1142.

What About Life Insurance?

Group life insurance benefits are not subject to the COBRA continuation provisions. However, your life insurance policy may offer a port or 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, VitaCOBRA, at (650) 966-1492.

Appendix C-Guide to Residents and Fellows Leaves

Leaves of absence (LOA) must be requested and approved by the Program Director and GME Executive Director and meet the required protocols listed below:

Types of Leave	Approval Request Protocol
• **Bereavement Leave** Residents & Fellows are eligible for up to five (5) workdays 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, grandparents-in-law, siblings-in-law and "any individual whose close association with the Resident/Fellow is the equivalent of a family relationship" 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 Executive GME Director. • **Educational Meetings and Activities** Request to attend educational, scholarly and professional activities/seminars should be submitted to the Program Director for approval. work hours must be entered for the dates and times Residents/Fellows are in attendance in compliance with ACGME regulations. Requests shall not be unreasonably denied. 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 GME Executive Director. Professional leave may not extend beyond six (6) months or between academic years. Continuation of salary is at the discretion of the Stanford's Chief Medical Officer (CMO). Benefits, however, will not continue for more than six (6) months.	1. Resident's and Fellow's Stanford Program Director 2. Stanford Health Care (SHC) Graduate Medical Education (GME) Submit request using GME LOA Request Form

Types of Leave	Approval Request Protocol
● **Vacation** Residents and Fellows are permitted to take up to four (4) weeks of vacation, (one week of vacation may be used as educational leave) with pay during each one-year period. Personal time off must be scheduled in advance with the approval of the Director of the Residency/Fellowship Program in each Department or Division. Vacation may be scheduled in full weekly increments or may be requested by the day in accordance with each Program's vacation procedures. For vacation accounting purposes only, Residents will not be required to use a paid vacation day on Saturdays or Sundays. Vacation shall be requested by the Resident/Fellow in accordance with their Program's vacation procedures for approval by the Program Director or designee. To the extent possible, vacations will be granted in accordance with Resident/Fellow requests and shall not be unreasonably denied. Programs' procedures for requesting and assigning vacation schedules must be made available to Residents/Fellows and be in compliance with each program's requirements. The Program Director or designee shall arrange coverage for the Resident/Fellow on vacation. Residents and Fellows shall not be expected to engage in work-related duties during vacation. The Program Director or designee shall ensure that any time-sensitive obligations or opportunities are communicated to Residents/Fellows with sufficient advance notice so they may complete them prior to taking vacation. Vacation days shall not supplant or replace any days off which would normally be	

Types of Leave	Approval Request Protocol
granted in accordance with ACGME work hours' requirements and restrictions. • **Jury Duty** If Resident/Fellow is called to jury duty on a day in which Resident/Fellow is scheduled to work, Resident/Fellow 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** Residents and Fellows will be granted up to twenty (20) days of sick leave per year, if needed, to take time off for the diagnosis, care, treatment of an existing health condition or preventative care for themselves or family members (parents, children, spouses, registered domestic partners, grandparents, grandchildren, siblings or one designated person per year, Grandparents-in-law, Siblings-in-law, "any individual whose close association with the Resident/Fellow is the equivalent of a family relationship"), and for certain qualifying reasons related to a qualifying act of violence (domestic violence, sexual assault, stalking, etc) or a family member of a victim. Residents and Fellows 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 twenty (20) days of sick leave are exhausted. Sick leave may be used for the Resident's/Fellow's own health condition, preventive care, or to care for a family member. Sick leave is also available for	

Types of Leave	Approval Request Protocol
reasons related to domestic violence, sexual assault, or stalking, consistent with California law.	
1. Pregnancy Disability 2. Parental/Bonding Leave (following pregnancy disability) 3. New Parent/Bonding Leave (non-pregnancy) 4. Disability Leave (non-pregnancy) for Residents and Fellow's own Medical Condition 5. Family Medical Leave-Care for a Family Member **6.** Reproductive Loss Leave	1. Resident's/Fellow's Stanford Program Director 2. Stanford Health Care (SHC) Graduate Medical Education (GME) 3. The Hartford The Hartford will confirm the Resident's and Fellow's eligibility for leave under Federal & State leave entitlements and intake any documentation required to approve the leave, including medical certification from the healthcare provider. 4. Coordination between Federal FMLA and California CFRA.

Residents and Fellows are expected to file for State Disability Insurance (SDI) benefits and/or Paid Family Leave (PFL benefits) with the State Employment Development Department (EDD) during leave. Residents and Fellows cannot forgo applying for eligible SDI/PFL benefits to receive full pay from SHC during leave.

SHC will coordinate with eligible State benefits to maintain 100% salary for a minimum of six (6) weeks during an approved leave. If a Residents and Fellow is not eligible for State benefits, SHC will maintain 100% salary for a minimum of six (6) weeks during an approved leave using unused sick and vacation days.

Makeup time to graduate from the training program is determined by the applicable specialty board and Program Director. Makeup time will be at full pay and medical benefits.

Steps to be taken by the Residents and Fellows:

1. Contact the Hartford to request the leave and provide supporting documentation
2. Submit their Program Director's approved GME LOA Request Form to the GME Department
3. File a claim for State SDI or PFL benefits with the EDD

Forms and Links

- GME LOA Request Form
- The Hartford
- State EDD (SDI or PFL)
- GME Policies & Procedures

Pregnancy Disability	
Time Off	**Pay**
Pregnant Residents and Fellows are eligible for Pregnancy Disability Leave (PDL) as of their first day of employment. They are eligible for (up to) 17.3 weeks of PDL – actual disability period will be determined by their physician (typically six to eight (6-8) weeks post-birth). If a Resident and Fellow exhausts PDL and needs additional time-off for pregnancy-related disability, GME and SHC Human Resources (HR) will consider a request for additional leave as a reasonable accommodation under the Americans with Disabilities Act (ADA).	The first week of Pregnancy Disability will be paid in full by GME using the Resident's and Fellow's New Parent Leave pay (5 days) per GME policy. During the disability leave period, Residents and Fellows must file for State Disability Insurance (SDI) benefits from the CA State EDD. After the one-week waiting period, SDI will pay up to 70% of the Resident's and Fellow's weekly salary during disability. GME will pay the remaining 30% of the Residents and Fellow's weekly salary to maintain 100% salary for a minimum of six (6) weeks during disability using unused sick and/or vacation time. If a Resident/Fellow is not eligible for SDI benefits (new hire, hasn't worked in CA), GME will maintain 100% weekly salary for a minimum of six (6) weeks using unused sick and/or vacation time. The first week of Pregnancy Disability will be paid in full by GME using the Resident's/Fellow's New Parent Leave pay (5 days) per GME policy. One (1) week of paid time off must be reserved for use outside of a leave. If disability exceeds 90 days, the Residents and Fellows may be eligible for Long-Term Disability (LTD) benefits. Coordination between Federal FMLA and California CFRA.

Bonding Leave (following pregnancy disability)	
Time Off	**Pay**
Once the Residents/Fellows have been medically released from disability, they may be eligible to take an additional 12 weeks for Bonding Leave under the California Family Rights Act (CFRA). The Residents/Fellows must have at least one (1) year of employment with Stanford Health Care (SHC) and worked 1,250 hours within the 12-month period immediately prior to the leave request to be eligible for this	Following disability, if the Residents/Fellows take additional time-off for bonding, they must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay up to 70% of the Resident's/Fellow's weekly salary for up to eight (8) weeks. There is no waiting period with the State for PFL benefits. Residents/Fellows may use available

Bonding Leave (following pregnancy disability)	
Time Off	**Pay**
additional time-off. This leave can be taken intermittently (minimum of two (2) weeks at a time) but cannot be taken after the child's first birthday. If the Residents/Fellows are not eligible for bonding leave under CFRA, they may use their available vacation time following their release from disability leave. One (1) week of paid time off must be reserved for use outside of a leave.	vacation time to integrate with PFL to maintain 100% salary. One (1) week of paid time off must be reserved for use outside of a leave.

New Parent/Bonding Leave (Non-Pregnancy)	
Time Off	**Pay**
Non-pregnant Residents/Fellows are eligible for a minimum of six (6) weeks of New Parent/Bonding Leave. Any Resident/Fellow who has at least one (1) year of employment with SHC and has worked 1,250 hours within the 12-month period immediately prior to the leave request is eligible for up to 12 weeks of leave to bond with their newborn under the California Family Rights Act (CFRA). This leave can be taken intermittently (minimum of two (2) weeks at a time) but cannot be taken after the child's first birthday.	During time off for baby bonding, Residents/Fellows must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay up to 70% of the Resident's/Fellow's weekly salary for up to eight (8) weeks. There is no waiting period with the State for PFL benefits. If eligible for PFL, GME will pay the remaining 30% of the Resident's/Fellow's weekly salary to maintain 100% salary for a minimum of six (6) weeks during bonding leave using unused sick and/or vacation time. If a Resident/Fellow is not eligible for PFL benefits (new hire, hasn't worked in CA), GME will maintain 100% weekly salary for a minimum of six (6) weeks during an approved bonding leave using unused sick and/or vacation time. The first week of bonding leave will be paid in full by GME using the Resident's/Fellow's New Parent Leave pay (5 days) per GME policy. One (1) week of paid time off must be reserved for use outside of a leave.

Disability Leave (Non-Pregnancy)-For Resident's/Fellow's Own Medical Condition	
Time Off:	**Pay:**
Residents and Fellows are eligible for a minimum of six (6) weeks of medical/disability leave. Any Resident/Fellow who has at least one (1) year of service and has worked 1,250 hours	During disability leave, the Residents/Fellows must file for State Disability Insurance (SDI) benefits from the CA State EDD. After the one-week waiting period, SDI will pay up to 70% of the Resident's/Fellow's weekly salary during

Disability Leave (Non-Pregnancy)-For Resident's/Fellow's Own Medical Condition	
Time Off:	**Pay:**
within the 12-month period immediately prior to the leave request is eligible for up to 12 weeks of leave under the Family Medical Leave Act (FMLA) for their own medical condition. If a Resident/Fellow is not eligible for leave under FMLA, GME and SHC HR will consider a request for medical leave as a reasonable accommodation under the Americans with Disabilities Act (ADA).	disability. GME will pay the remaining 30% of the Resident's/Fellow's weekly salary to maintain 100% salary for a minimum of six (6) weeks during disability leave using unused sick and/or vacation time. If a Resident/Fellow is not eligible for SDI benefits, GME will maintain 100% weekly salary for a minimum of six (6) weeks during an approved medical leave using unused sick and/or vacation time. One (1) week of paid time off must be reserved for use outside of a leave. After 90 days, Residents/Fellows are eligible for Long-Term Disability (LTD) benefits.

Family Medical Leave-Care for a Family Member	
Time Off:	**Pay:**
Residents and Fellows are eligible for a minimum of six (6) weeks of leave to care for a covered family member. Any Resident/Fellow who has at least one (1) year of service and has worked 1,250 hours within the 12-month period immediately prior to the leave request is eligible for up to 12 weeks of leave under the Family Medical Leave Act (FMLA) & California Family Rights Act (CFRA) to care for a covered family member. Designated Person Leave: As of January 1, 2023, CFRA allows employees to take leave to care for a "designated person"—someone related by blood or whose association is equivalent to a family relationship. Employees may identify one designated person per 12-month period.	During leave to care for a family member, the Residents/Fellows must file for Paid Family Leave (PFL) benefits through the CA State EDD. PFL will pay up to 70% of the Resident's/Fellow's weekly salary for up to eight (8) weeks. GME will pay the remaining 30% of the Resident's/Fellow's salary to maintain 100% salary for a minimum of six (6) weeks during an approved caregiver leave using unused sick and/or vacation time. If a Resident/Fellow is not eligible for PFL benefits (new hire, hasn't worked in CA), GME will maintain 100% weekly salary for a minimum of six (6) weeks during an approved caregiver leave using unused sick and/or vacation time. One (1) week of paid time off must be reserved for use outside of a leave.

Reproductive Loss Leave	
Time Off:	**Pay:**
Residents and Fellows are eligible for up to five (5) days of protected leave following a reproductive loss event, including miscarriage, stillbirth, failed adoption, failed surrogacy, or unsuccessful assisted reproduction. This leave must be taken within three months of the event. Residents/Fellows may use available sick or vacation time during this leave. A second reproductive loss event within a 12-month period entitles the Resident/Fellow to an additional five days of leave.	Up to 70%" of weekly salary for up to 8 weeks.

Benefits will continue for up to six (6) months of leave. Residents and Fellows on leave greater than six (6) months will have the option to continue coverage through COBRA. Benefits will not be terminated for Residents and Fellows who are eligible and approved for any Federal or State leaves.

Appendix D-Stanford Industry Interactions Policy

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

I. PURPOSE

The purpose of this policy is to establish guidelines for interactions with industry representatives for Stanford Health Care, Stanford Medicine Children's Hospital, Menlo Medical Clinic and the Stanford School of Medicine.

Interactions with industry occur in a variety of contexts, including marketing of new pharmaceutical products, medical devices, and research equipment and supplies on-site; on-site training of newly purchased devices; the development of new devices; educational support of medical students and Residents and Fellows; and continuing medical education.

Faculty and Residents and Fellows 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.

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.

II. DEFINITIONS

Industry means any pharmaceutical, biotech, medical device, and/or hospital and research equipment and supplies company or entity.

III. POLICY STATEMENT

It is the policy of the Stanford Health Care, Stanford Medicine Children's Hospital and the Stanford School of Medicine 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.

IV. SCOPE OF POLICY

This policy incorporates the following types of interactions with Industry.

A. Gifts and Compensation

B. Site Access by Sales and Marketing Representatives

C. Provision of Scholarships and Other Educational Funds to Students and Residents and Fellows

D. Support for Educational and Other Professional Activities

E. Disclosure of Relationships with Industry

F. Training of Students, Residents and Fellows, and Staff Regarding Potential Conflicts of Interest in Industry Interactions.

In addition, faculty must all comply with the Stanford University Faculty Policy on Conflict of Commitment and Interest. Additional information specifically related to Industry interactions involving ACCME – accredited educational activities (also called CME) can be found at https://med.stanford.edu/cme/planning-services.html. This policy does not address relationships with other entities that are not encompassed by "Industry."

V. PROCEDURE

A. GIFTS AND COMPENSATION

1. Medical staff, faculty, staff, students, Residents and Fellows and employees may not accept gifts from Industry anywhere at Stanford Health Care, Stanford Medicine Children's Hospital, Menlo Medical Clinic and the Stanford School of Medicine or at any other clinical facility operated by either hospital, such as the Stanford Medicine Children's Hospital Pediatric Unit at El Camino Hospital. Philanthropic gifts from Industry may only be accepted through the Stanford Health Care Development Office, the Stanford Medicine Children's Hospital Foundation or the Stanford School of Medicine Office of Medical Development.
    a. 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 (https://www.ama-assn.org/delivering-care/ethics/gifts-physicians-industry) and the Accrediting Council for Continuing Medical Education Standards for Commercial Support (www.accme.org).
    b. Free drug samples given directly to members of Stanford Hospital and Clinics, Stanford Medicine Children's Hospital or Menlo Medical Clinic are considered gifts under this policy and may not be accepted. However, free samples can sometimes be an important source of pharmaceuticals for patients with financial needs, and they may be accepted and dispensed by the Stanford Health Care or Stanford Medicine Children's Hospital pharmacies if processed in accordance with applicable hospital policies and procedures.

2. The following provisions apply to the Stanford School of Medicine faculty, staff, students and Residents and Fellows without limitation as to location. Adjunct Clinical Faculty are expected to follow these provisions whenever and wherever they are actively engaged in their Stanford or other teaching responsibilities and using their Stanford titles. Gifts or compensation may not be accepted:
    a. At any non-Stanford-operated clinical facility such as other hospitals, outreach clinics and the like.
    b. For listening to a sales talk by an Industry representative.
    c. For prescribing or changing a patient's prescription.
    d. For simply attending a CME or other activity or conference, including the defraying of costs (that is, if the individual is not speaking or otherwise actively participating or presenting at the event).

B. SITE ACCESS BY SALES AND MARKETING REPRESENTATIVES

1. 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.

2. Sales and marketing representatives are permitted in non-patient care areas by appointment only. Appointments will normally be made for such purposes as:
   a. In-service training of Stanford Hospital and Clinic personnel for research or clinical equipment or devices already purchased
   b. Evaluation of new purchases of equipment, devices, or related items.
   c. Appointments to obtain information about new drugs in the formulary will normally be scheduled by the hospital pharmacy or by the Pharmaceutical and Therapeutics Committees.

3. Appointments for these purposes 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.

C. PROVISIONS OF SCHOLARSHIPS AND OTHER EDUCATIONAL FUNDS TO PARTICIPATE IN STANFORD SCHOOL OF MEDICINE EDUCATIONAL PROGRAMS
   1. Industry support of students and Residents and Fellows in the Stanford School of Medicine educational programs 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:
      a. The Stanford School of Medicine department, program or division selects the student or trainee.
      b. The funds are provided to the school, department, program, division or institute and not directly to the student or trainee or to an individual faculty member.
      c. The department, program, division or institute has determined that the funded conference or program has educational merit.
      d. 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.”
      e. Notification of receipt of Industry support should be submitted at the time of receipt to the office of the Senior Associate Dean for Medical Education, who will provide the Dean and the Conflict-of-Interest Review program with an annual summary of this information for review.

   2. This provision does not apply to national or regional merit-based awards.

D. SUPPORT FOR EDUCATIONAL AND OTHER PROFESSIONAL ACTIVITIES
   1. All ACCME-accredited Continuing Medical Education (CME) activities (further described simply as CME) must be compliant not only with the ACCME Standards for Commercial support but also with the School of Medicine CME Commercial Support Policy. Effective September 1, 2008, new direct commercial funding for specific CME courses or programs is not allowed. However, support from Industry for CME may be accepted by the Stanford Center for CME office in the following general areas of interest:
      a. Medical, pediatric and surgical specialties
      b. Diagnostic and imaging technologies and disciplines
      c. Health policy and disease prevention
      d. Other broadly defined topic areas

      Such support cannot be designated for a specific course or program, but every effort is made to direct support, as appropriate, to the general area specified by the industry supporter. Further information may be found at

https://med.stanford.edu/cme/planning-services/commercial-support.html and inquiries should be directed to the Stanford Center for Continuing Medical Education.

2. All other Stanford School of Medicine educational events (non-CME) that are partially or fully supported by Industry must follow these guidelines:
   a. Support from Industry may be accepted and managed by the department, program, division or institute but not by an individual faculty member.
   b. Industry supporters must sign Stanford's Gift Letter of Agreement
   c. Support must be designated for a broadly defined topic (e.g. cardiology, psychiatry, neurosurgery) or recurring educational activity (e.g. grand rounds). Support may not be designated for a specific topic, speaker or activity.
      i. "In-kind" Industry support such as equipment and supplies may be designated to an activity.
   d. Industry support for education must be spent on education.
   e. Industry support may not influence curriculum in any way.
   f. Industry exhibits are not permitted either on or off campus.
   g. Industry promotion or marketing (e.g., corporate logos, slogans) are not allowed.
   h. Industry employees will normally not serve as educators at such activities.
   i. When a faculty member has a financial interest that poses a content relevant conflict of interest, this should be disclosed to the learners.
   j. Receipt of Industry support for educational activities for Stanford medical and graduate students and post-doctoral Fellows and Residents and Fellows must be reported at the time of receipt to the Senior Associate Dean of Medical Education.

3. Meals or other types of food directly funded by Industry may not be provided at the Stanford School of Medicine, Stanford Health Care, Stanford Medicine Children's Hospital or the Menlo Medical Clinic.

4. Meetings and conferences supported in part or in whole by Industry as they relate to the Stanford School of Medicine faculty, students, staff and Residents and Fellows are governed by the following guidelines:
   a. Stanford School of Medicine faculty, students, staff and Residents and Fellows should evaluate carefully their attendance at meetings and conferences that are fully or partially sponsored or run by Industry because of the potential for perceived or real conflict of interest. They should be especially cognizant of this potential when considering whether to play a leadership role in such meetings and conferences by giving a lecture, organizing the meeting and the like. These activities are allowed as long as the guidelines listed below (Section 4.b) are followed. Adjunct Clinical Faculty are expected to follow these guidelines whenever they are engaged in their role as teachers of Stanford students or Residents and Fellows when they use their Stanford titles.

      This provision does not apply to meetings of professional societies that may receive partial Industry support and meetings that provide CME credit, which are governed by ACCME and other applicable standards.
   b. Guidelines for participation in meetings and conferences supported in part or in whole by Industry (e.g., giving a lecture or organizing the meeting):
      i. The activity is designed to promote evidence-based clinical care and/or advance scientific research;

ii. The activity is not a dedicated marketing and training program designed solely for sales or marketing personnel;
iii. The activity is not an Industry-sponsored "speakers bureau" (i.e., a contractual relationship to give talks in which the topic(s) and/or content are provided by the company);
iv. Financial support by Industry is fully disclosed by the meeting sponsor;
v. The lecturer and not the industry sponsor determines and prepares the meeting or lecture content;
vi. The lecturer is expected to provide a fair and balanced assessment of therapeutic options and to promote objective scientific and educational activities and discourse;
vii. 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;
viii. The lecturer makes clear that the content reflects individual views and not the views of the Stanford School of Medicine;
ix. The use of the Stanford name in a non-Stanford event is limited to the identification of the individual by his or her title and affiliation; and
x. Attendees do not receive gifts or other compensation for attendance.

E. DISCLOSURE OF RELATIONSHIPS WITH INDUSTRY

1. All faculty must disclose all personal financial relationships on an annual basis for posting in the school's publicly accessible Community Academic Profiles (CAP) system.

2. All faculty engaged in clinical care activities must disclose on an annual basis any financial relationship with a company, entity or third party that produces, manufactures, or distributes a medical device, implant, pharmaceutical or other medical care-related product that they recommend or prescribe to their patients.

3. The following provisions about scholarly and educational activities apply to School of Medicine faculty, students, staff and Residents and Fellows and to Adjunct Clinical Faculty when they are engaged in their teaching activities and/or using their Stanford titles.
   a. Individuals are prohibited from engaging in ghost-writing; in other words, individuals may not publish 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. In scholarly and public presentations, faculty should disclose all relevant personal financial interests when appropriate.
   c. Faculty with teaching or supervisory responsibilities for students, Residents and Fellows or staff should ensure that the faculty's conflict or potential conflict of interest does not affect or appear to affect his or her teaching or the supervision of the student, Resident, trainee, or staff member.

4. Individuals having a direct role making institutional decisions on equipment or drug procurement must disclose to the purchasing unit or selection committee, prior to making any such decision, any financial interest they or their immediate family members have in companies that might substantially benefit from the decision. Additional policies concerning procurement activities at the hospitals can be found in hospital and medical staff policy documents. The purchasing unit,

following the applicable guidelines, will decide whether the individual must recuse him/herself from the purchasing decision.

F. TRAINING OF STUDENTS, RESIDENTS AND FELLOWS AND STAFF REGARDING POTENTIAL CONFLICTS OF INTEREST IN INTERACTIONS WITH INDUSTRY
All Stanford School of Medicine Students, Residents, and Residents and Fellows will receive this policy document as well as training regarding potential conflicts of interest in interactions with Industry. Stanford School of Medicine staff will receive a copy of this policy document in their initial Stanford School of Medicine employment materials.

VI. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC or SMCH are responsible for ensuring that individuals comply with all SHC policy provisions that are applicable to their respective duties and responsibilities.

B. Violations of this policy will be reported to the Compliance and Privacy Department and any other department as appropriate or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VII. RELATED DOCUMENTS

A. Stanford Health Care Code of Conduct Policy

B. Stanford Health Care Vendor Management Policy

C. Medical Staff Code of Professional Behavior

VIII. APPENDICES

ACCME Standards for Commercial Support

IX. DOCUMENT INFORMATION

A. Legal Authority/References
1. AMA Statement on Gifts to Physicians from Industry

2. Accrediting Council for Continuing Medical Education Standards for Commercial Support

3. International Committee of Medical Journal Editors

B. Author/Original Date
Compliance Director, 2006

C. Gatekeeper of Original Document
Compliance Manual Coordinators and Editors

D. Distribution and Training Requirements
1. This policy resides in the Compliance Policy Manuals of SHC and SMCH.

2. New documents or any revised documents will be distributed to Compliance Policy Manual holders. The department/unit/clinic manager will be responsible for communicating this information to the applicable staff.

E. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History
September 2008, K. Pyke, Compliance and Privacy Director
May 2010, C. Goforth, Compliance Program Integrity Director
May 2010, D. Meyer, Chief Compliance and Privacy Resident/Fellow
May 2013, C. Goforth, Director of Compliance Program Integrity
April 2016, Director, Compliance Program Integrity
April 2019, Director, Compliance Program Integrity

G. Approvals
June 2006, Stanford School of Medicine Executive Committee
August 2006, Stanford Health Care Medical Board
August 2006, Stanford Health Care Board of Directors
November 2008, SHC MEC
May 2010, D. Meyer, Chief Compliance and Privacy Resident/Fellow
May 2013, D. Meyer, Chief Compliance and Privacy Resident/Fellow
April 2019, Chief Compliance and Privacy Resident/Fellow

Appendix E-Transfer of Care Policy

I. PURPOSE

To establish protocol and standards within Stanford Health Care to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.

II. POLICY

This policy is intended to guide transfer of care activities **to ensure the quality and safety of patient care when transfer of responsibility occurs during duty hour shift changes and other scheduled or unexpected circumstances.** All Stanford Health Care Training Programs, including affiliate training sites, will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME) for all matters pertaining to the Residents and Fellows training programs, including the transfer of care activities requirement.

III. PROCEDURES

Each training Program Director shall develop explicit, written descriptions of transfer of care responsibility for the care of patients. Such guidelines must be communicated to all Residents and all members of the programs' teaching staff. Residents must be provided with prompt reliable systems for communication and interaction with attending physicians. **Individual programs must design schedules and clinical assignments to maximize the learning experience for Residents as well as ensure quality care and patient safety and adhere to general institutional policies concerning transitions of patient care. Transitions of care are necessary in the hospital setting for various reasons. The transition/hand-off process is an interactive communication process of passing specific, essential patient information from one caregiver to another. Transition of care occurs regularly under the following conditions:**

- Change in level of patient care, including inpatient admission from an outpatient procedure or diagnostic area or ER and transfer to or from a critical care unit.
- Temporary transfer of care to other healthcare professionals within procedure or diagnostic areas
- Discharge, including discharge to home or another facility such as skilled nursing care.
- Change in provider or service change, including change of shift for nurses, Resident sign-out, and rotation changes for Residents.

The transition/hand-off process must involve face-to-face interaction with both verbal and written communication. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:

- Identification of patient, including name, medical record number, and date of birth
- Identification of admitting/primary physician
- Diagnosis and current status/condition of patient
- Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures and actions to be taken.
- Changes in patient condition that may occur requiring interventions or contingency plans

Each Program Director must develop components ancillary to the institutional transition of care policy and that integrate specifics from their specialty field. Programs are required to develop scheduling and transition/hand-off procedures to ensure that:

- Residents do not exceed the 80-hour per week duty limit averaged over 4 weeks.
- Faculty are scheduled and available for appropriate supervision levels according to the requirements for the scheduled Residents.

Document Information

This policy is reviewed by the Graduate Medical Education Committee every five years.
Approved By: Graduate Medical Education Committee-September 9, 2021

Appendix F-Supervision Policy

I. PURPOSE

The GMEC must establish and implement policies and procedures regarding the quality of education and the work environment for the Residents in all programs. These policies and procedures must include Resident Supervision: Monitor programs' supervision of Residents and ensure that supervision is consistent with:

A. Provision of safe and effective patient care;

B. Educational needs of Residents;

C. Progressive responsibility appropriate to Residents' level of education, competence, and experience; and

D. Other applicable Common and specialty/subspecialty-specific Program Requirements.

II. POLICY

This policy is intended to guide patient care activities in which Residents participate in are appropriately supervised and documented during the course of their inpatient and outpatient training. Resident supervision begins with the initial contact with the attending physician and the patient and continues through all care experiences the Resident has with the patient. All Resident patient care activities are to be conducted within the scope of their training programs.

All Stanford Health Care Training Programs, including affiliate training sites, will adhere to current accreditation requirements as set forth by the Accreditation Council for Graduate Medical Education (ACGME) for all matters pertaining to the Residents and Fellows training programs, including the level of supervision provided.

Each residency training program is required to maintain a level of faculty supervision of Residents which complies with ACGME requirements. 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. The proximity and timing of supervision as well as the specific tasks delegated to Resident depend on a number of factors including:

- The acuity of the situation and the degree of risk to the patient.
- The level of training (i.e. year in residency) of the Resident/Fellow
- The skill and experience of the Residents and Fellows with the particular care situation
- The familiarity of the supervising physician with the Resident/Fellow's abilities

III. PROCEDURES

Each training Program Director shall develop explicit, written descriptions of supervisory lines of responsibility for the care of patients. Such guidelines must be communicated to all Residents and all members of the programs' teaching staff. Residents must be provided with prompt reliable systems for communication and interaction with attending physicians. Resident supervision should reflect graduated levels of responsibility based on individual skill and level of training.

Attending physicians must be scheduled to ensure that supervision is readily available to the Resident on duty, particularly during on call periods. The level of responsibility accorded to each Resident must

be determined by the teaching faculty according to the program-specific criteria for competency-based evaluation and promotion.

Monitoring

- The GME Office shall maintain program-specific supervision policies on MedHub and shall take steps to ensure that this file is updated periodically.
- The adequacy of supervision and Residents and Fellows satisfaction with supervision will be evaluated during the GMEC internal review process, Annual Program Reviews, GME and ACGME surveys.
- The annual GME report provided to all participating institutions shall specifically address the adequacy of supervision policies, as required by ACGME standards.
- The GME Committee shall review all accrediting and certifying bodies' concerns regarding supervision of Residents and ensure that appropriate follow-up with corrective actions occurs as needed.

Appendix G-False Claims Recovery Policy

I. PURPOSE

The purpose of this policy is to comply with the requirements in Section 6032 of the Deficit Reduction Act of 2005 (the "DRA"), which amends Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)). Under the DRA, any entity that receives or pays five million dollars ($5,000,000) or more in Medicaid payments each year is required to implement specific policies that provide detailed information about the following: (a) the federal False Claims Act; (b) federal administrative remedies for false claims and statements; (c) the California False Claims Act; (d) the civil or criminal penalties for false claims and statements under the California Act; (e) whistleblower protections under the federal False Claims Act and California law; (f) the role of such laws in preventing and detecting fraud, waste, and abuse in Federal health care programs; and (g) detailed provisions regarding the entity's policies and procedures for detecting and preventing fraud, waste, and abuse. The organizations comply with relevant state regulations where the organization meets the threshold of five million dollars ($5,000,000) in Medicaid payments each year. The information in this policy must also be included in the entity's Employee Handbook. Effective January 1, 2007, the existence of such policies will be a condition for any such entity's participation in the Medicaid program. In addition, the policy must apply to all of the entity's employees, including management, and any contractors or agents of the entity. Stanford Health Care (SHC) and Stanford Medicine Children's Health (SMCH) are subject to these requirements of the DRA and must adopt policies as described above.

II. DEFINITIONS

A. Under the federal False Claims Act, a "claim" is any request or demand, whether under a contract or otherwise, for money or property which is made to an Resident/Fellow or agent of the United States or a contractor, grantee, or other recipient if the money or property is to be spent or used on the Government's behalf and if the Government provides any portion of the money or property requested or demanded, or if the Government will reimburse such contractor, grantee or recipient for any portion of the money or property.

B. Under the California False Claims Act, a "claim" is any request or demand for money, property, or services made to any employee, Resident/Fellow, or agent of the state or of any political subdivision, or to any contractor, grantee, or other recipient, whether under contract or not, if any portion of the money, property, or services requested or demanded issued from, or was provided by, the state or by any political subdivision thereof.

C. Under both the federal False Claims Act and the California False Claims Act, "knowing" or "knowingly" means that a person, with respect to information, has (1) actual knowledge of the information; (2) acts in deliberate ignorance of the truth or falsity of the information; or (3) acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

D. Under the California False Claims Act, a "political subdivision" includes any city, city and county, county, tax or assessment district, or other legally authorized local governmental entity with jurisdictional boundaries.

E. Under the California False Claims Act, a "person" includes any natural person, corporation, firm, association, organization, partnership, limited liability company, business or trust.

III. POLICY STATEMENT

SHC and SMCH shall provide this policy to all SHC and SMCH employees, including management, and any contractors or agents of SHC and/or SMCH, to educate them about the federal false claims statute, administrative remedies for false claims and statements under federal law, state laws pertaining to civil or criminal penalties for false claims and statements, whistleblower protections under such laws, and the role of such laws in preventing and detecting fraud, waste and abuse in federal health care programs. SHC and SMCH shall also include detailed provisions regarding any policies and procedures for detecting and preventing fraud, waste and abuse.

IV. PRINCIPLES

A. OVERVIEW

False claims statutes play an important role in preventing fraud and abuse in government health care programs by enabling the Government to bring civil actions to recover damages and civil penalties when false claims are submitted to the Government. The federal False Claims Act (the "FCA") prompted many states to implement similar statutes that address fraud and abuse in state and local government programs. Some false claims statutes, including the FCA, also allow certain individuals, usually employees or former employees, to file a qui tam suit against the entity that submitted the false claims.

B. FEDERAL FALSE CLAIMS ACT

1. Background

Generally, the FCA applies to any federally funded program. *See* 31 U.S.C. § 3729. under the FCA, any person or entity who knowingly submits or causes to be submitted, a false or fraudulent claim for payment of United States Government funds, is liable for the following: (a) three times the Government's damages; (b) civil penalties ranging from $5,500 to $11,000 per false claim; and (c) the costs of the civil action to recover the penalty or damages from the false claim.

The FCA is also implicated when a person or entity does any of the following:

a. knowingly makes, uses, or causes to be used a false record or statement material to a false or fraudulent claim;
b. has possession, custody, or control of property or money to be used by the Government, and knowingly delivers, or causes to be delivered, less than all of that money or property;
c. certifies receipt of property on a document without completely knowing whether the information on the receipt is true;
d. knowingly buys government property from an unauthorized Resident/Fellow or employee of the Government; or
e. knowingly makes, uses, or causes to be made or used, a false record or statement material to an obligation to pay or transmit money or property to the Government, or knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay or transmit money or property to the Government; or
f. conspires to commit a violation of any of the above.

When the Attorney General has reason to believe that a person (or entity) may have material or information related to a false claim's investigation, he/she can initiate an investigation. The Attorney General can issue a civil investigative demand, which requires the person (who is the subject of the investigation) to do any of the following: (a) produce the relevant materials for inspection and copying; (b) answer written questions; (c) provide oral testimony regarding the

information; or (d) furnish any combination of the information described in (a), (b) and (c). See 31 U.S.C. § 3733.

2. Qui Tam Suits

The "qui tam" provision, more commonly referred to as the whistleblower provision, permits a private person, (the "relator," also known as a "whistleblower"), to bring a civil action on behalf of the Government, when he or she has information that the defendant knowingly submitted, or caused to be submitted, to the Government false or fraudulent claims. The purpose of a qui tam suit is to recover the funds received as a result of the false claims. If the suit is successful, the relator may receive a percentage of the funds recovered.

Generally, filing a qui tam suit and participating in the corresponding court procedure is a complicated process with many specific requirements. Initially, the relator must provide a copy of the complaint and written disclosure of substantially all material evidence and information in his or her possession to the Government. Once the qui tam suit is filed, the suit remains under seal for a minimum of sixty days, during which time the Department of Justice decides whether to intervene in the relator's suit.

If the Government joins the suit, the relator may receive between fifteen and twenty-five percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the relator substantially contributed to the prosecution of the action. If the Government declines to intervene in the suit, the relator can proceed on behalf of the Government. Although the Government is not an actual party to the case when the relator proceeds independently, the Government is still entitled to any recovery obtained from the relator's suit. Generally, the relator may receive between twenty-five and thirty percent of the proceeds, depending upon what amount the court determines is reasonable for collecting the civil penalty and damages.

There are two limitations on the relator's recovery of proceeds:

a. regardless of whether the Government participates in the action, if the relator planned and initiated the false claims violation, the court may reduce the relator's share of the proceeds based on his/her role in advancing the case to litigation and other relevant circumstances; and
b. if the relator is convicted of criminal conduct related to his/her role in the false claims, the relator will be dismissed from the civil action without receiving any portion of the proceeds. *See* 31 U.S.C. § 3730.

In addition, the FCA has a statute of limitations that restricts the period of time during which a person can file a qui tam action. A civil action under the FCA must be filed (a) within six years from the date of the false claims violation, or (b) within three years of when the Government knows, or reasonably should have known, about facts material to the illegal conduct, but in no event more than ten years after the violation occurred, whichever occurs last. *See* 31 U.S.C. § 3731.

3. Whistleblower Protections

Under the FCA, a relator/whistleblower is protected from retaliation by his or her employer when he or she files a qui tam case. Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his or her employment because of lawful acts done in furtherance of their efforts to stop one or more violations of the FCA, is entitled

to all relief necessary to make the employee, contractor, or agent whole. The employee, contractor, or agent may bring an action based on the employer's retaliation in the appropriate federal district court. If the action is successful, the employee/whistleblower is entitled to:

a. reinstatement with the same seniority status the employee, contractor, or agent would have had without the discrimination,
b. two times the amount of back pay,
c. interest on the back pay, and
d. compensation for any special damages incurred as a result of the discrimination, including litigation costs and reasonable attorneys' fees. *See* 31 U.S.C. § 3730(h).

C. ADMINISTRATIVE REMEDIES FOR FALSE CLAIMS AND STATEMENTS

The Program Fraud Civil Remedies Act of 1986 (the "PFCRA") is similar to the FCA and sets forth the administrative remedies for false claims and statements. A person violates the PFCRA by making, presenting or submitting (or causes to be made, presented or submitted), a claim that he or she knows, or has reason to know, is one of the following:

1. false, fraudulent, or fictitious (collectively, "false");

2. for payment for the provision of property or services that the person did not provide as claimed; or

3. Includes or is supported by a written statement that either:
   a. Asserts a material fact that is false, or
   b. Omits a material fact, is false as a result of the omission, and is a statement in which the person making, presenting or submitting such statement has a duty to include such material fact

A violation of this section of the PFCRA results in a maximum civil penalty of $5,000 for each claim and an assessment of up to twice the amount of each claim (or the relevant portion of the claim.) However, an assessment will not be made on claims that the Government has not paid.

A person also violates the PFCRA by submitting a written statement that he/she knows or has reason to know:

1. (a) asserts a material fact that is false, or (b) omits a material fact, is false as a result of the omission, and the person has a duty to include the material fact in the statement; and

2. includes or is accompanied by an express certification of affirmation of the truthfulness and accuracy of the statement's contents.

A person is subject to a maximum civil penalty of $5,000 for each statement that violates this section of the PFCRA. *See* 31 U.S.C. § 3802.

D. CALIFORNIA FALSE CLAIMS ACT

1. Criminal/Civil Penalties

Under the California False Claims Act (the "CFCA"), any person or entity who knowingly presents, or causes to be presented, a false claim for payment or approval to an Resident/Fellow or employee of the state, or of any political subdivision of the state (hereinafter, the "state"), or knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the state, is liable for: (a) three

times the amount of the damages to the state, and (b) the costs of the civil action to recover the penalties or damages. In addition to the penalties above, the person or entity may be liable to the state for civil penalties of up to $10,000 for each false claim. *See* CA Govt Code § 12651(a).

The other actions that result in civil and criminal penalties under the CFCA mirror those of the federal FCA (described above in Section D(1)); however, the CFCA has an additional component under which a person or entity may be liable if (a) he or she is a beneficiary of an inadvertent submission of a false claim to the state, (b) subsequently discovers the falsity of the claim, and (c) fails to disclose the false claim to the state within a reasonable time after discovery of the claim.

A person who violates the CFCA may be liable for a lesser amount, (between two and three times the amount of the state's damages and no civil penalty), if the court makes the following findings: (a) the person committing the violation provided the state with all information known about the violation within 30 days of when the person first obtained the information; and (b) the person fully cooperated with any state investigation; and (c) when the person furnished the state with information, no criminal prosecution, civil action, or administrative action had commenced with respect to the violation, and the person did not have actual knowledge of an investigation into the violation. *See* CA Govt Code § 12651(b).

The CFCA does not apply to a controversy involving less than $500 in value, nor does it apply to claims involving workers' compensation, claims against public entities and employees, or claims, records or statements made under the Revenue and Taxation Code. *See* CA Govt Code § 12651.

A civil action under the CFCA must be filed within three years from the date of the state's discovery of the violation, or within ten years after the date the violation occurred. However, unlike the federal FCA, the CFCA can be applied retroactively if the limitations period has not lapsed. *See* CA Govt Code § 12654.

2. Qui Tam Suits

Under the CFCA, a person (the "qui tam plaintiff") may bring an action for a false claim's violation on behalf of either the state or a political subdivision, depending on which funds are involved. Similar to the federal FCA, the complaint may remain under seal for sixty days until the Attorney General decides whether to intervene in the action. On the day the complaint is filed, the qui tam plaintiff must provide (by mail, return receipt requested) to the Attorney General a copy of the complaint and written disclosure of substantially all material evidence and information that the qui tam plaintiff has. Within sixty days of receipt of the complaint and written disclosure, the Attorney General may intervene in the action if the alleged violations involve state funds. *See* CA Govt Code § 12652(c).

Under the CFCA, a qui tam plaintiff is entitled to a greater share of the proceeds from a false claims action than under the federal FCA. If the state proceeds with the action, the qui tam plaintiff receives between fifteen and thirty-three percent of the proceeds of the action or settlement of the claim, depending upon the extent to which the qui tam plaintiff substantially contributed to the prosecution of the action. When the state declines to intervene, the qui tam plaintiff is entitled an amount that the court determines is reasonable for collecting the civil

penalty and damages on the Government's behalf, which is at least twenty-five percent, but not more than fifty percent, of the proceeds.

In the event the qui tam plaintiff actively participated in the fraudulent activity, he or she is not guaranteed any minimum amount of recovery from the proceeds. The court considers the significance of the information, the qui tam plaintiff's role in moving the case to litigation, the scope of the employee's past or present involvement in the fraudulent activity, the employee's attempts to avoid or resist the activity, and any other circumstances surrounding the activity. If the court does allow recovery to the qui tam plaintiff, the amount may not exceed thirty-three percent of the proceeds if the state intervened or fifty percent if the state did not intervene. *See* CA Govt Code § 12652(g).

3. Whistleblower Protections

Under the CFCA, an employer is prohibited from making, adopting, or enforcing any rule, regulation or policy that prevents employees from disclosing information to a government/law enforcement agency or from acting in furtherance of a false claims action, including investigating, initiating, testifying, or assisting in an action filed under the CFCA. In addition, an employer may not discharge, demote, suspend, threaten, harass, deny promotion to, or discriminate against an employee in his/her employment because of the employee's lawful actions to further a false claims action. An employer that violates this section is liable for all relief necessary to make the employee whole which includes the following:

a. reinstatement of the employee with the same seniority status that he or she would have had without the discrimination;
b. two times the amount of back pay;
c. interest on the back pay;
d. compensation for any special damages incurred as a result of the discrimination;
e. litigation costs and reasonable attorneys' fees; and
f. punitive damages where appropriate, (a remedy that is not provided under the federal FCA.)

When the employee is discharged, demoted, suspended, harassed, denied promotion or discriminated against by his or her employer because of the employee's participation in conduct that directly or indirectly resulted the submission of a false claim to the state, the employee is entitled the remedies above, only if: (a) the employee voluntarily disclosed information to the Government or acted in furtherance of a false claims action; and (b) the employee was harassed, threatened with termination or demotion, or coerced by the employer or its management to engage in the fraudulent activity. See CA Govt Code § 12653.

E. NEVADA FALSE CLAIMS ACT

The Nevada False Claims Act (NRS § 357) mirrors many of the provisions of the FCA, and the corresponding civil penalties under the Nevada Act re identical to those of the FCA. However, under the Nevada law, the following action establishes liability for false claims and statements (in addition to those under the FCA): any person who knowingly receives an inadvertent submission of a false *claim to the State of Nevada, and after discovering the falsity, fails to report or disclose the falsity to* the State of Nevada.

The Nevada False Claims Act also contains the following criminal penalties for false claims and statements:

- If the value is less than $250.00, the criminal penalties include imprisonment in the county jail for a maximum of six months to one year; or a maximum fine of $1,000 to $2,000; or both.
- If the value is $250.00 or more, the criminal penalties include imprisonment in the state prison for a minimum of one year, or maximum of four years; and a maximum fine of $5,000. The Nevada False Claims Act has a whistleblower provision (NRS § 357.240-250) that parallels most of the provisions in the FCA. Similar to the FCA, the Nevada law prohibits an employer from forbidding an employee from disclosing information on a false claim or statement to the state or law enforcement agency and from taking any retaliatory action against an employee for such disclosures.

  Under the Nevada law, the relief available to an employee may include (in addition to the other remedies provided under the FCA), damages in lieu of reinstatement, if appropriate.

F. NEW MEXICO MEDICAID FALSE CLAIMS ACT

The New Mexico False Claims Act is set forth in NMSA 1978 §§ 27-14-1 et Esq. In general, there is much overlap between the federal FCA, the CFCA, and New Mexico's Medicaid False Claims Act.

I. PROCEDURES

A. SHC and SMCH shall establish a procedure for implementing this policy. Accordingly, SHC and SMCH shall be responsible for the following:

1. Ensuring that all SHC and SMCH employees, including management, and any contractors or agents of SHC and SMCH, are provided with this policy by making the policy available on the SHC and SMCH Intranet effective January 1, 2007, and including the policy in the SHC and SMCH *Employee Handbook* and/or Code of Conduct as appropriate. A copy of the policy will be distributed to employees, agents, and contractors in accordance with the requirements of the DRA.

2. Implementing training for all SHC and SMCH employees, management, contractors, and agents regarding the state and federal laws discussed in this policy (including whistleblower protections for employees) and SMCH policies and procedures for detecting and preventing fraud, waste, and abuse.

3. Confirming that all SHC and SMCH employees, management, contractors and agents received sufficient training regarding this policy and any SHC and SMCH policies and procedures for detecting and preventing fraud, waste and abuse.

4. Revising this policy when necessary to comply with changes in the laws or regulations and documenting and implementing any such changes.

5. Ensuring that all SHC and SMCH employees, management, contractors, and agents have access to SHC and SMCH policies involving the detection and prevention of fraud, waste, and abuse.

6. SHC and SMCH employees, agents, and contractors are aware of their responsibility to report potential or suspected incidents of fraud and/or abuse, and other wrongdoing directly to their supervisor or use one of the reporting methods described in the SHC and SMCH Code of Conduct.

7. The Chief Compliance and Privacy Resident/Fellow, in consultation with the Office of General Counsel, is responsible for receiving and acting upon all information suggesting the existence of possible fraud, abuse, or other wrongdoing.

8. This policy will be revised when necessary to comply with changes in the laws or regulations and any such changes will be documented and implemented.

VI. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at SHC and SMCH are responsible for ensuring that individuals comply with those policy provisions that are applicable to their respective duties and responsibilities.

B. Violations of this policy will be reported to the Compliance and Privacy Department and any other department as appropriate or in accordance with hospital policy. Violations will be investigated to determine the nature, extent, and potential risk to the hospital. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VII. RELATED DOCUMENTS

A. SHC and SMCH Code of Conduct

B. SHC and SMCH Employee Handbook(s)

C. Anti-Retaliation Policy

VIII. DOCUMENT INFORMATION

A. Legal Authority/References
   1. CA Govt. Code § 12650-12656
   2. 31 U.S.C. § 3801-3812
   3. 31 U.S.C. § 3729-3733
   4. Deficit Reduction Act of 2005, Sections 6031, 6032 (S. 1932, Feb. 8, 2006)
   5. Fraud Enforcement and Recovery Act (S. 386, May 20, 2009
   6. Patient Protection and Affordable Care Act, Section 6402 (H.R. 3590, March 23, 2010
   7. NRS §§ 357; 422.410-570;193.130;357.240-250
   8. New Mexico Medicaid False Claims Act, NMSA 1978 §§ 27-14-1 et Esq

B. Author/Original Date
November 2006, Office of General Counsel

C. Gatekeeper of original Document
Compliance Manual Coordinators and Editors

D. Distribution and Training Requirements
   1. This policy resides in the Compliance Policy Manual on the SHC and SMCH Intranet pages.

   2. New versions of the policy will be posted on the Intranet and communicated to applicable staff.

E. Review and Renewal Requirements
   This policy will be reviewed every three (3) years and/or as required by change of law or practice.

F. Review and Revision History
   May 2008, Chief Hospital Counsel
   October 2008, Chief Hospital Counsel
   April 2012, Chief Compliance and Privacy Resident/Fellow
   April 2012, Chief Hospital Counsel
   June 2015, Director of Compliance Program Integrity
   March 2018, Director of Compliance Program Integrity

G. Approvals
   November 2006, Chief Hospital Counsel
   November 2006, Vice President of Human Resources
   September 2008, SMCH Vice President of Human Resources
   November 2008, Chief Compliance and Privacy Resident/Fellow
   April 2012, Chief Compliance and Privacy Resident/Fellow
   April 2012, Chief Hospital Counsel
   June 2015, Chief Compliance and Privacy Resident/Fellow
   March 2018, Chief Compliance and Privacy Resident/Fellow

Appendix H-Substance Abuse-Free Workplace Policy

I. PURPOSE

The unauthorized use or possession of alcohol and/or other illegal drugs or prescribed medications in the workplace is a potential threat to the health and safety of employees and to patients. Stanford Health Care (SHC) is committed to providing a working environment free from abuse of alcohol and illegal drugs and the abuse of legal substances in a manner that impairs an employee's work performance. This policy is to establish a safe and healthy workplace for its employees.

Our organization is committed to supporting the health and well-being of our employees, refer to Substance Abuse Treatment section.

II. POLICY

A. The implementation, administration and management of this policy shall be the joint responsibility of Graduate Medical Education, Human Resources, Operational Leadership and Workforce Health and Wellness (WH&W).

B. When a provision in this document differs from a union contract, the contract shall take precedence.

C. A violation of this policy may result in disciplinary action, up to and including termination.

D. It is SHC policy to abide by all local, federal and state laws.

E. It is the policy of SHC to provide and maintain a substance abuse-free workplace. Both on SHC premises and/or at other locations whenever a member of the SHC community is participating in an employer-sponsored event or representing SHC, the following are prohibited:
   a. the unlawful manufacture, distribution, cultivation, dispensation, possession, sale, offer to sell, purchase, offer to purchase, and/or unlawful use of controlled substances or alcohol.
   b. In addition, employees are required to remain free from the influence of controlled substances, illegal or prescribed substances, alcohol or any substance that may impair the employee's ability to perform their job duties safely or productively, or that otherwise impair their senses, coordination, or judgment while on duty.

III. DEFINITIONS

A. Drug

Any substance that may result in impaired performance in the workplace, including alcohol, illicit substances, prescription medications, over the counter medications, and nonpharmacological substances.

B. Medical Review Officer

A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results.

C. Designated Employer Representative (DER)

An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or cause employees to be removed from these duties, and to make required decisions in the testing and evaluation processes. The DER also receives test results and other

communications for the employer, consistent with the requirements of this part. Service agents who process the specimens cannot act as DERs.

D. Chain of custody

The procedure used to document the handling of the urine specimen from the time the employee gives the specimen to the collector until the specimen is destroyed. This procedure uses the Federal Drug Testing Custody and Control Form (CCF) as approved by the Office of Management and Budget.

E. Non-negative specimen

A specimen that is reported as adulterated, substituted, positive (for drug(s) or drug metabolite(s), and/or invalid.

F. Positive result

The result reported by an HHS-certified laboratory when a specimen contains a drug or drug metabolite equal to or greater than the cutoff concentrations.

IV. PROVISIONS

Persons who are not employees of SHC but who perform work at SHC for its benefit (such as non-employee medical professionals, contractors and their employees, temporary employees provided by agencies, volunteers or visitors engaged in joint projects at SHC) are required to comply with this policy. Violation of this policy is likely to result in being barred from SHC facilities even for a first offense.

A. Reporting Obligations

1. Any employee who is convicted (including a plea of nolo contendere [no contest]) of a criminal drug statute violation must, within five (5) calendar days after the conviction, notify the Director of Employee and Labor Relations in writing of such a conviction in accordance with the Employment Policy. Failure to do so may result in corrective action, up to and including termination.

2. Any workforce member who is concerned that a co-worker may be impaired is responsible for contacting their immediate supervisor to report the potential impairment.

3. Any employee who has knowledge of drug diversion by a fellow employee has an obligation to report such information to a SHC manager or security official. The SHC Compliance Hotline at 1-800-216-1784 is available 24 hours daily and may also be used for this purpose.

4. SHC shall treat such information as confidential and take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. Such information, however, may be compelled by law enforcement and/or regulatory agencies. SHC will comply with all information requests from such law enforcement and regulatory agencies.

5. Failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in an area of SHC where drugs are administered and will be subject to disciplinary action.

C. Pre-Employment (Post-offer) Drug Testing

SHC requires a drug screening test for all prospective employees as part of its health clearance procedure as described in the Employment Policy. Each prospective employee will be required to sign a Consent to Drug and Alcohol Screening form and submit to a screening as a condition of employment.

By signing the form, the prospective employee will also declare that they are not currently using illegal drugs, or abusing alcohol or prescribed or over-the-counter drugs, and acknowledge that they may be subject to testing based on a reasonable suspicion/cause of illegal drug or alcohol use during their employment. Any applicant who refuses to submit to a pre-employment drug and alcohol screening test or who does not effectuate the test within the time period determined by SHC will be denied employment with SHC. Any applicant that has a positive drug or alcohol screen test will be subject to having their offer of employment withdrawn. An applicant who has their offer of employment withdrawn due to having a positive drug screen test will be ineligible to reapply for a position at SHC for a period of twelve (12) months.

D. Employee Drug Testing

1. When Testing is Warranted - Reasonable Suspicion Testing
   a. SHC reserves the right to conduct testing of an employee who is reasonably suspected to be under the influence of drugs in the workplace.
   b. Employees who have been directed to submit to a drug and alcohol screening test based on reasonable suspicion criteria must do so immediately. Employees may not delay in taking the test or otherwise cause the test to be delayed.

2. WHW will coordinate the test according to the Reasonable Suspicion/Cause Drug Testing Procedure (see Appendix A). Once tested, the employee is to be relieved from duty by management and placed on administrative leave until test results have been received and employee has been cleared to return to work.

3. Results
   a. WHW will inform Human Resources (HR) and the employee's manager of positive or negative results.
      i. Upon a negative test result, the employee shall return to work if otherwise fit for duty by the manager in consultation with HR.
      ii. If the test result is positive, the employee may be subject to disciplinary action up to and including termination of employment.
   b. Confidentiality of Test Results
      The results of any drug screening test will remain confidential and limited to essential personnel, except as otherwise required by law or by any applicable regulatory licensing agency.
   c. Reasonable Suspicion Signs and Symptoms (see Appendix A for an Impaired Behavior Checklist that can be used to identify signs and symptoms of substance abuse.)
   d. Corrective action and termination decisions will be determined by the SHC management team and Human Resources.

E. Substance Abuse Treatment

1. SHC recognizes substance abuse as a treatable condition. SHC will make substance abuse treatment available to employees in the following way:
   a. Self-Referral
      i. Employees who suspect they have a substance abuse problem may voluntarily refer themselves for professional help through the Employee Assistance Program (EAP). Participation in any counseling or rehabilitation program will not jeopardize an employee's job. However, participation in the program will not relieve an employee of the responsibility to perform assigned duties safely and effectively.
      ii. Those employees who voluntarily seek help for drug problems through EAP may make a confidential appointment with a provider/counselor assigned through the EAP. The

provider/counselor will evaluate the case and recommend the appropriate level and type of treatment, if any. Employees are entitled to a free counseling benefit through the EAP. Participation will be confidential.

III. Personal Time Off (PTO) and/or medical leave may be granted in accordance with policy for the purpose of participating in public or private treatment programs.

IV. Any employee, who has a documented substance abuse problem and chooses not to enroll in a rehabilitation program, will be subject to disciplinary action up to and including termination (refer to Corrective Action).

b. Formal Referrals

Under certain circumstances, an employee may be asked to seek assistance from the EAP for suspected substance related issues. If the employee accepts treatment, the procedures for developing a treatment plan are the same as for a person who self-refers. Nothing in this provision limits SHC's right to discipline any employee who engages in misconduct or conducts themselves in a way that violates any policy or fails to meet performance expectations.

F. Drug Diversion

1. Definition and Prohibition Against Diversion

a. Drug "diversion" occurs when a controlled substance or a drug having a similar effect is not used as prescribed. Drug diversion includes drug substitution, drug theft, and prescription forgery. Drug diversion is unlawful and is strictly prohibited under SHC policy and is considered Gross Misconduct (refer to Corrective Action).

i. The employee who is the subject involved in a drug diversion investigation will be temporarily relieved of duty in accordance with appropriate procedures pending the results of an investigation to determine the extent of the diversion. SHC will address the conduct in accordance with the Corrective Action policy as it applies to Gross Misconduct. Those who are found diverting controlled substances will not be eligible for re-hire without approval from the Vice President of Human Resources. Diversion of controlled substances in the workplace will be reported to the appropriate law enforcement and regulatory authorities

G. Drug Awareness

SHC may inform employees about the dangers of substance abuse in the workplace, its policy of maintaining a substance free workplace, available counseling and rehabilitation, and penalties that may be imposed upon employees for substance abuse violations.

H. Involvement of Law Enforcement Agencies/Licensing Agencies

The use, sale, purchase, transfer, theft, or possession of an illegal substance or illegally obtained substance will be referred to law enforcement, licensing and credential agencies when appropriate and as authorized by law.

V. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Stanford Health Care (SHC) are responsible for complying with this policy.

B. Violations of this policy will be reported to the Department Manager and any other appropriate Leader as determined by the Department Manager or in accordance with SHC policy. Violations will be investigated to determine the nature, extent, and potential risk to SHC. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination.

VI. RELATED DOCUMENTS / PROCEDURES

A. Corrective Action v.1

B. Paid Time Off (PTO) and Other Time Off v.4

C. Leaves of Absence v.1

D. Employment v.1

E. IIPP Injury and Illness Prevention Program v.2

VII. APPENDICES

A. Procedure for Reasonable Suspicion Testing

B. Impaired Behavior Checklist (Required and must be completed by 2 unique individuals)

VIII. DOCUMENT INFORMATION

A. Legal References/Regulatory Requirements:

1. The Department of Transportation's (DOT) rule, 49 CFR Part 40AB 2188

2. FDA Schedule I drugs

3. Substance Abuse Free Workplace requirements

B. Original Document

January 2001, by L. Boland, Director of Employee and Labor Relations

C. Stored in: SHC Document Management System, Human Resources Manual

D. Review and Renewal Requirements

This policy will be reviewed every three (3) years and/or as required by change of law or practice

E. Review and Revision History

1. February 2004 by T. Davis, Director of Human Resources
2. June 2007 Name changed from Substance Abuse in the Workplace Policy
3. June 2007 by the Diversion Task Force
4. June 2007 by Beverley Tobias, Director of Occupational Health Services
5. February 2010 by B. Duncan, Manager of Human Resources Compliance
6. July 2010 by Mary Spangler, Director of Occupational Health Services
7. January 2012 by Mary Spangler, Director of Occupational Health Services
8. August 2012 by Angeline Covey, OGC Attorney

9. December 2013, Create Separate Policies for SHC and LPCH

10. October 2015 by Employee and Labor Relations Team

11. February 2016 by Mary Spangler, Director of Occupational Health Services

12. October 2017 by M. Gaines, Administrative Director Employee & Labor Relations – SHC

13. January 2024 by Mary Gaines, Administrative Director Employee & Labor Relations; Amy Klose, Senior Director Employee & Labor Relations; Suzanne Harris, Director Employee & Labor Relations; Shareef Valentine Director Employee & Labor Relations; Emery Terani shi Senior Consultant Employee & Labor Relations; Robert Magbanua Senior Consultant Employee & Labor Relations; Ann Cullen Executive Director Workforce Health and Wellness; Tenzin Nangki Assistant Patient Care Manager Workforce Health and Wellness; Blake Keinath Patient Care Manager Workforce Health and Wellness; Maddalena Vitanza Patient Care Manager Workforce Health and Wellness; Anna Dapelo-Garcia Senior Manager Diversity Equity and Inclusion; Nadia Isidoro-Reyes Prin Workplace Accommodation and Leaves; Megan McCall Senior Director Talent Acquisition; Ann Dohn Executive Director Office of Grad Med Educ; Scott Williams Manager HR Compliance and Employment; Shirley Nakamura Director HR Compliance and Employment; Kristy Marino General Counsel Office of General Counsel

F. Approvals

1. January 2001 by Felix Barthelemy, Vice President of Human Resources

2. June 2007 by Lori Curry, Vice President of Human Resources – SHC

3. June 2007 by Greg Souza, Vice President of Human Resources – LPCH

4. February 2010 by the Human Resources Policy Committee – SHC/LPCH

5. February 2012 by the Human Resources Policy Committee – SHC/LPCH

6. February 2012 by the Human Resources Steering Team – SHC/LPCH

7. November 2015 by K. Duron, Vice President of Human Resources

8. March 2016 by Mary Gaines, Admin Director of Employee and Labor Relations

9. October 2017 by David D. Jones, Chief Human Resources Officer – SHC

10. November 2024 Dawn Rorig, Vice President and Chief Human Resources Officer; Policy &

Procedure Committee; Operational Leadership Team Committee *"This document is intended for use by staff of Stanford Health Care. No representations or warranties are made for outside use. Not for outside reproduction or publication without permission." V05.17.*

Appendix I_a-Procedure for Reasonable Suspicion Testing

Supervisor/Manager Procedures

A. The Supervisor/Manager will contact WHW that they have an employee to be evaluated for substance abuse testing through 1-Stix pager (17849). The pager system number is 650-723-8222, if calling from the outside of Stanford Health Care system. WHW representative responding to the page will provide instructions for how and where to escort the employee for testing. The primary testing location is the WHW main clinic located on the ground floor of SHC at 300 Pasteur Drive. If the employee needing to be tested is located outside of Stanford Medicine Main Campus, WHW will work with testing vendor to coordinate location. The Supervisor, Manager or designee may contact Security for support with escort. The employee must be continually supervised.

B. The Manager will notify:

1. ELR during regular business hours or on the following business day.

2. Security will escort the employee as requested by the Manager and will stay with the employee until they leave the site safely.

C. Refusal to Test:
Any employee who refuses to submit to a drug screening test when one is directed based on a reasonable suspicion will be relieved of duty pending the outcome of further investigation

1. On weekends, after-hours and holidays:24/7, 365 days per year, Contact WHW for reasonable suspicion testing: 1-Stix pager (17849). The pager system number is 650-723-8222, if calling from the outside of Stanford Health Care and/or Stanford Medicine Children's Health Care system.

2. If the employee is patient facing, notify supervisor/manager or the Administrative Nursing Supervisor (ANS).

D. Secure safe transportation
The Supervisor is responsible for securing transportation for the employee to home using the organization standard for charge-free rides.

E. Notification after testing:
WHW follow Department of Transportation (DOT) regulations for notification after testing.

Appendix I_b-Impaired Behavior Checklist

Employee Name: _____

Work Location: _____

Time: **Date:**

When there is reasonable suspicion that an employee is unfit for duty, the supervisor or Supervisor/Manager observing the behavior should complete the checklist below. When "Other" is checked please provide a description.

Checklist:

Walking:	____ Holding for Stability	____ Stumbling	____ Unable to Walk
	____ Unsteady	____ Staggering	____ Swaying
	____ Falling		
	____ Other _____		
Standing:	____ Swaying	____ Feet Wide Apart	____ Unable to Stand
	____ Rigid	____ Staggering	____ Sagging at Knees
	____ Other _____		
Speech:	____ Whispering	____ Slurred	____ Shouting
	____ Incoherent	____ Slobbering	____ Silent
	____ Rambling	____ Slow	
	____ Other _____		
Demeanor:	____ Cooperative	____ Calm	____ Talkative
	____ Polite	____ Sarcastic	____ Sleepy
	____ Crying	____ Argumentative	____ Excited/Nervous
	____ Other _____		
Actions:	____ Sleeping on Job	____ Hostile	____ Fighting
	____ Using Profanity	____ Threatening	____ Hyperactive
	____ Erratic	____ Resistant	____ Jumpy
	____ Other _____		
Eyes:	____ Bloodshot	____ Watery	____ Drooping
	____ Dilated	____ Glassy	____ Nystagmus
	____ Other _____		
Skin:	____ Flushed	____ Pale	____ Sweaty
	____ Other _____		
Appearance/ Clothing:	____ Unkempt	____ Stained	____ Dirty
	____ Has Odor	____ Job Inappropriate	
	____ Other _____		
Breath:	____ Alcohol Odor		____ Marijuana Odor

____ Faint
____ Strong
____ Other _____

Movements: ____ Fumbling ____ Jerky ____ Slow
____ Clumsy
____ Other _____

Additional:

____ Alcohol and/or other drugs in employee's possession or vicinity
____ Employee admits to use or possession
____ Employee asks for help
____ Employee trying to avoid contact with supervisor or co-workers
____ On-the-job behavior by employee (describe below):

_____
_____
_____
_____

List other witnesses to employee's conduct below, if any:

_____
_____
_____
_____

Other Observations and Documentation:

_____
_____
_____
_____

Supervisor/Manager Signature Date

Witness Signature (if possible) Date

Appendix J-Consent to Drug and Alcohol Screening

I. _____, consent to submit a saliva or urine specimen sample under the direction of medical personnel of Stanford Hospital & Clinics (SHC) and Stanford Medicine Children's Hospital (SMCH). I understand that this specimen or sample will be used for the purpose of conducting a chemical analysis to determine if I have engaged in use of alcohol or illegal drugs. I further give my permission to SHC/SMCH to release my screening results to any authorized Medical Review Resident/Fellow and to medical personnel in the SHC/SMCH Workforce Health and Wellness (WHW) and to Human Resources as needed or as otherwise required by law, but to no other person without my further written consent. I understand that this examination is being conducted pursuant to SHC/SMCH Policy. I will cooperate fully with SHC/SMCH and its designated testing personnel in the administering of the drug and alcohol screening.

II. I have / have not (circle appropriate response) taken ANY medication and/or drugs of any kind in the past thirty (30) days including:
- Over-the counter medications
- Prescription or other drugs

III. Drugs that I have taken within the past (30) days include:

Brand Name of Drug	Dosage/Strength Per Day	Date and Time of Dosage	How many Days Was It Used

Comments/Explanations: _____
_____
_____

I certify that any saliva or urine specimen or sample given by me belongs to me and is given solely for the purposes of drug and alcohol screening. I further certify that the above information is correct to the best of my knowledge. I understand that SHC/SMCH may require me to produce documentation to verify the above information and that my refusal to do so may result in disciplinary action up to and including disqualification for or rescission of any offer of employment.

In consideration of my continued employment, I hereby release and agree to hold SHC/SMCH and its representatives harmless against any and all claims, charges or causes of action whatsoever I now have or may have in the future which may arise from this test. I understand that SHC/SMCH or any other laboratory selected by SHC/SMCH has exclusive control over the method of conducting this test. If I am a current employee, this release does not affect my right to file a grievance under any applicable collective bargaining agreement.

I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE PROVISIONS.

_____ _____
Employee Signature Date

Appendix K-Inventions, Patents and Licensing

I. PURPOSE

The purpose of this policy is to establish procedures for disclosure and assignment of ownership of potentially patentable inventions created in the course of work at Stanford Health Care (SHC) or with more than incidental use of SHC resources.

II. POLICY

A. All potentially patentable inventions conceived or first reduced to practice in whole or in part by employees of SHC in the course of their responsibilities, or with more than incidental use of SHC resources, shall be disclosed on a timely basis to SHC. Title to such inventions shall be assigned to SHC, regardless of the source of funding, if any.

B. SHC shall share royalties from inventions assigned to SHC with the inventor(s) as set forth in this policy.

C. If SHC cannot, or decides not to, proceed in a timely manner to patent and/or license an invention, it may reassign ownership to the inventor(s) upon request to the extent possible under the terms of any agreements that supported or related to the work.

D. Waivers of the provisions of this policy may be granted by SHC's Chief Executive Resident/Fellow (CEO) or delegate on a case-by-case basis, giving consideration among other things to SHC's obligations, whether the waiver would be in the best interest of technology transfer, whether the waiver would be in the best interest of SHC and whether the waiver would result in a conflict of interest. ln addition, SHC's CEO or delegate may expand upon these provisions and shall adopt rules, based on the same factors as well as appropriateness to SHC's relationship with inventors, for the ownership of potentially patentable inventions created or discovered with more than incidental use of SHC resources by students when not working as employees of SHC, by visiting practitioners, and by others not in SHC employment.

III. DEFINITIONS

A. Class of inventions

Defined as "Hospital Works," which include works created by employees in their scope of work at SHC or supported by an allocation of SHC funds.

B. Invention disclosure

Is a document which provides information about the inventor(s), what was invented, circumstances leading to the invention, and facts concerning subsequent activities. It provides the basis for a determination of patentability and the technical information for drafting a patent application. An invention disclosure is also used to report technology that may not be patented but is protected by other means such as copyrights.

C. Patent

A U.S. patent is a grant issued by the U.S. Government giving an inventor the right to exclude all others from making, using, or selling the invention within the United States, its territories and possessions for a period of 20 years. When a patent application is filed, the U.S. Patent Office reviews it to ascertain if the invention is new, useful, and nonobvious and, if appropriate, grants a patent - usually two to five years later. Other countries grant similar patent rights. Not all patents are necessarily valuable or impervious to challenge.

D. Invention

An invention is a novel and useful idea relating to processes, machines, manufactures, and compositions of matter. It may cover such things as new or improved devices, systems, circuits, chemical compounds, mixtures, etc. It is probable that an invention has been made when something new and useful has been conceived or developed, or when unusual, unexpected, or nonobvious results have been obtained and can be exploited. An invention can be made solely or jointly with others as coinventors. To be recognized legally, a coinventor must have conceived of an essential element of an invention or contributed substantially to the general concept. (See section V.C. for information and procedure regarding the formal disclosure of an invention.).

IV. PROVISIONS

A. In addition to employees of SHC (including student employees), the provisions of this patent policy will extend to:

1. All Residents/Fellows and postgraduate students (excluding those Stanford University employees who have signed Stanford University Patent Agreement (SU-18).

2. Non-employees who participate or intend to participate in clinical projects at SHC (including but not limited to visiting faculty, industry personnel, fellows, etc.)
   a. In the case of non-employees, all potentially patentable inventions conceived or first reduced to practice in whole or in part in the course of their participation in projects at SHC, or with more than incidental use of SHC resources, shall be disclosed on a timely basis to SHC, and title shall be assigned to SHC, unless a waiver has been approved.

3. This policy does not apply to faculty employed by the Stanford University School of Medicine, who are covered by the University's Intellectual Property policy.

4. The SHC CEO's authority to grant waivers of provisions of this policy is delegated to SHC CEO's Delegate.

V. PROCEDURE

A. Office of Technology Licensing

The mission of the Office of Technology Licensing (OTL) is to promote the transfer of SHC technology for society's use and benefit. OTL is responsible for the administration of SHC's invention reporting and licensing program, the commercial evaluation of inventions, patent filing decisions, petitions to agencies for greater rights in inventions, and negotiation of licensing agreements with industry.

B. Patent and Copyright Agreements

1. All SHC employees must sign SHC's Patent and Copyright Agreement (SHC-18). Non-employees who participate or intend to participate in projects at SHC must also sign a Patent and Copyright Agreement. A variation of this agreement has been created for individuals with prior obligations regarding the disclosure and assignment of intellectual property. See SHC's Patent and Copyright Agreement for Non-Employee Personnel (SHC-18A).

2. SHC is responsible for getting the appropriate Patent and Copyright Agreement signed, normally at the time of the individual's initial association with SHC.

C. Invention Disclosures

1. Inventors must prepare and submit on a timely basis an invention disclosure for each potentially patentable invention conceived or first actually reduced to practice in whole or in part in the course of their SHC responsibilities or with more than incidental use of SHC resources.

2. A disclosure form describing the invention and including other related facts should be prepared by the inventor and forwarded to Stanford University's Office of Technology Licensing (OTL). Forms may be requested from OTL.

3. OTL will review the invention disclosure with SHC's CEO or CEO Delegate and, if necessary, the inventor(s). Based on OTL's recommendation, SHC's CEO or CEO's Delegate, in its sole discretion, will determine whether SHC will proceed on the invention disclosure and whether the work is categorized as a Hospital Work. The inventor(s) may request reconsideration of the categorization with SHC's CEO.

4. The following practical considerations relate to invention disclosures:
   a. Individuals covered by this policy are expected to disclose applicable inventions to SHC and identify whether the invention has potential for commercial marketing.
   b. Individuals may not use SHC resources, including facilities, personnel, equipment, or confidential information, except in a purely incidental way, for any non-Hospital purposes, including outside consulting activities or other activities in pursuit of personal gain.
   c. "More than incidental use of SHC resources" would include:
      i. The use of specialized facilities, equipment, or supplies, provided by SHC for clinical purposes
      ii. Use of "on-the-job" time
      iii. Use of SHC or patient data
   d. The occasional and infrequent use of the following would typically not constitute "more than incidental use of SHC resources":
      i. Routinely available, office-type equipment, including desktop computers and commercially available software; and
      ii. Reference materials or other resources collected at SHC, and which are generally available in non-SHC locations.

5. The Patent and Copyright Agreement (SHC-18 or SHC-18A as applicable) does not apply to an invention which qualifies fully as a non-assignable invention under Section 2870 of the California Labor Code. In accordance with Section 2872, SHC does not require staff to assign any invention developed entirely on staff's own time without using SHC's equipment, supplies, facilities, or trade secret information except for those inventions that either:
   a. Relate at the time of conception or reduction to practice of the invention to SHC's business, or actual or demonstrably anticipated research or development of SHC; or
   b. Result from any work performed by staff for SHC
   c. Labor Code sections 2870, 2871 and 2872 may be found here.

D. Alternative Disposition of Rights

If OTL cannot proceed in a timely manner to patent and/or license an invention, SHC CEO or CEO's Delegate, in its sole discretion, may reassign ownership to the inventor(s), with OTL's

assistance, upon request to the extent possible under the terms of any agreements that supported or related to the work

E. Licensing

1. SHC recognizes that protection of proprietary rights in the form of a patent or copyright are often necessary - particularly with inventions derived from basic research - to encourage a company to risk the investment of its personnel and financial resources to develop the invention. In some cases, an exclusive license may be necessary to provide an incentive for a company to undertake commercial development and production. Nonexclusive licenses allow several companies to exploit an invention.

2. The clinical and teaching missions of SHC shall always take precedence over patent considerations. While SHC recognizes the benefits of patent development, it is most important that the direction of SHC activity not be established or unduly influenced by patent considerations or personal financial interests.

3. OTL handles the evaluation, marketing, negotiations and licensing of SHC owned inventions with commercial potential. Royalty distribution for non-SHC Works is as follows:
   a. Cash Royalties
      A deduction of 15% to cover the administrative overhead of OTL is taken from gross royalty income, followed by a deduction for any directly assignable expenses, typically patent filing fees. After deductions, royalty income is divided one-third to the inventor(s) and two-thirds to SHC. Disagreements involving royalty distribution will be reviewed and resolved by OTL; involved parties may appeal the OTL resolution to SHC's CEO or CEO's Delegate.
   b. Equity
      SHC may at times accept equity as part of the license issue fee. Net equity, i.e., the value of the equity after the deduction of 15% to cover OTL administrative costs, will be shared between the inventor(s) and SHC, with SHC share going to the OTL Research and Fellowship Fund. SHC's share of equity will be managed by the Stanford Management Company. (All other cash payments, including royalties based on sales, will be distributed in accordance with the provisions described above.)

   c. For Hospital Works, SHC receives the entire share of cash royalties (after deductions) and net equity (after deductions). SHC's CEO or CEO's Delegate has sole discretion to determine whether, and in what amount (not exceeding one-third of the gross royalty following OTL deductions), an award may be given to the inventor(s) of a Hospital Work out of the royalties from such work.

F. Patentability

1. Not all inventions are patentable. Questions relating to patentability are often complex and usually require professional assistance.

2. General criteria for patentability
   An important criterion of patentability is that an invention must not be obvious to a worker with ordinary skill in that particular field. It must also be novel, in the sense that it has not been previously publicly known or used by others in this country or patented or described in a printed publication anywhere.

3. Loss of patentability
   Inventions that are patentable initially may become unpatentable for a variety of reasons. An invention becomes unpatentable in the United States unless a formal application is filed with the U.S. Patent Office within 12 months of disclosure in a publication or of any other action which results in the details of the invention becoming generally available.

4. Circumstantial impairment of patentability
   Many other circumstances may impair patentability, such as lack of "diligence." For example, unless there is a record of continuous activity in attempting to complete and perfect an invention, it may be determined that the invention has been abandoned by the initial inventor, and priority given to a later inventor who showed "due diligence."

5. International variation of patentability regulations
   Regulations covering the patentability of inventions and application filing procedures vary from country to country and are subject to change. It is important to note that an invention is unpatentable in most foreign countries unless a patent application is filed before publication.

G. Value of Unpatented Inventions
   An invention, although unpatentable for various reasons, may still be valuable and important for SHC and should be disclosed. For example, unpatented inventions that improve and streamline patient processing may (or may not) be patentable but would be valuable for SHC.

VI. COMPLIANCE

A. All workforce members including employees, contracted staff, students, volunteers, credentialed medical staff, and individuals representing or engaging in the practice at Stanford Health Care (SHC) are responsible for ensuring that individuals comply with this policy

B. Violations of this policy will be reported to the Department Manager and any other appropriate Department as determined by the Department Manager or in accordance with SHC policy. Violations will be investigated to determine the nature, extent, and potential risk to SHC. Workforce members who violate this policy will be subject to the appropriate disciplinary action up to and including termination

VII. RELATED DOCUMENTS /PROCEDURES

Inventions, Patents, and Licensing (School of Medicine)

VIII. APPENDICES

NA

IX. DOCUMENT INFORMATION

A. Legal References/Regulatory Requirements:
   Labor Code sections 2870, 2871 and 2872

B. Original Document: 06/20/1980

C. Stored in SHC Document Management System

D. Review and Renewal Requirements:
This policy will be reviewed and/or revised every three years or as required by change of law or practice.

E. Review and Revision History:
1. 07/2020 Charlette Stallworth, VP Strategic Partnership, SCH; Monique Bouvier, Director of Nursing Quality, Patient Care Services

2. 05/2023 Nerissa Ambers, Manager, Nursing Innovation & Informatics; Gretchen Brown, Chief Nursing Informatics Resident/Fellow; Philip Chen, Administrative Director, Tech Legal; Charlette Stallworth, VP Business Development & Innovation

F. Approvals:
1. 08/2020 Policy & Procedure Steering Committee

2. 09/2020 Medical Executive Committee; SHC Board Credentials, Policy & Procedure Committee

3. 06/2023 Policy & Procedure Steering Committee

4. 08/2023 Medical Executive Committee; SHC Board Credentials, Policy & Procedure Committee

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Appendix L-Eligibility and Selection of Residents and Fellows

I. PURPOSE

The Sponsoring Institution must have written policies and procedures for Residents and Fellows recruitment and appointment and must monitor each program for compliance. The Sponsoring Institution must ensure that its ACGME accredited programs select from among eligible applicants on the basis of residency program-related criteria such as their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. ACGME-accredited programs must not discriminate with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

II. POLICY

RESIDENT ELIGIBILITY:

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 program [2]provided by an LCME-accredited medical school.

RESIDENT SELECTION:

Stanford Health Care 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

[2] 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).

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 selection process should include, at a minimum, a review of eligible applicants by a program selection committee, individual interviews, and written interview evaluations. Criteria used for selection may include, but are not limited to, the following:

- Review and confirmation of eligibility requirements
- Performance on standardized medical knowledge tests
- Overall academic performance in medical school
- Recent clinical training or experience
- Honesty, integrity, reliability
- Lack of history of drug or alcohol abuse
- Satisfactory criminal background check
- Prior research and publication experience
- Letters of recommendation from faculty
- Medical school transcript
- A commitment to complete the entire training program
- The ability to reside in the U.S. for the length of the training

It is the policy of Stanford Health Care and its affiliated hospitals to conduct Residents and Fellows selection and recruitment processes that are free from discrimination with regard to sex, race, age, religion, color, national origin, disability, or any other applicable legally protected status.

III. PROCEDURES

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 48 hours of the match. The Department of Graduate Medical Education will send employment contracts to all matched Residents and Fellows 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.

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 Residents and Fellows prior to completion of the forms via Med Hub, our online web-based Resident Management program. All recommendations of appointments are subject to review and final approval by the Director of the Department of Graduate Medical Education. Residents and Fellows contracts are issued with a copy of Residents and Fellows

Policies and Procedures attached. Residents and Fellows Policies and Procedures are part of the resident contract. All Residents and Fellows 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 1 year in duration at a time. All residents must complete all required on-line training modules and provide proof of completion of training.

IV. DOCUMENT INFORMATION

This policy is reviewed by the Graduate Medical Education Committee every five years.

Approved By: Graduate Medical Education Committee

REV. 1/8/2008
REV. 5/10/2012
REV. 8/12/2021

Glossary

Abbreviations	Full name
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council of Graduate Medical Education
AD&D	Accidental Death & Dismemberment
ADA	Disabilities Act of 1990
AMIE	Am I Encrypted
AOA	American Osteopathic Association
BBP	Blood Borne Pathogen
BTA	Business Travel Assistance
CAL COBRA	California Consolidated Omnibus Budget Reconciliation Act
CASDI	California State Disability Insurance
CBA	Collective Bargaining Agreement
CDC	Centers for Disease Control and Prevention
CFEHA	California Fair Employment and Housing Act
CFRA	Family Care and Medical Leave
CIR-SEIU	The Committee of Interns and Resident-Service Employees International Union
Clinical and educational work hours	All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do not include reading, studying, research done from home, and preparation for future cases. Formerly known as “duty hours.”
CME	Continuing Medical Education
CML	California Medical License
CMO	Chief Medical Resident/Fellow
COBRA	Consolidated Omnibus Budget Reconciliation Act
DEA	Drug Enforcement Administration
DER	Designated Employer Representative
DIO	Designated Institutional Official
EAP	Employee Assistance Program
ECFMG	the Educational Commission for Foreign Medical Graduates
EDD	Employment Development Department
EPIC	Electronic Patient Information Center
EVSP	Exchange Visitor Sponsorship Program
FICA	Federal Insurance Contributions Act
FMLA	Federal Family and Medical Leave Act
GME	Graduate Medical Education
GMEC	Graduate Medical Education Review Committee
HIA	Health Incentive Account
HIMS	Health Information Management Services

Abbreviations	Full name
HIPAA	Health Insurance Portability and Accountability Act
HRA	Health Reimbursement Account
HRC	Resident's/Fellow's Review Committee
ICMJE	International Committee of Medical Journal Editors
IMG	International Medical School Graduate. A graduate from a medical school outside the United States and Canada. IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities.
IP	Internet Protocol
IRS	Internal Revenue Service
JAMS	Judicial Arbitration and Mediation Services
LCME	Liaison Committee on Medical Education
LTD	Long-Term Disability
MBC	Medical Board of CA
MDM	Medicine Mobile Device Management
MedHub	Stanford GME's online web-based Resident management program
MSO	Medical Staff Office
NRMP	National Resident Matching Program
NST	Non-Standard Training
OAA	Office of Academic Affairs
OTL	Office of Technology Licensing
P&P	Policies & Procedures
P&S	Physicians and Surgeons Medical License
PCR	Polymerase chain reaction
PDL	Pregnancy disability leaves
PFL	Paid Family Leave
PFL	Paid Family Leave
PGY	Post Graduate Year
PHI	Protected Health Information
PIFs	Program Information Forms
PM/ELC	Pain Management and End of Life Care
PPE	personal protective equipment
PTL	Postgraduate Training License
QBS	Qualified Bilingual Staff
Resident	In ACGME vocabulary, it includes Fellows and Residents
SCVMC	Santa Clara Valley Medical Center
SDI	State Disability Insurance
SHC	Stanford Health Care
SMCH	Stanford Medicine Children's Hospital (formally known as Lucile Packard Children's Hospital/LPCH)
SPD	Summary Plan Description

Abbreviations	Full name
Stanford	Stanford consists of the Stanford University School of Medicine, Stanford Health Care and Stanford Medicine Children's Health
SWDE	Stanford Whole Disk Encryption
TPL	Training Program Liaison
URLs	Web Universal Resource Locators
USMLE	United States Medical Licensing Examination

Useful Stanford Links

Name	Link
Ask Finance	https://stanfordhc.service-now.com/esc?id=sc_cat_item&sys_id=c52e4eff1b574250f884a933604bcb38/
Ask HR	https://stanfordhc.service-now.com/esc?id=emp_taxonomy_topic&topic_id=c12227ffc3655510c8157a4ce00131df
Benefits	https://healthysteps4u.org
Bright Horizons	https://cardinalatwork.stanford.edu/benefits-rewards/worklife/financial-assistance/emergency-back-care
Code of Conduct	https://stanfordhealthcare.sharepoint.com/sites/OCP/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FOCP%2FShared%20Documents%2FCode%20of%20Conduct%2Epdf&parent=%2Fsites%2FOCP%2FShared%20Documents
COVID-19	https://pulse.stanfordmedicine.org/contents/38130783
Dept/Division Contacts	https://med.stanford.edu/gme/programs.html
Diversity	https://med.stanford.edu/odme/residents-and-fellows.html
Emergency Department	https://stanfordhealthcare.org/medical-clinics/emergency-department.html
Express Care	https://stanfordhealthcare.org/medical-clinics/express-care-clinics.html
Fatigue Mitigation/Uber Rideshare Registration & Guidelines	Fatigue Mitigation | Graduate Medical Education | Stanford Medicine
GME	https://med.stanford.edu/gme.html
Malpractice for Outgoing Residents/Fellows	https://med.stanford.edu/gme/housestaff/current/malpractice-certificate-of-insurance.html
MedHub	stanford.medhub.com
Office of Compliance & Privacy	https://stanfordhealthcare.sharepoint.com/sites/OCP/SitePages/home.aspx?startedResponseCatch=true
Ombudsperson	https://med.stanford.edu/ombuds.html
Paging	https://smartpage.stanford.edu/
Parking & Transportation	https://www.stanfordmedicinetransportation.org and Parking at Stanford | Transportation
Reimbursements	https://med.stanford.edu/gme/housestaff/current/reimbursements.html
Residents and Fellows Job Description	https://stanford.medhub.com/functions/jcaho/
Well Connect	https://med.stanford.edu/psychiatry/special-initiatives/wellconnect.html

Name	Link
Well-Being	https://med.stanford.edu/gme/housestaff/current/wellness.html
Workday	https://wd5.myworkday.com/wday/authgwy/stanfordhealthcare/login.htmld?returnTo=%2fstanfordhealthcare%2fd%2fhome.htmld
Workforce Health & Wellness	https://pulse.stanfordmedicine.org/contents/37804632

Revisions & Notes

- 03/12/2024 Last major revision
- 03/28/2024 Approved by Stanford Graduate Medical Education Committee
- 11/22/2024 Amended
- 04/24/2025 Amended
- 04/24/2025 Amended
- 04/14/2026 Amended
- 04/28/2026 Last revision

Policies and Procedures are subject to change at any time by Stanford Health Care Administration.

When a provision in this document differs from the union contract, the contract shall take precedence.

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