



# MID-ATLANTIC STATES INTERNAL MEDICINE RESIDENCY PROGRAM



[residency-mas.kp.org](https://residency-mas.kp.org)



# WELCOME

Dear Applicant,

Welcome to the Kaiser Permanente Mid-Atlantic States (KPMAS) Internal Medicine Residency Program, and thank you for your interest in our residency. Our mission is to train compassionate, resilient, and highly competent physicians in our patient-centered, integrated health care system.

KPMAS internal medicine residents will receive a consummate education and in-depth clinical training in a high-quality, competency-based curriculum. The curriculum, which also will include a number of subspecialties, will be delivered by an experienced and dedicated faculty. They will apply the didactics, simulation training, and bedside instruction required to produce highly skilled, compassionate physicians.

We firmly believe in a positive learning environment where each resident will be assigned and receive personal support from a faculty mentor. We consider our residents to be the bedrock of the program, and as such, we will devote every resource we can to ensure their success.

Our program emphasizes learning and service. Residents' input and feedback is vital to our program and will be used frequently to evaluate and improve our residency.

Residents will train in three state-of-the-art sites: Kaiser Permanente's Gaithersburg Medical Center; Holy Cross Hospital in Silver Spring, Maryland; and the VA Medical Center in Washington, DC. Education and wellness are significant parts of the curriculum and resident rotation schedule, with innovative scheduling for inpatient and outpatient rotations. Our goal is to ensure well-rounded physicians who excel in clinical practice, quality improvement, and high-value care. Residents will gain experience in treating a diverse patient population, which includes underserved patients in free clinics.

In addition to noon conferences, the program features lectures in longitudinal Quality Improvement and Patient Safety and Communication Skills. Curricula include evidence-based medicine and wellness, among others. We employ a weekly academic half-day conference to deliver much of this content, and ensure protected time to achieve an uninterrupted quality education.

We embrace the opportunity to educate dedicated house staff who will enrich our learning environment. I invite you to visit our website at **[residency-mas.kp.org](https://residency-mas.kp.org)** to learn more about our unique program. We're excited to welcome you and share more with you about our internal medicine residency.



A handwritten signature in black ink, reading "Julie Chen".

**Julie Chen, MD, FACP**

Program Director,  
Internal Medicine Residency Program  
Kaiser Permanente Mid-Atlantic States

Our program  
emphasizes  
learning  
and service.



# RESIDENCY PROGRAM TEAM

## Directors



**Julie Chen, MD, FACP**

Program Director  
Internal Medicine, Lifestyle  
Medicine, and Obesity  
Medicine



**Elisabeth Kramer,  
MD, FACP**

Associate Program Director-  
Outpatient Internal Medicine,  
Lifestyle Medicine, and Obesity  
Medicine



**Charu Maheshwary,  
MD, FACP**

Associate Program Director-  
Inpatient Hospital Medicine

## Core Faculty



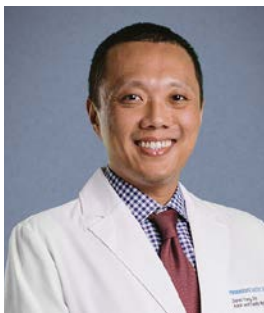
**Kathleen Anderson,  
MD, MS**

Internal Medicine, Palliative  
Medicine, and Integrative  
Medicine



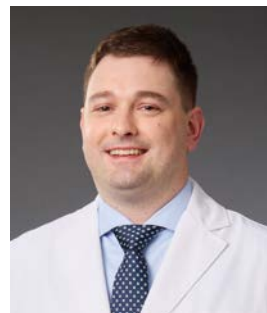
**Shalene Singh, MD**

Hospital Medicine



**Daren Yang, DO,  
FACP**

Internal Medicine



**Jeffrey Wharton, MD**

Internal Medicine

## Program Administration



**Marc John Barredo,  
MHA, C-TAGME**

GME Residency  
Program Manager



**Kelliann Dell**

Associate Director  
of Graduate Medical  
Education

## PROGRAM HIGHLIGHTS

**DEDICATED FACULTY MEMBERS.** Our faculty members come from diverse backgrounds and have a variety of interests. They're also experienced in teaching and clinical practice, and have demonstrated passion for and commitment to the residency program.

**PRIMARY EDUCATIONAL MISSION.** Our residency program prioritizes education and service. This means that time for education is safeguarded. Patient care is educationally focused with reasonable caseloads so that time can be dedicated to valuable discussion and learning. There is protected time for didactics during daily noon conferences and weekly academic half-day conferences.

**PATIENT-CENTERED MEDICAL HOME MODEL.** Kaiser Permanente has a unique patient-centered medical home model that uses technologically advanced databases. It also encourages teamwork among clinical assistants and the progressive

Advanced Urgent Care (AUC), care for geriatric and underserved patients, and rotate through core specialty experiences.

**LEADER IN HEALTH INFORMATICS AND QUALITY AND POPULATION HEALTH.** KPMAS is nationally recognized in chronic disease management and preventive health guidelines based on evidence-based medicine, clinical informatics, and peer-reviewed research.

**STATE-OF-THE-ART DIGITAL HEALTH RECORD.** Our digital health record—the largest civilian record in the world—is unsurpassed, and its secure portal allows patients to access test results, patient education materials, instructions, secure messaging to providers and staff, and more.

**AGE, GENDER, ETHNIC, AND SOCIOECONOMIC DIVERSITY OF OUR PATIENT POPULATION.** Residents will receive training in treating adults of all ages, including patients in nursing homes

## WHAT MAKES OUR PROGRAM STAND OUT?

use of video visits and technology-enabled specialty consults, which have resulted in the top quality measures in the nation. Our residents learn the best medical practices and are embedded as primary care physicians in the medical home.

**FIRST RESIDENCY IN KPMAS.** We're strongly supported by a national leader in medical care whose focus is preventive medicine and access to health care for all. The role of the primary care physician is the central part of patient care, and residents are trained as an integral part of their educational journey.

**INNOVATIVE BLOCK SCHEDULE.** Training at KPMAS features an innovative 2-week-by-4-week "block" to ensure that inpatient and outpatient responsibilities do not conflict. Our trainees see patients in clinics, participate in inpatient training on the wards and in the ICU, treat urgently sick patients in our

and hospice. We treat both Medicare and Medicaid members. Residents rotate at underserved clinics in Gaithersburg and Silver Spring, caring for the uninsured and underinsured. We serve and care for diverse communities, including patients from Africa, China, Europe, Haiti, India, South America, Vietnam, and more. Patients who aren't fluent in English are provided with translation services during their visit.

**PARTNERSHIP BETWEEN RESIDENTS AND FACULTY.** We encourage strong relationships between residents and faculty members in the continuity clinics, inpatient settings, didactics, and rotations in our specialty clinics. We provide frequent one-on-one precepting with faculty to enhance clinical skills and offer communication skills workshops to optimize the doctor-patient relationship.

# CURRENT RESIDENTS

## PGY-3



**Oghuz Anwar, DO**  
New York Institute College  
of Osteopathic Medicine



**Theresa Chiappe, DO**  
A.T. Still University School  
of Osteopathic Medicine



**Robert Liu, MD**  
University of Maryland  
School of Medicine



**Shannon Menezes, MD**  
George Washington University  
School of Medicine



**Harsitha Sakhamuri, MD**  
University of Queensland  
- Ochsner Health



**Arianna Vessal, DO**  
Edward Via College of  
Osteopathic Medicine -  
Virginia

## PGY-2



**Abraham Alex, DO**  
New York Institute College  
of Osteopathic Medicine



**Tarah Burton, MD**  
George Washington University  
School of Medicine



**Navid Chowdhury, MD**  
University of Maryland  
School of Medicine



**Ashly Kaur, DO**  
Edward Via College  
of Osteopathic Medicine-  
Virginia



**Rohan Kuruvilla, MD, ScM**  
Howard University College  
of Medicine



**Moiz Shah, MBChB**  
University of Glasgow School  
of Medicine, Dentistry,  
and Nursing







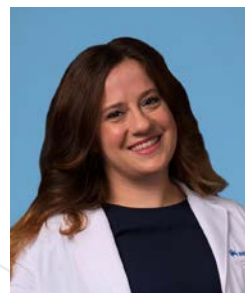
**Mary Anand, MD**  
Eastern Virginia  
Medical School



**Mubazar Ishfaq, DO**  
Philadelphia College of  
Osteopathic Medicine



**Noorvir Kaur, MD**  
Drexel University  
College of Medicine



**Rebecca Lees, MD**  
Geisinger Commonwealth  
School of Medicine



**Adan Naseer, MD, MSc**  
Eastern Virginia  
Medical School



**Sudaba Rahimi, DO**  
Edward Via College of  
Osteopathic Medicine-  
Carolinas



My experience at this residency has been incredibly rewarding. The supportive faculty, diverse patient population, and strong emphasis on education have helped me grow both clinically and personally. I especially value our integrative healthcare model, which promotes collaboration across specialties and emphasizes treating the whole patient. This approach has deepened my understanding of comprehensive, patient-centered care and prepared me to provide the highest quality care in any setting.

**Arianna Vessal, DO, PGY-3**



From my experience thus far, I can confidently say that this program places emphasis on training well-rounded, forward thinking physicians. Gaining exposure to a variety of complex, multi-morbid patients, coupled with a strong focus on didactics and academia, fosters an environment that supports high quality medical training. In addition, access to cutting-edge AI tools has been pivotal to efficiency and learning in the workplace, and will certainly help future-proof my practice. I have thoroughly enjoyed working with my co-residents, and particularly like the balanced schedule which allows ample opportunity for rest and wellness. I look forward to the coming years at KPMAS!

**Moiz Shah, MBChB, PGY-2**



## PREVIOUS RESIDENTS

### PLACEMENTS OF PAST RESIDENTS

PAST RESIDENT	CURRENT ROLE
Hamdi Abdeen, MD	Chief Resident at Kaiser Permanente
Kathleen Adeshoga, MD	Private Practice Primary Care Physician
Hoon Chang, MD, MS	Nephrology Fellow at University of Pennsylvania and Private Practice Nephrologist
Huai-En Chang, MD, MPH, MBA	Gastroenterology Fellow at East Carolina University
Jason Chavez, MD	Infection Disease at University of Miami School of Medicine
Shanshan Gustafson, MD, MS	Cardiology Fellow at Kaiser Permanente Northern California, San Francisco
Katrina Hsieh, DO	Oncology-Palliative Medicine Fellow at Ohio State University
Miranda Hunter, MD	Primary Care Physician at Kaiser Permanente
Jacqueline Kowitz, MD	Hospitalist at Community Hospital
Waalande Lintiso, MBBS	Hospitalist at Community Hospital
Sushmita Malik, MD	Hospitalist at Kaiser Permanente
Tamanna Sahni, MD	Infectious Disease Fellow at George Washington University
Amitosh Singh, MD	Hospitalist at Johns Hopkins Medicine/Suburban Hospital and PRN Hospitalist at Kaiser Permanente
Nadia Smati, MBBS	Assistant Professor at Houston Methodist Hospital and Weill Cornell Medicine and Chief Research Officer at Ainsley Advisory Group
Inna Sverdlova, MD	Hospitalist at Kaiser Permanente
Daniel Tadeo, MD	Hospitalist at Kaiser Permanente
Crystal Xue, MD	Primary Care Physician at Kaiser Permanente
Qiuyu Zhu, MD, PhD	Cardiology Fellow at Wake Forest University





## INNOVATION IN GRADUATE MEDICAL EDUCATION AT KPMAS

The residents in our program benefit from innovative scheduling for inpatient and outpatient rotations, allowing for **individualized training** based on a resident's career interests. We can determine what's most effective and use it to improve and innovate in the clinical learning environment and graduate medical education (GME) curriculum.

As part of the internal medicine residency program here at Kaiser Permanente Mid-Atlantic States, residents will be able to participate in an innovative clinical curriculum that incorporates education technology, simulation

consultation, known as e-consult, that enables industry-leading patient access to subspecialists.

We have advanced population health management tools to systematically identify and address gaps.

We also utilize artificial intelligence tools, such as Abridge, to enhance clinical efficiency.

We also have an innovation engine that can take your ideas, prioritize them, and apply them regionally for maximum benefit to patients and providers. We are developing capabilities of predictive analytics.

## INNOVATIVE BLOCK SCHEDULING BETWEEN INPATIENT AND OUTPATIENT ROTATIONS

in a state-of-the-art simulation center, and substantial protected teaching time. We will have an academic half-day conference that is engaging and comprehensive. The half-day will cover topics including, but not limited to, medical knowledge. Topics for the educational series include patient safety science, decision science, quality improvements, health equity and social determinants of health, diversity inclusion and equity, health care ethics, the business of medicine, clinical informatics, and how to conduct scholarly activity.

With regard to the practice of medicine, KPMAS has many innovative practices beyond just telemedicine. We will offer a telemedicine curriculum that trains residents on best practices on virtual encounters to specialist consultation, but also allows for a tiered approach to

An innovative component of KPMAS is our **Advanced Urgent Care (AUC)**, which is a multispecialty hub that provides access to primary and subspecialty care as well as overnight monitoring. AUCs have shown to improve clinical care, increase health care access, and reduce costs, compared to the traditional community hospital medical office care model. GME will be part of the Health Care Learning System, giving feedback regularly.

We also focus on physician well-being, particularly physician efficiency. To minimize burnout, the MAPMG HOPE TEAM can optimize and accelerate your practice through frequent EHR trainings.

## EDUCATION INNOVATIONS INCLUDE:

- Lifestyle medicine integrated in the curriculum
- Academic half days
- Simulation and communication skills curriculum
- “Webside manner” for video visits, telemedicine, and secure messaging using our robust infrastructure
- Patient safety science
- Quality and performance improvement
- I-PASS and TeamSTEPPS
- Diversity, inclusion, and equity curriculum
- Focus on wellness and burnout
- Business in medicine curriculum
- Education about diagnostic errors
- Health policy or global health elective in partnership with Kaiser Permanente Northern California

## CLINICAL INNOVATIONS INCLUDE (but are not limited to):

- EMR-integrated consult system
- Teledermatology
- Hepatitis C Care Screening Pathway (or Cascade) Program
- Remote data monitoring program
- HOPE TEAM physician-in-triage (PIT) notes
- Complex care program
- Practice in an integrated multispecialty practice providing industry-leading service quality metrics
- Multispecialty hub Advanced Urgent Care
- Point-of-Care Ultrasound Curriculum
- Health information technology and clinical informatics
- Abridge for clinical documentation tool





## OUR COMMITMENT TO MISSION-DRIVEN CARE

The Kaiser Permanente Mid-Atlantic States Internal Medicine Residency Program is committed to training excellent clinicians who will improve the health of their patients and communities. Our goal is to provide exceptional training for physicians in a high-quality, compassionate, and innovative health care environment.

Our program supports Kaiser Permanente's mission to improve the health and lives of our patients by taking a proactive, integrated approach to achieving total health for all.

We also foster the following core professional values in our residents:

- **Integrity**
- **Compassion**
- **Innovation**
- **Collegiality**
- **Reliability**
- **Efficiency in use of resources**
- **Evidence-based practice**
- **Adaptability**

We look forward to sharing more about our program and our philosophy of practicing patient-centered, mission-driven care with you.



EVIDENCE-BASED  
PRACTICE

INTEGRITY

COMPASSION



RELIABILITY



INNOVATION

ADAPTABILITY

COLLEGIALITY





## SCHOLARLY ACTIVITY

At Kaiser Permanente Mid-Atlantic States, residents will have ample opportunities to collaborate with experienced faculty on scholarly activities in the form of quality improvement projects, case series/reports, or independent/collaborative research to augment their training. These projects prepare our residents to pursue scholarship and research, strengthening their fellowship applications and helping to provide innovative solutions and cutting-edge treatments.

Residents interested in research will learn clinical analysis skills and be supported by an on-site research physician. They'll also have the opportunity to present at meetings, including regional and national conferences.

Additionally, each spring, the program sponsors the **Annual Scholarly Activity Symposium** where residents and faculty have the opportunity to present their projects to the medical group and members of the community in a setting that showcases and celebrates their academic accomplishments. The faculty judge and evaluate projects and distribute awards.

CHEST  
Annual Meeting



National Society of General  
Internal Medicine Meeting





**SCHOLARLY ACTIVITY INTERESTS OF SELECT FACULTY INCLUDES (but is not limited to):**

FACULTY MEMBER	SELECT AREAS OF INTEREST
Julie Chen, MD, FACP	Curriculum design, innovations in medical education, population health improvements, lifestyle medicine, obesity medicine
Kathleen Anderson, MD, MS	Complex patient management, communication skills, pain and palliative medicine
Rebecca Kaufman, MD	SIM education, telehealth, access to health care for the undocumented and uninsured patient, patient safety
Elisabeth Kramer, MD, FACP	Research methodologies, comprehensive primary care, lifestyle medicine, obesity medicine
Charu Maheshwary, MD, FACP	Hospital-based medicine, transitions of care, quality improvement, point-of-care ultrasound
Ejaz Shamim, MD	Transcranial magnetic stimulation, migraine and epilepsy, diagnostic errors
Benjamin Silverman, MD	Quality improvement, peer review
Shalenee Singh, MD	Quality and process improvement, preventing diagnostic errors, and hospital workflow optimization
Rachel Vile, MD	Procedures, simulation, ICU delirium, DKA management, early mobilization on ventilation
Jeffrey Wharton, MD	Diagnostic excellence, ambulatory medicine, faculty development
Daren Yang, DO, FACP	Clinical workflow optimization, championing PCMH model and initiatives, resident wellness and resilience

## DIVERSITY AND INCLUSION

The Kaiser Permanente Mid-Atlantic States Internal Medicine Residency Program welcomes applicants of all ethnicities, races, genders, gender identities, sexual orientations, country of origin, ages, disabilities, veteran status, and socioeconomic backgrounds. We are committed to recruiting, training, and retaining physicians who reflect the increasingly diverse patient population of Montgomery County. We believe this is vital to the trainee experience, but also critical for eliminating health care disparities. We're also proud that this diversity is reflected in our program leadership, faculty, and administrative personnel.

### Innovative curriculum

We recognize that the future of medicine is complex, team-based, and beyond the framework of biological science. Our innovative curriculum strives to prepare the doctors of tomorrow to provide equitable, culturally competent, value-based care.

### Mentoring program

Each resident will participate in our mentoring program and be paired one-on-one with faculty members, who are equally diverse in their experiences and ethnicities.

### Community resources

Kaiser Permanente has Business Resource Groups (BRGs) that provide networking, mentoring, skill-building, and support. These resources will be available to all residents.

- ❖ GenKP
- ❖ KP Ability
- ❖ KP African American Professional Association (KPAAPA)
- ❖ KP Armenian Connection
- ❖ KP Asian Association (KPAA)
- ❖ KP LatinX Association (KPLA)
- ❖ KP Native American Business Resource Group
- ❖ KP Pride
- ❖ KP Veterans Association (KPVA)
- ❖ Women Empowered at Kaiser Permanente (WE@KP)



## Awards



We're proud that Kaiser Permanente is a national leader in diversity and reflects the growing diversity of the US population. In addition, our workforce mirrors the diversity of the communities we serve. The Human Rights Campaign Foundation has named Kaiser Permanente among best places to work for 16 straight years, and we consistently rank as a supplier of diversity for all. In addition, 69% of our workforce are members of racial, ethnic, and cultural minorities, which reflects a place for everyone to belong.

### **Business Health Group**

A National Business Group on Health Best Employer for Health & Well-Being

### **CMS.gov**

Kaiser Permanente Medicare health plans receive top scores for quality and service by the Centers for Medicare & Medicaid Services

### **Disability:IN**

A Disability Equality Index (DEI®) Top-Scoring Company and 2022 Best Place to Work

### **DiversityInc**

Perfect score on Disability Equality Index and Best Place to Work for Disability Inclusion

### **DiversityInc Top 50**

Member of the DiversityInc Top 50 Hall of Fame for the sixth year in a row

### **Forbes**

An American Best Employer for Women by *Forbes* magazine

### **Human Rights Campaign Foundation**

Consistently named LGBTQ Healthcare Equality Leader by Healthcare Equality Index

### **LinkedIn Top Companies: Health Care**

#1 on LinkedIn's 2023 Top Companies in Health Care

### **World's Most Ethical Companies**

Named among the World's Most Ethical Companies for the 5th time in 2023



# COMMITMENT TO WELL-BEING

## Mission

- ❖ Empower residents to develop skills to neutralize stress, prevent burnout, and combat fatigue
- ❖ Promote self-care: emotional, physical, financial, and spiritual
- ❖ Create a nurturing learning environment that fosters lifelong learning, professional fulfillment, and passion in medicine



## We help you thrive

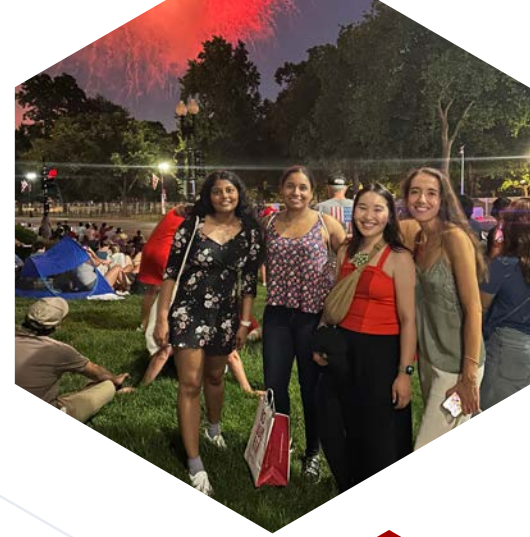


MITIGATED  
BY



## Tiered solutions

An innovative, evidence-based curriculum to help learners improve cognition, build resiliency, and prevent burnout during training.



### Kaiser Permanente

- ❖ Physician-led wellness group, organized conferences, and social gatherings to promote community
- ❖ Strategic use of technology to optimize communication and efficiency between specialties
- ❖ Clinical workflow and process improvements to reduce clinical and administrative burdens



### Residency Program

- ❖ Nurturing, resident-centered learning environment with balanced duty hours and workloads
- ❖ Integrated wellness curriculum to educate about burnout, develop resiliency strategies, and combat compassion fatigue
- ❖ Mentoring program, trauma stewardship for second victim, team-building, and behavioral health resources
- ❖ Resident-led wellness committee that organizes quarterly wellness get-togethers and a retreat to foster camaraderie and team-building

### Self

- ❖ Work-life integration with self-care focus on exercise, sleep, and nutrition
- ❖ Meditation, mindfulness, and biofeedback
- ❖ Quarterly wellness half-days for doctor's visits and other appointments
- ❖ Confidential counseling through an employee assistance program

## ABOUT THE MID-ATLANTIC AREA

The Kaiser Permanente Internal Medicine Residency Program is based in Gaithersburg and Silver Spring, Maryland, just outside of Washington, DC. This unique geographic position offers a perfect balance of city living with suburban dwelling fit for singles, couples, or families.

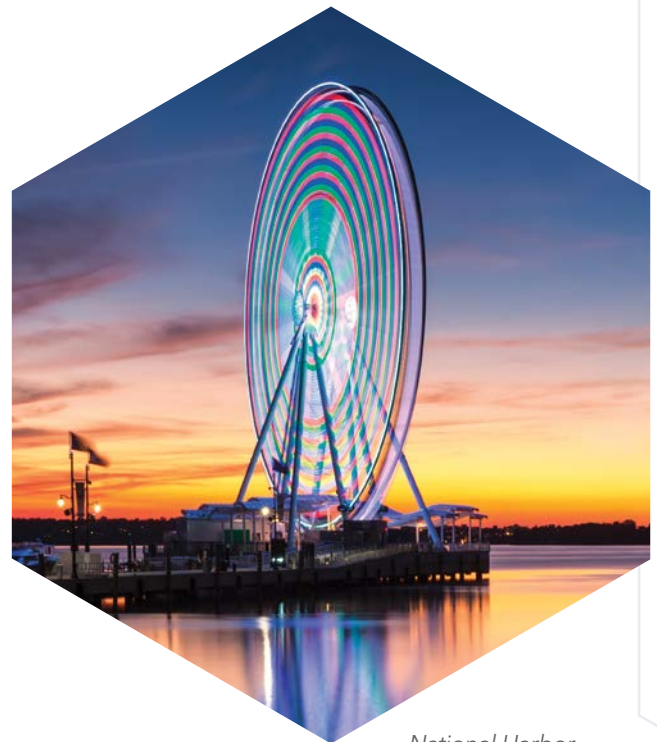
Consistently named most ethnically diverse city by WalletHub, Gaithersburg has a welcoming global community that will make you feel right at home.

This area is also a foodie's delight. The DC metro region is a melting pot of cultures that offers an excellent dining scene for an adventurous palate. Enjoy a Korean bulgogi for lunch while scouting Ethiopian injeras

for dinner. If you're feeling fancy, downtown DC is easily accessible via the Metro or a quick 30-minute drive. Try Michelin-rated options such as Minibar by José Andrés and Pineapple and Pearls.

At Kaiser Permanente, we pride ourselves in being an active workforce. There are countless recreational activities in the region, including kayaking, hiking, biking, and skiing. There are also miles and miles of running trails. Seneca Creek State Park is just around the corner; Liberty Mountain resort has nice slopes for your winter fun; or head over to the C&O Canal if you feel like cycling across three states while taking in scenic views of the Great Falls that separate Maryland and Virginia.

*Washington Monument  
Washington, DC*



*National Harbor  
Maryland*



The National Capital Area has easy access to the Smithsonian museums in DC for your arts and creativity fix. You can also take a leisurely stroll and admire the history and architecture of the monuments surrounding the National Mall. Most of these activities are admission-free.

There are also plenty of concert venues and performing arts theaters in the area. The Kennedy Center hosts world-class performances in every genre of the arts; laugh out loud at the comedy stand-ups at the Strathmore; the Fillmore in Silver Spring hosts music concerts ranging from punk to rock. Alternatively, for a more low-key music experience, you can sit in Crown or Rio in Gaithersburg,

or stop by Rockville Town Center for their summer concert series while enjoying fried ice cream.

In short, Gaithersburg is a diverse and vibrant community where you can enjoy a cosmopolitan vibe in a tranquil space to train, live, and thrive.

*Great Falls  
Virginia*



*Rio Lakefront  
Gaithersburg, Maryland*



*Inner Harbor  
Baltimore, Maryland*



# SAMPLE RESIDENT AGREEMENT

## Residency Appointment Agreement sample

I, Resident Name, the undersigned, hereby accept appointment as a PGY-1 resident in the Internal Medicine Residency Program ("Program") sponsored by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. ("Health Plan") and the Mid-Atlantic Permanente Medical Group, P.C. ("Medical Group") (collectively referred to as "KPMAS") commencing on 7/1/2025. I agree to the terms and conditions of this Agreement and those incorporated herein by reference.

## General provisions

The Program will be under the supervision of Julie M. Chen, MD, FACP, Program Director of the Internal Medicine Residency Program.

KPMAS declares that the primary purpose of the Program is educational and agrees to adequately support the educational experiences and opportunities required by the program.

## Terms of appointment

The period of appointment is one year. I understand that appointment is expressly conditional upon my meeting employment eligibility requirements of the Program, including the completion of a background check and pre-employment drug testing, and also satisfactory performance during the entire appointment period. If the Program Director determines that I have not performed satisfactorily or have failed to comply with employment and/or Program requirements, I may be terminated before the one-year appointment period ends, in which event this Agreement shall become void. Reappointment to the program at a promoted post-graduate training level is contingent upon sustained satisfactory performance, demonstrated ability to perform at the expected level in the subsequent year, and the availability of an appropriate Program position. Notice of non-renewal of an appointment or reappointment to the Program in a non-promotional training level will be communicated at least four months prior to the end of this Agreement. If the primary

reason(s) for non-renewal or non-promotion occurs within the four months prior to the end of this Agreement, written notice will be provided, as the circumstances reasonably allow.

## KPMAS obligations

KPMAS agrees to provide a suitable educational environment for the training of the resident physician which substantially meets the standards and requirements of the Accreditation Council for Graduate Medical Education (ACGME) and its Residency Review Committee (RRC). KPMAS will conduct regular evaluations of the learning and competence of the resident physician, including a combination of supervised, more complex and independent patient evaluation and management functions and formal educational activities, and will maintain a confidential record of such evaluations.

## Resident responsibilities

I understand that the primary purpose of the Program is educational; therefore, I agree to:

1. Abide by the regulations and requirements set forth in the KPMAS Residency Training Program Policy and Procedure Manual; the KPMAS Internal Medicine Residency Program Manual; Medical Group Policies and Procedures; and Health Plan Policies and Procedures;
2. Abide by the licensure requirements and USMLE Step III policy of KPMAS;
3. Develop a personal program of self-study and professional growth with guidance from the teaching staff;
4. Abide by the work hours requirements listed in the KPMAS Residency Training Program Policy and Procedure Manual;
5. Participate in safe, effective, and compassionate patient care, under supervision, commensurate with my level of advancement and responsibility;

6. Participate fully in the educational and scholarly activities of the Program, and, as required, assume responsibility for teaching and supervising other residents and students;
7. Participate in programs and activities involving the professional staff and adhere to all program and facility practices, procedures, policies, rules, and regulations in all the participating sites of the program;
8. Participate in committees, especially those that relate to patient care, safety, and review activities and quality improvement;
9. Participate in evaluating the quality of the education provided by the residency program;
10. Develop an understanding of the ethical, socioeconomic, and medico-legal issues that affect graduate medical education and how to apply high-value care and cost-conscious measures in providing patient care;
11. Fulfill the duties of the assigned schedule of service, including on-call duty; and
12. Supply such equipment and materials as may be required.

## **Resident benefits**

I understand that I will receive an annual salary of \$71,526.05. Other benefits, including paid time off (vacation and sick leave), leaves of absence, insurance (health, dental, life, and disability), employee assistance (counseling) program, accommodations for disability, resident services, retirement options, license fee reimbursements, and other benefits to which I may be entitled are listed in the KPMAS Residency Training Program Policy and Procedure Manual and Total Rewards and Summary Plan Description or Health Plan's HRconnect website.

## **Leave of absence and effect on program completion**

I understand that a leave of absence may affect my ability to satisfy requirements for program completion

and eligibility for specialty board examinations. In such case, I agree to extend my training period as determined by the Program Director and the availability of an appropriate Program position.

## **Professional liability coverage/outside activities**

I understand that I will receive professional liability coverage for all authorized activities performed within the scope of the Program at KPMAS and assigned rotations. (See description of coverage in KPMAS Residency Training Program Policy and Procedure Manual). Any outside professional activities must meet the Program policy requirements and must be approved by the Program Director.

## **Performance evaluations and disciplinary actions**

My performance will be evaluated at least quarterly by the Program Director. I understand that disciplinary actions are subject to the requirements of, and I am entitled to the benefits of the Resident Academic and Professional Appeal Processes/Employee Complaint Procedure, as outlined in the KPMAS Residency Training Program Policy and Procedure Manual.

## **Physical examination**

As a new resident, I understand that I will be required to have a complete health screening by Employee Health Services and will comply with all the requirements before beginning the Program. Further, I agree to provide annually evidence that I am free of infectious illness, including tuberculosis, and to promptly notify my Program Director should I develop an infectious disease or other impairment that could adversely affect patients and/or my residency training.

## **Sexual harassment**

Any form of sexual harassment or exploitation is a violation of Kaiser Permanente policy and will not be condoned or tolerated. The Kaiser Permanente sexual harassment and internal EEO complaint policies can be found on the HRconnect website, which also provides procedures and mechanisms for addressing sexual harassment complaints and issues.

## SAMPLE RESIDENT AGREEMENT (CONT.)

### Physician impairment

Policies governing physician impairment, including that due to substance abuse, are described in the KPMAS Residency Training Program Policy and Procedure Manual.

### Moonlighting

Supplemental employment outside the program (moonlighting) requires prior written approval of the Program Director. Additional moonlighting requirements may be found in the KPMAS Residency Training Program Policy and Procedure Manual.

### Termination

KPMAS may terminate this agreement, and thereby the resident physician's appointment, for the following reasons:

1. Upon failure of the resident physician to comply with any of the terms and conditions of this agreement or the policies and procedures as written in the KPMAS Residency Training Program Policy and Procedure Manual and/or KPMAS Internal Medicine Residency Program Manuals;
2. If resident physician has made any false or misleading statements, or has failed to provide complete and accurate information on his/her application for acceptance to the Program; or
3. As a result of disciplinary action conducted pursuant to the KPMAS Residency Training Program Policy and Procedure Manual and/or KPMAS Internal Medicine Residency Program Manual.

In the event that an appointment is terminated from the KPMAS Residency Program, sufficient cause exists for termination of employment with Health Plan.

Resident physicians may terminate this agreement upon the failure of KPMAS to perform any of its obligations under this agreement or upon resident physician's inability to fulfill his/her obligations pursuant to this agreement due to total incapacity or extreme hardship. Resident must provide KPMAS with thirty (30) days written notice of such termination.

This agreement may also be terminated at any time upon the mutual agreement of resident physician and the KPMAS Residency Program. Such termination must be in writing and signed by both resident and KPMAS Program Director and/or the Designated Institutional Official.

As of effective date of the termination of this agreement for any reason, resident shall have no right to further compensation of benefits from Health Plan.

WITNESS WHEREOF, the parties have caused this agreement to be executed.

**Kaiser Permanente Mid-Atlantic States**



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Julie M. Chen, MD, FACP  
Director, Internal Medicine Residency Program

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Date

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Andrea N. Johnson, RN, BSN, JD, CPHQ, CHC  
Vice President, Quality, Risk, and Regulatory

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Date

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Michael A. Horberg, MD, MAS, FACP, FIDSA  
Designated Institutional Official, Associate Medical  
Director, Medical Education, Research, Community  
Health, Medicaid, HIV & STI, Genetics, Complex Care  
Program, Transgender Health, Transplant, and Infection  
Prevention

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Date

**Resident Physician**

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Trainee Signature

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Date

## POST-INTERVIEW COMMUNICATION

We adhere to NRMP (National Resident Matching Program) Match Agreement, Code of Conduct, and AAIM (Alliance for Academic Internal Medicine) policies, which discourage post-interview communication.

We respect that choosing a residency program is a careful decision-making process and do not want to confuse or interfere with it. Therefore, we do not encourage post-interview communication.

According to AAIM, studies have shown that a high percentage of students felt assured that they would match at a program and ranked it first, but ultimately did not match there.

As a courtesy to you with regard to your decision, we will not reach out to you after your interview day, and we ask that you not reach out to us. If you do send us a post-interview communication, please do not anticipate more than a very generic reply.

Please do **not** conclude that this is a lack of interest in you as an applicant. We are interested in every applicant who is invited to interview.

However, if you have a specific question about something we can clarify about our program, please reach out by email to Program Manager Marc John Barredo or Program Director Dr. Julie Chen. Their contact information can be found at the end of this booklet.

### Second-look visits

Data from studies show that second-look visits do not in any way impact your application or chance of matching, and for that reason, we do not schedule second looks. However, please reach out to us by email if you have any questions.





## **GME Residency Program Manager**

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Charu Maheshwary, MD, FACP

## **Core Faculty**

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Shalenee Singh, MD  
Jeffrey Wharton, MD  
Daren Yang, DO, FACP



# **MID-ATLANTIC STATES INTERNAL MEDICINE RESIDENCY PROGRAM**

**residency-mas.kp.org**