The information in this Manual is designed to provide a reference for many of the questions you may have during your education as you become involved in patient care. If an answer is not found here, you are encouraged to call the service in question and to consult the institutional Standard Practices available at each hospital or medical institution. Many policies are also found in "Rules and Regulations of the Medical and Dental Staff" and in "Bylaws of the Medical and Dental Staff" of each hospital. We suggest you contact the GME Office, your Program Director, a member of the Residents Committee, or your Chief Resident(s) for clarification and additional information.

The Resident Manual is also available on the Graduate Medical Education website: http://smhs.gwu.edu/academics/gme/about/residentmanual. The GWU School of Medicine and Health Sciences (SMHS) will make reasonable efforts to notify Residents of any material changes in the Resident Manual. The SMHS’s current notice practice is to e-mail changes to the Resident Manual to the Resident’s University e-mail address maintained by the Office of Graduate Medical Education. It is the Resident Physician's responsibility to monitor his or her University email account for information on any changes.

* The Graduate Medical Education Directory and the Accreditation Council for Graduate Medical Education (ACGME) use "resident" to designate all graduate medical education trainees in ACGME accredited programs. The terminology in this manual is consistent with that of the Directory and the ACGME.
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I. MISSION, VALUES AND RESPONSIBILITIES

THE VISION, MISSION, AND STATEMENT OF PRINCIPLES OF THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE AND HEALTH SCIENCES

The George Washington University is dedicated to furthering human well-being and values a dynamic, student-focused community stimulated by cultural and intellectual diversity and built upon a foundation of integrity, creativity and openness to the exploration of new ideas. The University commits itself to excellence in the creation, dissemination and application of knowledge and the promotion of lifelong learning from both global and integrative perspectives.

VISION STATEMENT
The George Washington University SMHS will improve the health and well being of our local, national, and global communities by:

- Developing tomorrow's leaders,
- Delivering high-quality health care,
- Advancing scientific discovery and translating discoveries into action,
- Harnessing new technology,
- Establishing community partnerships,
- Fostering multidisciplinary collaboration, and
- Pursuing alliances unique to our location.

MISSION STATEMENT
Teaching with creativity and dedication,

    Healing with quality and compassion,

    Discovering with imagination and innovation… …

Working together in our nation's capital, with integrity and resolve, The George Washington University SMHS is committed to improving the health and well-being of our local, national and global communities.
ACGME COMPETENCIES

In accordance with the Common Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME), all programs must integrate the following ACGME competencies into the program curriculum:

- **Patient Care**: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **Medical Knowledge**: Residents must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.

- **Practice-based Learning and Improvement**: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:
  - Identify strengths, deficiencies, and limits in one’s knowledge and expertise;
  - Set learning and improvement goals;
  - Identify and perform appropriate learning activities;
  - Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement;
  - Incorporate formative evaluation feedback into daily practice;
  - Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
  - Use information technology to optimize learning;
  - Participate in the education of patients, families, students, residents and other health professionals.

- **Interpersonal and Communication Skills**: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:
  - Communicate effectively with patients, their families, and the public across a broad range of socio-economic and cultural backgrounds;
  - Communicate effectively with physicians, other health professionals, and health related agencies;
  - Work effectively as a member or leader of a health care team or other professional group;
  - Act in a consultative role to other physicians and health professionals;
  - Maintain comprehensive, timely, and legible medical records, if applicable.

- **Professionalism**: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
• **Compassion, integrity, and respect for others**;
• **Responsiveness to patient needs that supersedes self-interest**;
• **Respect for patient privacy and autonomy**;
• **Accountability to patients, society and the profession**;
• **Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation**.

**Systems-based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

• **Work effectively in various health care delivery settings and systems relevant to their clinical specialty**;
• **Coordinate patient care within the health care system relevant to their clinical specialty**;
• **Incorporate considerations of cost awareness and risk-benefit analysis in patient care and/or population-based care as appropriate**;
• **Advocate for quality patient care and optimal patient care systems**;
• **Work in interprofessional teams to enhance patient safety and improve patient care quality**;
• **Participate in identifying system errors and in implementing potential systems solutions**.

**EVALUATION**

The ACGME requires programs to evaluate the performance of the residents in a timely manner during each rotation and to document this evaluation at the completion of the assignment. The evaluation must provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Programs must use multiple evaluators; e.g., faculty, peers, patients, self, and other professional staff. Progressive resident improvement appropriate to the educational level must be documented. Each resident must be provided with a documented semi-annual evaluation of performance with feedback. A permanent record of the evaluation for each resident must be maintained and be accessible for review by the resident, in accordance with institutional policy. Program directors must provide a written summative evaluation for each resident who completes the program, which must document the resident's performance during the final period of education and must verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. This final evaluation will be part of the resident's permanent record maintained by the institution.

The program must annually evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the faculty’s clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism,
and scholarly activities. This evaluation must include at least annual written confidential evaluations by the residents.

The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; and program quality. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and the program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program.

ACGME Common Program Requirements, effective July 1, 2007

RESIDENT OBLIGATIONS
The Resident Physician agrees to fulfill the following obligations:

- **Clinical and Educational Requirements.** To use his/her best efforts, judgment and diligence in fulfilling the duties, tasks, responsibilities and any other clinical and educational requirements, of whatever nature, in a professional and appropriate manner, as assigned to the Resident Physician during the duration of the Program. Resident Physician acknowledges that a failure to fulfill such requirements may result in disciplinary action, including but not limited to termination, as outlined in the Manual.

- **Residency Application.** To provide complete, accurate and truthful information regarding his/her training, education and qualification for the appointment as a Resident Physician and his/her PGY level. The Resident Physician understands that any false statement, misrepresentation, misstatement or omission regarding his/her training, education or qualifications may result in immediate termination of his/her appointment as a resident physician and/or retroactive invalidation of credit for time completed during the term of the resident agreement.

- **ACGME Requirements.** To accept the general responsibilities set forth in the ACGME Institutional, Common and Specialty-Specific Program Requirements, and to use his/her best efforts to fulfill all of those obligations set forth therein.

- **Policies and Procedures.** To comply with all policies and procedures set forth in the Manual, as well as the policies and procedures of all hospitals or facilities at which he or she rotates.

- **Licensure.** To obtain and maintain in good standing appropriate licensure in all jurisdictions as required by the program curriculum. Resident Physician shall apply for and obtain a Medical Training License (MTL) or apply for and obtain a full, unrestricted license to practice medicine in the District of Columbia, in accordance with state and local law, as described in the Resident Manual or otherwise communicated to Resident Physician.

- **OSHA Training.** To complete annual OSHA training provided by the SMHS no later than July 31 of each academic year.
- **HIPAA Training.** To complete HIPAA (Health Insurance Portability and Accountability Act) training provided by the SMHS and the hospitals/facilities at which he or she rotates.

- **Duty Hours.** To comply with duty hour requirements of the Accreditation Council for Graduate Medical Education (ACGME) and in accordance with the institutional policy outlined in the Manual. Resident Physician shall comply with reporting duty hours as required by the program director and/or the GME Office.

- **ECFMG.** To provide, if applicable, a copy of the certificate issued by the Educational Commission for Foreign Medical Graduates prior to the commencement of his/her appointment.

- **Visas.** To obtain, as applicable, appropriate visas for training.

- **Employment Eligibility.** To satisfactorily demonstrate his or her identity and authorization to work in the U.S. in accordance with applicable law no later than the commencement date of his/her appointment.

- **Compliance with Law.** To comply with all applicable state and federal laws and regulations.

- **Criminal Background Check (CBC).** Resident Physician may be required to complete a criminal background check and authorize release of the results to the appropriate academic and/or clinical personnel. The offer of admission within any GME program is contingent upon the results of the CBC. Resident Physician may be required to undergo additional CBCs during their tenure in the training program as deemed necessary by The George Washington University SMHS and/or its affiliated institutions.

- **Drug Screen (DS).** Resident Physician may be required to complete a drug screen and authorize release of the results to appropriate academic and/or clinical personnel. The offer of admission within any GME program is contingent upon the results of the DS. Resident Physician may be required to undergo additional DSs during their tenure in the training program as deemed necessary by The George Washington University SMHS and/or its affiliated institutions.

- **Dress Code.** To comply with the dress code set forth in the Manual.

- **Physical Examination.** To obtain a physical examination, post offer, which must be completed not more than three (3) months prior to, nor more than fifteen (15) days after the commencement of the Term. The SMHS will attempt to reasonably accommodate any disabilities of the Resident Physician that affect his/her ability to perform the essential functions of his/her residency.

- **Medical Records.** To complete all discharge summaries and all other medical records related to the activities assigned to the Resident Physician in accordance with the policy outlined in the Manual. Failure to complete discharge summaries, operative reports and all other medical records related to the activities as required, may result in the SMHS taking disciplinary action including but not limited to sanction, suspension or termination. Resident Physician further agrees that he/she will not remove patient medical records from the place of his/her rotation and will comply with any and all policies and procedures of the SMHS, teaching center or health care facility with regards to maintaining patient confidentiality and ownership of medical records. Failure to abide by this requirement is considered a material
breach of the resident agreement and may result in the SMHS taking disciplinary action.

- **Cooperation/Assistance in Litigation.** Resident Physician will assist and cooperate fully with the SMHS in the defense of any and all claims and litigation brought against the University, its representatives and attorneys, its SMHS, teaching faculty and employees or teaching centers or health care facilities in which Resident Physician rotates and their employees, including but not limited to, the physician faculty, residents, interns, students, and agents in any way relating to or arising out of Resident Physician’s activities in the Program. Resident Physician agrees to make himself/herself available in the District of Columbia for litigation preparation, meetings, depositions and trial testimony. This obligation shall survive the termination or expiration of the resident agreement and appointment in the Program.

- **Other Essential Requirements.** In addition, the Resident Physicians must comply with the following standards:
  - Develop a personal program of self-study and professional growth with the guidance of teaching staff.
  - Participate in and provide safe, effective and compassionate patient care under supervision commensurate with their level of advancement and responsibility.
  - Participate fully in the educational activities of the Program and, as required, assume responsibility for teaching and supervising of other residents and students.
  - Participate in activities and programs of the SMHS, or those of its teaching centers or health care facilities, involving Medical Staff and adhere to their respective established practices, procedures and policies.
  - Participate in activities of the SMHS, or those of its teaching centers and health care facilities, committees and councils, especially those that relate to patient care review.
  - Constantly strive to improve the quality of care provided to patients. Quality care requires that at all times, the Resident Physician must be aware of the risks, discomforts and expenses as well as the benefits to which a particular test or procedure subjects a patient. The Resident Physician should perform or order only those tests, procedures or medications that would benefit the patient based upon the patient’s medical history and current condition. Alternative treatments should be reviewed and considered to select the best plan of action for each patient’s circumstances.
  - Comply with Federal regulations governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) that entitle each patient to privacy and confidentiality regarding his/her condition and care.
  - Comply with the published principles of the medical/dental and the rules of the Judicial Council of the American Medical Association and, if applicable, the American Dental Association.
  - Comply with all applicable policies, bylaws and rules and regulations of the Medical and Dental Staff of The George Washington University Hospital, the SMHS and any other hospital or teaching center to which the Resident Physician may be assigned for clinical rotation.
- Return all SMHS property and settle all outstanding financial obligations with the SMHS prior to the expiration or termination of the resident agreement or completion of the Program.
- Promote and uphold the mission of the SMHS as found in the Manual.
- Submit confidential written evaluations of faculty and educational experiences and make recommendations, where appropriate, for improvement of processes to continuously increase the quality of service and delivery.
- Continue to develop expertise within the field through attendance at conferences, seminars, academic course work and other appropriate methods.
II. THE GME OFFICE

MISSION: The Graduate Medical Education Office at The George Washington University SMHS provides the leadership, structure and support necessary to achieve excellence in resident education.

The Office of Graduate Medical Education (GME) is located in the George Washington University Hospital, 900 23rd Street, NW, Room 6167, Washington, DC 20037. The FAX number for GME is 994-1604; e-mail gwgme@gwu.edu; GME website http://smhs.gwu.edu/academics/gme; Staff members are available between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. Additional hours can be arranged by appointment.

The GME Office provides oversight for all Accreditation Council for Graduate Medical Education (ACGME) approved residencies at The George Washington University SMHS and all of its affiliate institutions. The GME Office has most of the institutional administrative responsibility for the residency programs and maintains the permanent file for each resident. The primary objectives of this office are to assist residents in their relationship to the necessary administrative process and to assure that residents' responsibilities are met.

Please feel free to contact any of the Office of Graduate Medical Education personnel with questions or concerns you have regarding your training program. We are here to help you achieve your goals as a resident, and to this end we are your advocates.

Jeffrey Berger, MD, Interim Associate Dean for Graduate Medical Education; Chair, Graduate Medical Education Committee (GMEC); 994-3737; jberger@mfa.gwu.edu.

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<td>Cathleen Clancy <a href="mailto:cat@poison.org">cat@poison.org</a></td>
<td>n/a</td>
<td>362-3867</td>
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<td>Nephrology</td>
<td>Samir Patel, MD <a href="mailto:spatel@mfa.gwu.edu">spatel@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>741-2255</td>
<td>Tamara Lyons <a href="mailto:tlyons@mfa.gwu.edu">tlyons@mfa.gwu.edu</a></td>
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<td>Neurology</td>
<td>Perry Richardson, MD <a href="mailto:prichardson@mfa.gwu.edu">prichardson@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>741-3411</td>
<td>Crystal Woods <a href="mailto:cwoods@mfa.gwu.edu">cwoods@mfa.gwu.edu</a></td>
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<td>Program</td>
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<td>Neuroradiology</td>
<td>Reza Taheri, MD <a href="mailto:rtaheri@mfa.gwu.edu">rtaheri@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>715-5153</td>
<td>Norma Smith</td>
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<td>Anthony Caputy, MD <a href="mailto:acaputy@mfa.gwu.edu">acaputy@mfa.gwu.edu</a></td>
<td>Zachary Litvak, MD <a href="mailto:zlitvak@mfa.gwu.edu">zlitvak@mfa.gwu.edu</a></td>
<td>741-2709</td>
<td>Rebecca Grawil</td>
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<td>Jennifer Keller, MD <a href="mailto:jkeller@mfa.gwu.edu">jkeller@mfa.gwu.edu</a></td>
<td>Kathryn Marko, MD <a href="mailto:kmarko@mfa.gwu.edu">kmarko@mfa.gwu.edu</a></td>
<td>741-2532</td>
<td>John Shafer</td>
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<td>Sanjeev Grewal, MD <a href="mailto:sgrewal@mfa.gwu.edu">sgrewal@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>741-2825</td>
<td>Pat Johnson</td>
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<td>Orthopaedic Surgery</td>
<td>Robert Neviaser, MD <a href="mailto:meviser@mfa.gwu.edu">meviser@mfa.gwu.edu</a></td>
<td>Warren Yu, MD <a href="mailto:wyu@mfa.gwu.edu">wyu@mfa.gwu.edu</a></td>
<td>741-3311</td>
<td>Kristin McLinn</td>
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<td>Otolaryngology</td>
<td>Steven Bielamowicz, MD <a href="mailto:sbielamowicz@mfa.gwu.edu">sbielamowicz@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>741-3151</td>
<td>Mary Beth Neely</td>
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<td>Hospice &amp; Palliative Medicine</td>
<td>Karen Blackstone, MD <a href="mailto:Karen.blackstone@va.gov">Karen.blackstone@va.gov</a></td>
<td>n/a</td>
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<td>Tamara Lyons</td>
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<td>Pathology</td>
<td>Elsie Lee, MD <a href="mailto:elee@mfa.gwu.edu">elee@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>994-2969</td>
<td>Sandra Boccanera</td>
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<td>Pediatric Pathology</td>
<td>Christine Reyes, MD <a href="mailto:creyes@cmcm.org">creyes@cmcm.org</a></td>
<td>n/a</td>
<td>476-4567</td>
<td>Jacqueline Cole-Miles</td>
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<td>(Children’s Hospital)</td>
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<td><a href="mailto:jcolemiles@mfa.gwu.edu">jcolemiles@mfa.gwu.edu</a></td>
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<td>Primary Care Medicine</td>
<td>April Barbour, MD <a href="mailto:abarbour@mfa.gwu.edu">abarbour@mfa.gwu.edu</a></td>
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<td>Psychiatry</td>
<td>Lisa Catapano, MD <a href="mailto:lcapano@mfa.gwu.edu">lcapano@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>741-2893</td>
<td>Nakia Hudgins</td>
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<td>Psychosomatic Medicine</td>
<td>Catherine Crone <a href="mailto:Caty.crone@inova.org">Caty.crone@inova.org</a></td>
<td>n/a</td>
<td>703-776-</td>
<td>Pamela Crawford</td>
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<td><a href="mailto:Pamela.crawford@inova.org">Pamela.crawford@inova.org</a></td>
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<td>Pulmonary/Critical Care</td>
<td>Vinayak Jha, MD <a href="mailto:vha@mfa.gwu.edu">vha@mfa.gwu.edu</a></td>
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<td>741-2255</td>
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<td>Rheumatology</td>
<td>Rudolfo Curiel, MD <a href="mailto:rcuriel@mfa.gwu.edu">rcuriel@mfa.gwu.edu</a></td>
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<td>Sleep Medicine</td>
<td>Samuel Potolicchio, MD <a href="mailto:spotolicchio@mfa.gwu.edu">spotolicchio@mfa.gwu.edu</a></td>
<td>n/a</td>
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<td>Crystal Woods</td>
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<td>Surgery</td>
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<td>Juliet Lee, MD <a href="mailto:jlee@mfa.gwu.edu">jlee@mfa.gwu.edu</a></td>
<td>741-3151</td>
<td>Jessica Ruiz</td>
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<td>Thomas Jarrett <a href="mailto:tjjarrett@mfa.gwu.edu">tjjarrett@mfa.gwu.edu</a></td>
<td>n/a</td>
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<td>Vascular/Interventional Radiology</td>
<td>Albert Chun, MD <a href="mailto:alchun@mfa.gwu.edu">alchun@mfa.gwu.edu</a></td>
<td>n/a</td>
<td>715-5153</td>
<td>Norma Smith</td>
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IV. RESIDENT LIFE

APPOINTMENTS
Appointment as a resident is for a one year period, based on the academic year July 1 to the following June 30 (or June 23 through June 22 for certain specialties). The appointment letter becomes a contract when agreed to by the signature of the Director of Graduate Medical Education.

APPOINTMENT RENEWAL
The term of appointment is for one year as set forth in Section 1 of the resident contract, and no further appointment is promised, assured, or to be implied from any of the terms and conditions of the contract or any other written or oral communication between the parties. The George Washington University SMHS may elect not to renew the contract due to program requirements, resident performance (pursuant to the disciplinary procedures set forth in this Manual), ACGME restrictions, changes in the Medicare or Medicaid programs, federal government regulations, changes in hospital reimbursement or any other appropriate reason in accordance with ACGME requirements.

BEEPERS
Beeper numbers can be obtained from the George Washington University Hospital Pager Directory, by calling the Page Operator at 202-715-4141, or by checking the Resident Directory on the GME website.

BIOMEDICAL COMMUNICATIONS
The SMHS Biomedical Communications Department, a division of SMHS Communications and Marketing (MCCM), is here to support the teaching and research needs of the GW community. The department is comprised of three divisions: Photography, Graphic Design and Duplication. As a resident, we feel that you will benefit from the following services:

Graphics:
- Posters- printing, design and layout, title banners, dry mounting, one-piece displays, and individual mounted pieces.

Duplication:
- Color Copying- paper sizes from 8.5”x11”-11”x17”, on standard or heavy paper stock, matte or glossy.

Photography:
- Portraits- digital headshots
- Digital Imaging- scanning for PowerPoint and publication, and dye-sublimation printing
- Medical Photography- operating room, patients, clinical, and specimen
For more information and a full list of services, please visit our website at http://smhs.gwu.edu/communications/creative. If you have any questions, call us at 202-994-2904, email us at medphoto@gwu.edu or stop by Ross Hall room B-01.

CERTIFICATE OF TRAINING
A Certificate of Training is issued at the successful completion of a program. In the interim, the Office of Graduate Medical Education will prepare a notarized letter as needed to certify training. Certificates may be issued for any part of a year at the request of the Program Director. The partial year must be completed successfully. The medical degree is included on the certificate. Other degrees (MBA, MPH, PHD, etc.) will be listed upon request if the resident provides official documentation from the awarding institution. A fee is charged for replacing lost certificates. See the Policy in Section IX for additional information.

CHECK-OUT PROCEDURES
As you prepare to leave GW, you are required to complete the mandatory checkout process. This applies to all residents and fellows, including those who will become Faculty members at GWU. Please see the GME website for graduating resident resources at http://smhs.gwu.edu/academics/gme/graduate.

COMMITTEES

Graduate Medical Education Committee (GMEC)
The Graduate Medical Education Committee (GMEC), currently under the leadership of Dr. Nancy D. Gaba, Associate Dean for Graduate Medical Education and Designated Institutional Official (DIO), is charged with the task of monitoring and advising on all aspects of residency education at GWU. The GMEC-Full Committee meets quarterly in the months of September, December, February and May, and includes all Residency Program Directors, a representative of the Medicine Subspecialty Programs, the DIO from Children's National Medical Center, the George Washington University Hospital Medical Director, and a member of the GW Voluntary Faculty. A GMEC-Executive Committee, composed of Program Directors with 20 or more residents, meets monthly. Both committees include the Associate Dean for Graduate Medical Education, the Director of Graduate Medical Education, the Education Administrator for Graduate Medical Education, and resident representatives who are selected by their peers. The resident representatives report back on the activities of the GME Committee at the Residents Committee meetings.

Medical Staff Committees
Resident participation on medical staff committees is strongly encouraged. Residents are chosen in May to serve for the academic year. If you are interested in serving on a committee, please contact Veronica Anderson in the GWUH Medical Staff Office at 715-4479 or veronica.anderson@gwu-hospital.com
Residents Committee
A committee of resident representatives from each department has been formed to communicate common concerns and ideas for improvement to the leaders of graduate medical education at GW. The committee meets on the third Wednesday of each month. Two co-chairs and two vice co-chairs are elected to lead the committee and to serve on the GME Committee. A fellow representative may also serve on both committees. We encourage all residents/fellows to bring their concerns, ideas, or other suggestions to the attention of their committee representative. Consult the GME Website for the names of current committee members.

CONTRACT
Contracts are issued by the Office of Graduate Medical Education and are valid when signed by the Director of Graduate Medical Education and the resident. Letters of appointment from program directors do not constitute valid contracts.

CORE CURRICULUM
A core lecture series is developed each year by the Graduate Medical Education office and offered the first Wednesday of each month September through June. Topics, speakers and session times are announced to residents and program directors via email. A listing of core curriculum speakers and topics is posted in the GME website.

DUTY HOURS
All residents and programs must comply with the ACGME duty hour requirements as outlined in the policy on Resident Duty Hours and Work Environment in Section IX. The GME Committee is responsible for monitoring resident duty hours. Resident duty hours are monitored on the E*Value website. To access the E*Value website go to: https://www.e-value.net. Residents are required to report their duty hours on the website as directed by their program director. At certain times during the academic year, the GME Committee mandates that all residents report their hours on the website. The GME Office will notify the residents by email of these times. Additional information on resident duty hours may be found in Section IX.

DUTY HOUR HOTLINE
A Duty Hour Hotline has been established for anonymous reporting of resident duty hour violations. The hotline number is 202-994-9760.

DRUG ENFORCEMENT ADMINISTRATION NUMBER (DEA)
Temporary, restricted DEA registration is available to residents through the Office of Graduate Medical Education, George Washington University Hospital, 900 23rd Street, NW, Room 6167. This provides authorization to prescribe controlled substances only for patients seen in connection with residency duties at The George Washington University SMHS (i.e., GWU Hospital, Ambulatory Care Center, and other GWU sites). At affiliate institutions (i.e., Holy Cross Hospital, Children's Hospital, Fairfax Hospital, Veterans Affairs Medical Center, National Institutes of Health, Washington Hospital Center, etc.)
the unlicensed resident must use a different temporary DEA number covered by the registration of the institution concerned. All temporary DEA and Controlled Substance numbers are valid for the length of the training program. Temporary DEA numbers are not given out by telephone.

**Prescription forms** must be completed as follows when using temporary DEA authorization:

- Doctor's name must be stamped, typed or hand printed on the form in addition to the signature.
- Institutional name, address and phone must be on the form:
  The George Washington University Hospital  
  900 23rd St., N.W.  
  Washington, D.C. 20037  
  202-715-5043
- Institutional DEA and Controlled Substance number must be given with the temporary number as suffix. The temporary number is not a registered number alone.

  - **BD7904445-(suffix)** DEA number
  - **CP0600324-(suffix)** Controlled Substance number

Residents who are required by DC law to be licensed and obtain a federal DEA and DC controlled substance registration, will be reimbursed by the Office of Graduate Medical Education. Note that this applies to residents who graduated from a U.S. medical school at least 5 years ago or are international medical graduates entering their 6th year of postgraduate training or have completed a clinical program. The federal fee covers a three-year period. The Office of Graduate Medical Education will reimburse the resident 1/3 of the total cost for each year the resident will be at GW during the length of the current Federal DEA registration. It is the responsibility of the resident to contact the Office of Graduate Medical Education for reimbursement as well as to provide appropriate documentation.

**E-MAIL**

Important notices from the GME Office, the University, and the SMHS are communicated by e-mail. **All residents must have a University e-mail address**, which is free. University e-mail addresses will be issued to all new residents at orientation. All residents are required to monitor and use their GW email account for all SMHS business. All SMHS and University announcements are disseminated on the GWU e-mail system.

**EMPLOYEE HEALTH**

The Employee Health Office for the residents is located in the Hospital on the ground floor, Room G-1092. Hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. To reach Employee Health by phone, call 202-715-4275.
E*VALUE SYSTEM
The George Washington University School of Medicine contracts with Advanced Informatics for the E*Value system. This online system provides functions which support resident education requirements. These functions include but are not limited to demographic information, rotation schedules, evaluations, procedure logs, conferences, duty hours and training modules. Residents are provided a login and password for access. Residents receive notifications/reminders from the E*Value system via email. Residents who need assistance in accessing and/or using functions within E*Value should contact their residency program coordinator or the GME office. All programs are required to use the system.

FACULTY AND STAFF SERVICE CENTER
The Faculty & Staff Service Center (FSSC) provides a single location for employees of the university to receive face-to-face support in the areas of benefits administration, parking and transportation services, payroll and tax services. The FSSC is located on the ground floor of Rice Hall (2121 Eye Street).

HEALTH INFORMATICS
Medical record keeping is an important task for all residents. Succinct, complete, timely and relevant documentation is absolutely essential to the successful delivery of complex interdisciplinary health care. Each hospital and medical center has detailed procedures and regulations for medical record keeping. There are specific guidelines as to what constitutes a comprehensive History and Physical, Operative Report and Discharge Summary. There are also timeliness issues associated with each report. History and Physicals must be done prior to surgery or, in the event of a medicine patient, within 24 hours of admission. Operative reports must be dictated immediately after surgery. Discharge summaries must be dictated on or shortly after the day of discharge. Each entry in the medical record must be dated, timed, and legibly signed. Co-signatures and additional medical record completions must be carried out either at or shortly after hospital discharge to meet patient care standards of our own institutions and those of the regulatory agencies.

Because of the extreme importance of this responsibility, failure to accomplish timely completion of these health informatics activities may result in suspension of the resident from work and loss of pay or sanction with parking privileges revoked. The Cerner Millennium electronic medical record platform provides you the ability to access and complete your patient records electronically. You can immediately check your status regarding chart completion by logging onto the Cerner PowerChart Physician Message Center. Logging onto PowerChart weekly will help you avoid suspension/sanction. Plan to complete all assigned records before rotating to other hospitals, since exceptions are not made for this purpose. Please consult the staff in the Department of Health Information Management at GWU Hospital and the affiliated institutions for assistance in completing your responsibilities.

If you are having difficulty accessing the system, signing your records electronically and additional training contact the IT Department at 202-715-4955 for assistance.
HIPAA TRAINING
Training regarding patient privacy and confidentiality requirements, as governed by the requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), is mandatory for all residents. Basic training in HIPAA will be conducted by the SMHS, with updates required as appropriate. In addition, each resident will be required to participate in training pertaining to specific HIPAA policies and procedures conducted by each hospital/facility at which he or she rotates. For more information regarding these requirements, please see Section IX of the Manual or visit the GME website at http://smhs.gwu.edu/academics/gme/about/policies.

IDENTIFICATION CARDS
GWorld identification cards are issued to faculty, staff, students and affiliates of The George Washington University. Identification cards are required for admission to Ross Hall and the Himmelfarb library, the University Hospital 6th floor Lounge and Computer Room, University and SMHS libraries, the Lerner Health and Wellness Center and University Parking lots. New residents obtain cards through the GME Orientation at the beginning of each academic year. Replacement cards are issued by the GWorld Card Office, located in the Marvin Center, Ground Floor, Suite G-05. Hours of operation during the Fall and Spring semesters are Monday through Thursday, 8:30 a.m. to 6:00 p.m.; Friday, 8:30 a.m. to 4:30 p.m.; and Saturday and Sunday, 10:00 a.m. to 2:00 p.m. If your GWorld Card is lost or stolen, there is a replacement cost of $25. There is no charge for replacing damaged cards as long as the damaged card is turned in at the time of replacement. GWorld main office can be reached at 202-994-1795.

In addition to the GWorld identification card, residents are required to have a Hospital identification badge displayed on their person at all times while in the Hospital. Hospital IDs are issued to new residents by the Department of Security Services at orientation. Current residents whose Hospital ID badges show an expiration date should report to the Hospital Security Office, located on the first floor of the Hospital (next to the Emergency Room), to have their ID updated prior to the expiration date.

All GW identification badges are University/Hospital property and are collected by the GME Office when residents complete their programs or terminate their employment with GW.

LIBRARY AND INFORMATION SERVICES
Himmelfarb Health Sciences Library
Web: http://himmelfarb.gwu.edu
Reference Desk: (202) 994-2850
Circulation Desk: (202) 994-2962 (open 24 hours)
Email: himmelfarb@gwu.edu
Text: text your question to (202) 601-3525
**Hours:** 24/7. Please note: limited circulation functions between midnight and 8:00 am; hours modified during university breaks and holidays.

Himmelfarb Health Sciences Library is located in Ross Hall and provides extensive online, print and audiovisual collections, as well as access to computers and study areas. The Library’s online collections include more than 3,600 online journals, more than 2,500 online books, and more than one hundred databases. The Library's print collections include approximately 100,000 volumes, selected print journals for browsing, and access to extensive journal backfiles. The Library’s audiovisual collections include more than 400 current DVD and CD titles as well as access to the Microsoft Office Suite, Internet Explorer and Adobe Acrobat Professional and dozens of specialized software titles focused on medicine and the health sciences and statistical analysis.

**Clinical Information Resources**

- Available resources include ClinicalKey, DynaMed, Best Practice, etc. A complete list is available on the Databases webpage under Clinical/Evidence-Based Medicine.
- Drug information tools include Lexicomp, DynaMed, etc. A complete list is available on the Databases webpage under Drugs/Pharmacology.
- Himmelfarb Library provides access to mobile apps and mobile-optimized websites to support clinical information needs. The App Shelf (http://himmelfarb.gwu.edu/apps/) describes available resources, platforms and download instructions.

**Research Resources**

- Available databases include PubMed, MEDLINE, and Scopus.
- Extensive full-text journal collection is accessible via ‘Full-Text @ Himmelfarb’ links/icons integrated in all research databases.
- Print collection and additional services including interlibrary loan and document delivery are integrated into research databases via ‘Find It @ Himmelfarb’ links/icons.
- RefWorks, a citation management program, allows residents to create and organize a personal citation library. RefWorks also functions with MS Word to format in-text citations and bibliographies.

**Online & Wireless Access**

Himmelfarb Library’s online collections are available to residents 24/7 via secure login. From GW Hospital and off-campus locations, residents can login to resources using their GWid (G#):

1. Access the [Himmelfarb Library website](http://himmelfarb.gwu.edu), and select the database, e-text, or e-journal which you would like to access.
2. When the WRLC Library Services login screen is displayed, securely login with your last name and GWid (G#) and select 'George Washington' from the drop-down list.
3. The database, e-text, or e-journal that you selected should display automatically.

Residents can also login to Himmelfarb Library resources via the VPN/GWireless which provides on-campus wireless access and an alternate method of off-campus access. Residents can login to VPN/GWireless using their GW Email login/password.

1. Turn off your internet browser's pop-up blocker or update settings to permit pop-ups from gwu.edu.
2. Access the Himmelfarb Library website, then click on VPN at the top of your screen.
3. Login to VPN (GWireless) with your GW NetID and password (the same login/password that you use for your GWMail or GWEmail).
4. Click OK to allow the software to run or enter your computer's password.
5. Access the Himmelfarb Library website again. You can now access databases, e-texts, and e-journals without any additional logins.

GW Hospital Access

- GW Hospital is on a separate network from the Library and Ross Hall.
- The Library’s website automatically detects users at the GW Hospital and displays a tab for ‘Hospital Resources’ (no login required – includes ClinicalKey, DynaMed, Lexicomp, selected e-journals) and a tab for ‘All Resources’ (login required – includes all e-journals, e-texts and databases).
- Residents have access to all resources from the Library and can access them using their last name and GWid (G#).

Library Services

- Reference and research assistance is available to residents to assist in locating information to answer clinical questions and in support of research projects.
- The Bloedorn Technology Center Help Desk is available to assist you with software use, printing, wireless and remote access, document scanning, and mobile devices. The Help Desk offers technical support Sunday through Thursday from 12PM – 12AM and Friday through Saturday from 12PM – 8PM.
- Personal laptop access to the Internet and web-based resources through the GWireless (GW1X) network available in the library, Ross Hall, and other GW campus locations.
- Support for mobile devices including access to the secure GW1X network and access to apps available in the Library’s collections.
- Interlibrary loan service provides access to articles not available from the Library. Interlibrary loan can be used for research requests as well as emergency patient care requests which can be emailed or faxed within hours.
- Document delivery service can be used to request a photocopy/PDF of a journal
article or chapter.

- On-site and off-site storage requests provide access to materials not available in the Library’s online collections.
- Classes in database searching, RefWorks, word processing, slide presentation software, spreadsheets, and poster creation.
- Web-based tutorials on database searching, RefWorks, and additional tools and resources.
- Black-and-white and color printing from public workstations and the wireless network as well as public photocopiers

CLASS (CLINICAL LEARNING AND SIMULATION SKILLS) CENTER

The CLASS Center, part of the Integrated Education and Research Center, provides an innovative educational environment for students, residents and faculty. The CLASS center, located on the 6th floor of the GW Hospital, is comprised of Clinical/Education Rooms, a Surgical Simulation and Demonstration area and the Office of Interdisciplinary Medical Education (OIME). For more information go to [http://smhs.gwu.edu/class/](http://smhs.gwu.edu/class/).

CLASSROOM SERVICES: ROOM AND EQUIPMENT RESERVATIONS

All room and equipment scheduling for the School of Medicine and Health Sciences, the School of Public Health and Health Services and the School of Nursing is centralized in the Department of Classroom Services. Locations served include Ross Hall, Hospital 6th Floor, and Himmelfarb Library. Laptops, LCD data projectors and other equipment are provided for limited loan and upon availability. For further information call (202) 994-2856 or e-mail classrm@gwu.edu.

MEDICAL CLEARANCE

District of Columbia law states that each individual who is involved in direct patient care must have a medical clearance no more than (3) three months prior to the starting date of clinical care, and then annually thereafter. The medical clearance should include a history, physical examination, and clearance of infectious risk. Clearance forms can be filled out by any licensed physician.

We must be strict about compliance with this regulation in order to comply with D.C. law. It is the responsibility of each Resident to ensure that this medical clearance is completed within the requisite time frame. New Residents who do not have their health clearance completed will not be permitted to begin their training program. All returning Residents are required to renew medical clearance annually. All returning Residents must complete the requisite annual medical clearance by September 30 of the academic year or they will be suspended from clinical duties until medical clearance is obtained.

PPD/Chest X-ray Requirement

Tuberculosis is of particular concern here in the District of Columbia. Our goal is to be sure that our providers and patients are protected from and appropriately treated for this highly communicable disease. A CXR report will be accepted only with a previous history of a positive PPD. OSHA requires that the skin test performed on new residents
must include a two-step test unless the resident has a documented negative test within the last 12 months. If the resident does have written documentation of a negative PPD with the past twelve months, s/he will need to undergo an additional PPD test during orientation. If the residents is unable to show written documentation of a negative PPD test from the past 12 months, s/he will have two PPD tests performed between 1-3 weeks apart. This prevents us from interpreting an old prior infection as a recent conversion when you are tested annually.

**Immunizations**

In 1988, GWUMC developed regulations to further reduce the possible spread of communicable diseases such as measles (rubeola), mumps, and German measles (rubella) within its community. Immunization records or proof of immunity by a blood test are required of each resident.

The following policies apply to all residents:

**Mumps:** Proof of immunization (the last immunization given in 1980 or later) or proof of immunity by blood test is required.

**Measles (Rubeola):** Proof of immunization or proof of immunity by a blood test is required. Measles vaccine should have been given on or after the first birthday and a second one given in 1980 or later. Measles vaccine should be repeated if this is not the case.

**German Measles (Rubella):** Proof of immunization or proof of immunity by a blood test is required. Two immunizations should have been given since birth. The last immunization should have been given in 1980 or later. Rubella vaccine should be repeated if this is not the case.

**Chicken Pox (Varicella Zoster):** Proof of two varicella vaccines or immunity by blood test. If the titer is negative, the resident will receive the vaccine (a series of two injections) unless contraindicated. If a resident is exposed to the virus and has not received the vaccine, heshe will be excluded from duty from the 10th day of exposure to the 21st day and this time off will be charged against your sick/annual leave.

**Pertussis (Tdap):** Proof of immunization with Tdap vaccine. Tdap vaccine is recommended for health-care personnel in hospitals or ambulatory care setting who have direct patient contact. An interval as short as 2 years from the last Td vaccination is recommended, but shorter time intervals may be used.

Residents must provide proof of immunity or be immunized. Immunization requirements will be waived on receipt of written certification from a physician or public health authority that they are medically contraindicated. A requirement of blood tests will be substituted.

**Medical Clearance for Subsequent Years**

D.C. law requires each resident to complete an annual medical clearance. *Returning residents must complete the annual medical clearance by September 30 of the academic*
year or they will be suspended from clinical duties until medical clearance is obtained and recorded to the satisfaction of The University Hospital.

MEDICAL LICENSURE
Please see the Resident Licensure Policy in Section IX for D.C. medical license requirements. An application for a full D.C. medical license can be obtained by calling 888-204-6193 or by visiting the D.C. Department of Health website at: http://doh.dc.gov/node/120782. You may complete the application online and print it; however, applications must be submitted by mail. Please follow the instructions provided.

Reimbursement for licensure is made by the GME Office according to the Resident Licensure Policy in Section IX.

Residents who are not required to have a full DC Medical license are required to obtain a Medical Training License. The enrollment is valid for the current academic year and must be renewed every July 1. Residents will receive instructions for renewal and registration with their contracts.

Virginia and Maryland laws require residents rotating to affiliated institutions in these states to have temporary medical licenses. Applications for Virginia and Maryland temporary licenses must be completed by the resident and submitted to the appropriate state medical board by the Office of Graduate Medical Education. These licenses must be renewed every year. The cost of these licenses and renewals will be paid directly by the Office of Graduate Medical Education if applications are submitted at least two months prior to the rotation. Residents who submit applications for temporary licenses less than two months prior to the start of a rotation in Maryland or Virginia are required to include a personal check with the application ($100 for Maryland; $55 for Virginia). The GME Office will file a claim for reimbursement with University Accounting on behalf of the resident.

MOONLIGHTING/PROFESSIONAL OUTSIDE ACTIVITIES
Please refer to the Institutional Policy on Resident Moonlighting in Section IX.

NEEDLESTICK INJURY
All exposures to blood borne pathogens must be reported immediately. Following a needlestick injury or other significant exposure to blood or body fluids, the Employee Health Service will provide evaluation, prescribe post-exposure prophylaxis if needed, and follow-up care. If you receive initial care at another site, YOU STILL MUST REPORT THE INCIDENT TO EMPLOYEE HEALTH SERVICES, preferably the next business day. If an exposure incident is not reported in a timely manner, the University may not cover claimed medical costs resulting from the exposure.

A needlestick, mucosal splash, sharps cut, or any job related illness or injury qualifies as a Workers’ Compensation case. In order for the SMHS to pay for the
medical treatment, a Workers’ Compensation form must be submitted to the GME Office, George Washington University Hospital, 900 23rd Street, NW, Room 6167. If the form is not submitted, the bill for treatment will be forwarded to the employee. The Workers’ Compensation form allows the SMHS to implement preventive measures based on the incidence of illness or injury. The forms are available from Employee Health Services and/or the GME office.

If a needlestick injury or other exposure occurs outside of Employee Health Services hours, (Monday through Friday, 8:00 a.m. to 4:30 p.m.), the incident should be reported to the Emergency Department of GWUH, who will provide appropriate services. The incident MUST still be reported to Employee Health Services as soon as possible, preferably the next business day.

If a needlestick injury or other exposure occurs at a hospital other than GWUH and it is during business hours (Monday through Friday, 8:00 a.m. to 4:30 p.m.), you should call Employee Health Services at 202-715-4275. If the incident occurs after hours or on the weekend, you may report directly to the GWUH Emergency Department or call them for instructions. Agreements do currently exist with all rotation sites for post-exposure care, although most pharmacies will provide post-exposure prophylaxis medications so that residents may start appropriate treatment without delay. During business hours, Employee Health Services can arrange for post-exposure prophylaxis at most sites. If the rotating hospital pharmacy does not provide post-exposure medications free of charge, the resident should pay for all medications out of pocket and keep the receipt for reimbursement. This will be provided by the Worker's Compensation claim as long as the paper work is completed appropriately.

The source patient should be tested for rapid HIV, HIV, Hep BsAg, and Hep C Ab, if this information is not already known. All patients admitted through GWU Hospital should have given their consent for serologic testing in the event of an employee exposure when they signed their admission forms. Employee Health Service can arrange for the tests to be performed on GWUH patients. GWU Emergency Department patients do not fill out consent forms; therefore, testing on these patients must be coordinated through the Emergency Department Attending Physician(s). Residents rotating offsite need to coordinate source patient testing with their Attending (Physician(s). Different hospitals have different policies with regard to consent for testing after employee needlesticks. Employee Health Services will prescribe appropriate post-exposure prophylaxis as per CDC guidelines.

Any incident which may result in a property or liability claim should be reported immediately via webform to the Office of Risk Management and Insurance. The URL is http://risk.gwu.edu/incident-reporting. Click on the “webform” link to enter an incident. Note there is a section for Webform FAQ’s which can be accessed along the left hand side or from the Incident Reporting dropdown menu. The system allows employees, supervisors, and students to seamlessly report incidents and receive immediate electronic confirmation of receipt by the Risk Team.
NEWS MEDIA
Maintaining patient confidentiality is a very important component of patient care. All patients expect that their physicians are handling their personal medical information appropriately. This includes when a patient becomes the subject of inquiry from the news media. The metropolitan Washington, DC area is home to many public figures and celebrities. It is likely that during your residency you may care for someone who is known nationally or internationally. While patient confidentiality is always of paramount importance, it is especially true of these well-known figures. Should you find yourself being asked to comment for the news media about such patients or about medical topics in general, immediately direct the media organization to the appropriate communications representative according to instructions below:

1. If the patient is being seen in The George Washington University Hospital, media inquiries must be directed to the Hospital Marketing and Public Relations Department during normal business hours at 715-4447. After hours, media inquiries should be directed to the page operator, 715-4141, to contact the Marketing and Public Relations staff member on call by beeper. The Hospital does not release any information about any patient without his or her written consent.

2. If the patient is being seen in the Medical Faculty Associates facility, such an inquiry must be referred to the MFA Media Relations Manager at 741-3381. After hours, the Media Relations Manager can be paged at 1-800-759-8888, pager 741-0632.

All other media inquiries you receive should be referred to the SMHS Communications and Marketing at 994-2261 or 994-3121. After hours, please contact the page operator and request that the on-call staff member be paged.

NOTARY PUBLIC
A Notary is available in the Office of Graduate Medical Education. Documents are notarized by appointment only. Please call 994-3737 for further information. In addition, a Notary is available in the Hospital. Please stop by the Concierge desk in the Hospital Lobby for more information.

ON CALL ROOMS
Contact your department for on call room assignments. If there is a problem with an on call room, please notify the Program Director or the Office of Graduate Medical Education.

OSHA TRAINING
Annual training in universal precautions as required by the Occupational Safety and Health Administration is mandatory for all residents. Residents may fulfill the requirement for annual training by completing the on-line exam using the E*Value
system. This may be done at any computer with internet access. You can view the lecture and take the test online. Contact the GME Office for information.

OSHA training for the current contract year must be completed by July 31, or the resident will be considered in violation of his/her contract and, as a result, be sanctioned by losing their free parking privileges. Residents who are hired off cycle must complete OSHA prior to their hire date and then by July 31 of every academic year thereafter.

Residents who rotate to affiliate hospitals and need proof of current OSHA training should contact the GME Office before the beginning of their outside rotation.

PATIENT PRIVACY AND CONFIDENTIALITY

Each patient is entitled to privacy and confidentiality regarding his/her condition and care. The protection of the patient's right to privacy is the responsibility of each member of the clinical team. Effective April 14, 2003, Federal regulations governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) must be followed by all individuals who come in contact with patient health information. All residents are required to complete HIPAA training conducted by the SMHS and the hospitals/facilities where they will rotate. Please see this section on HIPAA training and Section IX for the policy on HIPAA Training.

PATIENT SAFETY CONFERENCES

Patient Safety/Quality Improvement Conferences are sponsored by the Residents Committee and the GME Office and offered bi-annually. Topics, speakers and session times are announced to residents and program directors via email and posted on the GME website.

PAYCHECKS

Residents are paid on a biweekly basis with 26 pay periods per year. Residents are encouraged to sign up for direct deposit.

Direct deposit users are notified each pay period via email that their Easy View deposit is available. Deposit information can be accessed by clicking on the link in the email and logging into GWeb. Both current and previous paychecks are available to view and print. For more information on direct deposit and this service, visit Payroll Services website at http://financeoffice.gwu.edu/taxpayrollbenefits/payroll/.

Residents who do not sign up for direct deposit should check with their residency coordinator to determine how to obtain their paycheck.
PSYCHIATRIC SERVICES
A confidential mental health services benefit is available to all GWU residents. For details of this benefit, please contact Mary Tucker, GME Director, at 994-3285 or mtucker@gwu.edu.

RESIDENT DIRECTORY
The Resident Directory is an index of all residents which can be queried by resident name or program name, and which provides the following information: resident name, picture, program, email address and pager number.

Resident Directory website address is: https://inside.gwumc.edu/smhs/resdir/

Username is gwresident and the password is respic

RISK MANAGEMENT
The Office of Risk Management is committed to protecting the University community, as well as its assets, from the risk of accidental injury and financial loss. As such, it is imperative that each resident employed by GWU is an active participant in the risk management program.

Clinical Risk Management
Clinical Risk Management resources are available for all residents in the GME program. These resources include, but are not limited to, rendering advice regarding consent, medical record documentation, difficult discussions with patients or families, or questions or concerns regarding any medical management issues or adverse outcomes that one believes may have had a negative impact or outcome to a patient. In addition, risk management education programs are held on a regular basis, and attendance is expected.

Situations may arise during the course of providing patient care in which the patient experiences an adverse event. Some adverse events may ultimately give rise to a professional liability action filed by a patient or their representative. The Office of Graduate Medical Education, in conjunction with Medical Faculty Associates (MFA), identifies and monitors those events which may ultimately lead to compensation in a professional liability action. The cooperation and assistance from all residents in identifying and reporting these events to the Office of Graduate Medical Education will help to ensure the success of the professional liability insurance program. **Report the following to the Office of Graduate Medical Education via telephone (202-994-3285) or e-mail (mtucker@gwu.edu):**

1. Any medical incident (unexpected or severe injury, complication, or stay)
2. Request for medical records by known plaintiff’s attorneys when there may be a known error in diagnosis or treatment
3. Unexpected death
4. Diminished life expectancy
5. Loss of limb
6. Impairment of the 5 senses
7. Severe disfigurement
8. Permanent or partial impairment of any bodily function
9. Additional medical treatment or extended hospitalization
10. Any medical claim (lawsuit or demand for money or services)

This list is not inclusive of all events that may require notice. If a resident becomes aware of an unexpected outcome and has a concern that it may give rise to a claim, it should be reported as a precautionary notice. Finally, if a resident believes there is the potential for an adverse outcome to a patient, we encourage you to notify the Office of Graduate Medical Education, as these reports are important to the process of continuous quality improvement of patient care, and the improvement of patient outcomes.

In addition to reporting to the Office of Graduate Medical Education, please notify the Program Director of the relevant program through the Chief Resident.

Hospital risk managers at any hospital to which you are assigned do not represent you. You may be asked to provide information to hospital risk management regarding adverse patient outcomes or potential deviations from acceptable standards of care. You should not do so, however, until you have discussed the matter with the Office of Graduate Medical Education at the above number, or alternatively, with Legal Counsel from the Office of the General Counsel at (202) 994-6503.

Professional Liability Insurance

The George Washington University provides professional liability coverage for its residents. Depending upon the date of the claim, the coverage will be provided either through The George Washington Self-Insurance Trust or the MFA Physicians Insurance Company (MFA-PIC). Professional liability insurance coverage is provided for all acts within the scope of the individual’s employment and/or training. Please contact the Office of Graduate Medical Education at (202) 994-3285 or Office of General Counsel at (202) 994-6503 if you have any questions regarding your insurance coverage.

Professional Liability coverage is not provided for any moonlighting activities in which a resident is engaged. Each resident is responsible for procuring professional liability coverage for any professional services rendered outside the scope of their GWU employment and/or training.

LEGAL AFFAIRS

If you should receive a subpoena or suit papers, please call the Office of General Counsel immediately at 202-994-6503. You should always note the date, time and method of service (certified mail or personal service) on the top corner of the document. Also, refer all process servers and inquiries on the whereabouts of a healthcare provider to the Office of General Counsel, who will respond directly to any inquiries or process servers. For
more information concerning University policy on service of summons and subpoenas, please visit the website of The George Washington University Office of Vice President and General Counsel at: http://www.gwu.edu/~vpge/pdf/summons.pdf.

STANDARD PRACTICES
Hospital Standard Practices are available at each hospital and medical institution. The George Washington University Hospital Standard Practices are available on the Hospital intranet at www.gwstaff.com. Residents may access the Hospital intranet from any computer in the Hospital.

STUDENT LOAN DEFERMENTS
Deferments are processed by the Office of Graduate Medical Education. Contact the GME office at 994-3737 for assistance.

UNIFORMS
Two personalized white lab coats and two sets of scrub suits are provided to each resident. The lab coats and the scrub suits are the property of the individual resident. The resident is responsible for the cleaning or laundering of the lab coats and scrub suits.

“Surgical” scrub suits with the GWU logo are provided by the Hospital to those whose duties and responsibilities require that they wear them. The surgical scrub suits remain the property of the Hospital and residents are strictly forbidden to wear these scrubs outside of the Hospital. These scrubs are issued at the designated area in the Operating Room and may be exchanged for clean scrubs when they become soiled.

WEBSITES
The GME website address is http://smhs.gwu.edu/academics/gme. The website lists information for new and current residents and resident alumni, including information on the GME Office and staff, salary and benefits, OSHA training, HIPAA training, orientation, committees, and verification of training. A listing of residency and fellowship programs with links to program websites is also available. The Resident Manual has been added to the GME website and updates to the Manual will be added to the website as they occur.

Residents may access the Resident Directory by going to the GME website or by going directly to http://smhs.gwumc.edu/graduatemedicaleducation/overviewmission/residentfacebook

Access Information: Username: gwresident  Password: respic
V. BENEFITS

A. ELIGIBILITY FOR EMPLOYEE BENEFITS
All Residents, regardless of payroll sources, receive certain benefits provided by the George Washington University SMHS, as described in Paragraph C below. Residents who are paid by GW also receive benefits provided by the George Washington University. The university reserves the right to modify or discontinue its Fringe Benefits Program in whole or in part at any time without advance notice.

B. SERVICE CREDIT/ANNIVERSARY DATE
The length of time an employee has been in university service and the effective date of such service are factors in determining applicability of certain university policies. "Service Credit" is defined as the computed time an employee has served the university in a Regular position, and may be used as a determining factor for purposes of benefit and leave eligibility and other policies affected by period of employment. Breaks in service in excess of 12 months in a Regular position will result in the forfeiture of previously earned service credit.

C. BENEFITS AVAILABLE TO ALL RESIDENTS THROUGH GW
The following benefits are available to all Residents of the George Washington University SMHS regardless of pay source, unless prohibited by the Resident’s employer; i.e., military residents.

LONG TERM DISABILITY INSURANCE
Individual long term-disability insurance through Brown & Brown/UNUM Provident Life Insurance Company is paid in full by the SMHS for the first year of your employment in our residency training program. This policy provides each participant with a benefit of up to $2,000 per month after 180 days of total disability and also has provisions to pay partial claims. The policy is portable and Residents can continue this coverage on an individual basis at a discounted rate after their first year of employment. In addition, there are future insurability options in the policy, also at a discounted rate, which enable the participant to increase coverage to substantial amounts without evidence of insurability.

DRUG ENFORCEMENT ADMINISTRATION (DEA) REGISTRATION FEES
Drug Registration fees are paid for both federal and D.C. controlled substance registration only for those who are required to obtain a D.C. medical license because they graduated from a U.S. medical school at least 5 years ago or are international medical graduates entering the 6th year of post-graduate training. Contact the Office of Graduate Medical Education if you have questions. The Federal DEA registration fee, which is paid for a three-year period, will only be reimbursed at a rate of 1/3 of the total cost for each year the Resident will be at GW.
EMPLOYEE ASSISTANCE & WORK-LIFE REFERRAL SERVICES

GW’s Wellbeing Hotline is a one-stop-shop for help with personal issues, planning for life events, or simply managing daily life. This program is available to all Residents and dependents at no cost and is provided through ComPsych.

The following services are available:

**Work-Life Solutions:** Wellbeing Hotline specialists will do the research for you, providing qualified referrals and customized resources for child and elder care, moving and relocation, making major purchases, college planning, pet care, home repair, and more.

**Confidential Counseling:** This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by highly trained master’s and doctoral level clinicians who will listen to your concerns and quickly refer you to in-person counseling and other resources for stress, anxiety and depression, relationship/marital conflicts, problems with children, job pressures, grief and loss, and substance abuse.

**Financial and Legal Resources:** Speak by phone with an attorney, Certified Public Accountants, or Certified Financial Planners on a wide range of legal and financial issues. You also have access to free online will preparation services that allows you to quickly and easily write a will on your computer.

Take advantage of these programs and much more by calling toll-free 855-705-2471 or visiting [http://hr.gwu.edu/colonial-community](http://hr.gwu.edu/colonial-community).

HEALTH AND WELLNESS CENTER

The Lerner Health and Wellness Center is located at 2301 G Street. There is an annual membership fee that may be paid through payroll deduction. Hours of operation can be obtained by calling 994-1522. Additional information is listed on the website at [http://campusrecreation.gwu.edu/](http://campusrecreation.gwu.edu/).

LIABILITY INSURANCE

The School of Medicine and Health Sciences will provide the Resident Physician with professional liability insurance for acts and omissions of the Resident Physician in the course of approved activities of the Resident Physician’s Program. The School of Medicine and Health Sciences will select legal counsel to defend against claims alleging negligence by the Resident Physician, including claims filed after completion of the Program. Such professional liability coverage and legal defense will be provided only for activities and services within the scope of his/her duties as defined by the Resident Physician’s Program Director at or for the School of Medicine and Health Sciences pursuant to the terms of the Resident Contract, or such outside activities and services approved in writing by his/her Program Director and the Department Chair. Professional liability coverage and legal defense will not be provided for activities outside the course and scope of duties at or for the School of Medicine and Health Sciences even if such activities are not prohibited by the School of Medicine and Health Science’s bylaws, rules and regulations, or policies and procedures, unless such activities are approved in writing by the
Resident Physician’s Program Director and Department Chair and the university’s Risk Manager (202-994-2453) is notified in advance of the activity.

In order to obtain proof of liability insurance while rotating to a non-affiliated institution, you must contact the Office of Graduate Medical Education at least ninety (90) days in advance of the rotation.

**MEDICAL LICENSURE**

Reimbursement for licensure is made by the GME Office according to the Resident Licensure Policy in Section IX.

**PARKING**

All Residents are entitled to parking at The SMHS free of charge. Residents are assigned parking in the Square 54 Garage. Permits are issued to new Residents at orientation and thereafter on an annual basis by the Faculty and Staff Service Center at Rice Hall, 2211 H Street, N.W., upon presentation of a current vehicle registration in the name of the Resident or his/her family. Access to the Garage is provided by using the GWorld identification card.

A sticker for a second car may be obtained for a nominal fee, but two cars with the same permit number are not permitted in the garage at the same time. Improperly parked cars may receive a metropolitan police ticket. GW assumes no responsibility for damages or thefts.

**BACK-UP FAMILY CARE**

GW’s Back-Up Family Care Program through CCLC has been tailored to meet the unique needs of working families when your usual family care arrangements are disrupted. CCLC provides access to a network of highly trained and experienced in-home care providers, select CCLC centers and more than 1600 KinderCare community-based, early learning centers.

Faculty and staff have up to five days per year of backup care for children, adults, and elders. To access this benefit, call (877) 820-7190 or visit [http://hr.gwu.edu/colonial-community](http://hr.gwu.edu/colonial-community).

**HEALTH ADVOCATE**

Health Advocate is a special benefit paid for by GW that can help you personally resolve your insurance and health care issues, promptly and reliably. Health Advocate is designed to help you, your spouse/domestic partner, dependent children, parents and your spouse’s or domestic partner’s parent cut through barriers that often create frustration and problems. All at no cost to you!

Health Advocate can help you:

- Find doctors, specialists, hospitals and treatment centers
- Clarify insurance plan(s) and help decide which plan is right for you.
- Untangle medical bills, uncover errors and negotiate fees
- Research and explain treatment options
- And more
You do not need to participate in any of GW’s health plans to participate.

Call Health Advocate at (866) 695-8622 to speak with an advocate. Calls are unlimited and service is available 24/7. For more information, please visit, http://healthadvocate.com/gwu

SMOKING CESSATION RESOURCES
The Quit For Life® Program is the nation’s leading tobacco cessation program. It can help you or an eligible dependent permanently overcome the physical, psychological and behavioral addictions to tobacco through expert coaching and support. You may qualify for nicotine replacement therapy. The program is free, confidential, and it works. Call 1-866-QUIT-4-LIFE (1-866-784-8454), or log on to www.quitnow.net for details or to enroll.

GW’S HEALTHY PREGNANCY PROGRAM
If you are pregnant and you participate in GW’s health insurance plan, we encourage you to sign up for GW’s Healthy Pregnancy Program. By participating in this program you will have 24-hour access to experienced nurses, one-on-one support throughout your pregnancy, and the opportunity to earn up to $250 in cash, plus free gifts and valuable resources. The program is also open to your spouse, partner, or dependent if they are on GW’s health plan.

To participate in GW’s Healthy Pregnancy Program, please visit http://go.gwu.edu/pregnancy or call (800) 411-7984.

D. BENEFITS AVAILABLE TO RESIDENTS ON PROFESSIONAL ASSIGNMENT – RESEARCH

Residents on professional assignment, which includes residents who are away from their training programs for a research year, should consult with the Director of GME regarding benefits that are covered during that time. Some covered benefits require arrangements with the Benefits Administration Department for payment of premiums.

E. BENEFITS AVAILABLE TO RESIDENTS PAID BY GW

A detailed description of benefits can be found at the following website:  http://benefits.gwu.edu.
VI. POLICIES GOVERNING LEAVE

Time away from the residency program for extended vacation leave, extended sick leave, FMLA, disability or any other reason may result in a Resident having to spend additional time in the program beyond the anticipated date of completion. RRC and medical board requirements must be met before a Resident can be certified as having completed a training program. Residents should refer to the institutional policy on Leave of Absence and the Effect on Program Completion in Section IX. Residents should consult their program director to determine if extended leave has an effect on the completion date of training.

VACATION

The general vacation policy provides for three (3) weeks of paid vacation each year, including weekends and holidays. Departments may grant additional vacation on a discretionary basis. Unused leave may not be carried from one year to another and will not be redeemed for equivalent salary. Vacation is generally not approved for the last two weeks of the training year.

HOLIDAY LEAVE

Please consult with your department regarding holiday leave and coverage.

SICK LEAVE

Sick leave benefits are determined by each department on an individual basis. In general, Residents who become ill for a period of time sufficient to interfere with their participation in the training program, are covered under policies governing Temporary Disability Leave. Please see Section VI for detailed information.

FAMILY AND MEDICAL LEAVE

Periods of leave due to situations such as the serious illness of an employee, the birth or adoption of a child, or the serious illness of a family member may be covered under the D.C. and/or federal Family and Medical Leave Acts (FMLA). The D.C. Act provides up to 16 weeks of medical leave and 16 weeks of family leave in a 24 month period after an employee has completed one year of employment and has been paid for at least 1,000 hours during the 12-month period immediately preceding the request for family or medical leave. The federal FMLA provides up to 12 weeks of family and medical leave in a 12 month period as well as 26 weeks of leave to care for a covered servicemember with a serious injury or illness in a single 12 month period after an employee has completed one year of employment and has worked 1,250 hours during the 112-month period immediately preceding the leave request. In most cases, benefits under the D.C. Act are more generous than under the federal Act, but employees are entitled to whichever provides the most favorable benefits. If the leave qualifies for both D.C. FMLA and federal FMLA, any leave taken under those Acts would run concurrently. GW policies governing Temporary Disability Leave, Vacation Leave, Sick Leave, and unpaid leave will determine the appropriate pay status. The SMHS will continue to contribute to all university paid benefits during Family and Medical Leave, but the employee is responsible for their portion of benefit premiums. Please note: FMLA does NOT mandate paid leave. Payments to Residents while on FMLA leave may be available through the above mentioned GW policies.
TEMPORARY DISABILITY LEAVE
Temporary Disability Leave is provided for physical or mental conditions that are sufficiently incapacitating to require that a Resident temporarily terminate participation in the residency training program. Temporary disability is paid for up to 60 consecutive days annually, including weekends and holidays. Family and Medical Leave Act provisions may apply in cases of leave use. Please see Section VII for detailed information on periods of Temporary Disability Leave.

MATERNITY LEAVE
Maternity Leave is provided for medical disability resulting from pregnancy, childbirth or related medical conditions on the same basis on which leave is provided for other medical disabilities. Family and Medical Leave Acts and policies governing the use of Sick, Vacation, and Temporary Disability for medical disability purposes may therefore apply. Non-medical absences for the birth or adoption of a child are covered under the Family and Medical Leave Acts or Leave of Absence Policy. Please refer to Temporary Disability Leave, Section VI.

PAID PARENTAL LEAVE
GW provides six continuous weeks of paid parental leave for eligible regular full-time staff. The applies to staff members who have given birth or are the spouse/partner of the birth mother; the placement of a child with the employee for adoption; or the placement of a child with the employee for whom the employee permanently assumes and discharges parental responsibility. The leave must be taken immediately following the birth, adoption, or eligible circumstance. Eligibility for paid parental leave will begin the first of the month following an employee’s two year benefit eligible service anniversary date or coincident with that date if the anniversary date falls on the first of the month. Please note that Residents who are the birth parent are actually eligible for more paid leave under the Temporary Disability Leave than Paid Parental Leave.

LEAVE OF ABSENCE
At the discretion of the department chair, a Leave of Absence may be approved for unusual personal situations provided the operational needs of the department are not adversely affected. Leave of absence is always unpaid leave, and must be requested in writing. All accrued Vacation Leave must be exhausted prior to a request for a Leave of Absence.

BEREAVEMENT LEAVE
Paid Bereavement Leave is provided to Residents upon the death of an immediate family member. Immediate family members include a spouse, domestic partner for whom an affidavit has been submitted to the Benefits Administration Department, child, stepchild, parent, grandparent, sister, brother, mother-in-law, father-in-law, son-in-law, or daughter-in-law. Bereavement Leave must be requested in writing to the Program Director for a period not to exceed 3 days. Bereavement Leave does not accrue or pay out upon termination.
**LEAVE FOR JURY DUTY**

Jury Duty Leave is provided to Residents who are summoned to jury duty. Residents will be granted paid leave for scheduled work hours/days missed to comply with the summons for jury duty. Leave must be requested in writing to the Program Director as far in advance as possible and must include supporting court documents. Residents are required to report to work on those days or partial days when attendance in court is not required.

**MILITARY DUTY LEAVE**

Military Duty is unpaid leave provided to Residents for the period necessary to perform military duty in the uniformed services. Residents must provide notice of the need to take military duty leave to the Program Director with as much advance notice as possible and include official written military orders, as soon as they are available, and an expected date of return to work. Employees may request the use of Vacation Leave or Sick Leave for part or all of the period of military duty. Under federal law, employees who leave regular positions voluntarily or involuntarily for the purpose of performing military duty, including Reserve duty, have a right to reinstatement without loss of seniority if certain conditions are met. In situations involving a request for reinstatement, the Benefits Administration Department should be consulted for information concerning eligibility for reinstatement, applicable salary issues, and benefits.
VII. GUIDELINES FOR DISABILITY LEAVE AND LEAVE WITHOUT PAY

TEMPORARY DISABILITY LEAVE

A. Definition

Disability is defined as any physical or mental condition which is sufficiently incapacitating to require that the Resident temporarily terminate participation in the residency training program. Temporary disability is paid for up to 60 consecutive days annually, including weekends and holidays, for residents who are paid by GW. (Short Term Disability may also be applicable, please see Section V.E.)

B. Provisions and Restrictions

1. For Residents who are temporarily disabled in accordance with the definition in Section A, up to 60 days of leave with full salary are to be provided annually, subject to the restrictions defined in Sections B.2, B.7, B.8, and B.9 below. Supplemental salary provided by Departments is to be excluded from such determinations.

2. A Resident who is participating in a part-time residency or who otherwise participates in a residency for only a portion of the training year is entitled to temporary disability leave on a pro-rated basis as a function of the percentage of the full-time effort and salary described in the Resident contract.

3. Temporary disability leave with pay does not accrue and may not be carried over from year to year.

4. A Resident who has utilized full temporary disability leave entitlement and all earned annual leave during a training year is classified as being on leave without pay (see next section) unless the Resident desires to terminate his/her relationship with the university.

5. Residents may not be required to utilize annual leave before being placed on temporary disability leave.

6. Residents are entitled to all normally provided fringe benefits while on temporary disability leave.

7. A Resident who, during the training year, is placed on any combination of temporary disability leave and leave without pay which involves 60 or more days and which occurs during any portion of the last six months of the training year, and who is reappointed for the following training year, is not eligible for temporary disability leave during the referenced re-appointment year until he/she has resumed training of at least 50% effort, as described in the Resident contract, for a minimum of six months which may include earned annual leave or
may be extended by other types of leave authorized by university personnel policies. Similarly, a Resident who, during the training year, is placed on temporary disability leave which involves more than 30 but less than 60 days and which occurs during any portion of the last three months of the training year, and who is re-appointed for the following training year, is not eligible for temporary disability leave during the referenced re-appointment year until he/she has resumed training of at least 50% effort, as described in the Resident contract, for a minimum of three months which may include earned annual leave or may be extended by other types of leave authorized by university personnel policies.

8. A Resident who concludes the training year on temporary disability leave and is re-appointed for the following training year is entitled to the balance of temporary disability leave not utilized by him/her during the previous training year. Such temporary disability leave in the referenced re-appointment year must be taken consecutively with the temporary disability leave from the previous year, and the total length of this consecutive disability leave may not exceed 60 days. Thereafter, the Resident is not eligible for temporary disability leave until he/she has resumed training of at least 50% effort, as described in the Resident contract, for a minimum of six months which may include earned annual leave or may be extended by other types of leave authorized by university personnel policies. If the Resident requires temporary disability leave taken consecutively with the training year, it is to be subtracted from this entitlement.

9. A Resident who has been disabled for more than 60 days, has been placed on leave without pay through the termination of the training year, and is re-appointed for the following or subsequent training years, is not eligible for temporary disability leave during the referenced re-appointment year until he/she has resumed training of at least 50% effort, as described in the Resident contract, for a minimum of six consecutive months which may include earned annual leave or may be extended by other types of leave authorized by university Personnel policies. Similarly, a Resident who has been disabled for more than 60 days and now has been placed on leave without pay which carries over from one training year to the next, is not eligible for temporary disability leave during the next following or subsequent training years until he/she has resumed training of at least 50% effort, as described in the Resident contract, for a minimum of six consecutive months, which may include earned annual leave or may be extended by other types of leave authorized by university Personnel policies.

C. Notification and Documentation Requirements

1. Determinations as to the appropriateness of placing a Resident on temporary disability leave are the responsibility of the Program Director.

2. The Program Director is responsible for maintaining accurate records of temporary disability leave for each Resident in the Department and for providing this documentation to the GME Office as far in advance as possible. At the end of each fiscal year, each Program Director is to provide to the Office of Graduate Medical Education a summary listing of those Residents placed on temporary disability leave during the year and the amount of such leave for each.
3. For each Resident who is placed on temporary disability leave for a consecutive period of 14 days or longer, documentation supporting the appropriateness of such leave is to be provided by the Program Director to the Office of Graduate Medical Education for inclusion in the Resident's GME institutional file. Such documentation should be provided in a timely fashion but, in any event, no later than 30 days after the conclusion of the 14-day period.

D. Training Program Adjustments

1. Where temporary disability leave places the Resident out of cycle in completing the requirements of the training program, funding for such Residents must be requested from the GME Office no later than February 1 of the year preceding the academic year in which the time will be made up.

2. The effect of extended leave on the completion of the training program and the timing thereof must be determined in accordance with the institutional and program policies on Leave Of Absence and the Effect on Program Completion (See Section IX).

LEAVE WITHOUT PAY

A. Definition

Leave without pay is defined as leave necessitated by temporary disability which extends beyond the Resident’s entitlement in a training year or leave for other reasons agreed upon by the Resident and the appropriate Program Director. Family & Medical Leave Act and/or Long Term Disability provisions may also apply.

B. Provisions and Restrictions

1. Leave without pay is by definition non-salaried leave.

2. A Resident who has utilized his/her full temporary disability leave entitlement and all earned annual leave during the training year is entitled to be placed on leave without pay for the remainder of the training year in which the temporary disability occurs.

3. Residents must utilize all temporary disability leave and all annual leave before being placed on leave without pay.

4. Leave without pay shall in no instance extend beyond one calendar year. Leave without pay of 90 days or less may be approved by the appropriate Program Director. Documentation supporting the appropriateness of such leave is to be provided by the Program Director to the Office of Graduate Medical Education for inclusion in the Resident's GME institutional file. Leave without pay of more than 90 days requires the endorsement of the Associate Dean for Graduate Medical Education. Residents with extended temporary disability are eligible for, but not entitled to, extensions of leave without pay for up to one calendar year.
5. Residents on leave without pay are able to continue certain benefits (with premium payment). Please contact benefits administration (benefits@gwu.edu) for details. Group life and disability benefits can be continued for up to 24 months during a research assignment. Group life and disability insurance can be continued for up to 12 months during personal leave. For Residents who participate in the GW retirement program, all contributions will be discontinued while the Resident is on leave without pay, but benefits will be resumed if and when the Resident returns to full-time training status.

6. For Residents who are placed on leave without pay, reinstatement to full-time or part-time training status is at the discretion of the appropriate Program Director.

C. Notification and Documentation Requirements

1. Except for the leave without pay entitlement described in Section B.2, determinations as to the appropriateness of placing a Resident on such leave are the responsibility of the Program Director.

2. The Program Director is responsible for maintaining accurate records of leave without pay for each Resident in the Department and for providing this documentation to the GME Office.

3. For each Resident who is placed on leave without pay, the Program Director is responsible for prompt notification to the Office of Graduate Medical Education so as to assure timely termination of salary and appropriate arrangements concerning fringe benefits. Such notification is to include the intended length of leave without pay. As stated in Section B.4, leave without pay for more than 90 days requires the endorsement of the Associate Dean for Graduate Medical Education.

D. Training Program Adjustments

1. Where leave without pay places the Resident out of the cycle in completing the requirements of the training program, funding for such Residents must be requested from the GME Office no later than February 1 of the year preceding the academic year in which the time will be made up.

The effect of extended leave on the completion of the training program and the timing thereof must be determined in accordance with the institutional and program policies on Leave Of Absence and the Effect on Program Completion (See Section IX).
VIII. PROCEDURES FOR HEARING AND REVIEW OF DISCIPLINARY ACTIONS INVOLVING RESIDENTS

The Due Process policies below may be found at:
http://smhs.gwu.edu/academics/gme/about/policies

- Due Process
  - Academic Improvement
  - Academic Matters
  - Resident Misconduct
  - Misconduct Matters
IX. GRADUATE MEDICAL EDUCATION COMMITTEE POLICIES

The Accreditation Council for Graduate Medical Education (ACGME) requires the sponsoring institution's Graduate Medical Education Committee (GMEC) to establish and implement policies and procedures regarding, at a minimum, the quality and the work environment for the residents in all programs.

The link below lists all policies that have been approved by the GMEC:
http://smhs.gwu.edu/academics/gme/about/policies
The following policies and practices support the University's commitment to maintain a positive work environment that makes it possible for all employees to thrive:

**Equal Employment Opportunity Statement**
The George Washington University does not unlawfully discriminate against any person on any basis prohibited by federal law, the District of Columbia Human Rights Act, or other applicable law, including without limitation, race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity or expression. This policy covers all programs, services, policies, and procedures of the University, including admission to education programs and employment.

**Discrimination and Harassment Prohibited in the Workplace**
The University expects all employees to treat each other with fairness and respect. Discrimination or harassment based on race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, or gender identity or expression as otherwise provided under District of Columbia, state or local law, is strictly prohibited and will not be tolerated. Discrimination and harassment of this type is illegal and contrary to University policy.

All allegations of discrimination, harassment, or complaints of unequal treatment are taken seriously. Residents who believe that they are experiencing any type of unlawful discrimination or harassment should bring their concerns to the attention of their program director, department chair, or the Associate Dean for GME; residents may also contact the Title IX Coordinator at 202-994-7440 or the Office of Equal Employment Opportunity at 202-994-9656.

**Sexual Harassment**
The University is committed to maintaining a positive climate for study and work, in which individuals are judged solely on relevant factors, such as ability and performance, and can pursue their activities in an atmosphere that is free from coercion, intimidation and violence. Sexual harassment is destructive of such a climate and will not be tolerated in the University community. Sexual harassment creates unacceptable stress for the entire workforce, adversely affects morale, demeans the harassed individual, and could expose the University and the harasser to significant liability.

Depending on the particular circumstances, sexual harassment may include, but is not limited the following:

- Actual or attempted rape, sexual assault, sexual battery or molestation, without consent or against another’s will, whether achieved through force, threat or intimidation, or advantage gained by the aggrieved party’s mental or physical incapacity or impairment.
- Non-consensual or forcible sexual touching.
- Offering or implying an employment-related reward (such as a promotion, raise, or different work assignment) or an education-related reward (such as a better grade, a letter of recommendation, favorable treatment in the classroom, assistance in obtaining employment, favorable treatment in the classroom, assistance in obtaining employment, grants or fellowships, or admission to any education program or activity) in exchange for sexual favors or submission to sexual conduct.

- Threatening or taking a negative employment action (such as termination, demotion, denial of an employee benefit or privilege, or change in working conditions) or negative education action (such as giving an unfair grade, withholding a letter of recommendation, or withholding assistance with any educational activity) or intentionally making the individual’s job or academic work more difficult because submission to sexual conduct is rejected.

- Unwelcome sexual advances, repeated propositions or requests for a sexual relationship to an individual who has previously indicated that such conduct is unwelcome, unwelcome physical contact of a sexual nature, or sexual gestures, noises, remarks, jokes, questions, or comments about a person’s sexuality that would reasonably be perceived as creating a hostile or abusive work environment. A single incident involving severe misconduct may rise to the level of harassment.

The University has adopted procedures governing sexual harassment complaints and these procedures are administered by the Title IX Coordinator. View Sexual Harassment Policies and Procedures.

If you believe, you are being or have been sexually harassed, if someone has accused you of sexual harassment or inappropriate behavior of a sexual nature, or if you receive a report of sexual harassment, it is important that you contact the Coordinator as soon as possible. The Coordinator will respond to questions, provide resources for additional assistance such as counseling, address your concerns, and, if warranted, coordinate an investigation.

Residents who believe that behavior of a sexual nature may be inappropriate may also discuss the issue with their program director, department chair, the Associate Dean for GME, or the Title IX Coordinator. These individuals will work with the Coordinator as appropriate to respond to the situation.

**Gender-Based Discrimination**

Harassment based on gender is a form of misconduct that undermines both personal and professional relationships in the workplace. The University believes that courteous, mutually respectful, non-coercive interactions between employees will best serve the well-being of each individual and the University.

Residents experiencing any type of discriminatory conduct or harassment should bring that conduct to the immediate attention of his/her supervisor, program director, department chair, the Associate Dean for GME, or the Office of Equal Employment Opportunity at 02-994-9656.
Other Types of Harassment
The University also prohibits harassment based on race, religion, color, gender, sexual orientation, age, national origin, disability, or any other characteristic protected by District of Columbia, state, or local law. Prohibited harassment on the basis of protected characteristics includes behavior similar to sexual harassment and includes, but is not limited to:

- Unwelcome, offensive, or inappropriate comments regarding an employee's protected characteristic
- Verbal abuse, teasing, remarks or comments that intimidate, ridicule or demean an employee's protected characteristic.
- Visual conduct such as derogatory posters, photographs, cartoons, drawings, or gestures.
- Retaliation for reporting harassment or threatening to report harassment.

Residents experiencing any type of discriminatory conduct or harassment should bring that conduct to the immediate attention of his/her supervisor, program director, department chair, the Associate Dean for GME, or the Title IX Coordinator at 202-994-7440.

Non-Retaliation Policy
Retaliation against members of the University community who make good faith reports regarding potential University-related violations of laws, regulations or University policies is prohibited, and violators may be subject to disciplinary action. View GW's Non-Retaliation Policy for additional information.

PERSONS WITH DISABILITIES
In accordance with the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, and other applicable federal, state, and local laws, and as articulated in the university’s Equal Opportunity Statement, the university does not discriminate against any qualified individuals with a disability.

Questions regarding the protections against discrimination on the basis of disability may be directed to the university’s Disability Services Coordinators. Members of the university community may contact the Executive Director of Equal Employment Opportunity and Affirmative Action, Suite 320, 2033 K Street, NW, Washington, DC 20052, (202) 994-9633.

Residents Requesting an Accommodation
The George Washington University’s commitment to equal employment opportunity and affirmative action includes a commitment to provide reasonable accommodations for residents' religious obligations and for residents who are qualified individuals with disabilities pursuant to the Americans with Disabilities Act. Should a resident need an accommodation, he or she should contact the Office of Equal Employment Opportunity at (202) 994-9656 or fax (202) 994-9658. All requests for accommodations are kept in confidence to the extent feasible by law and practice.
XI. THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Located in the nation’s capital, the University Hospital serves a diverse group of patients from area residents and visitors to heads of state and government officials. A designated tertiary-care institution, the University Hospital provides physicians and patients with the latest in technological innovations for diagnosis and treatment of the most acute clinical conditions. The University Hospital Emergency Department is a certified level-I trauma center, having met the American College of Surgeons’ requirements for medical staff training and clinical research on trauma care and community education.

Since July 1997, the Hospital has been jointly owned and operated by a partnership between The George Washington University and a subsidiary of Universal Health Services, Inc. (UHS), one of the nations’ largest healthcare management companies. The Hospital has over 1,950 employees and more than 800 physicians and 845 nurses are affiliated with the Hospital.

In 2002, the new George Washington University Hospital opened to the public. The 371-bed facility has a greatly expanded emergency room, new surgical suites with the latest medical equipment and an attractive Maternity Unit with new labor, delivery, recovery and postpartum suites and a Level III Neonatal Intensive Care unit.

The SMHS’s Education and Research Center on the 6th floor of the new Hospital is one of a few of its kind nationwide. The Center includes a surgical simulation & demonstration area and provides highly realistic scenarios for surgical training. Using virtual reality and two full-scale operating rooms, each room can be configured to match the conditions of an operating room, emergency room or intensive care unit. A highly sophisticated computer-controlled mannequin is used for practice surgeries.

In addition, the Center includes standardized patient examining areas for teaching students and residents the basics in taking patient histories, performing examinations, and developing communication skills.

The George Washington University Hospital Standard Practices regarding Customer Service and Non-Discrimination Concerning Patients with Infectious Diseases are printed on the following pages for your information. The complete Manual of Standard Practices can be referenced on the Hospital Intranet and the GME Office.
Standard Practice

TITLE: Service Excellence

EFFECTIVE: August 1993

REVISED: October 2010

Purpose: To produce positive customer service; to guide expected employee behaviors.

I. Scope

All departments at the George Washington University Hospital (GWUH).

II. Mission Statement

The mission of the George Washington University Hospital is to provide high-quality healthcare, advance technology and world-class services to our patients in an academic medical center dedicated to education and research.

III. Policy

A. We treat others as we would have them treat us.

B. We have a responsibility to foster positive customer service with all of our customers. The word “customer” must be looked at in the broadest possible sense to include not only our patients, their families and friends, but also: employees, trainees, students, physicians, faculty, volunteers, payers, grantees, vendors, accrediting agencies, philanthropic donors, affiliated hospitals, and the community.

C. We strive to continuously improve our level of customer service.

D. We are all part of the service team.

IV. Statement of Principles

A. Service Excellence: We will provide timely, professional, effective and efficient service to all of our customer groups.

B. Continuous Improvement in Measurable Ways: We will identify the key needs of our customers, assess how well we meet those needs, continuously improve our services, and measure our progress.
Standard Practice
Service Excellence

C. **Employee Development:** We understand that the professionalism and drive of our people are the most important factors in the quality of the service GWUH provides. We will hire talented people, increase their skills through training and experience, and provide opportunities for personal and professional growth within the company.

V. **Standard Practice**

A. **Ethical and Fair Treatment of All:** We are committed to forming relationships of fairness and trust with our patients, our physicians, purchasers of our services, and our employees. We will conduct our business according to the highest ethical standards.

B. **Teamwork:** We will work together to provide ever-improving customer services. This team approach to our work will supersede traditional departmental organization and create a true customer focus. People at all levels of the organization will participate in decision-making and process improvement.

C. **Compassion:** We will never lose sight of the fact that we provide care and comfort to people in need. The patients and families that rely upon us are fellow human beings and they will receive respectful and dignified treatment from all of our people at all times.

D. **Innovation in Service Delivery:** We will invent in the development of new and better ways of delivering our services.

E. **Education and Research:** We will work in partnership with The George Washington University Medical Center in pursuit of knowledge and the understanding of the scientific basis for disease, disease prevention and health promotion in the communities we serve.

VI. **Standards of Service Excellence**

A. **Treat others as guests:** We are the hosts of the hospital—greet others as we would welcome a good friend.

B. **Demonstrate professionalism and excellence:** You represent the hospital, be professional in your image, attitude, and work.

C. **Practice teamwork:** Service is most effective when we serve others with the same vision and goal.

D. **Scripting – Key words at key times**
Standard Practice
Service Excellence

- “Can I help you with something?” (To any guest who appears lost or uncertain)
- “I’m glad you let me know.”
- “Is there anything we might have missed?”
- “Thank you for choosing GW Hospital.”
- “You are the reason I’m here.”
- “It’s been a pleasure to take care of you.”
- “I am the right person to help you with this.”
- “The next step is...” (Rather than “you’ll have to...”)
- “What we CAN do is...” (rather than “we CAN NOT...”)

VII. Hiring

The three Standards of Service Excellence will be introduced to all potential applicants through the application process. During the interview and hiring process, the Human Resources Department will make every effort to hire individuals who support the standards and display experience and/or ability to positively impact customer service.

VIII. Service Excellence Team

The Director of Customer Service recruits the facilitator team and schedules the monthly service excellence classes consisting of five to six classes a month during morning and evening shifts. The service excellence team comprises employees who exemplify the three service excellence pillars and participates in quarterly meetings.

IX. Training

A. All new employees are required to attend a “Service Excellence” training course as part of their hospital orientation. During the training course, all employees will be required to sign in and will be asked to complete a SE UHS questionnaire. Current employees will complete one hour of Service Excellence training annually and must fulfill the requirement during the month of their birthday. The HR department receives the sign in sheets after every service excellence class and notes in the employee file and online record that they have attended a class. In addition, they will demote an employee one grade for not fulfilling the requirement during the month of their birthday.

B. Employees will be paid for attending the class and should clock in if attending one that is not during their shift.
Standard Practice
Service Excellence

X. Performance Evaluation

A. The Standards of Service Excellence will be incorporated into all of the hospital job descriptions. As part of the annual performance evaluation process, employees will be evaluated on how well they carry out these standards. Completion of the annual Service Excellence training will be part of the General Categories: Mandatory Training section of the Employee Evaluation.

B. Failure to complete the Service Excellence training will lower the overall rating by one grade.

XI. Employee Engagement Measurement

The Director of Customer Service will provide monthly reports to the Management regarding the results of the questionnaires.

APPROVED:

______________________________
Kimberly Russo
Chief Operating Officer

Date

History:
Origin: August 1993
Revised: March 2008, January 2009, July, October 2010
Standard Practice

TITLE: Infectious Diseases, Non-Discrimination of Patients (Including HIV and AIDS)

EFFECTIVE: April, 1998
REVISED: December, 2008

PURPOSE: To state and explain the Hospital’s nondiscrimination policy with regard to patients with infectious diseases.

I. Patients with Infectious Diseases, Including HIV or AIDS.

A. Policy

It is the policy of The George Washington University Hospital that medically appropriate treatment (as determined by reasonable medical judgment based on current medical knowledge) shall not be denied or withheld on the basis of the patient’s infectious disease status. Infectious diseases may include hepatitis B, hepatitis C, multi-drug resistant tuberculosis, Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome. Any Hospital employee, contractor or member of the Medical Staff found in noncompliance with this policy shall be subject to appropriate disciplinary action under the relevant procedures, which include those applicable Hospital human resources policies and the Bylaws and Rules and Regulations of the Medical Staff.

B. Examples and Discussion

For example, a physician may not refuse to perform surgery or another procedure or discourage surgery or another procedure for a patient merely because the patient has HIV or AIDS. A physician, however, may make a reasonable medical determination, based on current medical knowledge, that the patient’s illness makes such procedure(s) inadvisable for the individual patient. It would be inappropriate to deny or discourage surgery or another procedure for a patient with HIV or AIDS merely because of a generalization that patients with HIV or AIDS are too sick to benefit from the surgery or procedure without appropriately considering the patient’s own condition. If a physician has a question whether surgery or another procedure would benefit a patient with HIV or AIDS, and if the procedure would be indicated in the absence of such condition, the physician shall request appropriate consultation with an Infectious Disease specialist or other appropriate specialist as time and circumstances permit, before making a final decision or recommendation to the patient.
Standard Practice
Infectious Diseases, Non-Discrimination of Patients
(Including HIV and AIDS)

C. Standard Precautions

Standard Precautions, Transmission-Based Precautions and appropriate management of contaminated items address the manner in which hospital personnel minimize the exposure of themselves and others to infectious diseases. Therefore, concerns about exposure to infectious diseases may not influence treatment decisions or recommendations to a patient with an infectious disease.

II. Expression of Concern

If a patient, family member, physician or other hospital personnel believe that a patient may have received or be receiving medical care or services that is inconsistent with this policy, such person(s) should contact the Customer Focus Department during weekdays, or the Patient Hotline at all other times, or the Ethics Committee. Once notified, the Ethics Committee will initiate an investigation as set forth in Standard Practice, Ethics Committee, in a timely fashion. To the extent consistent with principles of patient confidentiality, the Ethics Committee will inform the patient, attending physician, Medical Director and reporting person of its recommendations. In addition, with respect to any disability, if a patient, family member, physician or other hospital personnel believes that a patient has been discriminated against because of a disability, that person may contact the District of Columbia, Department of Human Rights by calling 202-724-1385, or may contact the Department of Justice, Disability Rights Section, by calling 1-800-5-4-0301.

APPROVED:

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Trant Crable
Interim CEO/C00

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Frederick C. Laugh, MD
Interim Medical Director

Revised: January, 2006
The George Washington University Hospital
STANDARD PRACTICE
XII. CHILDREN’S NATIONAL MEDICAL CENTER

Children’s National Medical Center (CNMC) is one of the nation’s preeminent pediatric teaching hospitals offering a comprehensive program of post-graduate education, including fellowship opportunities in a variety of pediatric specialties. It serves as the Department of Pediatrics for The George Washington University SMHS, each year training more than 200 third and fourth year medical students.

The hospital has served the Washington metropolitan area since 1870, when it opened in a small townhouse to respond to the growing needs of sick children in the city following the Civil War. From this 12-bed facility, the hospital has grown into its current 283-bed capacity. Its present facility was built in 1977 and is located in the heart of the Northwest section of the nation’s capital. Today, renovation and expansion of the hospital continues, most recently with the opening of the East Tower.

Five comprehensive community health clinics are operated by the hospital in District of Columbia neighborhoods, and eight suburban consultative centers are bringing specialty care to the surrounding areas of Maryland and Virginia.

All residents rotating through CNMC will be expected to follow its rules and regulations, and those of the division through which they rotate. Residents beginning a rotation at CNMC should report to the department through which they will rotate.

The following documentation must be sent to the CNMC Medical Staff Office at least 30 days prior to the start of the rotation:

- Rotating Resident Registration Form
- Copy of current medical license or DC Unlicensed Medical Professional registration
- Curriculum vitae or Credentials Transfer Brief
- ECFMG certificate, if applicable
- Health records that include:
  - Immunity to MMR, by vaccine or serologic test
  - Health screening evaluation
  - TB status (PPD or chest X-ray) within the past 12 months
- USMLE scores
- CNMC Employee Confidentiality Agreement
- Completed parking and access application
- Evidence of safety and blood borne pathogen training

Children’s National uses the Cerner Electronic Health Record. This system provides templates for inpatient clinical documentation (Progress notes, History and Physical, etc.), nursing and ancillary staff documentation, computerized provider order entry (CPOE), Lab & Radiology results reporting as well as review and electronic signature of transcribed documents. The Electronic Health Record at Children’s also includes modules for Pharmacy, Emergency
Department and Surgery. All health care providers, including rotating residents, must be trained in the use of the Cerner Electronic Health Record.

Documents may be faxed to the Medical Staff Office at 301-572-1312. More information about this process can be found on the Childrensnational.org website under “For Doctors and Health Care Providers”. You may also contact the Medical Staff Office at 301-572-1327 with any questions.

Kindly note: You will not be cleared to work unless all of the above documents are submitted in a timely manner and you have completed the online training that will be assigned to you. Failure to adhere to these requirements will lead to a delay in your start date.

Needlestick Injuries:
Residents who experience a needlestick injury or other exposure should report to Occupational Health Services at CNMC. If the exposure occurs after hours, residents should return to GW’s emergency department within two hours for treatment. Children’s National Medical Center requires that residents who experience a needle stick injury or who are exposed to blood or other potentially infectious materials from any patient report the exposure as soon as feasible to the Occupational Health/Needle Stick Exposure HOTLINE at 202-476-6699. This extension is answered by the Occupational Health service during regular hours of operation during the day. On evenings, nights and weekends, the Administrative Manager is contacted through the voicemail remote notification system after the caller leaves a message on extension 6699. The Administrative Manager will retrieve the call via voice mail and contact the resident as soon as feasible after listening to the message.

Residents are reminded that they must also report the incident to GW’s Office of Employee Health Services as soon as possible.
XIII. HOLY CROSS HOSPITAL

Holy Cross Hospital (with 425 beds) is the largest acute care facility in Montgomery County, Maryland. Serving the Washington Metropolitan area since 1963, the hospital offers medical, surgical, obstetric, newborn, pediatric, gynecologic, critical care, emergency, diagnostic, rehabilitative, home/care, and adult day services. Holy Cross Hospital is a recognized teaching center through its affiliation with The George Washington University. Residents rotating through Holy Cross Hospital participate in the care of private patients with a large variety of problems encountered in a community medical practice setting.

On the first day of any rotation, residents should report to the Medical Education Office, which is located on the first floor of the hospital in the West wing, Rm 1413. Once you have checked in with the Medical Education Coordinator and the proper paperwork has been received and signed you will be sent to the Security Department on the ground floor and assigned a Holy Cross Hospital ID badge. This badge will give you access to the physician entrance to the hospital on the side of the building and the gated employee parking lot. Please wear your ID badge at all times while you are on duty. This badge helps security officers to do their job of determining who you are and why you are here. It also enables other employees, as well as patients and visitors, to know your name and position. You also receive a discount in the dining room when wearing your ID badge. After your rotation is finished, you may keep the ID badge if you have another Holy Cross rotation. Your ID badge will be deactivated between rotations.

Gated employee parking is available in the garage on Dameron Drive, which is located on the West portion of the campus. Please do not park in areas marked for visitor and patient parking.

For any resident questions concerning the rotation at Holy Cross Hospital, Ms. Arlene Grimes is the contact person for obstetrics & gynecology. She may be reached at 301-754-7240. The contact person for pediatrics/surgery is Ms. Pat Cavey, and she may be contacted at 301-754-7236. Each service provides an orientation program for new residents at Holy Cross Hospital, including a familiarization with the expectations of the service.

Holy Cross Hospital is located at 1500 Forest Glen Road, Silver Spring, Maryland 20910-1484.

**Needle Stick Injuries:**
In the event of a needle stick, residents should report to their immediate supervisor, who will send the resident to Holy Cross’s Employee Health Office when it is open and then to the Emergency Room for treatment. You should be seen within 1 hour of any needle stick. If indicated, prophylactic medications will be given to you along with appropriate labs. The hospital will arrange for any serologic studies needed from the patient—do not order these yourself. Residents must also report the needle stick injury to GW’s Office of Employee Health as soon as possible. All follow-up care will be provided by GW’s Employee Health Office.
XIV. INOVA FAIRFAX HOSPITAL

History
Inova Health System began in 1956 as a response to Northern Virginia's growing need for convenient, accessible health care. Known as the Fairfax Hospital Association, the not-for-profit health care system grew from one hospital to a network of hospitals and other health care services that include home care, nursing homes, mental health services, wellness classes, and emergency and urgent care centers.

In the late 1980's, we changed our name to Inova Health System. The name Inova suggests both our commitment to innovation in health care and our deep roots in the Northern Virginia community.

Mission Statement
Our mission is to provide quality care and to improve the health of the diverse communities we serve. Our commitment includes sustaining a reputation of clinical quality and service excellence, growing health services to meet regional and community needs, and maintaining solid, durable relationships with physicians.

Inova Health System is a not-for-profit health care system based in Northern Virginia that consists of hospitals and other health services including emergency and urgent care centers, home care, nursing homes, mental health and blood donor services, and wellness classes. Governed by a voluntary board of community members, Inova's mission is to provide quality care and improve the health of the diverse communities we serve.

Statement of Institutional Commitment to Graduate Medical Education
Inova Health System affirms its commitment to excellence in clinical care and graduate medical education by providing the financial, organizational, educational and human resources needed to assure that all of its residency and subspecialty programs provide outstanding guidance and supervision of resident, and that they facilitate each resident’s ethical, professional and personal development while ensuring safe, compassionate and appropriate care for patients.

The graduate medical education programs of Inova Health System follow the accreditation requirements of the Accreditation Council for Graduate Medical Education and the Council on Podiatric Medical Education.

The institutional official who has the authority and responsibility for oversight and administration of graduate medical education programs, and for assuring compliance with accreditation requirements at Inova Health System is the Director of Graduate Medical Education.

The Graduate Medical Education Committee of Inova Fairfax Hospital oversees all graduate medical education programs, monitoring and advising on all aspects of residency education.
establishes and implements the policies and procedures that affect graduate medical education programs regarding the quality of education and the working environment of residents.

**Contact Information**

Director, Graduate Medical Education  
Madeline Erario, M.D. 703-776-3081

Manager, Graduate Medical Education  
Maureen J. Crawford 703-776-3879

Financial Coordinator, Grad. Medical Education  
Crystal Hall 703-776-4497

Academic Coordinator, Grad. Medical Education  
Catriona Coleman 703-776-3910

Academic Coordinator, Grad. Medical Education  
Jenise Perez 703-776-2626

Program Director, Family Practice  
Samuel Jones, M.D. 703-391-2020

Residency Administrator  
Crystal Mayers 703-391-2020

Program Director, General Surgery  
Jonathan Dort, M.D. 703-776-2126

Residency Coordinator  
Diann Carreker 703-776-2337

Associate Program Director, Internal Medicine  
Alita Mishra, M.D. 703-776-3582

Residency Coordinator  
Meghan Semiao 703-776-2173

Program Director, Pediatrics  
Kathleen Donnelly, M.D. 703-776-6075

Residency Coordinator  
Nancy Uhlmann 703-776-6652

Program Director, Pediatric Emergency Medicine  
Maybelle Kou, M.D. 703-776-3195

Residency Coordinator  
Steve Schraith 703-776-7834

Program Director, Podiatric Medicine and Surgery  
Stephen Stern, DPM 703-281-4500

Residency Coordinator  
Kimberly Etherith 703-776-6141

Program Director, Psychiatry/C and L Fellowship  
Cathy Crone, M.D. 703-776-3380

Residency Coordinator  
Pamela Crawford 703-776-3626

**Clearance Card Letter**

To Whom It May Concern:

I am writing to inform you that we have a procedure that is in place for all residents at or rotating through Inova Fairfax Hospital. All residents must check-in with the Office of Graduate Medical Education at the beginning of every academic year or at the beginning of their first rotation with us each new academic year to be sure that all required paperwork has been obtained. Upon completion of the collection of all required paperwork, the resident will receive a GME
Clearance Card which will then allow them access to the Safety and Security Office to finalize their check-in process. If any of the required paperwork is not received prior to or on the start date of a resident’s rotation, they will be sent home. **NO EXCEPTIONS WILL BE MADE.** Please notify all individuals to whom this will pertain. Your compliance is greatly appreciated. Please refer to our GME Clearance Card Checklist for a list of the required paperwork. If you have any questions regarding this procedure, please feel to contact Catriona in the GME Office at 703-776-2626.

Respectfully,
Madeline Erario, M.D.

**GME Clearance Card Checklist**

***Please note that any resident not providing all of the listed materials CANNOT rotate through our facility. Thank you!***

- Copy of rotation schedule from home Institution verifying their rotations for the entire year
  (Rotation schedule must include the residents’ first and last names, PGY levels, name of the rotation being completed and list the Institution where the rotation is being completed. Also, the rotation schedule must be properly label with the home Institution name and the name of the program of which the resident is a part. Please ask for a sample if needed.)
- Copy of application to the program
  (ERAS or other application. Military residents, a copy of their PCS orders)
- Copy of CV listing participation in the current residency program
- Copy of Resident Agreement with home Institution (i.e. Resident Contract)
- Copy of Virginia Medical Training License
- Copy of ECFMG (if applicable (please be sure the ECFMG is current))
- Copy of NPI Number Verification
- GME Clearance Card Form
- Employee Statement of Commitment to Safety and Error Prevention
- Confidentiality and Non-Disclosure Agreement for Physicians
- Medical Record Completion Statement for Residents
- Patient Armband Alert System
- Telecommunications Profile Form
- Language Services Resident Competency Quiz
- ID Badge Application
- Once all items are received, a GME Clearance Card may be provided

Additional information can be found at http://www.inova.org/clinical-education-and-research/education/residency-and-fellowship-programs/visiting-resident.jsp.

**Parking**
On the first day of rotation, residents should park in the garage in the visitors' parking area. After the first day, residents are only permitted to park in the Employee Parking Garage. ID Badges will provide access to that parking garage. These parking guidelines are strictly enforced.

**Needlestick**
If a resident has an exposure, he or she should call Inova Employee Health at 703-776-3271. If it is between the hours of 7:00 a.m. and 4:00 p.m., Monday through Friday, except holidays, Employee Health will instruct the resident on the procedure to follow. If Employee Health is closed, please leave a message detailing the incident so that Employee Health can file a report. In addition, if the exposure occurs when Employee Health is closed, the resident should page the Administrative Director at pager 1197, using the Hospital pager system. The Administrative Director will advise the resident on the procedure to follow. In addition, residents must report the needlestick injury to GW's Office of Employee Health as soon as possible.

**Ob/Gyn Residents**
Ob/Gyn residents must have completed an application for the Virginia Birth-Related Neurological Injury Compensation Program before participating in any deliveries.
XV. THE NATIONAL INSTITUTES OF HEALTH/NIH CLINICAL CENTER

The National Institutes of Health (NIH), located at 9000 Rockville Pike in Bethesda, Maryland, is an agency of the US Department of Health and Human Services. The NIH is composed of 27 Institutes and Centers conducting basic, translational or clinical research. On its 322 acre campus is the NIH Clinical Center, the nation’s 240-bed clinical research hospital and the world’s largest hospital dedicated totally to clinical research.

As the nation’s clinical research center, the NIH Clinical Center is dedicated to improving human health by providing an outstanding academic environment that facilitates the development of diagnostic and therapeutic interventions; the training of clinical researchers; and the development of processes to ensure the safe, efficient, and ethical conduct of clinical research. The Clinical Center achieves this mission through a culture that fosters collaboration, innovation, diversity, and the highest ethical standards.

All patients at the NIH Clinical Center, admitted either as inpatients or outpatients, are enrolled in clinical research protocols. Annually, there are approximately 5,916 inpatient admissions and 105,176 outpatient visits. Currently, there are 1,530 active clinical research protocols supported by the state-of-the-art biomedical facilities located within the NIH Clinical Center. Most protocols are studies of the natural history of disease, especially rare diseases, which often are not investigated anywhere else. The NIH Clinical Center also supports a large number of early (Phase 1 and 2) clinical trials testing new treatments and long-term natural history studies, which provide important information about how disease and health progress. An online compendium of Clinical Center Departments, Offices, Services and Programs is accessible for review within the confines of the Clinical Center at http://intranet.cc.nih.gov/about/depts.html.

Residents rotating to the NIH Clinical Center are under the purview of the administrative staff of the NIH Institute or Center responsible for the operations of the specific NIH training program which is hosting the resident. There is no one central office coordinating resident rotations. As such, direct communication with the appropriate NIH Institute/Center administrative staff member(s) well in advance of the rotation’s start date is absolutely essential in order to gain access to the highly secure NIH campus, and to use NIH information technology resources (including the Clinical Research Information System [CRIS] which is the NIH Clinical Center’s electronic medical records system), and to complete credentialing requirements for patient care activities at the NIH Clinical Center. Information about training program administrative contacts can be assessed online at http://www.cc.nih.gov/training/gme/programs.html. Alternatively, triage information may be obtained through the NIH Clinical Center’s Office of Clinical Research Training and Medical Education, which functions as the NIH’s “GME Office”. (see below).

Documentation required for credentialing will include NIH specific forms (an application and delineation of privileges), evidence of malpractice coverage, and a current curriculum vita.
Orientation activities on the first day of the rotation are host program specific. Special training is required for the use of CRIS.

Graduate Medical Education at NIH is supported through the NIH Clinical Center Office of Clinical Research Training and Medical Education. Staff members include:

- Robert M. Lembo, MD, Executive Director, Graduate Medical Education
- Elena Kusterer, Institutional GME Program Administrator
- Irena Malkovska, PhD, Resident Elective In-Rotation Coordinator

The main phone number for the Office of Clinical Research Training and Medical Education, located in Room 1N252 of the Clinical Center, is 301-594-4193. Our website URL is: [www.cc.nih.gov/training](http://www.cc.nih.gov/training).

**Infection Control Guidelines**

The Clinical Center strives to maintain a safe patient care environment and minimize the infection risk for patients, visitors, and staff. Multidrug-resistant bacteria and other pathogens transmitted from patient to patient on the hands of healthcare personnel can easily colonize and infect immunocompromised patients. The goal of infection prevention and control is to avoid acquisition and transmission of healthcare-associated infections, which are a major cause of morbidity and mortality in hospitalized patients. Because infections with resistant organisms may be difficult to treat and may become untreatable, prevention is of the utmost importance. Clinical Center specific guidelines for infection control are available for review on-line from Clinical Center computers at: [http://intranet.cc.nih.gov/hospitalepidemiology/infectionFactSheet.shtml](http://intranet.cc.nih.gov/hospitalepidemiology/infectionFactSheet.shtml).

**Needlestick Injuries**

Injuries that involve an exposure to human or nonhuman primate body fluids are treated as medical emergencies. First aid should be initiated immediately on-site: Contaminated skin should be scrubbed with soap and water for 15 minutes; Contaminated eyes or mucous membranes should be irrigated with water or normal saline for 15 minutes. The injury should be reported to NIH Occupational Medical Services (OMS) after first aid is administered. OMS is located in the NIH Clinical Center, Room 6C306 at 301-496-4411. An OMS clinician is on-call to respond to occupational exposures to HIV and other potentially life-threatening biohazards that occur during hours that the clinic is closed. The on-call OMS healthcare provider can be contacted by calling the NIH Page Operator on 301-496-1211.

OMS provides limited medical care for other medical emergencies that occur on the NIH campus. Residents in need of emergency medical care for other indications should dial 111 in the Clinical Center, or 911 elsewhere on the NIH campus.
XVI. SIBLEY MEMORIAL HOSPITAL

Documentation Required Prior to Start of Rotation:
Each new resident must provide the following:

- completed Resident Registration Form, including
  - email address
  - cell phone #
  - NPI
- signed and dated Confidentiality Agreement
- completed Sibley signature cards (for pharmacy)

These items must be returned at least 4 weeks prior to the Resident’s start date to ensure that computer system access is set up. Upon completion they should be faxed to JaWanda Barnett in Medical Staff Services at 202.537.4965 or emailed to jbarne40@jhmi.edu.

It is understood that the Resident’s institution will have on file copies of the Resident’s Health Status Form and current Certificate of Insurance. These items should be available to Sibley Memorial Hospital upon request.

Each new resident must report to the Medical Staff Services Department no later than the first day of the rotation, prior to reporting to the OR. A copy of your GWUH ID will be made and you will be escorted to the Safety & Security office to obtain a Sibley ID and parking permit. Safety and Security requires the following information prior to issuing a parking permit: the make and model of your vehicle and the license plate number.

Medical Staff Services is located on the 1st floor of the Hospital, down the hallway directly opposite of the elevators in the main lobby. Office hours are 7:00am-4:30pm, Monday-Friday. Parking is available in the public garage and will be free of charge by showing your Sibley ID during your initial visit.

ORIENTATION:
New Residents are required to complete the orientation within 7-days of their start date. The orientation is a PowerPoint presentation and can be found on the Sibley website, http://www.sibley.org/physicians/orientation.aspx. When you have completed the presentation, exit the slide show. On the orientation home page, immediately under the slide show, is a link to register that you have completed the orientation. Please enter the requested information. Non-compliance with this policy shall be reported to the parent program.

CALL
The most senior resident is responsible for making a call schedule and providing it to the Medical Staff Office and the OR Desk. A call phone has been provided so that the resident on call can be reliably reached. The resident on call is expected to be available 24/7 except as noted
in the “Thursday Policy” section below. It is the responsibility of the residents to make sure they can be located when they are on call. Call is taken from home. You are only allowed to be in the hospital an average of 80 hours per week. If you are working more than 80 hours per week, please notify the chief of the orthopedic service.

OPERATING ROOM
Residents are expected to cover assigned cases in the OR. While all residents should be available until 5:00 PM Monday through Friday, the on call resident is expected to cover cases after 5:00 PM and on weekends. There may be times when there are not enough residents to cover all the cases. In those situations, Physician Assistants will cover those cases. When the attending staff books cases, they are advised if a resident is unavailable for a case. If there is a case which you would like to cover that is designated “no resident”, you may scrub on that case if the attending on the case you are assigned to is willing to do his/her case with a PA. The hospital pays your salaries and counts on you to be available as an assistant. You should make every effort to assign cases the day before so that you have an opportunity to read about the cases you have in advance. If you have questions about the case, please feel free to contact the attending. You will learn and do more if you are prepared.

EMERGENCY ROOM
The policy regarding the ER indicates that the ER staff must contact the attending before contacting the residents. The orthopedic attending may elect to handle the problem over the phone, come in, or ask that the resident be contacted to see the patient. In the rare case of a true orthopedic emergency, the ER staff may contact you while waiting to hear back from the orthopedic attending. You are expected to see the patient in a timely fashion. If you are in the OR, you should tell the ER when you will be available to see the patient. If you are scrubbed on a case, and one of the other residents is available, you should ask the OR nurse to call the front desk for the resident who is not operating. Resident coverage of the ER and floor calls should be a team effort.

FLOOR CALLS
There is now an official policy regarding the handling of emergency and non-emergency calls from the floor. Both emergent and non-emergent problems are your responsibility until you personally triage or handle them yourself. You should stop by the floor before leaving the hospital every day.

VACATION
Senior residents are entitled to 10 working days of vacation during their 6-month rotation at Sibley. Only one resident may be out at a time unless there are extenuating circumstances. It is the senior resident’s responsibility to notify Surgical Posting, the Program Director for Sibley, Patrick Murray (OR scheduling coordinator), and Heidi Kestner, (Director for Surgical PA) well in advance of these vacation days. Vacation days include interviews, courses, sick days, personal days, vacation, weddings, honeymoons, and any reason you are unavailable for work. Junior residents may not take vacation at Sibley. This policy was developed by the residents and approved by hospital administration and attending staff.
THURSDAY POLICY
Patient rounds are to be made Thursday morning prior to conferences. Teaching conferences are held Thursday mornings from 7:15 to 8:15 AM with the attending staff. A schedule will be provided. It is the senior resident’s responsibility to remind the lead attending for each group of lectures several weeks in advance of those lectures. You should arrive for the conference on time. Following the teaching conference, report to the attending’s office with whom you have been assigned to see patients. You are to see patients in the office until your normal Thursday lecture schedule begins. Following grand rounds, the on call resident is responsible for returning to Sibley to assist on any remaining orthopedic cases. You are expected to return to Sibley no later than 7:30 PM if needed. Between the hours of 8:30 AM at 7:00 PM on Thursdays, the attending staff is responsible for the ER and floor calls. Should conferences be cancelled or not held on a specific day, then residents should report back to Sibley.

PATIENT CARE
1) You are expected to round on every patient on the orthopedic service daily, including patients in the ICU, step down, etc. Occasionally a patient on the medical services has significant orthopedic issues, including patients who are scheduled for or have had an orthopedic procedure. Residents are expected to follow these patients for their orthopedic condition. The medical attending will manage the medical problems, however it is the Resident’s responsibility for setting up a system so that these patients don’t slip through the cracks. Generally, your patient care responsibilities at Sibley are similar to GW. However, there are a few exceptions:

1) Medical consultants role – There are often medical consultants seeing our patients. They will write orders and manage the patient’s medical problems. They may ask another consultant to see the patient. If there are questions about a medical problem, the nurses may call the internist directly, bypassing you. Examples might be diabetic management, hypertension, chest pain, etc. If a medical problem arises, and the patient has a medical consultant involved, it is appropriate to contact him/her for input. You are still responsible for seeing the patient yourself as appropriate. 2) Need for consultants – If you feel an orthopedic patient needs to be evaluated by a consultant, please contact the attending who will determine who should see the patient. The attending usually calls the consultant directly. 3) Discharge – The attending will determine when the patient should be discharged and generally write or call the order in directly. The attending is responsible for writing the discharge medication prescriptions and dictating the discharge summary. There may be an occasion when you are asked to write prescriptions for a hospitalized patient.

Consults
Routine consults are generally seen by the attending staff, and include back pain, knee pain, etc. for a patient on the medical service. A patient admitted with a hip fracture to a medical service is not a “consult.” These latter patients should be followed by the residents. On rare occasions an attending may ask the resident to see a consult in an emergency such as a septic joint, open fracture, an acute fracture in a hospitalized patient or a suspected compartment syndrome. This is not a complete list, but gives you a framework for what is appropriate. If you feel this policy
is not being managed appropriately, please advise the chief of orthopedic service. Finally, you are expected to see any patient in the ER you are asked to see.

CONFERENCES
Wednesday morning grand rounds are 7:00 AM to 8:00 AM. Residents are expected to present cases to the attending staff for discussion. The resident will ask an attending to review and discuss the case. Each week one of the residents should choose a case and review pertinent literature/articles. Three cases will be discussed each week. Attending Teaching Conferences are discussed elsewhere.

Electronic Medical Record (Epic)

Sibley’s EMR is Epic. ALL RESIDENTS MUST COMPLETE EPIC TRAINING PRIOR TO THE BEGINNING OF A ROTATION AND PRIOR TO ANY PATIENT CARE.
1. Residents must complete the Resident Registration packet and forward to his/her Program Coordinator.
2. Once Sibley receives the Registration packet, the resident will be emailed his/her JHED ID.
3. The Resident must use the JHED ID to register for Surgeon 100 & Surgeon 200 classes (call Mr. Champaneria @ 202.661.6989 or email tchampa1@jhmi.edu).
4. The Resident must also set up his/her myLearning profile on the myJH.edu website and complete the on-line tutorials prior to the classes.
5. Upon completion of the Surgeon 100 & 200 classes, the Resident must take the assessment test.
6. With successful completion, the Medical Staff Office will activate your access.

Note: Residents who have completed Epic training within the past 24 months at a non-Johns Hopkins facility may “test out”. For eligibility, complete steps 1-4 of the Registration process, submit a certificate of Epic training and take the “test out” modules. With successful completion, the Medical Staff Office will activate your access.

The MSO will activate your Epic access within 48 hours of completing the training. The Medical Staff Office would appreciate a notification that Epic training has been completed.

CONTACT PATHWAY FOR INPATIENTS
Non-Emergent –

- Call placed to the House Officer. Wait 5 minutes. If no response:
- Page again, If no response:
- Call OR / ER, If no response:
- Call Attending
Emergent –
- Nurse calls House Officer who responds but cannot come to see patient
- House Officer advises nurse what to do and calls Surgical House Officer, or (if scrubbed for surgery) Nurse will advise Surgical House Officer.
- No response, page again and wait 5 mins
- No response, page Surgical House Officer and wait 5 minutes.
- If no response, or if obvious medical emergency call Medical House Officer.

Alternative –
- Attending is notified by nurse
- If no response within reasonable period of time, call Patient Care Coordinator
- If dire emergency occurs, or House Officer unreachable, call Surgical House Officer first. If no response, call Medical House Officer.

Needlesticks At Sibley:
Should a needle stick occur, please go to Employee Health located on the 3rd floor of the Hospital. All exposures to blood and body fluids must be reported at once to your immediate supervisor for follow-up. It is extremely important to seek evaluation and treatment within 2 hours of exposure. Residents can be evaluated by Emergency Department when Employee Health is closed. In addition, residents must report the needlestick injury to GW's Office of Employee Health as soon as possible.
XVII. VETERANS AFFAIRS MEDICAL CENTER-MARTINSBURG, WEST VIRGINIA

The Martinsburg VA Medical Center offers a comprehensive range of services to area veterans, including internal medicine, surgery, ophthalmology, psychiatry, rehabilitation medicine, ambulatory surgery, prosthetics and sensory aids, dental, podiatry, and audiology and speech pathology. Each patient is assigned to a Primary Care Team of healthcare providers who follow the care given a patient while being treated at the hospital. The Medical Center’s Domiciliary Care Program has numerous treatment areas, including a Homeless Program, a traumatic brain injury community re-entry program, substance abuse treatment programs, a PTSD Residential Recovery Program, and long-term health maintenance.

Residents are required to report to the Affiliations Coordinator’s in the Education Department (Building 207B Classroom) at 8:00 a.m. on the first day of the rotation for orientation. Please visit http://www.martinsburg.va.gov/Affiliations/home.asp for information regarding orientation, required paperwork, fingerprints and training at least six weeks prior to the first day of the rotation. Submit the completed documents to the Affiliation Coordinator 4 weeks before your rotation begins. Contact Debbie Morgan debra.morgan2@va.gov or 304-263-0811 ext. 3620 if you have any questions.

Photo identification is required to be worn at all times and be with you. Vehicles parked on station must be registered. After orientation you will have the opportunity to get a parking permit. Go to the information desk located on the first floor of Building 500 in the main lobby.

Residents may park in front of the main hospital building (Building 500) on their first day. After the vehicle is registered, on the second day and for the duration of their rotation, vehicles may be parked in Parking Lot O by the chapel. There is a shuttle that will take you to the main building if needed.

A retail store is located on the first floor of the main building and offers snacks, drinks, cards, toiletries, dry cleaning. Starbucks is located on the first floor which includes coffee and other hot/cold specialty drinks and a few food items. The cafeteria is also on the first floor and offers sandwiches, subs, wraps, salads, hot meals and grills items.

Residents who reside in quarters are approximately 5 miles from downtown Martinsburg, which offers a variety of shopping, from the mall http://www.shopmartinsburgmall.com to a number of quaint shops downtown offering antiques, collectibles and hand-crafted items. The area features a variety of entertainment and recreation, including Regal Cinema. There are several well-stocked grocery stores near the mall, as well as various restaurants, such as Outback, Bob Evans, Cracker Barrel, Buffalo Wild Wings, Ruby Tuesday, Ryan’s and a variety of fast food establishments.

Residents may contact Dr. George Smith at 304-263-0811, extension 2130; administrative staff for ophthalmology service extension 4162 or Debbie Morgan, Affiliation Coordinator at 304-263-0811, extension 3620 or by email at debra.morgan2@va.gov.
XVIII. VETERANS AFFAIRS MEDICAL CENTER – WASHINGTON, DC

The Veterans Affairs Medical Center of Washington, DC, is located at 50 Irving Street, NW. This tertiary care teaching facility provides acute general and specialized services in medicine, surgery, neurology and psychiatry, and offers nursing home care. There are 197 acute and 120 nursing home beds.

The medical center's staff of 1,700 provides care to veterans residing in the District of Columbia and portions of Virginia and Maryland. The medical center treats over 30,000 veterans and has 322,000 outpatient visits each year. The Washington DC VAMC has four medical school affiliations: The George Washington University School of Medicine and Health Sciences, Georgetown University School of Medicine, Uniform Services School of the Health Sciences and Howard University College of Medicine. It is also affiliated with other colleges and universities in such areas as pharmacy, rehabilitation medicine, biomedical engineering, dietetics, social work, nursing, and health care administration.

On Your First Day: Residents rotating to the VAMC DC should check in at 8:00 a.m. on the first day of the rotation to the Medical Service, 4th floor, Room 4A155. Surgical residents should report to Surgical Service, 2nd floor, Room 2A148.

- Security & VAMC PIV: Residents are required to wear a clearly visible VAMC PIV card at all times. All residents/trainees are subject to suitability background investigation in accordance with VA Directive 0710, Personnel Suitability and Security Program dated August 19, 2005. In compliance with HSPD-12, all applicants will be required to complete (VA Form 0711) for Personal Identity Verification (PIV) Card to access VA Washington DC facility.

- Parking: Residents should park in visitor parking Lot #2 on the first day only! HR-Security Service will issue parking passes and stickers for use in designated lots thereafter. When requesting parking card the residents should present car registration and valid driver’s license.

- Checking – Out: Return Government issued ID card and Parking card and decal during your checkout processed. You must also check your Computerized Patient Record System for incomplete or undictated notes.

Computerized Patient Medical Records System (CPRS): CPRS is the most advanced electronic medical record system in the nation. It was developed to provide a single interface for health care providers to review and update a patient’s medical record. Included within CPRS is the ability to place orders for various items including medications, special procedures, x-rays, patient care nursing orders, diets, and laboratory tests. CPRS supports VHA’s Patient Safety Program in many ways.
The hospital’s computerized imaging system allows clinical images such as CT/MRI, endoscopy, EKGs, and microscopy slides to be digitized and viewed from individual workstations throughout the center.

**Real Time Order Checking System:** This alerts clinicians during the ordering session that a possible problem could exist if the order is processed. A message is displayed interactively in the ordering sessions and clinicians are prompted to enter an override reason should they desire to continue processing the orders despite the order check.

Computer training and computer access codes are required to access patient records and to use the hospital's information resources. Computer access codes must never be divulged to anyone other than the assigned user. Based on federal regulations, violators of this policy may be barred from use of the facility.

**Library Resources:** The library maintains book, journal and videocassette collections. There are more than 300 titles in the journal collection, covering a broad range of medical subject areas. Numerous high-quality reference resources, including Up-to-Date, MD Consult, and the New England Journal of Medicine, are directly accessible on all clinical workstations.

**Occupational Injuries:** In the event of a needle stick or other injury at the VAMC, the resident should report immediately to Occupational Health (Room 1C118; 745-8254). If Occupational Health is not open, residents should report to the Emergency Room. The incident must also be reported to GW’s Office of Employee Health Services as soon as possible.

Further information is available from the medical center website: [www.washington.med.va.gov](http://www.washington.med.va.gov) or contact the residency program office @ 202-745-8471.
XIX. WASHINGTON HOSPITAL CENTER

Washington Hospital Center (WHC) is located at 110 Irving Street, NW, Washington, DC. The WHC Office of Graduate Medical Education is open from 8:00am-5:00pm, Monday – Friday.

Residents rotating to WHC should report to the Office of Graduate Medical Education on the 6th Floor of the Main Hospital, Room 6A-126, at 8:00 a.m. on the first day of the rotation.

Residents will be asked to complete a Registration Form, which requires the following information:

- personal demographics
- medical school
- graduation date
- all previous training
- ECFMG certification (if applicable- need to provide copy of the actual certificate)
- Copy of CV

In addition, prior to the rotation residents must submit: a letter of good standing from the program director, recent physical and immunizations (Hep B, PPD or chest xray, MMR and flu during flu season)

During this registration process, residents will receive information concerning:

- information systems access
- parking
- ID badging
- meal stipend
- call room access
- lockers
- scrub suits
- the check out process

WHC Office of Graduate Medical Education staff members include:

- Jennifer Remington, Director, Medical Education
- Meghan Shaver, Assistant Director, Medical Education
- Kayonia Betts, Administrative Assistant

The main number for the WHC Office of Graduate Medical Education is 202-877-7227.
**Needlestick Injuries**

In the event of a needlestick, the resident should report to WHC Occupational Health during regular working hours or the WHC Emergency Department after hours. Residents who receive a needle stick after hours and are seen in the WHC Emergency Department **MUST** report to WHC Occupational Health on the next business day. Residents must also report the incident to GW’s Office of Employee Health Services as soon as possible.