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](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 and VISION

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

The George Washington University School of Medicine and Health Sciences is dedicated to improving the health of our local, national, and global communities by:

- **Educating** a diverse workforce of tomorrow’s leaders in medicine, science, and health sciences.
- **Healing** through innovative and compassionate care.
- **Advancing** biomedical, translational and health services delivery research with an emphasis on multidisciplinary collaboration.
- **Promoting** a culture of excellence through inclusion, service, and advocacy.

As a globally recognized academic medical center, GW embraces the challenge of eliminating health disparities and transforming health care to enrich and improve the lives of those we serve.
ACGME COMPETENCIES

As the ACGME began to move toward continuous accreditation, specialty groups developed outcomes-based milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

A milestone is a significant point in development. For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the health and health care needs of the public.

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

In compliance with ACGME requirements, each program has a Clinical Competency Committee (CCC) appointed by the Program Director. The CCC is composed of at least three members of the program faculty. The CCC reviews all resident evaluations semi-annually, prepares and ensures the reporting of Milestones evaluations of each resident semi-annually to ACGME, and advises the program director regarding resident progress, including promotion, remediation, and dismissal.

The faculty must evaluate resident performance in a timely manner during each rotation and document this evaluation at the completion of the assignment. The program must provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones. 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. Evaluations of resident performance must be accessible for review by the resident, in accordance with institutional policy.

Program directors must provide a written summative evaluation for each resident upon completion of the program. The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. The summative evaluation 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 Director must appoint the Program Evaluation Committee (PEC), composed of at least two program faculty members and at least one resident. The PEC participates in planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and reviewing the program annually using evaluations of faculty, residents, and others. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. 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’ and faculty members’ assessments of the program together with other program evaluation results to improve the program. The PEC must prepare a written action plan to document initiatives to improve performance and delineate how this will be measured and monitored.

ACGME Common Program Requirements, effective July 1, 2016

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 by the deadline determined by the GME Office.

• **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 by the deadline determined by the GME Office.

• **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 health clearance, post offer in compliance with the GMEC Resident Policy on Medical Clearance. 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:
  o Develop a personal program of self-study and professional growth with the guidance of teaching staff.
  o Participate in and provide safe, effective and compassionate patient care under supervision commensurate with their level of advancement and responsibility.
  o Participate fully in the educational activities of the Program and, as required, assume responsibility for teaching and supervising of other residents and students.
  o 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.
  o 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.
  o 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.
  o 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.
  o 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.
  o 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.
  o 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 School of Medicine and Health Sciences, Ross Hall, 2300 I Street, NW, Suite 718, 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.

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### III. PROGRAM LEADERSHIP

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<td>Jocelyn Rapelyea, MD</td>
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<td>Afsoon Roberts, MD</td>
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<td>Jalil Ahari, MD</td>
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<td>Christopher Leon-Guero, MD</td>
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<td>M. Reza Taheri, MD</td>
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<td>Antoinette Taylor-Dill</td>
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<td>Neurological Surgery</td>
<td>Anthony Caputy, MD</td>
<td>Walter Jean, MD</td>
<td>Susan Stoddard</td>
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<td>Kathryn Marko, MD</td>
<td>Lauren Nelson, MD</td>
<td>John Shafer</td>
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<td>Patricia Johnson</td>
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<td>Raj Rao, MD</td>
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<td>Ivan Rivas</td>
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<td>Philip Zapanta, MD</td>
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<td>Hospice &amp; Palliative Medicine</td>
<td>Karen Blackstone, MD</td>
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<td>Pathology – Pediatrics</td>
<td>Alison R. Huppmann, MD</td>
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<td>Mysha Braddock</td>
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<td>Primary Care</td>
<td>April Barbour, MD</td>
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<td>Psychosomatic Medicine</td>
<td>Catherine Crone, MD</td>
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<td>Pamela Crawford</td>
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<td>Robert Pakan</td>
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<td>Sana Tabbara, MD</td>
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<td>Vascular Interventional Radiology</td>
<td>Albert Chun, MD</td>
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<td>Elizabeth Diaz</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.

PAGERS/TIGER TEXT
Pagers are provided by some departments for use by their residents. Pager 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.

Tiger Text
For residents with Apple or Android phones, GW provides Tiger Text (TT), a mobile application for secure, efficient communication of protected health information (PHI). Non-secure texting of PHI or taking photos or videos that include PHI is against the law as well as GW MFA and GWUH policy. Please follow these directions on the FAQ to sign-up. Providers that do not have an Apple or Android phone may still use TT, with limited functionality, through their web browser at https://home.tigertext.com. Contact GWUH IT Help Desk at 202-715-4955 (option 2) for enrollment assistance.

Find a bug? TT a message to Tiger Text Admin or call the GWUH IT Desk at 202-715-4955 (option 2). Keeping the app up-to-date resolves most problems. Instructions on how to keep your app up-to-date may be found by clicking here for Android and here for iPhone.

BIOMEDICAL COMMUNICATIONS
The SMHS Biomedical Communications Department, a division of SMHS Communications and Marketing (SMHS CM), 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 hope you’ll take
advantage of our in-house large format poster printing service. You can email us your poster and then all you have to do is come to Ross Hall to pick it up when it is finished.

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 oversees the quality of GME trainees' training and working environment within the institution and the participating sites as required by ACGME Institutional, Common, and specialty-specific Program Requirement. The GMEC, under the leadership of Dr. Jeffrey Berger, 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 meets monthly and the voting members of the GMEC include a representative sample of program directors from the SMHS sponsored ACGME programs, two peer selected GME trainees, the Director of Graduate Medical Education and the DIO. Voting members of The George Washington University Hospital (GWUH) include the Chief Executive Officer, Chief Medical Officer, Quality Improvement Director, and the Risk Management Director.

Subcommittees:

• Clinical Learning Environment for Residents (CLER)
• Program Accreditation, Review and Reporting (PARR)
• Program Director Development (PD)
• Educational Event Coordination (EEC)
• Program Allocation Committee (PAC)
• Resident Peer Review & Quality Improvement Committee (RPPQIC)
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 Larissa Kinnerneils in the GWUH Medical Staff Office at 715-4479 or larissa.kinnerneils@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 and on MedHub.

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 MedHub website. To access the MedHub website go to: https://gwu.medhub.com/index.mh 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 ANONYMOUS REPORTING
Any Duty Hour concerns can be reported anonymously in the MedHub Suggestion Box regarding resident duty hour violations. The website is: https://gwu.medhub.com
DRUG ENFORCEMENT ADMINISTRATION NUMBER (DEA)

Temporary, restricted DEA registration is available to residents through the Office of Graduate Medical Education, George Washington University School of Medicine and Health Sciences, 2300 I Street, Suite 718. 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 according to the expiration date of the license and the number of training years the resident has remaining in the program when the license and receipt are presented. 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 4:00 p.m. Monday through Friday. To reach Employee Health by phone, call 202-715-4275.

MEDHUB SYSTEM

The George Washington University School of Medicine contracts with MedHub – an online system that 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 MedHub system via email. Residents who need assistance in accessing and/or using functions within MedHub 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. Remember when checking your message center must change the date to 02/02/2012 in order to see all of your incomplete records. 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 GW University using the Skillport system, 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 are Monday through Friday, 8:30 a.m. to 5:00 p.m.; and Saturday, 10:00 a.m. to 2:00 p.m. If your GWorld Card is lost or stolen, there is a replacement cost of $35. 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 or by email gworld@gwu.edu.

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
Ask Us: http://himmelfarb.gwu.edu/ask/
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, open study tables, small group study rooms, comfortable seating, and collaborative work spaces. Additional information and library resources, such as Clinical Information and Wireless access, is provided by accessing this link: http://libguides.gwumc.edu/gme

CLASS (CLINICAL LEARNING AND SIMULATION SKILLS) CENTER
The new Clinical Learning and Simulation Skills (CLASS) Center, which opened its doors on March 1, 2014, provides an innovative educational environment for students, residents and faculty. Located on the 4th floor of Ross Hall, the new CLASS Center is comprised of over 17,000 sq. ft. including 14 exam rooms, 2 Operating Rooms, a Labor and Delivery Suite, Procedural Skills Lab, and 3 conference rooms which enable the creation of highly realistic scenarios for real-time training, hands-on practice of essential skills, procedures, and critical care. Here, students supplement their classroom learning with comprehensive clinical exposure, feedback, and evaluation that prepare them to become both technically adept and compassionate caregivers. For more information or to reserve the CLASS Center Facilities go to http://smhs.gwu.edu/class/.

CLASSROOM SERVICES: ROOM AND EQUIPMENT RESERVATIONS
All room and equipment scheduling for the School of Medicine and Health Sciences is centralized in the Department of Classroom Services, located on the 1st floor of the Himmelfarb Library Room 107. Locations served include Ross Hall and Himmelfarb Library. Further information can be found on the Classroom Services website http://smhs.gwu.edu/resourcemanagement/classroom-services, call (202) 994-2856 or e-mail smhsclassrooms@email.gwu.edu.

MEDICAL CLEARANCE POLICY FOR RESIDENTS
Purpose:
To ensure compliance with District of Columbia Law and the Rules and Regulations of The George Washington University Hospital regarding health clearance policies for employees involved in direct patient care.

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Statement:
District of Columbia law states that each individual who is involved in direct patient care must have an occupational health clearance prior to the starting date of clinical care. The health clearance requires that the resident complete a medical history questionnaire and provide their TB and immunization records prior to coming to GWU for residency. Once all documents are received, a health assessment will be performed at the GWUH Employee Health office prior to or during the orientation period. This assessment includes a review of medical history, vital signs, color blind testing and TB and immunization update if necessary. A full physical exam is not required for clearance. **Incoming 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 their health clearance annually and must complete the requisite clearance at the GWUH Employee Health Office by **August 31st** 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.

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 their health clearance is completed within the requisite timeframe.

**Requirements:**
**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 within the past twelve months, s/he will need to undergo an additional PPD test during orientation. If the resident 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. An IGRA (QFT or T-Spot) done within 3 months of start date is also acceptable.

- PPD # 1: Must be within one year of the residency start date
- PPD # 2: Must be within three (3) months of the residency start date

**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. 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 test will be substituted.
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 contra indicated. If a resident is exposed to the virus and has not received the vaccine, he/she will be excluded from duty from the 10th day of exposure to the 21st day and this time off will be charged against sick/annual leave.

Pertussis (Tdap): Proof of immunization with Tdap vaccine. Tdap vaccine is recommended for health-care personnel in hospitals or ambulatory care settings who have direct patient contact. Tdap should be given without regard to the interval since the previous dose of Td.

Influenza: To prevent the spread of influenza to patients, families and hospital staff the flu vaccine is mandatory for all residents annually by the designated date. An exemption form will be required for those who do not receive the vaccination for medical or religious reasons along with the appropriate documentation attached. Employees with exemptions will be required to wear a surgical mask when providing care to patients during the flu season.

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
Residents may be exposed to infectious agents in the course of their patient care and medical education through contact, inhalation, or percutaneous routes. All exposures to blood borne pathogens must be reported immediately. Reporting your exposure or incident immediately allows the SMHS to implement preventive measures based on the exposure or injury.

In the event of an exposure to blood borne pathogens, post-exposure evaluation and treatment will be provided at no cost to the resident. The GW Hospital Employee Health Service will provide evaluation, prescribe post-exposure prophylaxis if needed, and follow-up care.

A needlestick, mucosal splash, sharps cut, or any job related illness or injury qualifies as a Workers’ Compensation case. In order for the cost of treatment to be covered by SMHS, a Workers’ Compensation incident report must be submitted immediately via “Webform” to the Office of Risk Management and Insurance. Residents must follow the procedures outlined below for reporting the exposure or incident.

University Risk Management is required to report all occupational injuries to the D.C. Office of Workers’ Compensation no later than 10 days after the incident or exposure. If this report is not filed, the University is subject to a civil penalty not to exceed $1,000.00 by the DC Office of Workers’ Compensation. If a Resident fails to submit a report, the bill for treatment will be the responsibility of the Resident. If you need assistance in completing the online report, please contact the GME Office.

Please note that if you receive initial care at another site, you still must report the incident to University Risk Management using the online “Webform” and to the GW Hospital Employee Health Services the next business day.
Procedures to follow if you have a needlestick or blood/body fluid exposure:

1. In the event of blood/body fluid exposure occurs, stop all activity and perform immediate first aid:
   • Percutaneous or cutaneous: Wash with soap and water.
   • Mucous membrane: Flush with water for 3-5 minutes.

2. Notify the supervisor or charge nurse and send the source patient’s blood to the lab for testing. In order to prevent the patients from being billed do NOT order labs in Cerner. Rapid HIV will be automatically done by the Lab. Employee Health or the Emergency Department will order all other tests.

3. Report to GWU Hospital Employee Health, Suite G1029 in the GWU Hospital during normal business hours for evaluation and completion of incident forms.
   • An incident report must be filed **immediately**, using the online report form, which can be found at this site: [http://risk.gwu.edu/incident-reporting](http://risk.gwu.edu/incident-reporting)
   • Click on the “webform” link and complete the form.
   • 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.

4. If the exposure occurs when Employee Health is closed:
   • Report to the Emergency Department. Labs will be drawn for HIV, HBsAb & Hep C. If starting PEP therapy, they will also draw a CBC & CMP.
   • **Complete the online incident report immediately:** [http://risk.gwu.edu/incident-reporting](http://risk.gwu.edu/incident-reporting)
   • Report to GWU Employee Health no later than the next business day for evaluation and follow up. Bring all Emergency Department documents and source patient information.

5. If the exposure occurs when you are on rotation at another hospital:
   • Follow the guidelines for the hospital and report to their Employee Health Office or the Emergency Department as appropriate.
   • **Complete the online incident report immediately:** [http://risk.gwu.edu/incident-reporting](http://risk.gwu.edu/incident-reporting)
   • Report to GWU Employee Health no later than the next business day for evaluation and follow up. Bring all lab results and source patient documentation.
   • If you receive a bill for services, submit the bill to the GME Office.

Note: If the online form will not open in Internet Explorer, please use Firefox as your browser. The system allows residents to seamlessly report incidents and receive immediate electronic confirmation of receipt by the Risk Team. Please make note of your confirmation number.
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 202-715-4447. After hours, media inquiries should be directed to the page operator, 202-715-4141, 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 communications@mfa.gwu.edu.

All other media inquiries you receive should be referred to the SMHS Communications and Marketing at 202-994-3121 or 202-270-4841.

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 MedHub 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 the deadline determined by the GME Office, 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 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/W-2 STATEMENTS
Residents are paid on a biweekly basis with 26 pay periods per year. Residents are encouraged to sign up for direct deposit. If a resident does not sign up for direct deposit, payroll will mail their paycheck to the W-4 address on file.

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/.

W-2 statements are available online through GWeb information system at https://my.gwu.edu/. The resident must sign the electronic W-2 consent in order to receive the electronic copy of the W-2.

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 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.
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 up to age 26 and household members are eligible for these services at no cost and is provided through Aetna Resources for Living. 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 offers up to 5 counseling sessions per issue per year to help 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, Legal and Identity Theft Resources:** You and members of your household have access to legal, financial and identity theft professionals who can help resolve issues and concerns that may arise in your life.

Take advantage of these programs and much more by calling toll-free 866-522-8509 or visiting go.gwu.edu/well.

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/.

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, 2121 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 www.cclc.com/gwu.

GW’S CHILDCARE BENEFIT
GW offers a 20% discounted tuition rate and preferred access for GW families at Bright Horizons center on L Street. GW also offers Residents 10% tuition savings at KinderCare® Learning Centers, Knowledge Beginnings and Champions® before- and after-school programs. To learn more visit https://hr.gwu.edu/child-care or call 202-296-1159

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. During your unpaid research assignment, you may choose to either continue or cancel your eligible benefits. If you wish to continue your benefits, you will be responsible to remit payment for benefits premiums directly to the university to maintain benefits coverage. Please contact Benefits Administration at benefits@gwu.edu or (571) 553-8382 for further information.

E. BENEFITS AVAILABLE TO RESIDENTS PAID BY GW

A detailed description of benefits can be found at the following website: https://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 service member 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 12-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. Residents who need to apply for FMLA leave should contact the Benefits Administration department.

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. If the resident is also approved for Resident Disability while on parental leave, the disability pay will take priority over the paid parental leave pay and be paid first. Pay will not exceed 100% of the employee’s normal salary. Residents who would like to apply for Paid Parental leave should contact the Benefits Administration department. The updated policy is available at: https://hr.gwu.edu/gw-paid-parental-leave

LEAVE OF ABSENCE
At the discretion of the department chair with the approval of the Assistant Dean for GME, 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, the child of a domestic partner, parent, stepparent, grandparent, grandchild, sister, brother, step-siblings, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law or sister-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 and Benefits Administration 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)*

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 proceeding 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, AD&D and disability benefits can be continued for up to 24 months during a research assignment. Group life, AD&D 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. DUE PROCESS

ACGME requires sponsoring institutions to establish policies that provide residents and fellows with due process when disciplinary actions may result in suspension, non-renewal, non-promotion or dismissal of a resident or fellow. The Due Process policies include:

- Academic Improvement
- Academic Matters
- Resident Misconduct
- Misconduct Matters

The Due Process policies are found on the GME Website:
http://smhs.gwu.edu/academics/gme/about/policies

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

X. GEORGE WASHINGTON UNIVERSITY POLICIES ON DISABILITIES, EQUAL EMPLOYMENT OPPORTUNITY, RELIGIOUS ACCOMMODATION, AND SEXUAL HARASSMENT

A link to these policies is provided in the GME Website:
http://smhs.gwu.edu/academics/graduate-medical-education/about-gme/gme-policies

A complete listing of The George Washington University Code of Conduct policies, including those related to Ethical Standards and Safety and Security, may be found on the University Office of Compliance and Privacy website: https://compliance.gwu.edu/code-conduct-policies
XI. THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

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

Vision
Together we will pursue our passion for healing, discovering medical breakthroughs and improving lives. While developing tomorrow’s leaders, we will earn our community’s trust and recognition as the first choice for complex medical care.

About the Hospital
Located in the nation’s capital, the George Washington 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, George Washington University Hospital provides physicians and patients with the latest in technological innovations for diagnosis and treatment of the most acute clinical conditions. The George Washington 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 385-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.

As a multidisciplinary, tertiary-care hospital, GWU Hospital offers many diverse services all in one location. Physicians are known for their clinical expertise in:

- Breast Care Services
- Cardiac Surgery
- Cardiovascular Diseases
- Emergency Medicine
- Kidney Transplant
- Minimally Invasive Surgery
- Neurology and Neurosurgery
- Obstetrics & Gynecology
- Oncology
- Orthopedic Surgery
- Robotic Surgery
- Vascular Surgery

**Important Phone Numbers**

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<tr>
<td>Main Hospital</td>
<td>202-715-4000</td>
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<tr>
<td>Administration</td>
<td>202-715-4006</td>
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<tr>
<td>Emergency Department</td>
<td>202-715-4911</td>
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<tr>
<td>Employee Health</td>
<td>202-715-4275</td>
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<tr>
<td>Environmental Services</td>
<td>202-715-6036</td>
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<tr>
<td>Facilities/Engineering</td>
<td>202-715-4332</td>
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<tr>
<td>IT Helpdesk</td>
<td>202-715-4955</td>
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<tr>
<td>Medical Records (HIM)</td>
<td>202-715-4366</td>
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<tr>
<td>Laboratory</td>
<td>202-715-4439</td>
</tr>
<tr>
<td>Radiology Facilitator</td>
<td>202-715-4324</td>
</tr>
<tr>
<td>Risk Management</td>
<td>202-715-4859</td>
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**Needlestick or Body Fluid Exposures**

Residents who experience a needlestick or other body fluid exposure should immediately wash the affected area and administer any necessary first aid. During daytime hours (Monday-Friday 8a-5p) residents should report to GW Hospital Employee Health (located on main level of hospital) for post-exposure evaluation and treatment. All other times (Monday-Friday after 5p, all day Saturday & Sunday) report to the Emergency Department for evaluation and treatment. The House Operations Supervisor (HOS) must be notified 715-6103. Follow up will be conducted by Employee Health.

1. **Residents are required to file an online incident report with The George Washington University Office of Risk Management immediately.** The incident report form can be found at: [https://risk.gwu.edu/incident-reporting](https://risk.gwu.edu/incident-reporting)

2. **Additional information can be found on the Medhub home page.**
XII. CHILDREN’S NATIONAL MEDICAL CENTER

Residents rotating at Children’s National Medical Center (CNMC) will be notified to complete documentation requirements via MedHub.

**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.

1. **Residents are required to file an online incident report with The George Washington University Office of Risk Management immediately.** The incident report form can be found at: [https://risk.gwu.edu/incident-reporting](https://risk.gwu.edu/incident-reporting)

2. **Additional information can be found on the Medhub home page.**
XIII. HOLY CROSS HOSPITAL

Holy Cross Hospital (with 437 licensed 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. Pat Cavey is the contact person for obstetrics & gynecology. She may be reached at 301-754-7236. 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.

1. Residents are required to file an online incident report with The George Washington University Office of Risk Management immediately. The incident report form can be found at: https://risk.gwu.edu/incident-reporting.

2. Additional information can be found on the Medhub home page.
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. It establishes and implements the policies and procedures that affect graduate medical education programs regarding the quality of education and the working environment of residents.
<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>Director, Graduate Medical Education</td>
<td>Madeline Erario, MD</td>
<td>703-776-3081</td>
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<tr>
<td>Associate Director, Graduate Medical Education</td>
<td>Shirley Kalwaney, MD</td>
<td>703-776-5734</td>
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<td>Sr. Program Manager, Graduate Medical Education</td>
<td>Maureen J. Crawford</td>
<td>703-776-3879</td>
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<td>Contracts Manager, Graduate Medical Education</td>
<td>Crystal Hall</td>
<td>703-776-4497</td>
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<td>Reimbursement Analyst, Graduate Medical Education</td>
<td>Lori Speidell</td>
<td>703-776-3910</td>
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<td>Credentials Manager, Graduate Medical Education</td>
<td>Mariam Hashimi</td>
<td>703-776-2626</td>
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<tr>
<td>Site Director, Anesthesia</td>
<td>David Yarnall, MD</td>
<td>703-776-3138</td>
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<tr>
<td>Residency Administrator</td>
<td>Emanda Craig</td>
<td>703-776-3657</td>
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<tr>
<td>Program Director, Bariatric Fellowship</td>
<td>Amir Moazzez, MD</td>
<td>703-776-5912</td>
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<tr>
<td>Fellowship Coordinator</td>
<td>Angelique Redmond</td>
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<tr>
<td>Site Director, Emergency Medicine</td>
<td>Randall Myers, MD</td>
<td>703-776-3195</td>
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<tr>
<td>Residency Administrator</td>
<td>JoBeth Eichorn</td>
<td>703-776-6373</td>
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<td>Program Director, Family Practice</td>
<td>Samuel Jones, MD</td>
<td>703-391-2020</td>
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<td>Kristi Stocks</td>
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<td>Program Director, General Surgery</td>
<td>Jonathan Dort, MD</td>
<td>703-776-2126</td>
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<td>Residency Coordinator</td>
<td>Diann Carreker</td>
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<tr>
<td>Program Director, Internal Medicine</td>
<td>Alita Mishra, MD</td>
<td>703-776-3582</td>
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<tr>
<td>Residency Coordinator</td>
<td>Jacki Ferry</td>
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<tr>
<td>Program Director, Neurological Surgery</td>
<td>James Leiphart, MD</td>
<td>703-776-7998</td>
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<tr>
<td>Residency Coordinator</td>
<td>Michele Theiss</td>
<td>703-776-4023</td>
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<tr>
<td>Program Director, Obstetrics and Gynecology</td>
<td>Khaled Sakhel, MD</td>
<td>703-776-3396</td>
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<tr>
<td>Residency Coordinator</td>
<td>Lolyn Young</td>
<td>703-776-2745</td>
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<tr>
<td>Site Director, Orthopaedics</td>
<td>Jeff Schulman, MD</td>
<td>703-776-7816</td>
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<td>Residency Coordinator</td>
<td>Kimberly Etherith</td>
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<tr>
<td>Program Director, Pediatrics</td>
<td>Kathleen Donnelly, MD</td>
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<tr>
<td>Residency Coordinator</td>
<td>Brandi Geter</td>
<td>703-776-6652</td>
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<tr>
<td>Program Director, Pediatric Emergency Medicine</td>
<td>Maybelle Kou, MD</td>
<td>703-776-3195</td>
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<td>Residency Coordinator</td>
<td>Steve Schraith</td>
<td>703-776-7834</td>
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<tr>
<td>Program Director, Podiatric Medicine and Surgery</td>
<td>Stephen Stern, DPM</td>
<td>703-281-4500</td>
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<td>Residency Coordinator</td>
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<tr>
<td>Program Director, Psychiatry/C+L Fellowship</td>
<td>Cathy Crone, MD</td>
<td>703-776-3380</td>
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<tr>
<td>Residency Coordinator</td>
<td>Pamela Crawford</td>
<td>703-776-3626</td>
</tr>
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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 house staff at or rotating through Inova Fairfax Medical Campus. All house staff 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 house officer 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 Mariam in the GME Office at 703-776-2626.

Respectfully, Madeline Erario, MD
GME Clearance Card Checklist

To be provided by resident and/or institution:

- Copy of complete academic year rotation schedule (Must include: Institution Name, resident/fellow first and last name, PGY levels, name of rotation being completed and location of rotation)
- Copy of application to the program (ERAS or other. Military residents-PCS orders.)
- Copy of CV complete with listing of participation in current residency/fellowship program
- Copy of Resident Agreement/Resident Contract
- Copy of Virginia Medical Training License
- Copy of ECFMG (if applicable)
- Copy of NPI Number Verification

To be completed by resident: (All documents can be found at GME website: www.inova.org/GMEforms)

- GME Clearance Card Form
- Employee Statement of Commitment to Safety and Error Prevention (AIDET)
- Confidentiality and Non-Disclosure Agreement for Physicians
- Medical Record Completion Statement for Residents
- Patient Armband Alert System
- Infection Prevention Quiz
- Patient Safety and Quality Quiz
- Influenza Vaccine Verification (October 31st – April 30th)
- ORP Provider Application/Registration confirmation (if not previously submitted): https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderLogin
- PMP Registration confirmation via PMP Data Center (if not previously submitted): https://virginia.pmpaware.net/login
- Language Services Resident Competency Quiz
- VCU Mistreatment Policy Quiz
- Epic Training Verification (training date confirmation to be provided to GME office)
Parking
On the first day of rotation, house staff should park in the Blue Parking Garage. 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 house officer 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 house officer 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 house officer should page the Administrative Director at pager x 61197, using the Hospital pager system. The Administrative Director will advise the house officer on the procedure to follow. In addition, house staff must report the needlestick injury to GW's Office of Employee Health as soon as possible.

1. Residents are required to file an online incident report with The George Washington University Office of Risk Management immediately. The incident report form can be found at: https://risk.gwu.edu/incident-reporting

2. Additional information can be found on the Medhub home page.
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, a 200-bed clinical research hospital and the world’s largest hospital dedicated totally to clinical research. Information relevant to NIH campus access and navigation is available at http://www.ors.od.nih.gov/maps/Pages/NIH-Visitor-Map.aspx. Navigation within the hospital is facilitated by downloading the Clinical Center Take Me There application, which is available free of charge for smartphone devices via the Apple Store or from Google Play.

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, continuous quality improvement, patient safety, and the highest ethical standards as applied to clinical care and human subject research. An on-line compendium of Clinical Center Departments, Offices, Services and Programs is accessible for review at http://www.cc.nih.gov/about.shtml.

All patients at the NIH Clinical Center, admitted either as inpatients or outpatients, are volunteers enrolled in clinical research protocols, who receive their care free of charge. Annually, there are approximately 5,200 inpatient admissions and 100,000 outpatient visits. Most protocols are studies of the natural history of disease, especially rare diseases, which often are not investigated anywhere else. These long-term natural history studies provide important information about how disease conditions progress over time and provide opportunities to better understand molecular pathophysiology and genotype-phenotype correlations. The NIH Clinical Center also supports a large number of early stage (Phase 1 and 2) clinical trials testing the safety and efficacy of new treatments. Currently, there are a total of 1,636 active clinical research protocols conducted by the 495 principal investigators from the many Institutes and Centers that comprise the NIH, and supported by the state-of-the-art biomedical facilities located within the NIH Clinical Center.

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 all 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 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 on line 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). All residents are required to adhere to the NIH Clinical Center’s Bylaws of the Medical Staff, which are only available for review on campus via NIH Clinical Center computer systems at: http://cc-internal.cc.nih.gov/policies/PDF/Bylaws.pdf.

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.

In addition, foreign national residents or fellows holding an ECFMG sponsored J-1 visa must forward a completed Required Notification of Off-Site Rotation or Elective form to the ECFMG at least 30 days in advance of the rotation start date at the NIH. Individuals holding an H-1B visa must provide a letter addressed to the NIH Division of International Services (https://www.ors.od.nih.gov/pes/dis/Pages/default.aspx) including the address of the NIH branch hosting the resident/fellow, a description of activities while at the NIH, the dates and duration (number hours/week) while at the NIH, and a verification statement that placement at the NIH is not a violation of the Resident’s immigration status, from the Sponsoring Institution’s delegated immigration authority (such as the International Office), which certifies that the NIH rotation is not a violation of the Resident’s non-immigrant status. The NIH Division of International Services may be reached for questions or consultation at 301-496-6166.

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

- Robert M. Lembo, MD, Executive Director, Graduate Medical Education
- Max Sauve, JD, Institutional GME and Resident Elective Program Administrator

The main phone number for the OCRTME, which is located in Room 1N252 of the Clinical Center, is 301-594-4193. The OCRTME website URL is 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 or may become untreatable with currently available antimicrobial agents, prevention is of the utmost importance. NIH Clinical Center specific guidelines for infection control are available for review directly on-line but only from Clinical Center computers at: http://intranet.cc.nih.gov/hospitalepidemiology/infectionFactSheet.shtml.
**Needlestick Injuries/Blood Borne Pathogen Exposures**

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.

1. **Residents are required to file an online incident report with The George Washington University Office of Risk Management immediately.** The incident report form can be found at: [https://risk.gwu.edu/incident-reporting](https://risk.gwu.edu/incident-reporting)

2. **Additional information can be found on the Medhub home page.**
XVI. SIBLEY MEMORIAL HOSPITAL

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

a. completed Resident Registration Form, including
   o email address
   o cell phone #
   o NPI
b. signed and dated Confidentiality Agreement
c. 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 can be found on Sibley’s 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 the Director for Surgical PAs, 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. To schedule your LIVE class, email cagwuma1@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 minutes
- 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 5th 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.

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2. Additional information can be found on the Medhub home page.
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 an identification badge and parking permit at the PIV office. Residents may park in front of their assigned apartment or in parking lot O.

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 an apartment on campus are approximately 5 miles from downtown Martinsburg, which offers a variety of shopping including Foxcroft Town Center and 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, Chili’s, Olive Garden and a variety of fast food establishments.

Residents may contact the 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.

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2. Additional information can be found on the Medhub home page.
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 und dictated 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.

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2. Additional information can be found on the Medhub home page

**Talent Management System (TMS):** VA’s Talent Management System (TMS) hosts all mandatory training, as well as thousands of other training modules. All non-PAID employees (e.g., trainees, volunteers, contractors, and others) are required to self-enroll in the TMS. Self-enrollment is available through an Internet website. Go to the TMS homepage on the Internet: [http://www.tms.va.gov](http://www.tms.va.gov). Self-enroll as a VETERANS HEALTH ADMINISTRATION, HEALTH PROFESSIONS TRAINEE.

(Direct Link: [https://www.tms.va.gov/learning/user/selfEnrollmentUserSelection.do?emp_id=2](https://www.tms.va.gov/learning/user/selfEnrollmentUserSelection.do?emp_id=2))

**VA Office of Academic Affiliations:** VA oversees the largest health professions training program in the nation. Each year, over 100,000 medical and associated health students, residents and fellows receive some or all of their clinical training in VA facilities through affiliations with over 1,200 educational institutions including 112 medical schools. [https://www.va.gov/oaa/mandatory.asp](https://www.va.gov/oaa/mandatory.asp)

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 at 202-745-8471.
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:

a. personal demographics  
b. medical school and graduation date  
c. all previous training  
d. ECFMG certification (if applicable- need to provide copy of the actual certificate)  
e. 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). Residents must also complete MedConnect training before (or on the first day of) their rotation if it has not been done before. Training is offered on Mondays from 1:00-5:00pm.

During this registration process, residents will receive information concerning:

f. information systems access  
g. parking  
h. ID badging  
i. meal stipend  
j. call room access  
k. lockers  
l. scrub suits  
m. the checkout process

WHC Office of Graduate Medical Education staff members include:

n. Jennifer Remington, Assistant Vice President, Graduate Medical Education  
o. Meghan Shaver, Corporate Director, Graduate Medical Education  
p. Samantha Baker, Manager, Graduate Medical Education

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.

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2. Additional information can be found on the Medhub home page