

THE GEORGE WASHINGTON UNIVERSITY SCHOOL OF MEDICINE AND HEALTH SCIENCES

OFFICE OF GRADUATE MEDICAL EDUCATION

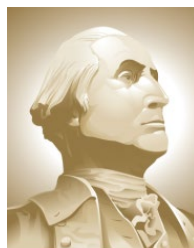
*RESIDENT MANUAL

July 1, 2020

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 Housestaff Council or your Chief Resident(s) for clarification and additional information.

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

* Throughout this Manual, the word "resident" refers to all specialty and subspecialty residents.



THE GEORGE
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WASHINGTON, DC

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I. MISSION and VISION

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 curriculum:

- **Professionalism:** Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate competence in:
 - 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;
 - Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;
 - Ability to recognize and develop a plan for one's own personal and professional well-being; and
 - Appropriately disclosing and addressing conflict or duality of interest.
- **Patient Care and Procedural Skills:** 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. Residents must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice.
- **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 must demonstrate competence in:
 - Identifying strengths, deficiencies, and limits in one's knowledge and expertise;
 - Setting learning and improvement goals;
 - Identifying and performing appropriate learning activities;
 - Systematically analyzing practice, using quality improvement methods, and implementing changes with the goal of practice improvement;

- Incorporating feedback and formative evaluation into daily practice;
- Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems; and
- Using information technology to optimize learning.
- **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 must demonstrate competence in:
 - Communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
 - Communicating effectively with physicians, other health professionals, and health-related agencies;
 - Working effectively as a member or leader of a health care team or other professional group;
 - Educating patients, families, students, residents, and other health professionals;
 - Acting in a consultative role to other physicians and health professionals;
 - Maintaining comprehensive, timely, and legible medical records, if applicable.
 Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.
- **Systems-based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Residents must demonstrate competence in:
 - Working effectively in various health care delivery settings and systems relevant to their clinical specialty;
 - Coordinating patient care across the health care continuum and beyond as relevant to their clinical specialty;
 - Advocating for quality patient care and optimal patient care systems;
 - Working in interprofessional teams to enhance patient safety and improve patient care quality;
 - Participating in identifying system errors and implementing potential systems solutions;
 - Incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient care and/or population-based care as appropriate;
 - Understanding health care finances and its impact on individual patients' health decisions.

Resident must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

CLINICAL LEARNING ENVIRONMENT REVIEW (CLER)

The Accreditation Council for Graduate Medical Education (ACGME) recognizes the public's need for a physician workforce capable of meeting the challenges of a rapidly evolving health care environment.

The ACGME has responded to this need by implementing the CLER program as a part of its Next Accreditation System. The CLER Program is designed to provide US teaching hospitals, medical centers, health systems, and other clinical settings affiliated with ACGME-accredited institutions with periodic feedback that addresses the following six Focus Areas: Patient Safety; Health Care Quality; Care Transitions; Supervision; Well-Being; and Professionalism.

The feedback provided by the CLER Program is designed to improve how clinical sites engage resident and fellow physicians in learning to provide safe, high quality patient care.

Each Sponsoring Institution must undergo a CLER site visit every 24 months (+/-6) to maintain accreditation.

EVALUATION

Clinical Competency Committee: In compliance with ACGME requirements, each program has a Clinical Competency Committee (CCC) appointed by the Program Director. The Clinical Competency Committee must include three members of the program faculty, at least one of whom is a core faculty member. Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents. The Clinical Competency Committee must: review all resident evaluations at least semi-annually; determine each resident's progress on achievement of the specialty-specific Milestones; and meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

Feedback and Evaluation: Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. Evaluations must be documented at the completion of the assignment. For block rotations of greater than three months in duration, evaluation must be documented at least every three months. Longitudinal experiences, such as continuity clinic in the context of other clinical responsibilities, must be evaluated at least every three months and at completion.

The program must provide an objective performance evaluation based on the Competencies and the specialty-specific Milestones, and must: use multiple evaluators (e.g., faculty members, peers, patients, self, and other professional staff members); and, provide that information to the Clinical Competency Committee for its synthesis of progressive resident performance and improvement toward unsupervised practice. The program director or their designee, with input from the Clinical Competency Committee, must: meet with and review with each resident their documented semi-annual evaluation of performance, including progress along the specialty-specific Milestones; assist residents in developing individualized learning plans to capitalize on their strengths and identify areas for growth; and develop plans for residents failing to progress, following institutional policies and procedures.

Summative Evaluations: At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable. The evaluations of a resident's performance must be accessible for review by the resident.

Final Evaluation: The program director must provide a final evaluation for each resident upon completion of the program. The specialty-specific Milestones, and when applicable the specialty-specific Case Logs, must be used as tools to ensure residents are able to engage in autonomous practice upon completion of the program. The final evaluation must: become part of the resident's permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; consider recommendations from the Clinical Competency Committee; and be shared with the resident upon completion of the program.

Faculty Evaluation: The program must have a process evaluate each faculty member's performance as it relates to the educational program at least annually. This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. This evaluation must include written, anonymous, and confidential evaluations by the residents. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans.

Program Evaluation and Improvement: The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. Program Evaluation Committee responsibilities must include: acting as an advisor to the program director, through program oversight; review of the program's self-determined goals and progress toward meeting them; guiding ongoing program improvement, including development of new goals, based upon outcomes; and review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The Program Evaluation Committee should consider the following elements in its assessment of the program: curriculum; outcomes from prior Annual Program Evaluations(s); ACGME letters of notification, including citations, areas for improvement, and comments; quality and safety of patient care; and

- Aggregate resident and faculty – well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; ACGME Resident and Faculty Surveys; and written evaluations of the program.
- Aggregate resident – achievement of the Milestones; in-training examinations (where applicable); board pass and certification rates; and graduate performance.
- Aggregate faculty – evaluation and professional development.

The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. The annual review, including the action plan, must be distributed to and discussed with the members of the teaching faculty and the residents and be submitted to the DIO. Programs must complete a Self-Study prior to their 10-year Accreditation Site Visit. A summary of the self-study must be submitted to the DIO.

ACGME Common Program Requirements, effective July 1, 2020

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.
- **Clinical and Educational Work 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.
- **Medical Clearance.** 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:
 - Develop a personal program of self-study and professional growth with the guidance of teaching staff.
 - Participate in and provide safe, effective and compassionate patient care under supervision commensurate with their level of advancement and responsibility.
 - Participate fully in the educational activities of the Program and, as required,

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

WELLNESS IN THE SMHS COMMUNITY

In the current health care environment, resident, fellow and faculty members are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physician. Self-care is an important component of professionalism; it is also a skill that must be learned and nurtured in the context of other aspects of residency training.

Resources available to our GW GME community, including services and a self-care starter kit can be found on the GME Website: <https://smhs.gwu.edu/academics/graduate-medical-education/well-gme>.

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 202-994-1604; 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.

<p>Harold A. Frazier II M.D., DIO Associate Dean for Graduate Medical Education Chair, Graduate Medical Education Committee (GMEC) (202) 994-3737 • hfrazier@mfa.gwu.edu</p>	
<p>Mary Y. Tucker, M.A. Director, Graduate Medical Education (202) 994-3285 mtucker@gwu.edu</p>	
<p>Mary Mosby, M.S. Assistant Director, Graduate Medical Education (202) 994-3289 mhmosby@gwu.edu</p>	<p>Stephanie Morgan, B.A. Program Manager (202) 994-4870 semorgan@gwu.edu</p>
<p>Al Zebrowski, Jr. Fiscal Coordinator for Budgets (202) 994-3620 alzebrow@gwu.edu</p>	<p>Kate Turner, M.A. Program Coordinator (202) 994-5351 turnerkate@gwu.edu</p>
<p>Inga Ricks Central Coordinator, Anesthesiology and Critical Care Programs (202) 994-7903 ilr1@gwu.edu</p>	<p>Dimond Preston, B.S. Program Coordinator (202) 994-3737 Dpreston29@gwu.edu</p>

III. PROGRAM LEADERSHIP

Program	Director	Asst. Director	Coordinator	Phone
Anesthesiology	Anna Hindle, MD ahindle@mfa.gwu.edu	Gregory Moy gmoy@mfa.gwu.edu	Inga Ricks Ilr1@gwu.edu	994-7903
Anesthesiology – Critical Care Medicine (Anesthesiology)	Jacqueline Honig, MD jhonig@mfa.gwu.edu	--	Inga Ricks Ilr1@gwu.edu	994-7903
Anesthesiology – Pediatrics (Children’s National Health System)	Caroll N. Vazquez-Colon, MD evcolon@childrensnational.org	--	Deidre Savoy dsavoy@childrensnational.org	476-2025 476-5619
Dermatology	Adam Friedman, MD aifriedman@mfa.gwu.edu	--	Kayleigh Hausmann khausmann@mfa.gwu.edu	741-2625
Emergency Medicine	Colleen Roche, MD croche@mfa.gwu.edu	Sonal Batra, MD sbatra@mfa.gwu.edu Amy Caggiula, MD acaggiula@mfa.gwu.edu	Kimberly Garber kgarber@mfa.gwu.edu	741-2914
Emergency Medicine - Medical Toxicology	Cathleen Clancy cat@poison.org	--	Jennifer Araoz jaraoz@mfa.gwu.edu	--
Internal Medicine	Jillian Catalanotti, MD jcatalanotti@mfa.gwu.edu	Jalil Ahari, MD jahari@mfa.gwu.edu Michael Czarnecki, DO mczarnecki@mfa.gwu.edu Sheena Khurana, MD pkhurana@mfa.gwu.edu Courtney Paul, MD cpaul@mfa.gwu.edu	Anna (Tori) Sufczynski asufczynski@mfa.gwu.edu	677-6162
IM – Cardiovascular Disease	Allen Solomon, MD asolomon@mfa.gwu.edu	--	Priscilla Squire psquire@mfa.gwu.edu	741-2255
IM - Clinical Cardiac Electrophysiology	Cynthia Tracy, MD ctracy@mfa.gwu.edu	--	Priscilla Squire psquire@mfa.gwu.edu	741-2255
IM - Critical Care Medicine (Internal Medicine)	Danielle Davison, MD ddavison@mfa.gwu.edu	Katrina Hawkins kdafnis@gwu.edu	Inga Ricks Ilr1@gwu.edu	994-7903
IM – Endocrinology, Diabetes, and Metabolism	Jill Paulson, MD jmpaulson@mfa.gwu.edu	--	Lisa Horvath lhovath@mfa.gwu.edu	677-6056
IM - Gastroenterology	Matthew Chandler, MD mchandler@mfa.gwu.edu	--	Lisa Horvath lhovath@mfa.gwu.edu	677-6056
IM - Geriatric Medicine	Elizabeth Cobbs, MD ecobbs@mfa.gwu.edu	Christine Prather, MD cprather@mfa.gwu.edu	Priscilla Squire psquire@mfa.gwu.edu	741-2255

Program	Director	Asst. Director	Coordinator	Phone
IM – Hematology and Medical Oncology	Holly Dushkin, MD hdushkin@mfa.gwu.edu	Kieron Dunleavy, MD kdunleavy@mfa.gwu.edu	Lisa Horvath lhovath@mfa.gwu.edu	677-6056
IM – Hospice and Palliative Medicine	Karen Blackstone, MD karen.blackstone@va.gov	Erica Schockett, MD eschockett@mfa.gwu.edu	Priscilla Squire psquire@mfa.gwu.edu	741-2255
IM - Infectious Disease	Afsoon Roberts, MD aroberts@mfa.gwu.edu	--	Lisa Horvath lhovath@mfa.gwu.edu	677-6056
IM - Interventional Cardiology	Ramesh Mazhari, MD rmazhari@mfa.gwu.edu	--	Priscilla Squire psquire@mfa.gwu.edu	741-2255
IM - Nephrology	Scott Cohen scohen@mfa.gwu.edu	--	Lisa Horvath lhovath@mfa.gwu.edu	677-6056
IM - Pulmonary Disease and Critical Care Medicine	Jalil Ahari, MD jahari@mfa.gwu.edu	--	Priscilla Squire psquire@mfa.gwu.edu	741-2255
IM - Rheumatology	Victoria Shanmugam, MD vshanmugam@email.gwu.edu	--	Priscilla Squire psquire@mfa.gwu.edu	741-2255
Neurological Surgery	Anthony Caputy, MD acaputy@mfa.gwu.edu		Stefanie Dalgo sdalgo@mfa.gwu.edu	741-2712
Neurology	Perry Richardson, MD prichardson@mfa.gwu.edu	Christopher Leon-Guerro, MD cleonguerroero@mfa.gwu.edu	Crystal Woods cwoods@mfa.gwu.edu	741-3411
Neurology - Clinical Neurophysiology	Perry Richardson, MD prichardson@mfa.gwu.edu	--	Crystal Woods cwoods@mfa.gwu.edu	741-3411
Neurology - Epilepsy	Anumeha S. Sheth, MD asheth@mfa.gwu.edu	--	Crystal Woods cwoods@mfa.gwu.edu	741-3411
Neurology – Epilepsy (Children’s National Health System)	Dewi Depositario-Cabacar, MD Decabacar@childrensnational.org	--	Lisbeth Allasi-Feria LAllasiF@childrensnational.org	476-2273
Neurology - Sleep Medicine	Lynn Kataria, MD lynn.kataria@va.gov	Elias Karroum, MD ekarroum@mfa.gwu.edu	Crystal Woods cwoods@mfa.gwu.edu	741-3411
Neurology – Vascular Neurology	Christopher Leon-Guerro, MD cleonguerroero@mfa.gwu.edu	--	Christiana Asante casante@mfa.gwu.edu	741-3411
Obstetrics and Gynecology	Kathryn Marko, MD kmarko@mfa.gwu.edu	Lauren Nelson, MD lnelson@mfa.gwu.edu	John Shafer jshafer@mfa.gwu.edu	741-2532
Ophthalmology	David A. Belyea, MD, MBA dbelyea@mfa.gwu.edu		Darcelle Pinckens Pinckensdpinckens@mfa.gwu.edu	741-2825
Orthopaedic Surgery	Raj Rao, MD rrao@mfa.gwu.edu	Sam Moghtaderi, MD smoghtaderi@mfa.gwu.edu	Yolanda Porter yporter@mfa.gwu.edu	741-3311
Otolaryngology – Head and Neck Surgery	Philip Zapanta zapanta@gwu.edu	--	Jamella Smith jmsmith@mfa.gwu.edu	741-3176

Program	Director	Asst. Director	Coordinator	Phone
Pathology – Anatomic and Clinical	Donald Karcher, MD dkarcher@mfa.gwu.edu	Stephanie Barak, MD sbarak@mfa.gwu.edu	Sandra Boccanera sboccanera@mfa.gwu.edu	677-6613
Pathology - Cytopathology	Sana Tabbara, MD stabbara@mfa.gwu.edu	--	Sandra Boccanera sboccanera@mfa.gwu.edu	677-6613 677-6600
Pathology - Forensic	Francisco Diaz, MD Francisco.diaz@dc.gov	--	Terencia Davenport Terencia.davenport@dc.gov	698-9076
Pathology – Pediatrics – Children’s	Christopher T. Rossi, MD crossi@childrensnational.org	--	Myisha Braddock mnbraddock@childrensnational.org	476-7168
Pathology – Surgical Pathology (unaccredited)	Sana Tabbara, MD stabbara@mfa.gwu.edu	--	Sandra Boccanera sboccanera@mfa.gwu.edu	677-6613 677-6600
Psychiatry	Eindra Khin Khin, MD khinkhin@gwu.edu		Tamara Lyons tlyons@mfa.gwu.edu	741-2893
Psychiatry – Consultation-Liaison Psychiatry	Catherine Crone, MD cathy.crone@inova.org	--	Pamela Crawford pamela.crawford@inova.org	(703) 776-3626
Radiology – Diagnostic	Jocelyn Rapelyea jrapelyea@mfa.gwu.edu	--	Norma Smith nsmith@mfa.gwu.edu	715-5153
Radiology - Vascular and Interventional Radiology	Daniel Scher, MD dscher@mfa.gwu.edu	--	Elizabeth Diaz eldiaz@mfa.gwu.edu	715-4393
Radiology – Neuroradiology	M. Reza Taheri, MD rtaheri@mfa.gwu.edu	--	Antoinette Taylor-Dill ataylordill@mfa.gwu.edu	715-5212
Surgery	Khashayar Vaziri, MD kvaziri@mfa.gwu.edu	Paul Lin, MD plin@mfa.gwu.edu	Robert Pakan rpakan@mfa.gwu.edu	741-3157
Surgery – Surgical Critical Care	Babak Sarani, MD bsarani@mfa.gwu.edu	--	Robert Pakan rpakan@mfa.gwu.edu	741-3157
Urology	Daniel Stein, MD dstein@mfa.gwu.edu	--	Jamella Smith jmsmith@mfa.gwu.edu	741-3176

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).

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.

TIGERCONNECT

For residents with Apple or Android phones, GW provides TigerConnect (TC), 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 TC, with limited functionality, through their web browser at <https://login.tigerconnect.com/app/messenger/index.html>. Contact GWUH IT Help Desk at 202-715-4955 (option 2) for enrollment assistance.

Find a bug? TC a message to TigerConnect 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.

TigerConnect Etiquette

This GME policy is to provide guidance for the appropriate use of TigerConnect. This policy will act in addition to the GWUH policy and any GME approved departmental policy.

1. All residents and fellows must have an active TigerConnect account
2. TigerConnect is the preferred **non-emergent** modality to communicate/contact another clinician at GWUH. Emergency situations should be communicated through current appropriate means (i.e. Code Blue, Rapid Response, Trauma, Cath Attack, and Brain Attack).
3. You should respond to TigerConnect when you are on service/on call in an appropriate amount of time (i.e. 10 minutes)
4. Closed loop communication is the expectation for all communication through TigerConnect.
5. TigerConnect should be used to **initiate** a consult. Closed loop communication should be the standard expectation ideally via phone conversation. Include a call back number in the consult request.
6. In the message requesting a consult please indicate the urgency of the consult (i.e. urgent (needs to be seen in next hour vs non-urgent can be seen today). For additional

consult tips please see the Consult Tool below.

7. A courtesy response is **NOT** necessary (e.g. "Thank you" or "Welcome")
8. Please utilize the "Do not disturb" option when one of the following situations apply
 - You are on vacation
 - You are off service and have transitioned care to another provider
 - You are unable to respond due to being in a procedure, operation or meeting
9. Please ensure to include an appropriate **auto response message** when using "Do not disturb" that includes guidance when necessary
 - A person to contact in place of you if you have transitioned care
 - A person to contact in case of emergency
 - Forward messages to a covering provider when appropriate
10. If your service utilizes "Roles" please ensure you sign in and sign out appropriately
11. Using any foul or abusive or unprofessional language is prohibited. All issues regarding this should be communicated with your supervising resident/attending/chief resident.

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 two divisions: Photography and Graphic Design. 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 Residents and fellows training and working environment within the institution and participating sites as required by ACGME Institutional, Common, and specialty-specific Program Requirement. The GMEC, under the leadership of the 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, peer selected trainees, the Director of Graduate Medical Education, Deans of the SMHS and the Finance Director. 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)
- Program Allocation Committee (PAC)
- Housestaff Council
- Resident Wellness Committee

Hospital Medical Staff Committees

Resident participation on medical staff committees is strongly encouraged. Residents are provided a sign up list of available committees in July/August to serve on for the academic year. If you are interested in serving on a committee, please contact the Assistant Director, GME at 202-994-3289 or by email for additional information.

Housestaff Council

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 quarterly. Two co-presidents are elected to lead the committee and to serve on the GME Committee. A fellow representative may also serve on both committees. Resident representatives of the medical staff committees attend the meetings and provide updates on their committee findings. Residents/fellows are encouraged 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.

CONTRACTS

Contracts are issued by the Office of Graduate Medical Education and are valid when signed by the Director of Graduate Medical Education, the SMHS Finance Director, 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

Residents are encouraged to [download](#) the MedHub App for reporting of Duty Hours. All residents and programs must comply with the ACGME requirements for resident/fellow clinical and educational work hours in the learning and work environment as outlined in the GME policy on Clinical and Educational Work Hours and Work Environment in Section IX. The GME Committee is responsible for monitoring resident duty hours. Resident duty hours are reported and monitored on the MedHub system. To access MedHub, go to: <https://gwu.medhub.com>. Residents are required to report their clinical and educational work hours on the site as directed by their program director. The current Duty Hour Policy mandates that all residents and fellows are to report their hours on monthly basis in MedHub. Additional information on resident clinical and educational work hours may be found in Section IX.

DUTY HOURS 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 Eye Street, NW, 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. 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 are encouraged to download the MedHub app to their phone. 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 second floor in Marvin Center 242 (800 21st Street, NW).

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 when a patient has stayed 48 hours or more. A Discharge Progress Note will suffice for stays under 48 hours. This time line also applies to Expiration Summaries. If a patient expires after 48 hours a detailed summary of the patient's stay leading up to time and date of death must be dictated. If the patient expired under 48 hour following admission

an Expiration Note will suffice. It is extremely important that these Expiration Summaries and Notes are done so that families are able to close out their loved ones estates and many life insurance companies will not process a claim without this documentation. Each entry in the medical record must be dated, timed, and electronically signed. Do not start a note and not sign it before exiting out of Cerner. 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 Power Chart Physician Message Center. Logging onto Power Chart weekly will help you avoid suspension/sanction. Plan to complete all assigned records before rotating to other hospitals, since exceptions are not made for this purpose. Please consult the staff in the Department of Health Information Management at GWU Hospital and the affiliated institutions for assistance in completing your responsibilities. If you have questions regarding record completion please contact [Tameka Hardison](#) at 202-715-4288.

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 an online program, 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 8:30am - 5:00pm Monday, Tuesday, Thursday, & Friday; 10:00am to 5:00pm Wednesday; 10:00am to 2:00pm Saturday; CLOSED Sunday.

If your GWorld Card is lost or stolen, there is a replacement cost of \$25. There is no charge for replacing damaged cards as long as the damaged card is turned in at the time of replacement. GWorld main office can be reached at 202-994-1795 or by email gworld@gwu.edu.

In addition to the GWorld identification card, residents are required to have a GW Hospital identification badge displayed on their person at all times while in the GW 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. For more information, please visit the website at <https://gworld.gwu.edu/faculty-staff>.

LIBRARY AND INFORMATION SERVICES

Himmelfarb Health Sciences Library is located in Ross Hall. Additional information and library resources, such as Clinical Information and Wireless access, is provided by accessing this link: <http://libguides.gwumc.edu/gme>, call (202) 994-2962 or e-mail: himmelfarb@gwu.edu

CLASS (CLINICAL LEARNING AND SIMULATION SKILLS) CENTER

The new Clinical Learning and Simulation Skills (CLASS) Center located on the 4th floor of Ross Hall provides an innovative educational environment for students, residents and faculty. For more information or to reserve the CLASS Center Facilities go to <http://smhs.gwu.edu/class/>, call (202) 994-1468 or e-mail class@gwu.edu

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 4th floor of Ross Hall Room 403. 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.

Policy 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, and then annually thereafter. The health clearance requires that the resident complete a job-related medical questionnaire and provide a TB screening blood test (IGRA) or PPD results and immunization records prior to coming to GWU for residency. These documents are submitted via the MedHub system and must be uploaded per the instructions and deadline specified by the GME Office. A health assessment is required and may be performed by a clinician chosen by the resident or at the GWUH Occupational Health office. This assessment includes a review of job-related medical history, vital signs, color blind testing (for new residents) an IGRA blood test or PPD results (if necessary) and immunization update (if necessary). A full physical examination is not required for clearance. The color blind testing will be conducted by GWUH Occupational Health at orientation.

It is the responsibility of each Resident to ensure that this health clearance is completed within the requisite timeframe. *New Residents who do not have their health clearance completed will not be permitted to begin their training program. All returning Residents are required to renew their health clearance annually. All returning Residents must complete the requisite annual health clearance by **August 31** of the academic year or they will be suspended from clinical duties until medical clearance is obtained.*

Requirements:

TB Screening Requirement

Our goal is to be sure that our providers and patients are protected from and appropriately treated for this highly communicable disease. For new residents, GWU requires that the resident have an IGRA blood test or two PPDs. If there is history of a positive test, the resident must complete a TB symptom survey and provide a chest x-ray dated after the positive test. If a resident has been exposed to TB during his or her training at GWU, he or she would be required to have a TB test, in accordance with CDC recommendations.

The PPD skin test for 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 12 months, s/he will need to undergo an additional PPD test. If the resident does not have or is unable to show written documentation of a negative PPD test from the past 12 months, s/he must have two PPD tests performed between 1-3 weeks apart.

- 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

Returning residents are not required to have yearly screening for TB with the exception of fellows in ICU, Pulmonology and Infectious Disease. Given the high risk status of these groups, a yearly screening with IGRA blood test or PPD is required.

Immunizations:

In 1988, GWUMC developed regulations to further reduce the possible spread of communicable diseases such as measles (rubeola), mumps, German measles (rubella), and Varicella Zoster 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 tests will be substituted.

Mumps:

Proof of two immunizations (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. The first 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 is required) unless contraindicated.

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 Tdap.

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 document attached. Employees with exemptions will be required to wear a surgical mask when providing care to patients during the flu season.

Medical Clearance in Subsequent Years:

D.C. Law requires each resident to complete an annual health clearance. Returning residents must complete the annual health clearance by **August 31** of the academic year or they will be suspended from clinical duties until medical clearance is obtained and recorded to the satisfaction of The University Hospital.

MEDICAL LICENSURE

Please see the Resident Licensure Policy in Section IX for D.C. medical license requirements. An application for a full D.C. medical license can be obtained by calling 888-204-6193 or by visiting the D.C. Department of Health website at <https://dchealth.dc.gov/>. 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.

The Virginia Department of Health Professions requires residents rotating to Virginia sites to obtain a training license for interns/residents/fellows. Applications for the initial license must be completed by the resident and mailed directly to the Virginia Board of Medicine with the application fee. Instructions are provided on their website:

https://www.dhp.virginia.gov/Forms/medicine/INTERN/InternResidentsFellowInstructions_App.pdf

The Virginia training license must be renewed each year by the resident. Online renewal is permitted: <https://www.dhp.virginia.gov/mylicense/renewalintro.asp>

Residents must submit a copy of their Virginia training license to the GME Office. Residents who submit a receipt or canceled check for the initial license or the renewal will be reimbursed by the GME Office.

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>
 - 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>
 - 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>
 - 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 202-715-4446 or 202-715-4445. After hours, media inquiries should be directed to the hospital operations supervisor (HOS), 202-715-6103,

who will contact the Marketing and Public Relations staff. 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 202-994-3737 for further information. In addition, a Notary is available at the hospital concierge desk in the main lobby, Monday – Friday, 1:00 p.m. – 8:00 p.m. and on the weekends from 9:00 a.m. – 3:00 p.m.

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 the Associate Dean for GME. 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 Housestaff Council 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 see the policy on the GME website (<https://smhs.gwu.edu/academics/graduate-medical-education/about-gme/gme-policies>) or contact Mary Tucker, GME Director, at 202-994-3285 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, and email address. Resident Directory website address is:

<https://apps.smhs.gwu.edu/residents/directory/login.cfm>

Username is **gwresident** and the password is **respic**

Resident/Fellow Lounge

A Resident/Fellow Lounge with computers, printers, refrigerators, coffee maker and microwave is available on the basement level of the GW Hospital. Access is provided using the GW Hospital ID badge.

RISK MANAGEMENT

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

Clinical Risk Management

Clinical Risk Management resources are available for all residents in the GME program. These resources include, but are not limited to, rendering advice regarding consent, medical record documentation, difficult discussions with patients or families, or questions or concerns regarding

any medical management issues or adverse outcomes that one believes may have had a negative impact or outcome to a patient. In addition, risk management education programs are held on a regular basis, and attendance is expected.

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

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

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

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

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

<https://risk.gwu.edu/clinical-risk-management>

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: <https://generalcounsel.gwu.edu/subpoenas-summons-and-other-legal-notice>

STANDARD PRACTICES

Hospital Standard Practices are available at each hospital and medical institution. The George Washington University Hospital Standard Practices are accessible through the GWHU Intranet at <https://definingmedicine>. The link cannot be accessed outside of the GWUH Network or untrusted entity. Residents may access the GWU Hospital intranet link from any computer in the Hospital and it should resolve to the main intranet website page.

STUDENT LOAN DEFERMENTS

Deferments are processed by the Office of Graduate Medical Education. Contact the GME office at 202-994-3737 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. Free cleaning service is provided by the GWU Hospital.

"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.

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 full D.C. medical license. 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 no-cost program, provided by Aetna Resources, is available to all Residents, and all members of your household (including dependent children up to age 26, whether or not they live at home). The following services are available:

Work-Life Solutions: Wellbeing Hotline specialists will do the research for you, providing qualified referrals and customized resources for childcare, parenting and adoption, 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, with no copays or deductibles, to help you address stress, relationship and other personal issues you and your family may face. Counseling sessions are available in person, by phone or via tele-video. Highly trained masters 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 <https://benefits.gwu.edu/wellbeing-hotline>.

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 (202) 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, Amsterdam Hall Garage and Ross Hall. Permits are issued to new Residents at the GWorld card office on orientation day and thereafter on an annual basis by the Faculty & Staff Service Center at Marvin Center, 800 21st Street, NW, Suite 242, 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 \$1.00, but two cars with the same permit number are not permitted in the garage at the same time. Improperly parked cars may receive a parking citation ticket. GW assumes no responsibility for damages or thefts.

BACK-UP FAMILY CARE

[GW's Backup Family Care](#) program through KinderCare has been tailored to meet the unique needs of working families when your usual family care arrangements are disrupted. Faculty and staff have up to five days per year of backup care for children, adults, and elders. KinderCare Education's In-Center Backup Care Program takes advantage of specific KinderCare Education backup care centers and many KinderCare® community-based early learning centers all located nationwide. For more information, please visit the [KinderCare Education GWU Benefits page](#).

GW'S CHILDCARE BENEFIT

GW offers a 20% discounted tuition rate for up to 20 priority spaces for GW families at Bright Horizons L St. Center. GW also offers Residents 10% tuition savings at KinderCare® Learning Centers (including legacy CCLC® Child Care Centers) and Champions® Before-and-After-School Programs across the U.S. For more information about centers and sites near you call [877-914-7683](tel:877-914-7683) visit www.kindercare.com/employee-benefits/gwu.

HEALTH ADVOCATE

Health Advocate is a special benefit paid for by GW, which can help you personally resolve your insurance and health care issues, promptly and reliably. Health Advocate is designed to help you, your spouse or 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

You do not need to participate in any of GW's medical 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 MATERNITY SUPPORT PROGRAM

If you are pregnant and you participate in GW's medical plan, we encourage you to sign up for GW's Maternity Support 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 enrolled in your GW medical plan. To participate in GW's Maternity Support Program, please visit <https://benefits.gwu.edu/uhc-maternity-support-program> or call (888) 246-7389.

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 GW Benefits 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. ACGME 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

In compliance with the District of Columbia's Accrued Sick and Safe Leave Act each resident accrues 1 hour of sick time for every 37 hours worked, up to a maximum of 7 days per calendar year. This paid time may be used for yourself or for a family member for mental and physical illness, injuries, and health conditions. The paid time off may also be used to obtain medical care, diagnosis, or preventive care. Residents are required to follow their program policy for reporting off work if they are sick. Resident sick time will be tracked in MedHub. Unused sick time may be rolled over from one year to the next, but is not paid out upon termination. 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.

In accordance with the [DC Sick and Safe Act](#), sick time may also be used in the event that an employee or an employee's family member is a victim of stalking, domestic violence, or sexual abuse and the absence is directly related to seeking medical, social, or legal services pertaining to the violent or abusive conduct. The employee's time may be used to obtain help from a victim services organization, prepare for or take legal action relating to the conduct, seek medical attention or counseling, or to relocate. The employee may also use sick time to take any other action that could be reasonably determined to enhance the physical, psychological or economic health of the employee or the employee's family member or the safety of those who work with or associate with the employee.

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 GW Benefits.

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 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 GW Benefits.

LEAVE OF ABSENCE

At the discretion of the department chair with the approval of the Associate 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 GW Benefits, 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 GW Benefits 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 GW Benefits 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 GW Benefits (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
- Resident Misconduct

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:

Disability:

<https://compliance.gwu.edu/sites/g/files/zaxdzs2791/f/downloads/GW%20Disability%20Policy%20FINAL%2003%2028%2019.pdf>

EQUAL OPPORTUNITY, NONDISCRIMINATION, ANTI-HARASSMENT AND NON-RETALIATION:

<https://compliance.gwu.edu/sites/g/files/zaxdzs2791/f/downloads/F%20Equal%20Opportunity%20Nondiscrimination%20and%20antiharassment%205.16.19.pdf>

A complete listing of The George Washington University policies, may be found on the University Office of Compliance and Privacy website: <https://compliance.gwu.edu>

XI. THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Mission

The mission of The George Washington University Hospital is to provide the highest 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 (GW 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 is a designated 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. This designation reflects our ability to care for the most critically ill and severely injured individuals. In addition to this accreditation, GW Hospital is one of less than 3 percent of U.S. hospitals to hold designation as a Comprehensive Stroke Center by the Joint Commission and American Heart Association/American Stroke Association.

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 395-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. Further information about The George Washington University Hospital can be found on the website here: <https://www.gwhospital.com/about>

As a multidisciplinary, tertiary-care hospital, GW 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

Main Hospital	202-715-4000
Administration	202-715-4006
Emergency Department	202-715-4911
Employee Health	202-715-4275
Environmental Services	202-715-6036
Facilities/Engineering	202-715-4332
IT Helpdesk	202-715-4955
Medical Records (HIM)	202-715-4366
Laboratory	202-715-4439
Radiology Facilitator	202-715-4324
Risk Management	202-715-4859
Security	202-715-5000

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 202-715-6103. Follow up will be conducted by Employee Health.

- 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>
- Additional information can be found on the MedHub home page.

XII. CHILDREN'S NATIONAL HOSPITAL (CH)

Children's National Hospital (CH) is GW's integrated pediatrics institution. CH serves as the Department of Pediatrics for The George Washington University SMHS, each year training more than 200 third and fourth year medical students as well as residents and fellows from GWU's accredited programs. Further information about CH can be found on their website: <https://childrensnational.org/research-and-education/healthcare-education/about-gme#tab-3>

Residents rotating to Children's National Hospital (CH) will be notified to complete documentation requirements via the CH MedHub system.

Needlestick Injuries

- Immediately cleanse the wound with soap and water or irrigate area of exposure with water
- Injuries occurring during business hours (7 am – 4 pm), report to Occupational Health Services at CH.
- Injuries that occur after business hours or on weekends and holidays, contact the Administrative Manager of Nursing Services:
 - Office: 202-476-4034,
 - iPhone: 202-602-2582 or 202-602-5283, or
 - Pager: 0474.
- If needed, you will receive medical care through Children's Emergency Department (ED) or Washington Hospital Center. The need for outside emergency treatment will be determined by the Administrative Manager of Nursing Services in consultation with the on-call healthcare provider.
- Submit information on the source patient: (1) name, (2) date of birth, (3) MRN, and (4) diagnosis/HIV status.
- Injuries occurring after business hours should be reported to CNHS Occupational Health within 24 hours or at the beginning of next business day.
- GWU residents will need to submit:
 - Sharp/Needle stick or Body Fluid Exposure Form
 - Post exposure prophylaxis form if indicated
 - 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>
- Additional information can be found on the MedHub home page.

XIII. HOLY CROSS HOSPITAL - Silver Spring, MD

Welcome Residents,

Holy Cross Hospital is located on the Kevin J. Sexton Campus of Holy Cross Health in Silver Spring, Md., just north of Washington, D.C., and near the Capital Beltway and Metro transportation system.

The hospital offers a full range of inpatient and outpatient services, with specialized expertise in women and infant services, senior services, surgery, neuroscience and cancer. Specialists at the hospital perform more inpatient gynecologic and gynecologic oncology surgeries, deliver more babies and care for more newborns with complex medical issues than any other hospital in Maryland.

On the first day of any rotation, residents should park in the visitor/patient parking lot adjacent to the main front entrance to the hospital. Enter the main lobby and receive a visitor badge. Report to the Medical Education Office, which is located on the first floor of the hospital in office #1413. Arrive no earlier than 7:30am. Once there, Mr. George Huff, the Medical Education Coordinator, will ensure all of your necessary documentation has been provided, give you additional paperwork for you to sign, issue you your computer logon, and go over details such as parking and scrub access.

You will then go to Security to receive your Holy Cross Hospital ID badge and register your vehicle (know your license plate number for this). Your ID badge will give you access to the physician entrance door to the hospital on the side of the building and also the gated Dameron employee parking lot. Please wear your ID badge at all times while you are inside the hospital. 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 cafeteria when wearing your ID badge. After your rotation is finished, you must return your ID badge back to Mr. George Huff or to Security.

Gated employee parking is available in the garage on Dameron Drive, which is located on the West portion of the campus off of Forest Glen Road. Please do not park in areas marked for visitor and patient parking after your first day.

For any resident questions concerning the rotation at Holy Cross Hospital, Mr. George Huff is the contact person for OB/GYN, Pediatrics, and Surgical. He may be reached at (301) 754-7236 or George.Huff@holycrosshealth.org. Each service provides an orientation program for new residents at Holy Cross Hospital, including a familiarization with the expectations of the service. You cannot begin your rotation without having supplied the Medical Education Coordinator a copy of your most recent PPD test result and documentation of this season's flu vaccine during the flu season.

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

Needle Stick Injuries

In the event of a needle stick, residents should report to their immediate supervisor, who will

send the resident to Holy Cross's Employee Health Office when it is open and then to the Emergency Room for treatment. You should be seen within 1 hour of any needle stick. If indicated, prophylactic medications will be given to you along with appropriate labs. The hospital will arrange for any serologic studies needed from the patient—do not order these yourself.

- Residents 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>
 - 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 world-class healthcare – every time, every touch – to each person in every community we have the privilege to serve.

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.

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 residents, 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 Medical Campus 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. Further information about INOVA Health System can be found on the website here:

<https://www.inova.org/education/gme>

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION**

Contact Information

Director, Graduate Medical Education	Madeline Erario, MD	703-776-3081
Associate Director, Graduate Medical Education	Shirley Kalwaney, MD	703-776-5734
Sr. Program Manager, Graduate Medical Education	Crystal Hall	703-776-3879
Quality Manager, Graduate Medical Education	Debbie Blackburn	703-776-4497
Reimbursement Manager, Graduate Medical Education	Lori Speidell	703-776-3910
Credentialing Manager, Graduate Medical Education	Mariam Hashimi	703-776-2626
Site Director, Anesthesia Residency Administrator	David Yarnall, MD Emanda Craig	703-776-3138 703-776-3657
Program Director, Bariatric Fellowship Fellowship Coordinator	Amir Moazzez, MD Sarah Hamad	703-776-5912 703-776-5912
Site Director, Emergency Medicine Residency Administrator	Randall Myers, MD JoBeth Eichorn	703-776-3195 703-776-6373
Program Director, Family Practice Residency Administrator	Samuel Jones, MD Kristi Stocks	703-391-2020 703-391-2020
Program Director, General Surgery Residency Coordinator	Jonathan Dort, MD Diann Carreker	703-776-2126 703-776-2337
Program Director, Internal Medicine Residency Coordinator	Alita Mishra, MD Jacki Ferry	703-776-3582 703-776-2173
Program Director, Neurological Surgery Residency Coordinator	James Leiphart, MD Marisol Rivera	703-776-7998 703-776-6375
Program Director, Obstetrics and Gynecology Residency Coordinator	Samantha Buery, MD Sira Visona-Perez	703-776-3396 703-776-2745
Site Director, Orthopaedics Residency Coordinator	Jeff Schulman, MD Kimberly Etherith	703-776-7816 703-776-6141
Program Director, Pediatrics Residency Coordinator	Kathleen Donnelly, MD Brandi Bush	703-776-6075 703-776-6652

Program Director, Pediatric Emergency Medicine Residency Coordinator	Maybelle Kou, MD Steve Schraith	703-776-3195 703-776-7834
Program Director, Podiatric Medicine and Surgery Residency Coordinator	Richard Derner, DPM Kimberly Etherith	703-281-4500 703-776-6141
Program Director, Psychiatry/C+L Fellowship Residency Coordinator	Cathy Crone, MD Pamela Crawford	703-776-3380 703-776-3626
Program Director, Surgical Critical Care Fellowship Fellowship Coordinator	Jill Watras, MD Sarah Hamad	703-776-3564 703-776-5912

GRADUATE MEDICAL EDUCATION OFFICE 2017

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 level, 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*

<https://www.inova.org/education/gme/resident-requirements>

- GME Clearance Card Form
- Confidentiality and Non-Disclosure Agreement for Physicians
- ORP Provider Application/Registration confirmation (if not previously submitted):
- PMP Registration confirmation via PMP Data Center (if not previously submitted):
<https://virginia.pmpaware.net/login>
- Influenza Vaccine Verification (**Rotators on site between October 1 – March 31**)
- VCU Mistreatment Policy Quiz

Required modules are assigned by GME Department after resident paperwork is received and processed. To be verified by GME office

- Epic Training Verification (*GME office to confirm completion of on-line training modules*)
- Annual Education for Acute Care Clinical Staff via HealthStream
- Equal Access: Language and Disability Services via HealthStream

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 x61197, 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.

- 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>

- Additional information can be found on the MedHub home page.

XV. THE NATIONAL INSTITUTES OF HEALTH/NIH CLINICAL CENTER

The National Institutes of Health (NIH), located at 9000 Rockville Pike in Bethesda, Maryland, is an agency of the US Department of Health and Human Services. The NIH is composed of 27 Institutes and Centers conducting basic, translational or clinical research. On its 322 acre campus is the NIH Clinical Center, 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 utilizing the Clinical Center's free application for smartphone devices called NIHCC Take Me There, which is available to download from the Apple Store or Google Play. The application enables users to pinpoint their current location and view directions to nearly anywhere inside the building.

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 via computer work stations in the Clinical Center at <https://www.cc.nih.gov/about/hds.html>.

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 via computer work stations in the Clinical Center at <https://www.cc.nih.gov/about/hds.html>.

All patients at the NIH Clinical Center, admitted either as inpatients or outpatients, are volunteers enrolled in clinical research protocols, who receive their care without charge or third party billing. Annually, there are approximately 4,690 inpatient admissions and 96,860 outpatient visits. Most protocols are studies of the natural history of disease, especially those that are rare, complex or refractory, 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 2,037 active clinical research protocols conducted by 387 principal investigators from the many Institutes and Centers that comprise the Intramural Research Program (IRP) at the NIH, and

supported by the state-of-the-art biomedical and patient care facilities located within the NIH Clinical Center.

Residents rotating to the NIH Clinical Center are under the purview of the administrative staff of the specific NIH IRP Institute or Center responsible for supporting the operations of the NIH training program that is hosting the resident. There is no one central office that is equivalent to a GME Office at an Academic Medical Center, which is responsible for coordinating all resident in-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 systems/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 <https://www.cc.nih.gov/training/gme/programs1.html>. Alternatively, triage information may be obtained through the NIH Clinical Center's Office of Clinical Research Training and Medical Education, which functions in part 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 available for review on campus only via NIH Clinical Center computer systems at: <http://ccinternal.cc.nih.gov/policies/PDF/Bylaws.pdf>. In addition, information about medical records and documentation is available for review while at the Clinical Center in the Medical Record Handbook (on-line via Clinical Center computers and work stations at <http://intranet.cc.nih.gov/ccc/mrh/mrhandbook.pdf>), which summarizes policies and procedures pertaining to medical records, including minimum documentation requirements for inpatients and outpatients, and rules governing access to medical records and medical information. Other information and resources relevant to medical record management at the Clinical Center are available through the Health Information Management Department website accessible only via Clinical Center computers at <http://intranet.cc.nih.gov/medicalrecords/index.html>.

Documentation required for clinical care credentialing will include NIH specific forms (an application and delineation of privileges), evidence of malpractice coverage, and a current curriculum vita. All rotating residents/fellows who will be engaged in direct patient care at the NIH Clinical Center must be approved for clinical privileges. The host program's Credentials Coordinator can provide specific information. Any related questions can be directed to the NIH Clinical Center's Office of Credentialing Services at 301-496-5937.

Orientation activities on the first day of the rotation are conducted by the program hosting the rotation at the NIH. 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 by email at DIS@mail.nih.gov or by phone 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 (lembor@cc.nih.gov). Inquiries can be sent by email to NIH Graduate Medical Education mailbox at NIHGME@cc.nih.gov.

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/infectioncontrol/index.html>.

Needlestick Injuries/Blood Borne Pathogen Exposures

Injuries that involve an exposure to human or nonhuman primate body fluids are treated as medical emergencies (please see on-line from Clinical Center computers only at: <https://www.ors.od.nih.gov/sr/dohs/Documents/3%20emergency%20steps%202011.pdf>). First aid should be initiated immediately on-site as follows: 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 as soon as possible to NIH Occupational Medical Services (OMS) after first aid is administered. OMS is located in the NIH Clinical Center, Room 6C306 (telephone: 301-496-4411). An OMS clinician is on-call to respond to all actual/potential 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 at 301-496-1211.

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

- 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>
- Additional information can be found on the MedHub home page.

XVI. SIBLEY MEMORIAL HOSPITAL

1. Each Resident is required to complete and submit the SMH Registration packet at least 6 weeks prior to the start of the rotation. This allows time to set the "new" resident up in the appropriate data bases, with the electronic medical record and for electronic prescribing. Once set-up in the data base, the Resident can schedule Epic training. Epic is Sibley's electronic health record.
2. <https://greaterwashingtonmd.hopkinsmedicine.org/courses/orientation-for-medical-staff-and-residents/flatDisplayPageCourse/symposiumId/symposiumId> is the new Resident/Medical Staff orientation website. Residents should complete the orientation prior to the start of their rotation.
3. Residents must report to the Medical Staff Services office on the first day of their rotation to complete onboarding, obtain Sibley ID badge and set up parking (if needed).
4. Parking is limited and we encourage the use of "alternative" transportation. Parking is available after business hours and weekends with the use of the Sibley ID badge.
5. All residents are required to take training for our electronic medical record – Epic. If a resident has had recent Epic use, he/she may test out by completing an online test out assessment. Training is held in-person and varied training sessions will be assigned based on the resident's rotation specialty. Epic training must be completed before rotation start date.
6. Residents wishing to e-Prescribe should use Sibley's Controlled Substance registration numbers. Those interested in e-Prescribing must be "certified" by an approved ePrescriber Supervisor.
7. Residents are expected to follow all OR policies. This includes, universal protocol and changing of scrubs upon entering the surgical area.
8. Residents are encouraged to use Sibley's hospital provided protective radiation attire. If residents wish to use their own personal lead aprons/radiation attire, all personal radiation attire must be inventoried and cleared with Sibley's Imaging department before use in the OR.

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.

- 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>
- Additional information can be found on the MedHub home page.

XVII.VETERANS AFFAIRS MEDICAL CENTER – WASHINGTON, DC

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

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

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

- **Security & VAMC PIV:** Residents are required to wear a clearly visible VAMC PIV card at all times. All residents/trainees are subject to suitability background investigation in accordance with VA Directive 0710, Personnel Suitability and Security Program dated August 19, 2005. In compliance with HSPD-12, all applicants will be required to complete (VA Form 0711) for Personal Identity Verification (PIV) Card to access VA Washington DC facility.
- **Parking:** Residents should park in visitor parking Lot #2 on the first day only! HR-Security Service will issue parking passes and stickers for use in designated lots thereafter. When requesting parking card the residents should present car registration and valid driver's license.
- **Checking-Out:** Return Government issued ID card and Parking card and decal during your checkout processed. You must also check your Computerized Patient Record System for incomplete or undictated notes.

Computerized Patient Medical Records System (CPRS): CPRS is the most advanced electronic medical record system in the nation. It was developed to provide a single interface for health care providers to review and update a patient's medical record. Included within CPRS is the ability to place orders for various items including medications, special procedures, x-rays, patient care nursing orders, diets, and laboratory tests. CPRS supports VHA's Patient Safety Program in many ways.

The hospital's computerized imaging system allows clinical images such as CT/MRI, endoscopy, EKGs, and microscopy slides to be digitized and viewed from individual workstations throughout the center.

Real Time Order Checking System: These 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.

- 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>
- 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: <https://www.va.gov/oaa/mandatory.asp>

First Time Users

1. Give yourself plenty of time to complete this process. After you self-enroll, TMS 2.0 needs **20 minutes** to create your account.
2. Only after your account is created can you log in and complete the required training.
3. To Self-enroll you need the following VA facility-specific information. Contact your training coordinator for this information.
 - VA Location code (3-character code)
 - VA Point of Contact first and last name
 - VA Point of Contact email address
4. Go to the [VA Talent Management System 2.0 \(TMS\) website](#)
5. Click on **CREATE NEW USER**
6. Select **VETERANS HEALTH ADMINISTRATION**
7. Select **HEALTH PROFESSIONS TRAINEE** (*NOTE: DO NOT Select WOC*)
8. Complete all **Account** and **Job Information** and click **Submit**

Wait 20 minutes and then continue the steps below.

If you need assistance with TMS, or already have an account, call the **VA Enterprise Service Desk (866) 496-0463**

1. Go to the [VA Talent Management System 2.0 \(TMS\) website](#)
2. Enter the email address you used to enroll and click **Submit**
3. Elect to receive your one-time-passcode via email and click **Submit**
4. Enter the **passcode** and follow all instructions
5. Once logged into TMS 2.0 click the **Home v** and select **Learning**
6. **VHA Mandatory Training for Trainees** should appear in your To-Do list, click on the **Start Course** button to launch the training
 - o **Make sure Pop-Up blockers are turned OFF**

VA Office of Academic Affiliations: VA's teaching mission and its clinical learning environment contribute to excellent patient care for veterans and enhance VA's ability to attract and retain high quality professional staff. VA collaborates closely with academic and professional communities to educate the next generation of health care professions and to identify and develop new specialized areas of clinical training. VA is a highly recognized and valuable national resource in the health care community at large and is valued as a preferred training site for future health professionals. Over 65% of all US-trained physicians, and nearly 70% of VA physicians have had VA training prior to employment. 50% of US psychologists and 70% of VA psychologists have had VA training prior to employment.

https://www.va.gov/oaa/oaa_mission.asp

Further information is available from the medical center website: www.washington.med.va.gov or contact the residency program office at 202-745-8471.

XIX. WASHINGTON HOSPITAL CENTER

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

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

Registration is done online through New Innovations. Once a Program Letter of Agreement has been completed with GW and WHC, the WHC GME office will email information regarding completing the New Innovations checklist. Residents will be expected to upload some documents, including a current flu and PPD as well as a current CV. Registration **MUST** be completed 30 days prior to the start of your rotation.

During this registration process, residents will receive information concerning:

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

WHC Office of Graduate Medical Education staff members include:

- Samantha Baker, Associate Director
- Daniel Zimmet, Manager
- Kevin Vaughn, Coordinator

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.

- 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>
- Additional information can be found on the MedHub home page.