

# **PROGRAM COORDINATORS MANUAL**

MOUNT SINAI SCHOOL of MEDICINE  
Office for Graduate Medical Education

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# Introduction

The requirements and responsibilities of this position represent an ever-greater share of a Residency Program Coordinator's work activities (Tables 1-3).

The requisite knowledge base of a Residency Program Coordinator has expanded, and the administrative paperwork has mushroomed. In addition, the Residency Program Coordinator is now accountable to a number of individuals and organizations, including the Department Chairperson; Residency Program Director; Mount Sinai School of Medicine (as institutional sponsor of many Consortium residency programs) and its Designated Institutional Official; the Mount Sinai Consortium for Graduate Medical Education, House Staff Office and the appropriate Residency Review Committee (RC) of the Accreditation Council for Graduate Medical Education (ACGME). It is the ACGME that develops standards for most graduate medical education programs, assesses programs' compliance with Institutional Requirements, Common Program Requirements, and specialty-specific Program Requirements, and accredits training programs based on site surveys.

A Residency Program Coordinator's effective time management becomes increasingly important, as does his or her ability to understand and comply with institutional, organizational, and governmental requirements and standards for postgraduate education.

The objective of this manual is to provide Residency Program Coordinators with the information they need to accomplish the goals of the residency program effectively. Since many issues discussed here also appear in the [House Staff Manual](#) and the [Program Directors Manual](#), this manual cross-references several important topics. The manual also refers to the ACGME Institutional and Program Requirements, which may be found on the [ACGME website](#).

As with any attempt at a comprehensive manual, there will undoubtedly be subjects that have not been addressed or issues that could be discussed more fully. Please feel free to share your comments and concerns with the leadership of the Coordinators group so that the next edition may be of even greater assistance.

*Special thanks to the individuals listed below for their contributions in creating this manual.*

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Michelle Melendez - C-TAGME, Coordinator, Department of Psychiatry

Bonnie Fultz – C-TAGME, Coordinator, Department of Urology

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Additional thanks to the Sub-Committee Re-Review Members for the final review of this manual (Lorrayne Garcia, C-TAGME, Bonnie Fultz, C-TAGME, Claribel Velasquez, C-TAGME and Sophie Church)

| <b>Table 1</b>  |
|---|
| <b>ADMINISTRATIVE RESPONSIBILITIES OF PROGRAM COORDINATORS</b>  |
| • Assistant to the Program Director   |
| • Serve as liaison with outside agencies and outside rotation site personnel  |
| • Manage and organize the recruitment process   |
| • Conduct appointment and re-appointment of residents/fellows   |
| • Maintain data system management of program  |
| • Maintain accurate and complete files for the program and residents  |
| • Coordinate promptly with requests by the ACGME, GME Office and / or Office of Compliance for information, documentation, etc. |
| • Process and collect documentation for rotators from other institutions  |
| • Coordinate the ongoing departmental activities such as grand rounds   |
| • Track financial budget for the residency program  |
| • Provide credentialing of present and former residents   |
| • And much more....   |

| <b>Table 2</b>                                     |
|--|
| <b>QUALIFICATIONS OF PROGRAM COORDINATORS</b>      |
| • Organizational skills                            |
| • Superb flexibility                               |
| • Effective communication and interpersonal skills |
| • Work independently                               |
| • Computer literate                                |
| • Familiarity with graduate medical education      |
| • TAGME certification (optional)                   |

| <b>Table 3</b>  |
|---|
| <b>MAJOR CHALLENGES INHERENT IN COORDINATING A RESIDENCY PROGRAM</b>  |
| • Dealing with all organizational levels throughout various agencies / departments  |
| • Managing the activities of the current academic year, while preparing for the upcoming year   |
| • Maintaining current knowledge of and compliance with various agencies/departments such as:<br>ACGME, Office of GME, NRMP, New Innovations, NYS 405  |
| • Preparing for Site Visits from: <ul style="list-style-type: none"> <li>- <a href="#">ACGME Site Visit</a></li> <li>- <a href="#">IPRO</a></li> <li>- <a href="#">Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)</a></li> <li>- <a href="#">MSSM GME</a></li> </ul> |



# 11 Things I Wish I Knew When I Started

1. No such thing as 9 to 5!
2. No such thing as a lunch hour!
3. When you are told “I urgently need this today” translation “I needed this yesterday”.
4. When you are told, “You’re only really busy for 3 months out of the year” ...NOT!
5. You would have to familiarize yourself with a multitude of websites, AAMC, ACGME, ECFMG, ERAS, FREIDA, GME, NRMP...the list goes on and on!
6. ERAS (what is that?) and by the way did I mention that you would be looking at an enormous number of applications (anywhere from 500 to 1700), if not more....
7. J-1, H-1 visas, the Office of International Personnel... and then the look that comes over you....”What is that?”
8. You are the frontline person for ....E V E R Y T H I N G! (From beepers, batteries, lab coats, documentation)....the list is endless!
9. Your job description and pay grade do not reflect your actual job functions.
10. The only dumb question is the one NOT asked!
11. Common sense is really a virtue.

## Mentoring Program

The Program Coordinators’ Mentoring Program was initiated in 2008 through the efforts of a voluntary group of “seasoned” coordinators who have been in their position for more than three years. The primary goal of the program is to serve as a support system for coordinators, especially “new” coordinators as they become acclimated to their new role and environment. We have found that these individuals, who have been in their position for less than two years, have multiple questions in regard to doing their job more efficiently.

Mentors are available to guide and assist coordinators with questions related to various Graduate Medical Education topics such as appointments, contacts, evaluations, and institutional requirements. The Chairperson of the Program Coordinators Meetings assigns a mentor to each mentee as the need arises. Mentors and Mentees should communicate regularly and meet at least semiannually to discuss how the mentees have adjusted to and prioritized their duties.

# I. Mount Sinai School of Medicine Consortium for Graduate Medical Education

## A. Mission Statement

The Consortium for Graduate Medical Education is dedicated to the centralization, enhancement, and oversight of the quality of education provided to House Staff at all participating institutions, and to maintain and to improve its graduate medical education programs. At present, there are 10 participating hospitals (Table 4) training over 1,650 residents in 91 ACGME-approved residency programs.

| <b>Table 4</b>   |
|--|
| <b>MOUNT SINAI CONSORTIUM for GRADUATE MEDICAL EDUCATION</b>   |
| <p><b><u>New York City</u></b></p> <ul style="list-style-type: none"><li>• <b>Elmhurst Hospital Center</b></li><li>• <b>Good Samaritan Hospital Medical Center</b></li><li>• <b>James J. Peters (Bronx) Veterans Affairs Medical Center</b></li><li>• <b>The Mount Sinai Medical Center</b></li><li>• <b>Queens Hospital Center</b></li></ul>  |
| <p><b><u>New Jersey</u></b></p> <ul style="list-style-type: none"><li>• <b>Atlantic Health System</b><ul style="list-style-type: none"><li>- <b>Morristown Memorial Hospital</b></li><li>- <b>Overlook Hospital</b></li></ul></li><li>• <b>Englewood Hospital and Medical Center</b></li><li>• <b>Jersey City Medical Center</b></li><li>• <b>St. Joseph’s Regional Medical Center</b></li></ul> |

## B. Membership

The Consortium for Graduate Medical Education, hereafter referred to as “the Consortium,” will consist of Mount Sinai School of Medicine (“the School”), The Mount Sinai Hospital, and all affiliated institutions that have established an academic affiliation with the School for sponsorship of residencies and/or participation in joint graduate medical education (“GME”) programs.

### **C. Office of Graduate Medical Education**

The Office of Graduate Medical Education (GME) provides an organized administrative system to oversee all residency programs sponsored by the Mount Sinai School of Medicine. Under the direction of the Associate Dean for Graduate Medical Education / Designated Institutional Official (DIO), the office provides instruction and support to the program directors, coordinators, and house staff officers of our various training programs.

#### **Responsibilities of the Office of GME include:**

- Oversight and Management of Resident Education
- Designated Institutional Official (DIO)
- Monitor ACGME, NYS 405, and other Agencies' Regulations
- Provide Support to the Program Directors, Program Coordinators, and Housestaff Officers
- Approve Correspondence to RC
- Approve Requests in ACGME Accreditation Data System (Web Ads)
- Maintain Affiliation Agreements and Program Letters of Agreements
- Program Evaluation and Accreditation
- Institutional Review
- Conduct Midpoint Internal Reviews of sponsored ACGME programs
- Oversee the Consortium Use of the New Innovations System
- Institutional Official National Residency Match Program (NRMP)
- Graduate Medical Education Committee (GMEC) Meeting - *Monthly*
- Program Directors Meeting - *Quarterly*
- Program Coordinators Meeting - *Quarterly*
- Core Curriculum - *June*
- Chief Resident Retreat - *May*

#### **1. Designated Institutional Official (DIO)**

The Associate Dean for Graduate Medical Education also holds the position of ACGME Designated Institutional Official (DIO). As DIO, the Associate Dean for Graduate Medical Education at Mount Sinai School of Medicine must cosign all correspondence to an RC and Program Letters of Agreements. The Office for Graduate Medical Education is available to provide assistance in composing correspondence to an RC.

## 2. Transition in Program Director

The ACGME requires the Graduate Medical Education Committee to review and approve all program director appointments. In this review, the GMEC must ensure that newly appointed program directors are appropriately qualified and have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities. Please review the additional specialty-specific requirements for program director appointments at [www.acgme.org](http://www.acgme.org).

The Department Chair **must** submit the following information to the GME Office when a change of program director occurs:

- a. Complete CV for the prospective program director appointee
- b. Show how the program will ensure appropriate resources (protected time, salary support, administrative support, technological support, etc.) for the new program director
- c. Contact information for the prospective program director appointee

The request for a change in program director will be added to the next GMEC Meeting agenda for review and approval. Upon approval, the GME Office will initiate the change in the Web ADS system.

## D. Internal Reviews

The Internal Review Committee (IRC) of the Graduate Medical Education Committee (GMEC) is responsible for conducting regular reviews of all sponsored residency programs of institutions within the Consortium to ensure their compliance with Institutional and Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME).

The review occurs at approximately the midpoint between the effective date of the most recent ACGME accreditation status and the projected date of the next scheduled RC site visit. The GMEC may recommend additional reviews, if needed.

The program is **responsible** for providing the following written information for review by the IRC:

- ACGME Core Competency questionnaire
- Goals and objectives for each year of training and for each rotation.
- Departmental policies regarding the supervision of residents.
- Departmental policies regarding resident duty hours (including moonlighting).
- Curriculum vitae for key program faculty. (In core programs, a list of relevant qualifications and representative publications will suffice.)

- Samples of all evaluation forms used in residency education, including evaluations of residents, faculty, rotations, and the program.
- Summary of evaluation tools.

The duration of the review is approximately 90 minutes. Subsequent to the review, the Associate Dean for Graduate Medical Education sends a final Internal Review report containing the findings and recommendations of the program leadership and various members of the Hospital administration. Refer to [Program Directors Manual](#) for a more detailed description of the Internal Review procedures.

## **II. Accreditation Council for Graduate Medical Education (ACGME)**

The Accreditation Council for Graduate Medical Education (ACGME) is a private, nonprofit council that evaluates and accredits residency programs in the United States. There is a Residency Review Committee (RC) for each approved specialty. Accreditation of a residency program (core and subspecialty) indicates that it is judged in substantial compliance with the Essentials of Accredited Residencies in Graduate Medical Education including Institutional Requirements and Program Requirements. Visit the [ACGME website](#) for further information on the various accreditation status and requirements (institutional and specialty).

### **A. Accreditation Status for Core Programs**

Subsequent to a visit from the RC, the ACGME confers an accreditation status on the program and identifies areas of noncompliance with Institutional and/or Program Requirements.

### **B. Accreditation Status for Subspecialty Programs**

The accreditation status of a subspecialty program that is required to function in conjunction with an accredited specialty program is related to, or dependent upon, the status of that program. Because of this dependency, only a limited number of accreditation actions are appropriate.

### **C. ACGME Requirements for All Residency Programs**

The ACGME maintains requirements not only for institutional sponsorship of programs but also for specific training programs in general and subspecialty areas. These Institutional and Program Requirements may be found on the [ACGME website](#). These requirements supplement the policies and procedures of the Consortium and of the institution at which the program is based. Program Directors should also refer to the House Staff Manual for additional policies.

## 1. Web Data Collection Systems (WebADS)

The Web Accreditation Data Collection Systems (WebADS) is a secure Internet based data collection system on the [ACGME website](#) that collects and maintains data on residents, program structure and leadership, RC activity for the program, and sponsoring institutions. Similar information is to be posted to the AAMC's GME Track Census, which also feeds into the AMA's FREIDA online system.

The GME Database Administrators may assist programs in uploading basic resident data from New Innovations to WebADS. However, each program must log in to both New Innovations and WebADS to update general program information and to accept/approve the uploaded records. User names and passwords are provided directly to Program Directors by the ACGME and the AAMC.

## 2. Residency Review Committee (RC) Site Visit

The RCs perform periodic on-sites visit to each accredited residency program. You can anticipate the approximate date of your next site visit from your prior accreditation letter. The actual notification occurs at least 90 days in advance of the site visit. Intervals between site visits range from one to five years. A longer period generally indicates that the ACGME and RCs are more confident about a program's ability to provide quality education.

The site visitor is not the decision-maker regarding quality of a given educational program. The site visitor is a fact finder, whose role is to verify and clarify the information provided in the Program Information Form (PIF) by interviewing residents, faculty, program leadership, administrators and the DIO.

The PIF and the site visitor's report form the basis of the RC's review and accreditation decision. After the visit, the site visitor submits a written report to review committee members. All RCs meet at least two times per year. The ACGME strives to review programs as quickly as possible after the site visit. The schedule of meetings for the RC and the Institutional Review Committee is available on the ACGME web. You may also contact the RC team if you want to determine when your program will be reviewed. Within a few days of the end of the meeting, the program director and the designated institutional official will be notified via e-mail of the accreditation status and tentative date of the next site visit. The detailed accreditation decision will be sent by mail between 60 and 90 days after the RC meeting.

### Preparing for Site Visit

The **accuracy**, **completeness** and **organization** of key files and documents are key elements to a successful visit. It is **very important** to carefully read and follow the instructions provided in the Program Information Form and any correspondence from the ACGME and/or the site visitor.

***The outline below describes the things that you should expect / do and the approximate timeline for getting those things done!***

### **3 – 4 Months Before Site Visit**

- Notification arrives with the actual date of the site visit and due date for Program Information Form (PIF)

In the event of a serious conflict, you should contact the Director of the Field Staff at the ACGME, Ingrid Philibert, Ph.D., and discuss the possibility of rescheduling the site visit. This request, however, should be based on an important conflict. If you request a change in the date of the site visit, please do so within **21 days** of notification of the date. If it is later than this, the ACGME will charge \$2,000.00 for the change. This fee will not be carried by the GME office and must be paid by the program.

- Create a checklist of all requirements specified in the correspondence from the site visitor or ACGME.
- Review your specialty's Program Requirements and the Common Program Requirements.
- Begin preparing your PIF

### **4 – 6 Weeks Before Site Visit**

- Site Visitor contacts program to arrange the schedule of the visit. This includes arranging meetings with the program director, program coordinator, key faculty, residents, and DIO.
- Review the PIF for accuracy and completeness
- PIF is sent to the Office of Graduate Medical Education for review and the DIO's signature.

### **2 – 4 Weeks Before Site Visit**

- Mail PIF as specified in the notification letter
- Conduct a pre-site visit meeting
- Order Catering

### **Day of the Site Visit**

- Site visitor meets with the program director, program coordinator, key faculty, residents, and DIO.

## **3. Program Information Form (PIF)**

The Program Information Form (PIF) is a document that explains the residency and fellowship programs to the ACGME. The PIF for your RC can be obtained directly from the ACGME web. It is particularly useful to download it rather than print it out so that the information can be entered directly on it.

The RC site visitors seek to match the facts of the program with the PIF.

It is helpful to circulate a draft of the PIF to key faculty members and the house staff to ensure its accuracy. Each person scheduled to meet with the site visitor must review the final PIF.

**The outline below describes how to prepare a successful PIF.**

- Upon receipt of the notification letter, confirm that the program director, department chair, and key faculty will be available on the date of the site visit. If, for some reason, the program director or department chair will not be available, contact the ACGME as quickly as possible and request a change of date.
- Start collecting the required information upon receipt of the notification letter.
- PIF should demonstrate knowledge of program requirements.
- Complete the entire PIF. Leave no blanks.
- Ensure that all information given in the PIF is readily verifiable.
- Send the PIF to the Office of Graduate Medical Education for review and approval one month before mailing it to the ACGME site visitor.
- Send the signed PIF to the site visitor so it arrives at least 2 weeks before the date of the site visit. Do not bind or staple the PIF
- Develop the schedule for the site visit according to the instructions provided by the site visitor. Publicize the schedule to everyone in your department that is expected to participate, emphasize the importance of participation and punctuality. All pagers and cell phones should be off, and participants should be dressed in a professional manner (no scrubs).
- Schedule a room that is comfortable and large enough to accommodate all the participants throughout the day. Most site visitors prefer to have all meetings in the same room.
- Communicate with the site visitor prior to the visit
  - Provide the reviewer with directions and the location for the visit
  - Ask the reviewer where he/she would like to review the resident/fellow files. Some reviewers request that files stay in the office while others review them in the conference room. *Make sure all files are organized.*
- Typically, the site visitor will first discuss in detail the previous citations or concerns and the program's response in correcting these. It is important that the program director be prepared to answer these queries satisfactorily.
- It is essential that an appropriate composition and cross-section of house staff be available for the site visit. If there are more than 10 house staff in the program, the site visitor will likely designate the desired complement, for example X number from each year of training. It is important that the house staff selected to be present are ***peer selected***.



- Order catering for the site visitor and house staff. Typically, the site visitor will request to meet with your house staff during the lunch hour.
- During the visit, the coordinator should be available to meet with the site visitor, if asked, or to locate any additional material requested by the site visitor.
- Residents to be interviewed should be freed of obligations and have pagers turned off for the duration of the time with the site visitor.
- It is essential that no substantial change be made in the PIF between the time that the copy is sent to the site visitor and the day of the site visit. If any changes are made, a corrected copy should be provided to the site visitor on the day of the visit and the specific changes indicated by post-it notes or highlighted by other means.

#### **4. Resident / Fellow Files**

Each house staff member in an ACGME approved residency or fellowship program *should* have a file containing the following:

- a. Resident/fellow personnel (permanent) file for current residents and those who completed training during the past 3 years. This file should include the following:
  - Resident/fellow's application and supporting materials such as letters of recommendation.
  - Copy of signed ACGME approved contract for each year of training
  - Final summary evaluation of any resident/fellow who has completed your program. This evaluation should include verification of achievement of the six core competencies and should state that this physician is able to "practice independently and competently" in their field of training.
  - Final copy of any applicable procedure logs upon completion of training
  - Final Delineation of Privileges signed and dated by Resident, chairperson, and program director
  - Verification of any prior training including a competency-based summative evaluation, letter(s) of recommendation, a block schedule and a delineation of privilege form. This verification of training is required for the: PGY-1 year if your program starts in the PGY-2 year, for all core training program years if yours is a fellowship program, and when a resident/fellow transfers to your program.
- b. Resident/fellow evaluation files (keep for at least 5 years post completion of training)
  - All resident evaluations (may be periodic summaries)
  - Notes from twice-yearly meetings with program director or other advisor
  - Procedure logs, where applicable
  - Copies of additional certifications (i.e. ACLS, PALS)
  - Copies of institution-specific training module certificates (i.e. HIPAA, ELM, Sleep Deprivation)
  - Duty hours logs

## 5. Core Competencies

The ACGME mandates that a residency program must require its residents to obtain competence in the six areas listed below to the level expected of a new practitioner. Programs must define the specific knowledge, skills, behaviors, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate:

- a. *Patient Care* that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. *Medical Knowledge* about established and evolving biomedical, clinical and cognate (i.e. epidemiological and social/behavioral) sciences and the application of this knowledge to patient care.
- c. *Practice-Based Learning and Improvement* that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. *Interpersonal and Communication Skills* that result in effective information exchange and collaboration with patients, their families, and other health professionals.
- e. *Professionalism*, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. *Systems-Based Practice*, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

## 6. Case and Procedure Logs/Credentialing

Every resident in an ACGME accredited surgical specialty or subspecialty program is required to maintain a log of every OR case in which he/she participates over the course of his/her training. Residents in non-surgical programs may be required to log technical procedures. Each program is required to monitor these logs and ensure that the residents are getting sufficient experience as identified by the specialty's RC.

The ACGME maintains a data system for this purpose on its website at [www.acgme.org](http://www.acgme.org). The program coordinator typically serves as system administrator, updating information about the resident users, assigning user passwords, and running reports. The system is relatively uncomplicated, and instructions are available on the website. Data from the ACGME website can be downloaded into New Innovations relatively easily as well.

Case logs must be reviewed as part of the residents' evaluations, signed by the resident and program director, and maintained in the resident's file. The final, signed, case logs of graduating residents are reviewed by the ACGME at the end of each academic year, and a report is disseminated measuring the operative experience of the graduating residents against that of their peers nationally.

Program Directors are responsible for granting the privilege to perform procedures without direct supervision. The New Innovations Procedure Module can be set up to do this manually or automatically after a predetermined number of procedures have been done successfully.

## **7. Curriculum**

Each residency program must establish and distribute to residents a curriculum containing goals and objectives for the residency. Goals and objectives must be delineated by rotation and by year of training. Before the beginning of each rotation, program faculty must review the rotation's goals and objectives with each resident. Program faculty and resident representatives must have annual, documented meetings to review the curriculum. The GME Consortium mandates the use of the New Innovations Curriculum Module, which sends the goals and objectives for the upcoming rotation to the residents.

## **8. Program Letters of Agreement**

The ACGME requires that a Program Letter of Agreement be developed for each institution to which residents rotate. This Agreement is distinct from a Master Affiliation Agreement signed by Mount Sinai School of Medicine and an affiliated institution.

The **maximum** duration of a Program Letter of Agreement is **5 years** and must contain the following information: a) the names of all faculty who will assume both educational and supervisory responsibilities for residents; b) faculty responsibilities for teaching, supervision, and formal evaluation of residents; c) the duration and content of the educational experience; and d) the policies and procedures that will govern resident education during the assignment.

The required form for Program Letters of Agreement for rotations **within** the Consortium is **Appendix 2** to this Manual. The form for rotations to **non-Consortium** institutions is **Appendix 3**. All other signatures should be obtained before forwarding to the Associate Dean for Graduate Medical Education for signature. It should be noted that Program Letters of Agreement are not needed for ambulatory care facilities or for rotations to physicians' offices, unless specifically requested by an RC in its program requirements. It is important to note that an amended PLA must be executed whenever a program director change occurs.

## C. Non-ACGME Programs

Non-ACGME accredited training programs are the responsibility of the sponsoring academic department and do not fall under the jurisdiction of the GMEC.

Though clinical fellows in non-ACGME programs are generally regarded as trainees, they are gaining clinical experience where additional subspecialty certification is not available.

Residency training programs accredited or approved by the ACGME fall within the jurisdiction of the GMEC, which provides oversight to ensure compliance with all institutional and ACGME requirements. These include but are not limited to educational concerns and activities, and policies on duty hours, supervision, evaluation, due process, and resident work environment.

Any department/division appointing a “Non-ACGME” resident/fellow must contact the GME office for the “Request to Fill a Non-ACGME-Approved Position with Non-Hospital/Non-School Funds” form. The form is to be filled out accurately before any appointment to house staff can be submitted for processing. Salaries for residents/fellows who are Non-ACGME vary and the department can decide on any salary amount they choose. In some cases departments can decide to go according to the hospital salary scale, so discuss this with your program director before the paperwork is submitted. The form must be signed by Dr. Scott Barnett (GME office) and Stephen Flaim (House Staff Affairs).

## III. House Staff & Program Management

House staff is a term used to describe interns, residents, and clinical fellows. They are physicians and surgeons in specialty training at a hospital who are receiving additional training after graduation from medical college.

### A. Recruitment of House Staff

A major activity of the residency program is recruitment of new residents, and the program coordinator often organizes all aspects of this process.

Recruitment begins in earnest when the Electronic Residency Application Service (ERAS) begins accepting application in **early September** each year. Subspecialties’ application schedules may be different and programs should refer to the NRMP schedule for further information.

Recruitment season will remain the same from year to year, but changes should occur depending on the feedback received from the applicants and residents. It is important

that the program coordinator meets with the program director to review the current format and implement changes deemed appropriate such as:

- The length of the interview period
- Determine interview dates
- Determine the number of applicants to be interviewed per day/week
- The number of faculty member who will participate
- The maximum number of applicants who will receive interviews

Program coordinators must designate ample time **(September-October)** to prepare for the coming interview season **(November)**. The coordinator will be primarily responsible for the following:

- Preparing program handouts
- Name tags
- Arranging faculty interviews
- Reserving conference room(s)
- Resident hosts
- Drafting invitation letters
- Scheduling applicants for interviews
- Catering

## **1. Resident Selection**

The Consortium for Graduate Medical Education of the Mount Sinai School of Medicine is dedicated to attracting the highest quality House Staff as well as to maintaining cultural diversity among the resident body. The Consortium welcomes applications from all eligible physicians. Selection is based solely on the applicant's demonstrable ability and qualifications for the job.

All Mount Sinai School of Medicine residency programs, both sponsored and affiliated, must register with the Electronic Residency Application Service (ERAS), which is sponsored by the AAMC. Programs should require prospective House Staff to apply via ERAS. Use of this service allows for efficient management of data, including information on incoming House Staff that must be uploaded to New Innovations.

All residency programs sponsored by Mount Sinai School of Medicine should participate in the National Resident Matching Program (NRMP) for the selection of residents for first-year positions. The GME Committee, including residency positions filled outside of the NRMP, will review residency recruitment on a yearly basis.

- a. FREIDA** is the acronym for Fellowship and Residency Electronic Interactive Database. It is a free online database that provides general and detailed information on all graduate medical education programs accredited by the ACGME. View the link [FREIDA Online](#) for more information.

**a. Electronic Residency Application Service (ERAS)**

[ERAS](#) is a service that allows medical school students and graduates to apply electronically for residency positions in U.S. graduate medical education programs. Applicants and their designated Dean's office are able to forward applications and supporting credentials to residency program directors via the Internet.

The two components of ERAS that program coordinators should focus on are the **Program Director's Workstation (PDWS)** and **ERAS Post Office**.

The **PDWS** component allows the program's representative(s) to receive, sort, review, evaluate, and rank applications. Applications should be downloaded daily.

The **ERAS Post Office** transfers the application materials from applicant to programs. It is usually available starting on September 1<sup>st</sup>. Your program should contact the ERAS Post Office on a daily basis to download application materials.

ERAS allows you to create e-mails, interview schedules, and generate reports.

**Transferring Data from ERAS →ACGME→New Innovations**

In mid-March, residency programs must import the data for all of the residents/fellows that matched to their programs.

**b. Applicant Interview**

Interview season can begin as early as October and end as late as February depending on your program. Interviews can be a one to two day process. The interview day can start as early as 7:45a.m. and end as late as 4:00p.m. Some programs have a meet & greet session either the night before or after the interview day, so applicants can have an opportunity to meet the residents in a more relaxed setting.

**A quick guide for preparing the faculty:**

- Familiarize the faculty with the program updates
- Familiarize the faculty on the interview process and feedback format
- Ask the faculty to review the applicant files before the interview
- Remind the faculty of the speaking "do's and don'ts"

**Example of an Interview Day - Pediatrics**

7:45: Meet with Chiefs - Welcome and Orientation

8:00 - 9:00 Teaching Attending Rounds on Floors

(Pulled out for 15 minutes resident interviews)

- 9:15 - 10:00 Morning Report
- 10:00 - 10:30 Overview of program by Program Director, Associate Program Directors, and Chief Residents. A PowerPoint presentation is shown to emphasize the strengths of the Pediatrics Residency Program, such as Pediatric Research Day, Resident participation and presentations at meetings, and social activities.
- 10:30 - 11:30 Interviews  
(1/2 hour with Faculty & 15 minutes with Chair/PD/ Associate PD)
- 11:30 - 12:15 Lunch with only Residents
- 12:15 - 1:00 Noon Conference
- 1:00 - 1:45 Tour of facilities by Chief residents
- 1:45 - 2:30 Wrap-up and Q & A session with Program Director, Associate Program Directors, and Chief Residents

**c. National Resident Matching Program (NRMP)**

[NRMP](#) is the official name of the Match. It is a national internet-based system that helps match applicants to postgraduate training positions in one of the four categories of programs participating in the Match.

The four categories of programs participating in the Match are as follows:

**Categorical** - programs that begin in the **PGY-1 year** and provide the training required for board certification in medical specialties.

**Advanced** - programs that begin in the **PGY-2 year** after a year of prerequisite training.

**Preliminary** - one-year programs beginning in the PGY-1 year that provide prerequisite training for advanced programs.

**Physician** - programs that are reserved for physicians who have had prior graduate medical education. Physician programs are not available to senior U.S. medical students.

Programs must register in the [NRMP R3 System](#) to be a participant in the NRMP. This system allows individual access to Registration, Ranking, and Results. As a registered user for a Match, your program will be able to login to the NRMP R3 System using their AAMC ID and password.

It is essential that your program **register** at the NRMP R3 System **annually** for the current match by updating profile and program information. Afterwards, your program **must** submit it's **rank order lists** for the Match electronically via the NRMP R3 System. Refer to the Dates of NRMP Matches for your program's rank order list deadline.

All applicants should be ranked in preferential order, beginning with #1 for the most suitable applicant. The NRMP uses the preferences stated on the Rank Order Lists submitted by the applicants and programs to place individuals into positions.

The NRMP shares the results of the Match over a four-day period during Match Week. Match day takes place on the third Thursday of March. This is the day that applicants find out which specific program they matched in and training programs find out if they matched and who their incoming house staff will be.

### **Match Week**

**Monday** - Applicant matched and unmatched information posted to the Web site at 12:00 noon Eastern Time.

**Tuesday** - Filled and unfilled results for individual programs posted to the Web site at 11:30 a.m. eastern time.

Locations of all unfilled positions are released at 12:00 noon Eastern Time. Unmatched applicants may begin contacting unfilled programs at 12:00 noon Eastern Time.

**Thursday** - Match Day! Match results for applicants are posted to Web site at 1:00 p.m. eastern time.

**Note:** Any contact between programs and unmatched applicants prior to 12:00 noon on the Tuesday of Match Week is a violation of the Match Participation Agreement. Contact between programs and matched applicants prior to the general announcement of Match results at 1:00 pm on Thursday, of Match Week, also is a violation of the Match Participation Agreement.

### **Scramble**

As of the 2012 Match, the old "Scramble" will be replaced by a Match system that will require applicants to post their material in ERAS.

After the general announcement of the Match results on Match Day, congratulatory letters should be sent to all of your program's "matched" applicants. However, if your program does not match then the scramble process begins.



## **2. Educational Commission for Foreign Medical Graduates (ECFMG)**

All candidates for residency training who are foreign-born International Medical Graduates must receive certification by the [ECFMG](#) regardless of their visa eligibility.

The ECFMG will only provide certification to qualified individuals who are entering ACGME-approved residency programs. Foreign-born IMGs who wish to enter non-ACGME-approved programs will not routinely be able to receive ECFMG approval. However, ECFMG approval can, on an exception basis, be given to foreign national physicians who wish to enter the United States for advanced training in programs involving observation, consultation, teaching, or research, with or without patient contact, without necessarily having received the ECFMG certificate. These visitors may remain in the United States for a maximum of three years, with a possible six-month extension under specific circumstances. They cannot, however, be engaged in residency training or be involved in the treatment of patients.

### **a. Office of International Personnel**

The [Office of International Personnel](#) is available to provide information and assistance with the processing of Employment Visas for foreign nationals. Requests for Visas not only pertain to new hires, but can also include extensions, transfers, and changes of status for existing employees.

It is strongly advised that all program coordinators familiarize themselves with the procedures and policies for the H-1B and J-1 visa type.

- **Exchange visitor (J-1)**

All hospitals should require foreign-national physicians to use the J-1 visa when entering residency training. ECFMG sponsorship is required for issuance of the J-1 visa. ECFMG sponsorship is routinely given to individuals who have ECFMG certification and are accepted into ACGME approved programs or programs recognized by the American Board of Medical Specialties.

In general, the J-1 visa is good for the time required to meet the educational requirements for certification as recognized by the ACGME. However, exception is now made if the American Board of Medical Specialties requires an extra year of research beyond the accredited length recognized by the ACGME. In addition, visa extensions can be obtained if the resident is appointed Chief Resident, providing such an appointment is competitive, responsibilities are clearly defined, and the position is eligible for Health Care Financing Administration (HCFA) reimbursement. Upon termination of the J-1 visa, as per immigration regulations, the physician is required to return to his/her home country for a period of two years. If the

physician wishes to remain in the United States upon completion of the time allotted by ECFMG, he/she may apply for a J-1 Waiver of the two-year home residency requirement.

- **Temporary worker (H-1B, O-1)**

The H-1B visa is a nonimmigrant visa issued to workers coming to the United States to perform work within one of the designated “specialty occupations.” The H-1B category allows specialty workers to enter the United States to work for a period of up to six years. A “specialty occupation is defined as an occupation requiring the alien to possess theoretical and practical application of a body of highly specialized knowledge. In order to meet this requirement, immigration regulations require the applicant to have a bachelor’s degree or its equivalent in an enumerated specialty for entry into the United States in that occupation.

Foreign medical doctors applying to a clinical employer or residency training program for H-1B classification must additionally show:

- a. A state medical license;
- b. Passing scores of USMLE 1, 2 & 3;
- c. English language proficiency as documented by ECFMG certification or a medical school diploma from a U.S. accredited school; and
- d. An M.D. or equivalent foreign degree or unrestricted foreign Clinical Medical License. If a FMG has obtained a J-1 waiver of the two-year home residency requirement, J-1 doctors may change their status to that of an H-1B.

It is important to note that the H-1B visa is employer-specific. If the H-1B employee is terminated, the employer is responsible for reasonable return transportation costs. Upon termination, the employer will notify the immigration service that they wish to withdraw the H-1B petition since the employee is no longer working for the employer.

**b. Resident Eligibility**

Applicants with any of the following qualifications are eligible for Appointment to Mount Sinai School of Medicine-sponsored residency programs:

- a. Graduates of medical schools in the United States and Canada accredited by the LCME.

- b. Graduates of medical schools in the United States and Canada accredited by the American Osteopathic Association (AOA).
- c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
  - i. have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); or
  - ii. have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- d. Graduates outside of the United States who have completed a Fifth Pathway Program provided by an LCME-accredited medical school.
- e. Graduates from medical schools outside the United States and Canada who are United States citizens and do not meet the above qualifications, but who have successfully completed the licensure examination in a U.S. jurisdiction in which the law or regulations provide that a full and unrestricted license to practice will be granted without further examination after successful completion of a specified period of graduate medical education.
- f. Graduates of medical schools in the United States and its territories not accredited by the LCME, but recognized by the educational and licensure authorities in a medical licensing jurisdiction.
- g. Graduates of schools of podiatry accredited by the Council on Podiatric Medical Education who are applying for podiatric residencies.
- h. Graduates of dental schools accredited by the Commission on Dental Accreditation who are applying for dental residencies.

### **3. House Staff Affairs Office**

The House Staff Affairs Office covers all aspects of:

- Appointments & Reappointments of new interns, residents, and fellows (ACGME & Non-ACGME)
- Certificates of Completion for graduating house staff

- Issues DEA Numbers, Dictation Numbers & Life Numbers
- New Innovations Training – provided after GME training
- Oversees certain modules in the New Innovations System: Block Schedule, Demographics, Duty Hours, and Procedure Loggers
- Process rotators to Mount Sinai from **Inside & Outside** of the Consortium Hospitals

The House Staff Affairs Office conducts a House Staff Coordinator Workshop in March and October. One of the workshops is dedicated entirely to “How to Process a Rotator and Reappointments.” The second workshop covers “How to Process New Appointments of Interns, Residents, and Fellows.” Handouts are provided at both workshops. It is strongly recommended that all program coordinators attend both workshops. Please refer to the [House Staff Manual](#) for additional assistance before contacting the staff of the House Staff Affairs Office (contact information can be found in Appendix 7).

- Credentialing** – The verification of documents needed for review for appointment to the house staff - checklist for all new hires can be found in **Appendices 8 and 9**.
- New Appointments** - Review Appendix 6 for how to process New Appointments for both U.S. graduates and foreign graduates.

**Reappointments** – This process is completed in HRTS.

**c. The Mount Sinai Orientation**

During the month of June, all entering first-year (PGY-1s) residents are expected to attend the **one-day mandatory** orientation/ registration session **and a two-day mandatory** Core Curriculum program. Residents will be paid **only** if their attendance is recorded for all three days.

The one-day mandatory orientation/registration session for all PGY-1s consists of the following: Human Resource sign-in, ID pictures, benefits sign-in, CPR credential check, employment eligibility, verification (I-9), laundry distribution, Employee Health screening, and composite photo. All house staff officers must bring the required identification and credentials with them to Registration for employment verification. It is important that the house staff officers photocopy both sides of their ACLS/CPR cards.

**Core Curriculum** is a 2-day curriculum sponsored by the Office of Graduate Medical Education. All entering first-year residents are expected to attend. During the training sessions, the residents will be able to obtain **certification in Child Abuse Recognition and Infection Control**. Other House Staff available at this time are also invited to attend to receive certification. The individual departments should maintain certificates.

Towards the end of June, there is a **one-day mandatory** event for **all PGY-2s and above, outside transfers, and fellows**. The day consists of the following mandatory events: orientation/registration, infection control/mask fitting, and HIPAA course. All house staff officers must bring the required identification and credentials with them to Registration for employment verification. PGY-2s and above will be paid **only** if their attendance is recorded at all three events.

**d. Rotators**

There are 2 types of Rotators, those IN the Consortium and those NOT in the Consortium. Please review **Appendix 5** for Consortium Listings and Rotator Checklists. Should a medical student contact your department to inquire about doing an elective, kindly direct him/her to the Office of Student Affairs at 212-241-4426.

**e. HRTS**

HRTS is utilized for any House Staff Officer for any changes that can occur i.e. transfers, job/salary source change, LOA's, and terminations.. Individuals who have been employed for less than a year must be put out on maternity leave with a P-111. A P-111 is also used when a house staff officer is staying after completing residency – terminating them from house staff but stating that they are “Staying on as Faculty”.

**f. Leave Time**

Employees of the Medical Center are entitled to a leave of absence. Please refer to the [House Staff Manual](#) as well as the Family and Medical Leave Policy in the Human Resources Policy Manual on the Mount Sinai Intranet.

**g. Termination**

A House Staff Officer may be terminated from his or her residency program for failure to abide by the By-laws, Rules, and Regulations, or policies of the Medical Center or of the medical staff; for falsification of any Medical Center document; for any activity that may threaten the safety or welfare of a patient, employee, or other physician; or for any action that may be detrimental to Medical Center operations.

This process can be completed in HRTS system only if the house staff officer is being paid by Hospital or departmental funds.

**B. Employee Health Service (EHS)**

EHS, located at 17 East 102nd Street, Second Floor, 2<sup>nd</sup> Floor, is an ambulatory care unit, operating Monday through Friday, from 8:00am – 4:00pm, solely for the care of Mount Sinai employees and applicants for employment and volunteer positions.

Services include:

- Physical examinations are performed on applicants for hospital employment and voluntary positions
- Administer and review mandated employee health questionnaire
- State mandated OSHA tests, immunizations and administration of influenza vaccine
- TB testing and Screening
- Random drug testing
- On job accidents, injuries, exposure to blood/body fluids, bites, burns, falls

### **C. Real Estate Division**

Mount Sinai owns several apartment buildings for housing professionals and students in the vicinity of the Medical Center. Size of household is a factor in determining housing assignments. Occupancy is subject to availability. Applications for housing are available from the Real Estate Division. It is imperative that you always check with the Real Estate Division before disseminating information and applications.

**D. Office of Human Resources** is located at 320 East 94<sup>th</sup> Street. It covers many areas such as Recruitment & Staffing, Compensation, Benefits Administration, Labor Relations, and International Personnel.

**Compensation** is determined by the postgraduate year (PGY) of training. Non-ACGME-approved positions carry no fixed salary (compensation) level, but must not be lower than the NIH salary scale for post-doctoral trainees. The scale can be found at <http://www.mssm.edu/education/postdoctoral-training/policies/stipends>. Fringe benefits must be comparable to those provided house staff officers in accredited programs.

Paychecks are issued biweekly and distributed every other Friday. All House Staff should contact their Department Administrator to find out where their checks may be claimed. Paycheck cashing is available on Hospital premises. Direct deposit is available. For information about Direct Deposit, call (212) 731-3200.

Mount Sinai provides House Staff Officers many benefits, including: Health Insurance, Dental Insurance, Optical Insurance, and Life Insurance. Further information is available from the Benefits Administration Office.

If needed, contact Mr. Gerry Mercado, Compensation Coordinator at 212-731-7739 or visit 320 East 94<sup>th</sup> Street (between 1<sup>st</sup> & 2<sup>nd</sup> Avenue) on the 4<sup>th</sup> Floor.

- **Family and Medical Leave Act** is a federal law that protects an employee's position for up to 12 work weeks under certain circumstances and when all required conditions have been met. For instructions and the required two forms (Designation Notice and Health Certification for Family and Medical Leave), please review the Human Resources website under Forms and Publications.

Completed forms must be submitted to School HR within 15 days. The School HR can be reached at 212-241-4097. Feel free to contact Caryn Tiger-Paillex (212-241-4097) or Danielle Tyson (212-241-4054) with questions.

## E. Computer Training for Coordinators

- **Amion** is a proprietary product that many departments use for on call scheduling. It may be used to check who is on call for a particular department; go to <http://www.amion.com/> and type in MSSM. To add your departmental information onto AMION you must contact Lawrence Mumm, the AMION contact person at Mount Sinai. He can be reached at 212-241-4760 or via email at [lawrence.mumm@mssm.edu](mailto:lawrence.mumm@mssm.edu)

**Sinai Central** is a web-based program that includes Employee Self Service, the Human Resource Transaction System (HRTS), and Finance.

In the Employee Self Service section, you will be able to:

- Change/Update emergency contact
- Access your payroll online (if you signed up for your paychecks online)
- Access Equal Employment Opportunity Surveys
- Change/Update tax forms and addresses

In the Finance section, you will be able to:

- Initiate transactions such as:
  - Purchase Orders
  - Check requests
  - Fund numbers
  - Travel requests and vouchers (vouchers should be initiated after the trip for reimbursement)
  - Petty cash
  - Deposits
- Order supplies

In HRTS, you will be able to:

- Terminate employees
- Enter leaves of Absence for residents and staff
- Employee Transfers
- Change Salary sources
- Change/update salaries

- Change/update job class or job title
- Provide bonuses

## **F. EPIC**

Currently, Mount Sinai has multiple computer systems in place for the inpatient system: EDR for lab results, TDS for ordering, IBEX in the Emergency Room, Signout for residents' workflow, and at least 5 others, in addition to the paper charts for each patient. EPIC, a private, employee-owned company founded in 1979 solely in the business of designing electronic medical records (EMR), and already in place in the outpatient setting at Mount Sinai since 2006 will replace ALL of these systems in three phases.

Phase 1 – going live on October 26, 2010 – will be in place of EDR and allow users to maintain active patient lists and review the results of clinical testing.

Phase 2 – 2<sup>nd</sup> quarter 2011 – will replace TDS functionality as well as IBEX for computerized physician order entry and nursing and ancillary service documentation.

Phase 3 – 1<sup>st</sup> quarter, 2012) will convert provider documentation from paper to electronic.

Having a fully electronic medical record will not only allow more accurate record keeping but also better communication between doctors, nurses, pharmacists, techs, ancillary staff, etc; faster transfers between the ER, the OR, the ICU's and other departments, and will eradicate the problem of not being able to read doctor's handwriting. The EMR will also allow patient's medical histories to always be kept up to date, for medications to be accurate, for ambulatory history to automatically be pulled in to the inpatient record, and for inpatients to automatically go to the primary care provider.

## **G. Residency Data Management**

### **1. *MSSM GME Office Registration Form***

Each new house officer is required to fill out a registration form. The MSSM GME Office distributes a blank master registration form to program staff. Please fill in your institution name, program name and your program's ACGME number before sending it to the resident. These forms should be sent with the employment contract and other appointment documents to ensure timely completion. Note that submission of this form does not relieve programs of the responsibility of entering data in New Innovations.

The deadline for submission of forms is July 31 of each academic year. Programs are asked to review each form to ensure that all fields are completed appropriately prior to submission to:



Mr. Gaber Badran  
GME Senior Software Specialist  
Mount Sinai School of Medicine  
One Gustave L. Levy Place, Box 1076  
New York, NY 10029

Once each resident's data is entered in New Innovations, the program and the Consortium GME Office work together to ensure that all changes in status and privileges are recorded.

## 2. ***New Innovations Residency Management Software***

The [New Innovations](#) (NI) residency management software is accessible via the Internet. You will be responsible for ensuring that a username and password is provided to new users.

This system facilitates the:

- collection of demographic data;
- creation of Block schedules;
- the posting and distribution of goals and objectives
- the logging of procedures and credentialing of house staff;
- the completion of evaluations;
- the logging of duty hours and auditing of compliance with New York State and ACGME duty hours standards; and
- the transfer of data to IRIS for Medicare reimbursement.

Use of the Personnel Data, Block Schedule, Procedure Logger, Curriculum and Duty Hour modules is mandatory:.

- ***New Innovations Training / Support*** is available in various forms:

**Training Webinars** are recorded video tutorials that provide step-by-step instructions on using New Innovations. It is accessible by logging onto New Innovations. On the Welcome Page on the Top Right Hand-side, select Help then select Training Webinars.

**Hands On Training** is available through the GME Office. Contact Gaber Badran [gaber.badran@mssm.edu](mailto:gaber.badran@mssm.edu) (212) 241-3073 or Kimberly Wong [Kimberly.wong@mssm.edu](mailto:Kimberly.wong@mssm.edu) (212) 241-9232 to schedule an appointment.

**Online Documentation** is available by selecting Help on the New Innovations Welcome Page. Select a topic listed on the left side of the page.

**Quick Start Guides** are available by selecting Help on the New Innovations Welcome Page. They provide step-by-step guides for common actions and tasks.

**Submit a Support Request Form** to the New Innovations Training and Support Staff. On the New Innovations Welcome Page, click on Help then Contact Us.

**Duty Hour** reports allow the Compliance Department to monitor whether residency and fellowship programs are compliant with the ACGME and if applicable, New York State duty hour regulations.

All residency and fellowship programs must submit complete and accurate duty hour reports in accordance with the deadlines established by the Compliance Department.

- Programs previously cited by IPRO or otherwise identified by the GME office and/or the Mount Sinai Compliance Department are required to submit duty hour reports on a **monthly** basis. Residents/Fellows in programs on the monthly reporting cycle must log all of their duty hours.
- All other programs are required to submit duty hour reports on a **quarterly** basis. Residents/Fellows in programs on the quarterly reporting cycle must log all of their duty hours for a consecutive 4-week period each quarter determined by the Compliance Department.

Complete duty hour reports include the listed documentation. Do not send documentation electronically. Send via inter-office mail attention: Ken Brower, Box 1619 or hand deliver to the Compliance Office located in 19E, 98<sup>th</sup> St., 8<sup>th</sup> Fl., Rm. #8F.

- ✓ Cover sheet showing that required documents are included and tabbed sections for each report.
- ✓ New Innovations Exception Report with Corrective Action Plan for all exceptions. Report should include entire 4-week period specified by compliance.
- ✓ New Innovation Analysis: Days Off Per Week Report and Corrective Action Plan for all exceptions. Report start date must be on the first Sunday of duty hour reporting period. Select 4 week analysis and 12am to 12am (entire calendar day off) options in New Innovations before running the report.
- ✓ Resident Activity Summary Report from Resident Tracking and Corrective Action Plan for all exceptions. Report should include entire 4-week period specified by compliance.
- ✓ Meeting minutes/attendance, and/or any documentation indicating that ACGME/NYS 405 duty hour regulations were discussed with the residents.
- ✓ Monthly/Quarterly Duty Hour Reporting Document.

## H. National Provider Identification (NPI) Number

A National Provider Identifier is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS). All health care providers (licensed and unlicensed) who wish to be reimbursed by insurance companies, refer patients to others, or write prescriptions **must** obtain an NPI number. This number identifies the provider only and does not change if s/he changes jobs or locations. Healthcare providers can [apply online](#) for an NPI number. Queries to the NPI database may be made by accessing the [CMS Website](#).

## I. In-Service Examination

In-Service Examinations can be a valuable way to gauge residents' specialty specific knowledge. Check with your specialty board and program director for schedules and fees. You should reserve a comfortable room with an adequate number of desks and chairs. It is important to visit the room to ensure that it meets the Board's requirements. Be sure to inform trainees and faculty of the date, time, and location of the exam.

Check the exam package once it is delivered, and immediately, contact the Board if there are any problems with the materials received. Review the exam directions carefully. Most exams have a 24-hour deadline to return completed exams and other required materials.

## J. Chief Resident Retreat

The Office of Graduate Medical Education sponsors a Consortium-wide two-day Annual Retreat for all incoming chief residents. The agenda for this Retreat include sessions on Management Training, Recognizing Impairment, Medical Records Documentation and other interesting topics. Two months before the retreat, Shirley Jeffrey from the Medical staff Office, will ask the program to identify which residents will attend.

## K. CPR Qualifications

For registration and other information pertaining to the listed courses, contact Nursing Education at 212-241-7050.

**Basic Cardiac Life Support (BCLS)** (Initial Course) is required for all House Staff with patient care responsibilities. Recertification is required every two years.

**Advanced Cardiac Life Support (ACLS)** is required every two years for:

Internal Medicine House Staff

Emergency Medicine House Staff

Anesthesiology House Staff

Surgery House Staff and Critical Care Fellows

Pulmonary/Critical Care Fellows

Pediatrics House Staff  
 Psychiatry House Staff (initial course only)  
 Interventional Radiology Fellows (initial course only)  
 Obstetrics and Gynecology House Staff (initial course only)  
 All House Staff performing sedation or analgesia (regardless of specialty)

**Pediatric Advanced Life Support (PALS)** is required every two years for:  
 Emergency Medicine House Staff  
 Pediatrics House Staff

**Neonatal Resuscitation Program (NRP)** is required every two years for  
 Pediatrics House Staff.

**Automated External Defibrillator (AED)** Training is required every two years for  
 selected physicians in Psychiatry.

**L. Graduation**

If your department/division is planning a graduation celebration for those that are completing training, you should start planning in January. Venues such as Manhattan Penthouse, Central Park Boathouse, The Lighthouse, etc. get booked early so be mindful. In attendance for this function are usually residents, faculty and significant others.

• **Venues**

Graduation Planning should be done in advance to ensure that the venue of choice is available. Most locations require a deposit in order to secure the date. Graduation costs vary from \$2,500 to as high as \$37,000 depending on departmental budget. You should also do a comparison of venues to see who will give you the most for your budget.

Catering Venues Used By Our Departments

| Name                           | Graduation/Reception Venue                                   | Approximate # of guests | Approximate cost in dollars | For how many hours? |
|--------------------------------|--|-------------------------|-----------------------------|---------------------|
| Emergency Medicine             | Central Park boathouse                                       | 180                     | 18,000                      | 4                   |
| Endocrinology                  | Conference room  | 50                      | 2500                        | 2                   |
| Gastroenterology               | NY Academy of Medicine                                       | 100                     | 9,000 to 10,000             | 4                   |
| Geriatrics and Palliative Care | Annenberg West Lobby and Goldwurm Auditorium                 | 80-90                   | 35,000                      | 4 1/2               |
| Internal Medicine              | Water's Edge (LIC) or Strata (21 <sup>st</sup> and Broadway) | 190                     | 35,000                      | 6                   |

|                            |   |         |                     |     |
|----------------------------|---|---------|---------------------|-----|
| Neurosurgery               | Tavern on the Green   | 50      | 7,000               | 4   |
| Orthopaedics               | Twenty Four Fifth   | 125     | 23,000              | 4   |
| Pediatrics                 | Manhattan Penthouse<br>- 80 Fifth at 14 <sup>th</sup><br>Street | 165-180 | 22,700<br>DJ - 900  | 5   |
| Psychiatry                 | Central Park<br>boathouse                                       | 200     | 36,675<br>Band 1645 | 7   |
| Rehabilitation<br>Medicine | Scandinavia House   | 75      | 6500                | 2.5 |
| Urology                    | Changes each year   | 75      | 10,000              | 3   |
| Surgery                    | Harmonie Club   | 220     | 25,000              | 5   |

- ***Catering***

Catering is usually provided by the venue itself. Otherwise, you can ask for a place that is frequently used.

- ***Entertainment***

Many departments chose to either have a DJ or a band for the graduation celebration.

- ***Invitations***

Invitations can be printed by the MSH Print shop and should be ordered 3 months in advance. Provide a template and a requisition and you're all set. Orders are saved for future use.

- ***Certificates / Awards***

You will be asked to provide certificate templates to House Staff Office, and are responsible for ensuring that all required signatures are obtained. Certificates should not be distributed to residents who have not completed the checkout process.

**Awards**

Any awards that need to be ordered for graduation should be done in a timely manner and the paperwork submitted for processing, such as purchase orders and check requests.

**Certificates**

Certificate requests are sent out by the House Staff office in November. Be sure that the names on the certificate are accurate as well as any other degrees they may want to include on it (MPH, Ph.D. for example). A draft of how to submit a certificate for processing will be included in the material you receive from the House Staff Office. The deadline for these submissions is usually in January, so be aware of the time frame.

- ***Exit Interviews***

Every graduating PGY-3, PGY-4 (Med/Peds), PGY-5 (Triple Board) Clinical Fellow and Fellow should have an exit interview with their Program Director. This meeting is to make sure that privileges have been logged, electives have been documented, evaluations reviewed, strength and weaknesses have been addressed and that an individual learning plan is in the file. Personal issues are discussed at this meeting. Any and all meetings held with the Program Director must be documented. Please remember that documentation is essential when you are about to have a site visit or internal review.

- ***Check-Out Forms***

All residents leaving the program must complete these forms. Checkout forms are sent out by the Marie Alexis in the House staff office. These forms must be given to any resident/fellow that is leaving the institution at the end of their training. Various areas must sign off of this form i.e. Security, Real Estate, Laundry Room, and Library. Forwarding addresses must also be included because it is essential for the Finance Department to have the information on where to send the departing trainee their W-2 forms in January for tax purposes. Please see **Appendix 13** for the form.

- ***Credential Verifications***

Effective January 1, 2011, the program director must complete Mount Sinai's Verification and Evaluation Form for each member of house staff who completes or leaves a GME program. This form will serve as an institutional record of training and will be provided in response to outside credentialing requests.

Verification requests will continue to be processed by Violet Newton in the Medical Staff Office (212-824-8100 or violet.newton@mountsinai.org).

Once the program director has completed and signed the verification form, it must be uploaded to both HRTS and New Innovations (NI). The house staff officer will not be terminated in HRTS or archived in NI until the form is posted.

The completed, signed form must be saved as a PDF and a copy must be retained in the house staff officer's educational file. The PDF file must be named with the house staff officer's last name first, followed by the training program name (Example: "Doe Radiology.pdf"). Before uploading, please verify that the file extension is .PDF.

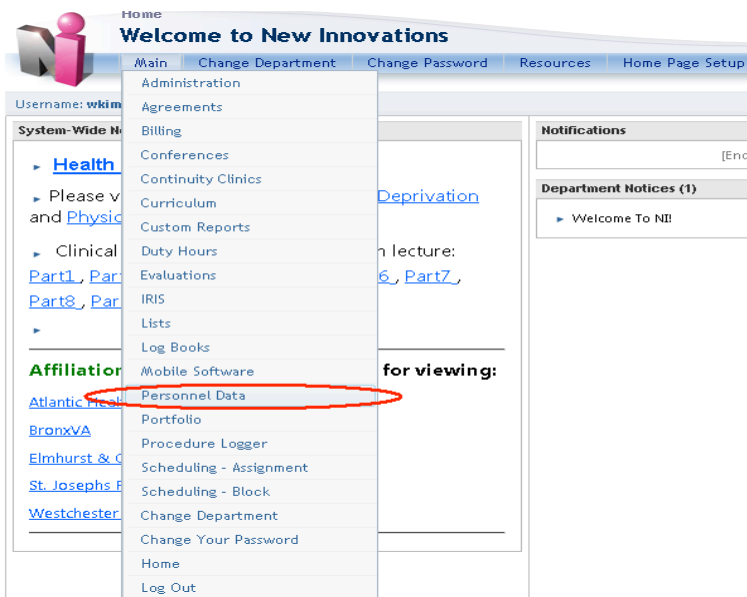
### **HRTS**

The form must be uploaded to all termination transactions for house staff with an effective date of January 1, 2011 or later. Transactions will not be approved unless complete and accurate forms are attached.

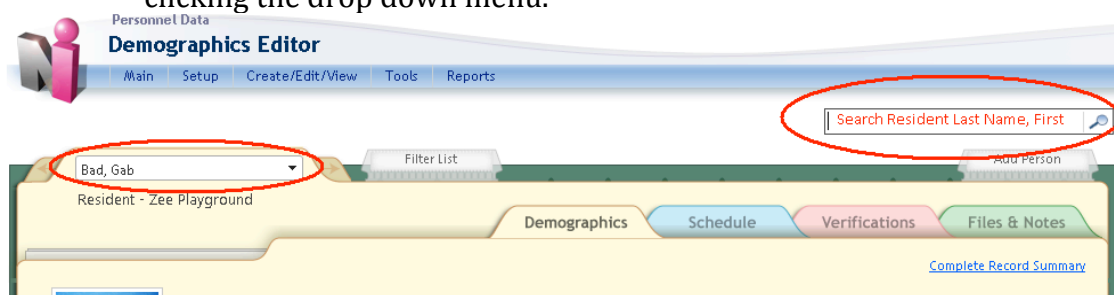
## New Innovations

Please follow these instructions for the NI upload:

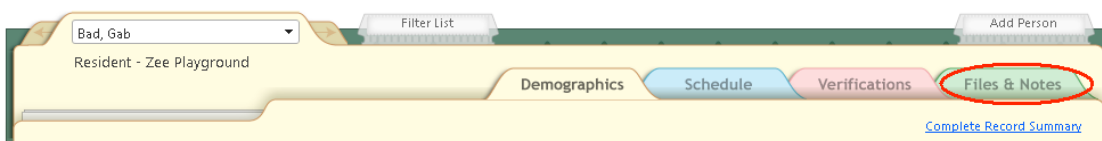
1. Log in to NI (<http://www.new-innov.com>).
2. Navigate to the Personnel Data module (**Main → Personnel Data**).



3. Pull up the appropriate resident's file either by using the search box or clicking the drop down menu.



4. Select the green "Files & Notes" tab.



## IV. Institutional Requirements and Policies

### A. Interactions with Outside Vendors

#### 1. Gifts

Mount Sinai faculty, staff and trainees may not accept gifts from companies that do business with, or seek to do business with, The Mount Sinai Medical Center. Our “no-gift” policy (<http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/conflicts-of-interest/vendors/gifts>) is one of many ways in which we carry out our commitment to avoid situations that could create a conflict of interest.

Gifts are prohibited regardless of value. Common examples during the holidays include, but are not limited to:

Food baskets

Candy

Alcoholic beverages

Gift certificates/gift cards

Event tickets

Meals

Group gifts from vendors to be shared by all members of the staff, e.g., flowers, chocolates, etc.

Edible gifts from vendors will be donated by Mount Sinai to the Yorkville Food Pantry, and other gifts will be handled on a case-by-case basis. If a vendor sends you a gift, please take it to Mr. Joe Rosa in the Mail Room, who is coordinating this effort. At the same time, please send the vendor the attached “Gift Refusal” letter informing them that our policy prohibits accepting gifts from vendors.

We trust that you will all respect our Medical Center policy and not accept gifts from companies that do business with Mount Sinai, or seek to do business with Mount Sinai this year or in the future.

#### 2. Vendor Support for Medical Center Educational Events

#### 3. Vendor Support for Off-Campus Educational Events

#### 4. Pharmaceutical Samples

The institution’s Policy on Vendors for the institution can be gotten at this website:

<http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/conflicts-of-interest/vendors/policy-overview>



## **B. HIPAA**

Compliance with the terms of The Health Insurance Portability and Accountability ACT (HIPAA) is of crucial importance to the institution. Any concerns must be reported to Aviva Halpert, HIPAA Chief Officer at 212-241-4669 ASAP.

There are over 100 policies including privacy, security, medical information and administrative posted on the HIPAA website ([http://intranet1.mountsinai.org/HIPAA, Policies](http://intranet1.mountsinai.org/HIPAA_Policies)). Most commonly used are A4-105 – Confidentiality of medical record; A4-105- Guide to release medical record to patient; Guidelines for use of email – H-13; faxing- A4-107; Error Correction – H-4B; Amending electronic records H-4A.

There are over 50 forms on the website; most commonly used are: MR200 – patient access and MR201- authorization to disclose to third party and 256, 256A - authorization to photograph and video. Also on the website is a mandatory HIPAA research video for anyone planning to conduct research, and other HIPAA training materials including some for housestaff.

## **C. Risk Management**

All members of the House Staff are covered by the Hospital for medical professional liability insurance under a group policy for work performed within the scope of their employment by the Hospital.

In the case of an unanticipated and/or serious sequel to any diagnostic or therapeutic procedure, an incident report must be completed promptly and forwarded to the Office of Risk Management, Regulatory Compliance and Insurance Affairs at 212-241-7987. This documentation does not take the place of a note in the chart. An example of an adverse event could be a medication error, a patient fall or other event representing actual or potential harm.

The Goals of the Risk Management Program are:

- To continuously improve and provide the safe delivery of quality health care services and related processes
- To foster effective communication among caregivers and patients and their families related to patient safety issues
- To facilitate the timely identification and resolution of risks to patient safety.
- To reduce financial losses associated with claims against the Hospital and its providers and to decrease the frequency and severity of claims.

## **Certificate of Insurance (COI) and Malpractice Insurance Letter**

The purpose of a Certificate of Insurance (COI) is to show proof of insurance coverage.

When at Mount Sinai:

A COI is usually requested by hospitals where house staff rotate during residency at Mount Sinai. The other hospital will want to have in their file a COI proving that the housestaff officer is covered by Mount Sinai's insurance. This is because should anything happen and you are named in a lawsuit, they want to make sure that Mount Sinai will be liable for any of your actions that occur within the scope of your rotation duties.

In order to request a COI, fill out the COI Request form and submit it to the Office of Risk Management.

When leaving Mount Sinai:

A malpractice insurance letter is usually requested by hospitals where the house staff officer is applying for clinical privileges. This letter describes his/her history of coverage while at Mount Sinai.

In order to request a malpractice insurance letter, the house staff officer must submit a signed letter to the Office of Risk Management (Andrea Rienzo, ext. 44373) authorizing the release of this information. The letter must contain the following information:

- Reason for the request
- Contact information for the agency requesting the information
- Date of birth
- Date of Hire
- Social Security number (last 4 digits)
- Current address
- Contact phone number

## **V. ADDITIONAL RESOURCES**

### **A. GME Resources**

<http://www.mssm.edu/education/residencies-and-fellowships>

#### **1. The House Staff Manual**

<http://www.mssm.edu/education/residencies-and-fellowships/consortium-of-graduate-medical-education/resources>

#### **2. Program Directors Manual**

<http://www.mssm.edu/education/residencies-and-fellowships/consortium-of-graduate-medical-education/resources>

#### **3. House Staff Representation**

A website for the MSH House Staff Council is under development

#### **4. Directory of Consortium Program Directors & Coordinators**

An up-to-date listing can be requested from the GME Office if needed

### **B. Institutional Resources**

#### **1. Security Office**

Location: Annenberg Basement level

<http://www.mssm.edu/about-us/services-and-resources/faculty-resources/handbooks-and-policies/faculty-handbook/institutional-facilities/security-department>

#### **Emergencies:**

In the event of an emergency, the Security Department can be reached by dialing X60.

#### **Security Precautions:**

The Medical Center cannot accept responsibility for personal property lost or damaged on the premises. Wallets, purses, or other belongings should be secured. Offices and other areas where equipment is stored should be locked when not in use. If any property is missing a report should be made promptly to the Security Department. Security officers are posted at various entrances to control traffic. The cooperation of the staff is enlisted to permit the security officers to perform their assigned duties effectively. It is Institutional policy that all personnel, including faculty, wear the official Mount Sinai Identification Card.

#### **Yearly ID Stickers:**

Security is responsible for the distribution of yearly ID stickers.

#### **Lost and Found:**

The Security Department maintains an office for property that has been lost and subsequently found. This office can be reached by dialing extension 46066. Security is also responsible for ID cards, Parking and the Shuttle schedules

#### **2. Catering**

There is a new catering website to place you orders for catering

<http://www.mountsinai.catertrax.com>

Please log on to create an account for you department.

If you need any assistance doing so please feel free to contact: Raquel Etienne

Catering Manager

Phone:212-241-8163

Fax:212-831-8797

[raquel.etienne@mountsinai.org](mailto:raquel.etienne@mountsinai.org)

#### **3. Conference Room Reservations**

Contact: Carlton Thomas  
Conference Center Coordinator  
Department of Medical Education  
Mount Sinai School of Medicine  
1 Gustave L. Levy Place  
Box 1004  
New York, NY 10029  
212-241-7007- voice  
212-860-7418 - fax  
[carlton.thomas@mssm.edu](mailto:carlton.thomas@mssm.edu)

Forms to reserve rooms can be found on the intranet within "Core/Admin Services" under "Conference Center"

The Conference Center manages all space designated as "Institutional." These areas are detailed below - this list is subject to change to suit the current needs of the institution:

- The Goldwurm Auditorium – Located on the first floor of the East Building. The Goldwurm Auditorium has a seating capacity of 260 with full Audio Visual and Teleconferencing capability. An audiovisual technician is required.
- East Building Seminar Room – Located on the first floor of the East Building across from the Goldwurm auditorium. The Seminar Room has a seating capacity of 96 with full Audio Visual and Teleconferencing capability. An audiovisual technician is not required.
- Annenberg Stern Auditorium with North Lobby – Entry to the Stern is located on the Mezzanine level of the Annenberg building and the first floor in the rear of the West Lobby. The Stern Auditorium has a seating capacity of 607 with full Audio Visual and Teleconferencing capability. An audiovisual technician is required.
- Annenberg West Lobby – Seating Capacity 220
- The Hatch Auditorium – Located on the second floor of the Guggenheim Pavilion building. The Hatch Auditorium has a seating capacity of 165 with full Audio Visual and Teleconferencing capability. An audio visual technician is required.
- Annenberg Board Room – Located on the 5th floor in the Annenberg Building. The Board Room has a seating Capacity 75 with full Audio Visual capability. An audio visual technician is not required.
- Annenberg Dining Room A/B – Located on the 5th floor in the Annenberg Building. Dining Room A/B has a seating capacity of 45 with full Audio Visual capability. An audiovisual technician is not required.
- Annenberg Dining Room C/D – Located on the 5th floor in the Annenberg Building. Dining Room C/D has a seating capacity of 45 with full Audio Visual capability. An audiovisual technician is not required.
- Annenberg 5th Floor Classroom 210 A/B – Located on the 5th floor in the Annenberg Building. Classroom 210 A/B has a seating capacity of 75 with full Audio Visual capability. An audiovisual technician is not required.

- Conference Room GP 2A – Located on the second floor of the Guggenheim Pavilion building.
- GP 2A currently has a seating capacity of 30. There is no audiovisual capability at this time.
- Conference Room GP 7 West 180 – Located on the seventh floor of the Guggenheim Pavilion building. GP 7W 180 currently has a seating capacity of 20. There is no audio- visual capability at this time.
- GP- West Klingenstein Atrium Lobby (special use)
- GP Atrium (special use)
- Space outside cafeteria

#### **4. Telecommunication**

For Installation of phones, long distance codes, phone #'s...  
212-241-7711  
Location: KCC 9th Floor

#### **5. Pagers**

For new pagers or to repair pagers, new #'s....  
Contact Eunice Davis x 47707  
Location: Annenberg B-1 (next to Security)  
All pager forms may be found in the pager office (not available on-line).

#### **6. IT Department**

For Hospital Computers call x4HELP  
For School computers call x40808  
Be sure to always make note of your ticket number when you call for help.  
Location: Levy Library, Annenberg Building, 11th Floor

#### **7. Web Office**

**Web Development Office** - E-mail: [weboffice@mssm.edu](mailto:weboffice@mssm.edu)

#### **8. Audio Visual Support**

Frank Miranda: Beeper 2224 office 48161  
Location: Annenberg 12<sup>th</sup> floor, room 12-35

#### **9. Lab Coats**

Office Hours  
Monday & Friday - 7:00 am to 12noon  
Wednesday 12:30pm to 4:30pm  
Tuesday & Thursday - Closed  
Location: Guggenheim Pavilion, SC level Room 102  
Laundry Department 212-241-6391

## **10. Blue Cards**

**On departmental letterhead provide the following information for each person:**

- 1- Last name First Name MD or DO or DMD
- 2- Department Name
- 3- WORDING: HOUSE STAFF
- 4- DICTATION #
- 5- LIFE #
- 6- DEA#

**The list should be hand-delivered or faxed to:**

Esterlita Alexis  
PATIENT ACCESS SERVICES – Fax # 212-831-9744  
Location: Guggenheim Pavilion, 9 Center - 9<sup>th</sup> floor - Room 271

## **11. Prescription Pads**

Peter Paxos  
Assist. Director of Pharmacy  
212-241-7716  
peter.paxos.mountsinai.org

## **12. Engineering: Sign Shops, Repairs, etc**

Ext. 46201 or request can be done on line.

## **13. Poster Preparation**

### **Print Shop**

212-241-6956  
1450 Madison Avenue, KCC Building 9th floor, room 908

## **14. Wellness / Advocacy**

<http://www.mountsinai.org/Patient%20Care/Patient%20and%20Caregiver%20Support/Support%20Services/Social%20Work%20Services>

## **Social Work Services**

Professional social workers offer a wide range of support and counseling services to patients and their families during a hospital stay, during the discharge planning process and as part of continuing care in many outpatient primary care and specialty care practices. Social workers are integral members of the health care team in each Care Center and are expert in helping patients obtain benefits and community services as well as cope with and solve problems related to chronic illness and disability. Social workers are available on a 24 hour on call basis. For information on how to meet with a social worker, call the Department of Social Work Services at (212) 241-6800.

## **Resource, Entitlement and Advocacy Program (R.E.A.P.)**

R.E.A.P. provides a centralized source of information and assistance to hospitalized patients and community residents to apply and advocate for government entitlements such as

Medicaid, Child Health Insurance, Nutrition benefits, Disability Insurance and other needed community resources. Sponsored by the Department of Social Work Services, R.E.A.P. is located in a convenient storefront location one block from the hospital at 1403-5 Madison Avenue between 97th and 98th Street and can be reached by calling (212) 423-2800.

**Employee Health Services - 46086**

Location: CAM Building - 17East 102nd Street - 2nd Floor

**15. Continuing Medical Education (CME ) Office**

Location: 320 East 94th Street, 5th floor

<http://www.mssm.edu/cme/develop.shtml>

**Contact Information:**

**Alfie M. Truchan**

Director

Tel: (212) 731-7936

Fax: (212) 731-7930

E-mail: [alfie.truchan@mssm.edu](mailto:alfie.truchan@mssm.edu)

**Isabel Beneyto**

Grand Rounds Coordinator

Tel: (212) 731-7943

Fax: (212) 731-7930

E-mail: [maria.beneyto@mssm.edu](mailto:maria.beneyto@mssm.edu)

**Housekeeping - ext. 46125**

**Building services - ext. 31013**

**Locksmith - ext. 45661**

**Fire - ext. 43473**

**Team 7000 - 47000**

**Off-Campus Exchanges - 4=241, 5=824, 8=659 0=House Operator 212-241-6500**