



Children's National Medical Center **Rotating Resident Application Packet**

This checklist outlines the documents required for credentialing as a rotator with Children's National Medical Center. Complete this application at the beginning of the academic year. All documents must be received a **minimum** of one month prior to the start of your rotation. You will not receive your provider ID and computer password and you can not start working at Children's until all steps of the credentialing process are complete.

Required Documents:

- Registration Form
- Current curriculum vitae (include current training program)
- USMLE / COMLEX / NBDE documentation
- ECFMG certificate (if applicable)
- Signed Health Attestation Form
- Signed Confidentiality & Orientation Agreement Sheet
- Signed ID, Building & Parking Form
- Completion of TRACKS (Cerner) Training and Assessment

E-mail all documents to the Medical Education Office: rotators@childrensnational.org. If you have any questions regarding the credentialing process, contact the Medical Education Office (202-476-3950). If you have questions concerning the logistics of your rotation, contact the Children's National department coordinator.

Multiple Rotations – Trainees who return for more than one rotation in a given academic year only need to complete one application per academic year.

Children's National Registration Form

List all rotations scheduled at Children's this year:

1st Assigned Department: _____ Start of Rotation: _____ End of Rotation: _____

2nd Assigned Department: _____ Start of Rotation: _____ End of Rotation: _____

BIOGRAPHICAL INFORMATION			
Name: _____		Social Security #: _____	
Birth date _____/_____/_____		E-Mail Address: _____	
Home Address: _____		City, State, Zip: _____	
Emergency Contact Name: _____		Phone Number: _____	
CURRENT RESIDENCY/FELLOWSHIP INFORMATION (at time of rotation)			
Name of Medical School:	Date of Graduation:	Degree Received (MD, DO, DPM, etc):	
Are you a Foreign Medical Graduate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
CURRENT RESIDENCY/FELLOWSHIP INFORMATION (at time of rotation)			
Institution (Name & Location):			
Current Training Program	PGY Level (1-6):	Completed Years of Training:	Transition Year <input type="checkbox"/> Yes <input type="checkbox"/> No
LIST INITIAL RESIDENCY & ALL OTHER ACGME POST-GRADUATE TRAINING:			
Specialty: _____ PGY Level: _____ Dates: _____			
Specialty: _____ PGY Level: _____ Dates: _____			
Specialty: _____ PGY Level: _____ Dates: _____			

Email application packet to rotators@childrensnational.org

Children's National

Health Attestation Form

The District of Columbia Department of Health and Children's Hospital require each Rotating Resident to submit a Statement of Physical and Mental Competency to be certified by another licensed independent practitioner at a minimum of every two years.

Name: _____

Section I: Certification of Competency

I certify that the above-named practitioner has been examined by me and found to be physically and mentally competent to perform duties associated with the residency program at Children's Hospital.

Date of the Physical Exam: _____ (within last 24 months)

Signature: _____ Date: _____

Print Name: _____

Address: _____

Section II: Tuberculin Status

Each practitioner is required to have a PPD skin or QFT Gold test results every 24 months unless the practitioner has a history of previous positive skin test reaction.

PPD administered by _____ Date _____
(Self-administering is not allowed) (Must be within past 24 months)

PPD read by _____ Date _____
(Self-reading is not allowed) (Must be read within 72 hours)

Interpretation Negative Positive

QFT Gold results _____ Interpretation _____

This practitioner has a history of previous positive skin test reaction.

Most recent chest x-ray: _____ (date) Interpretation Negative Positive

Does the practitioner currently have any of the following signs or symptoms?

- | | | |
|---|-----------------------------|------------------------------|
| 1. Unexplained fever for more than one week | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Night Sweats | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Chronic cough with mucus | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Unexplained weight loss | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Unexplained chest pain with breathing | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Section III: Immunization Status

This practitioner has immunity to measles, mumps and rubella by vaccine or serologic testing.

MMR Serologic Testing

Applicant's Signature: _____ Date: _____

Email packet to rotators@childrensnational.org



Orientation Booklet

Children's National Rotating Residents



Revised January 2012



GENERAL POLICIES AND INFORMATION

Welcome to Children's National

- This booklet contains important information on policies, safety and emergency procedures
- Your signatures on the last page confirm you have read the information, will adhere to the policies and procedures defined in this booklet and will maintain patient and family confidentiality.
- We hope you have an enjoyable experience working at Children's National!



GENERAL POLICIES AND INFORMATION

Mission, Vision & Core Principles

As the nation's children's hospital, the **mission** of Children's National is to excel in Care, Advocacy, Research and Education. We accomplish this through:

- Providing a Quality Healthcare Experience for our patients and families.
- Improving Health Outcomes for children regionally, nationally, and internationally.
- Leading the creation of Innovative Solutions to pediatric health challenges.

While working for our organization you are expected to uphold our mission.

As the nation's children's hospital, the **vision** of Children's National Medical Center is that we will set the standards of excellence for the care of children.

- We will serve as the voice for the most vulnerable among us, our children.
- We will lead the quest to cure some of childhood's most devastating illnesses.
- We will prepare the nation's future leaders in child health.
- We will be the children's hospital against which all others are measured.

Child-Centered Vision

By incorporating feedback from our families, we have developed our first child-centered vision, which looks at the hospital experience through a child's eyes. Healing a child's body, mind and spirit takes more than medicine - it takes a team to fulfill a family's dream.

- My hospital is a bright and happy place that feels like home.
- My providers, my family and I are a team, and everyone's job is important.
- The way my hospital works was built around me.
- My providers don't all look alike.
- My hospital is my family's connection to everything I need for my health, whether they provide it or blaze a trail to it.

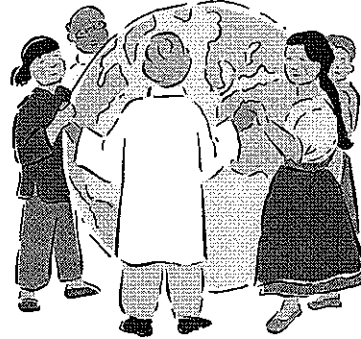


GENERAL POLICIES AND INFORMATION

General Policies and Information

Workplace Diversity

Children's National is committed to addressing the health needs of diverse populations by recognizing the value of cultural and ethnic differences. Employees of Children's show respect, sensitivity and an appreciation for cultural and ethnic diversity by seeking to understand and respond to individual differences based on nationality, gender, race, religion, sexual orientation, age in order to enhance the care and work environment.



Professional Conduct

Children's National has developed a number of professional conduct rules to protect the safety of our patients and employees.

Examples of unprofessional conduct include:

- Eating or drinking in work areas
- Bringing or using alcohol or unauthorized drugs
- Discussing patients in a public place where you can be overheard by visitors
- Entering patient care areas that are not a part of your job

Drug-Free Workplace

Children's National is a drug-free workplace – this means that those working at our facilities cannot use illegal drugs under any circumstances. Violators will be dismissed.

Harassment/Violence in the Workplace

We are a harassment-free workplace committed to providing an environment in which the diversity of our workforce is valued and respected. Harassment (including sexual harassment) and violence, whether verbal or physical, are illegal, unacceptable and will not be tolerated. In the event that an individual's actions become violent and pose a safety risk to the individual or others, security and/or other trained staff may restrain the individual until rational behavior is restored, or help arrives.

Smoking

All locations of Children's National are non-smoking facilities. You may not smoke anywhere on the campus or at the facilities. Smoking is a serious fire and life safety factor. Violators will be asked to leave the premises.

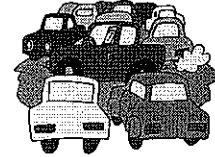
Clinical staff must document having asked patients if they are smokers and document on the chart that smoking cessation education was given.



GENERAL POLICIES AND INFORMATION

Security

Security is on the premises 24 hours a day, 7 days a week. Ext. 2065



ID Badge

Your Children's ID badge must be worn at ALL times, in plain view, above the waist. If you do not have your badge, you will not be admitted to the building. If you lose your badge there is a \$20.00 replacement fee – you can't work without a badge.

Although you can keep your badge until your last rotation of the year is completed, you may not use your badge to access the hospital or the medical record unless you are on an officially approved rotation.

Complaint/Grievance Management

Children's National recognizes a patient's right to voice their issues of concern, to express their complaint, and to be provided with a timely and appropriate response. Children's National expects its staff to resolve routine patient/parent complaints at the point of service. All patient complaints will receive prompt and appropriate responses. When a complaint is not resolved to the customer's satisfaction or remains unresolved, staff will refer it to the appropriate person in their chain of command (i.e. manager) who will assist. Oral or written grievances submitted by patients, parents, or visitors will be resolved in accordance with federal regulations.

Fire Safety

If you see smoke or fire, remember these to follow these simple instructions:

- RACE: rescue, alarm, contain and evacuate
PASS: pull the pin, aim at the base of the fire, squeeze the trigger and sweep side to side

Dial FIRE (3473) to report the fire

Food Options

The Cafeteria

Located on the 2nd Floor of the Main Hospital Building

Open 6:30am to 7:15pm:

- Breakfast: 6:30am - 9AM
- Lunch: 11am - 2:30pm
- Dinner: 5pm - 7:15pm

Dr. Bear Express Café

Located on 7-East in the East Wing Building – 7th floor

Open 7am to 10:45 pm seven days/week



GENERAL POLICIES AND INFORMATION

The Joint Commission National Patient Safety Goals

The Joint Commission identifies several National Patient Safety Goals. The goals that apply to medical facilities such as Children's are:

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using medications
- Reduce the risk of health care-associated infections
- Accurately and completely reconcile medications across
- Reduce the risk of patient harm resulting from falls
- Encourage patient's active involvement in their own care
- Identify the safety risks inherent in patients
- Universal Protocol to eliminate wrong-site, wrong-patient, wrong-procedure

Patient Identification at Children's

To ensure accuracy in patient identification; we verify at least **two patient identifiers** prior to treatment and testing

- Patient Name
- Medical Record Number

Barrier Precautions

Barrier precautions mean placing a barrier between the infected individual and other people in order to stop transmission of communicable diseases in the hospital. Employees are required to use barrier precautions when necessary. Contact Infection Control at x5053 for more information.

Barrier Precautions include:

- Private rooms
- Gowns
- Gloves
- Masks or PAPRs

Types of Barrier Precautions:

- Contact
- Droplet
- Airborne

Handwashing

Handwashing is the #1 way to stop the spread of infections. Always follow our handwashing requirements: Wash or sanitize hands before and after patient or family contact and after touching objects in the patient room.

Material Safety Data Sheets

In accordance with Occupational Safety & Health Administration's "Right to Know" rule, you have the right to know about the chemical hazards you may face on the job. Material Safety Data Sheets (MSDS) are available on the Intranet in the forms library.

Restraint/Seclusion

Definition

Restraint is any method (physical or chemical) of restricting a person's freedom of movement, physical activity or normal access to his or her body, without the patient's permission.

Seclusion is the involuntary confinement of a person in a room or an area where the person is physically prevented from leaving. Seclusion is only to be used to manage violent or self-destructive behavior.

Types

Behavioral Restraint or Seclusion is used for the management of violent or self-destructive behavior or for the purpose of protecting a patient against injury to self or others.

Medical/Surgical Care Restraint is used to prevent a patient from interfering with his or her medical treatment, such as pulling on an intravenous line or an endotracheal tube.

Non-restraints include (1) Medical Immobilization, (2) Adaptive supportive devices, (3) Medical protective devices, (4) physical holding for <30 minutes, (5) time out < 30 minutes and (6) forensic and corrective restrictions. They are not held to the same restraint standards.

Procedures and Guidelines for Restraints and Seclusion

Procedure/Guideline	Behavioral	Medical Surgical Care
Notification of resident/fellow	Within 1 hr	Within 12 hrs
Initial Order	Within 1 hr	Within 24 hrs
Initial Exam	LIP (resident/fellow), trained RN <i>or</i> PA must examine the pt within 1 hr	Within 24 hrs
After 24 hours	LIP responsible for pt must see and examine pt before writing new order	LIP responsible for pt must see and examine pt before writing new order
Maximum Duration of Order	1-4 hrs depending on age	24 hours
Subsequent Exams	4-8 hr depending on age	
Notification of Attending	Required	Required

Documentation for Restraint and Seclusion

- The order must contain (1) the reason, (2) date & time and (3) the duration of the restraint.
- If appropriate to the patient's consent, the family is notified promptly of the initiation of restraint or seclusion.
- On an as-needed basis (PRN) orders are unacceptable.
- A new order is required when the level of restraint is increased or whenever the patient is taken out of restraint, except for activities such as range of motion or hygiene and a decision to re-apply restraint is made.

Emergency and Disaster Management

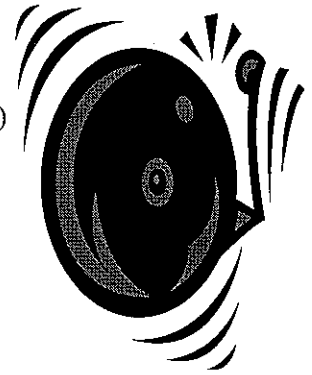
To communicate clearly to staff in case of emergencies, a Disaster Code system has been developed by Children's National. Please pay special attention to the information provided with emergency codes.

Overhead Announcements

- When a disaster or emergency occurs, the hospital often communicates to all personnel using the overhead paging system
- For your safety and the safety of our patients please pay attention to the emergency code alerts

Emergency Code Alerts

- Code Blue = Cardiac Arrest (hospital call 2222, off-site call 911)
- Code Pink = Infant/Child Abduction (hospital call 2222, off-site call 911)
- Code Red = Fire (hospital call FIRE (3473) & off-site call 911)
- Code Yellow = Caution Status
- Code ALL CLEAR = All Clear
- Code Orange = Mass Casualty
- Code White = Bomb, Threat, Suspicious Package (call 2222)
- Code Gray = Tornado Warning
- Code Purple = Shelter in place-due to hazardous threat
- Code Green = Decon Team Activation
- Code Black = Evacuation
- Code Navy = Biological / Pandemic Plan
- Code Silver = Hostage / Weapon Situation
- Code Copper = Security Needs Assistance
- Code Brown = Campus Lockdown



Emergency Telephone Numbers

Children's National has telephone numbers that you can call to report hazardous conditions, emergencies, and accidents/incidents.

These numbers can be found on yellow stickers on all hospital phones.

- STAT / Disasters x2222
- Fire x3473
- Security x2065 (or 2066)
- Engineering Control x6040

Additional resource numbers are:

- Hazardous Material Spills pager 0412 (hospital EVS Supervisor)
- Needle Stick Hotline x6699
- Clinical Assessment Team (CAT) (hospital) x2222
- Disaster information line / weather update line x4444
- Operator/Communication x5000

Patient Safety at Children's National

At a leadership meeting in 2005, our President and CEO expressed frustration over our doggedly stagnant rate of serious safety events (SSE). A serious safety event is defined as a preventable adverse event that reaches the patient and results in death, life-threatening consequences, or serious physical or psychological injury. Despite our focus and success with specific safety projects (i.e., IV infiltrates, blood stream infections and medication errors) we continued to experience 10 to 12 serious safety events annually. "If we're doing all this good work in safety, why aren't we seeing a material decrease in the number of children who die or who go home with a serious injury from Children's Hospital." In response to our CEO's challenge, an incentive goal was set to materially decrease SSE's. By the end of FY08, we had decreased our SSE's by over 75%. We currently aspire to virtually eliminate SSE's by 2015.

The SSE reduction score was but one of many metrics we use to monitor our progress and help us to meet our goals. Since starting this journey, we also made improvements in our safety culture survey (AHRQ survey) and our employment engagement survey (DDI, Inc.), we reduced the number of codes outside of the ICU and enjoyed a decrease in the volume-adjusted number of lawsuits filed involving serious injury. Finally while it is impossible to acutely quantify the savings associated with events that did not happen we estimate we saved about \$1.2 million dollars for every lawsuit prevented.

The basic improvement methodology we use is the application of high reliability principles together with safety culture development. (See slides below)

Five Principles of HROs

Three Principles of Anticipation

Preoccupation with Failure

Regarding small, inconsequential errors as a symptom that something's wrong

Sensitivity to Operations

Paying attention to what's happening on the front-line

Reluctance to Simplify

Encouraging diversity in experience, perspective, and opinion

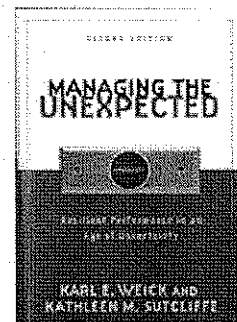
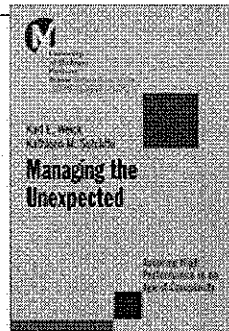
Two Principles of Containment

Commitment to Resilience

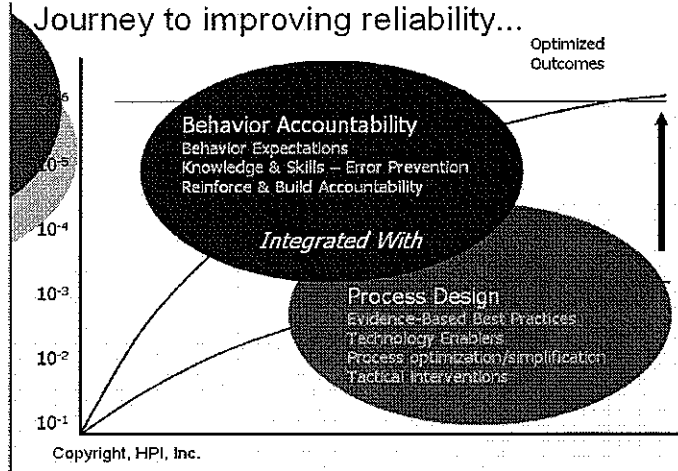
Developing capabilities to detect, contain, and bounce-back from events that do occur

Deference to Expertise

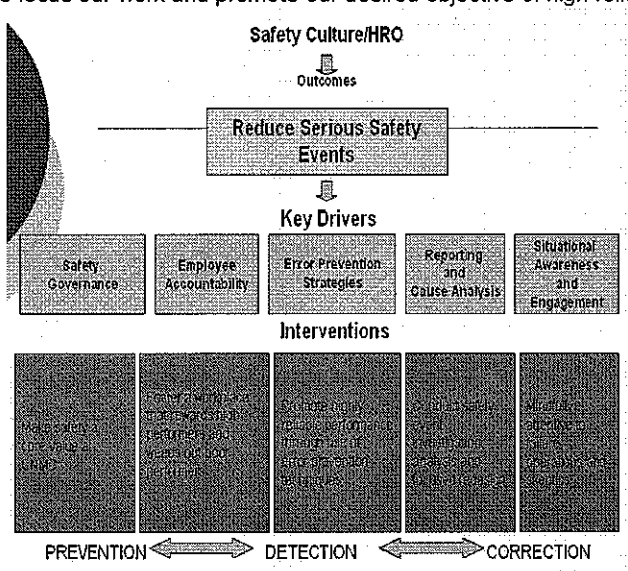
Pushing decision making down and around to the person with the most related knowledge and expertise



HPI Copyright



Our success has hinged on the adoption of safety as a core value throughout the organization. The following key drivers were used to focus our work and promote our desired objective of high reliability culture.



Children's National is Committed to

Patient Safety

Safety Behavior Techniques

SBAR and Handoff

Questioning Attitude: Validate and Vary

Peer Checking and Peer Coaching

Closed Loop Communication with Clarifying Questions

STAR: Stop, Think, Act, Review

Children's National Medical Center

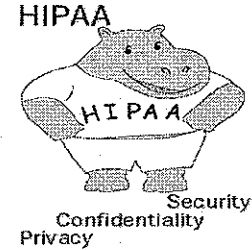
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 Making a Difference

Privacy and HIPAA

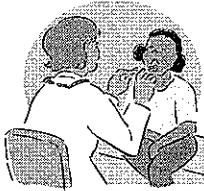
What is HIPAA?

The *Health Insurance Portability and Accountability Act (HIPAA)* is a Federal Law that passed in 1996. HIPAA regulates healthcare providers, payers and electronic clearinghouses.

The *Federal Department of Health and Human Services* enforces HIPAA. The Office of Civil Rights and the Centers for Medicare and Medicaid Services (CMS) share the enforcement responsibilities.



DO NOT SHARE YOUR PASSWORD



Protected Health Information (PHI)

All medical and personal information should be considered confidential. This includes all demographic information (names, phone numbers, or addresses for example) and all clinical information (including appointments, diagnosis, care plans, medications and treatments).

Authentication

HIPAA requires reasonable efforts to authenticate the source of requests for information.

The following questions should be asked:

- A. Who is the requestor?
- B. Why are the particular records needed?
- C. How will the records be protected once they are disclosed?
- D. Does the patient or his/her representative approve of the disclosure?

Written requests for information should be forwarded to the Medical Records Department for processing. Outbound documents should be sent from the Children's Medical Records Department.

Parents will sign an *Authorization for Release of Information* form that answers the questions and allows the parent to manage the information.

Patient Rights under HIPAA

In protecting privacy, Children's will:

1. Get written authorization prior to the disclosure of *Private Health Information (PHI)* to non-covered entities unless Children's is required by law to do otherwise
2. Provide patients access to review and get copies of their records
3. Allow for the request of restrictions on disclosures of PHI
4. Provide for an accounting of all disclosures should patients request one
5. Allow for the revocation of authorization
6. Accommodate reasonable requests for alternate means of communications

The Notice of Privacy Practices is given to every new patient upon registration. The Notice of Privacy Practices is posted on our Web site www.ChildrensNational.org.

The Children's complaint policy and process is available to all patients. Patients can call 202-476-2062 for help.

Confidentiality & Orientation Agreement Signatures

Name: _____ Department: _____

Children's National Medical Center is committed to maintaining the highest standards of confidentiality. Recognizing that preserving confidential information rests with each employee, the intent of this statement and agreement is to alert employees to their specific responsibilities.

I, the undersigned, acknowledge that I understand and agree to adhere to the following statements:

1. I will abide by the provisions set forth in the Children's National Medical Center Confidentiality Policy (CH:HR:64), Children's National Medical Center Information System Security Policy (CH:A:27) and Children's National Medical Center Appropriate Use of Information Resources Policy (CH:A:32).
2. All patient information (oral, written or electronic, past, present and future, medical, financial or demographic) will be held to the highest level of confidentiality. I will not release, discuss, or disclose any patient information that is not allowed under Federal HIPAA Regulations, or is appropriately authorized or is required by law.
3. I understand that in the performance of my duties I may have access to sensitive information and/or reports related to other employees, organizational design or systems design, source codes, business and financial planning or status and other information related to organizational performance, planning, and development. I agree that I will not disclose such information.
4. System Security and Access:
 - a. I consider my Children's National Medical Center logon ID to be the equivalent of my signature and I am responsible for all entries made under my logon ID.
 - b. I will maintain proper password security by not revealing my password to anyone.
 - c. I will protect the security of the Children's National Medical Center Information Systems by not providing anyone else access to the information system.
 - d. I will not leave my work station /terminal unprotected while I am logged onto the Children's National Medical Center Information System
 - e. I will report suspected security violations immediately to my Supervisor or the Security Coordinator or Director of my Department
 - f. I will access information resources specifically computer systems, only for purposes related to the performance of my assigned job responsibilities.
 - g. I understand that Children's National Medical Center reserves the right to monitor information systems file access at any time. I will cooperate with periodic necessary inspection of data and equipment assigned to me.
 - h. I understand that all Children's National Medical Center systems and applications belong to the organization. As such, Children's National Medical Center has the right to audit, monitor, and inspect all information on the systems including but not limited to use of e-mail, databases, and documents.
5. I understand that this form will become an official part of my employee file. Failure to comply with the provisions in this document as well as the policies referred to within it, will result in disciplinary actions up to and including termination of employment from Children's National Medical Center.

Rotating Resident Signature: _____ Date: _____

I, the undersigned, understand and agree to adhere to the policies and procedures defined in the orientation brochure. I also agree not to use my badge to access the hospital or medical records unless I am on an official rotation.

Rotating Resident Signature: _____ Date: _____

Email packet to rotators@childrensnational.org

Children's National

ID Badge and Parking

Parking Office Location

The parking office is located on the first floor of the East Wing. It sits between the security office and the welcome desk outside the Emergency Department.

Hours of Operation

7am - 6pm Monday - Friday

Cost of Parking

Parking cost \$54/month. Cost is prorated based on the length of your rotation. The parking office accepts cash, check or credit card payment. George Washington Medical Center & University of Maryland residents' parking is paid annually through the Medical Center. All others pay on the first day of each rotation.

First Day of Rotation

You may park in the visitor lot on the first day of your rotation. Get your ID badge and parking access from the parking office on that first day between 7am - 6pm. The parking office will provide a parking sticker to use when exiting the parking garage the 1st day. The next day, your badge allows access to both the staff parking lot and the physician parking area located on the PL-3 level of the garage.

Weekends and Holidays: The parking office is closed on Saturday, Sunday and all holidays. *If your first assigned shift is a weekend or holiday and you do not have your badge and have not yet paid for parking*, security will have a parking sticker for you allowing you to park in visitor parking on that weekend and/or holiday shift. The security office is located on the 1st floor of the east wing across from the parking office. Please wear your own institutional ID badge until you can get the Children's badge in the parking office.

Subsequent Rotations within the Year

The ID badge can be used for one academic year (July 1 - June 30). If you rotate to Children's National more than once in a year, show the parking office your badge on your 2nd rotation and pay for parking. They will reactivate your badge for subsequent rotations.

Last Day of Rotation for Year

On the last day of your last rotation at Children's, *park in the visitor lot*. Return your badge to the parking office and they will give you a parking sticker to exit the lot.

Email packet to rotators@childrensnational.org



**CHILDREN'S NATIONAL MEDICAL CENTER
IDENTIFICATION BADGE/BUILDING/PARKING ACCESS REQUEST FORM**

**ONLY ORIGINAL AUTHORIZED SIGNATURES SUBMITTED ON THIS FORM WILL BE ACCEPTED
STAMPED SIGNATURES, COPIES WITHOUT ORIGINAL SIGNATURES, OR UNAUTHORIZED SIGNERS WILL BE REJECTED**

Today's Date: _____

CONTACT INFORMATION (Please Print)		Credential: <input type="checkbox"/> MD <input type="checkbox"/> DDS <input type="checkbox"/> DO	
Last Name: _____	_____	<input type="checkbox"/> RN <input type="checkbox"/> PHD <input type="checkbox"/> PA	
First Name: _____	M.I.: _____	<input type="checkbox"/> NP <input type="checkbox"/> Other _____	
Address: _____		State: _____	Zip Code: _____
City: _____			

CHILDREN'S NATIONAL STAFF (Please Print)

Employee ID Number: _____

Department/Unit Assigned: _____ Ext: _____

Position Title: _____

BADGE TYPE
<input type="checkbox"/> ID Only
<input type="checkbox"/> Building Access Only
<input type="checkbox"/> Parking/Building Access

NON-CHILDREN'S NATIONAL STAFF (**All Children's National Identification Badges Must Be Returned to Security at the End of

<p>Check One:</p> <p style="text-align: right;"><i>Agency/School/Company/Other</i></p> <p><input type="checkbox"/> Board Member _____</p> <p><input type="checkbox"/> Community Based MD _____</p> <p><input type="checkbox"/> Contractor _____</p> <p><input type="checkbox"/> Resident/Fellow/MD _____</p> <p><input type="checkbox"/> Student _____</p> <p><input type="checkbox"/> Temporary _____</p> <p><input type="checkbox"/> Volunteer _____</p> <p><input type="checkbox"/> Other _____</p>	<p>Department / Unit Assigned: _____ <i>Assignment)</i></p> <hr/> <p>Department _____</p> <p>Contact: _____ Ext.: _____</p> <p>Term of Assignment:</p> <p>From: _____ , 20 _____</p> <p>To: _____ , 20 _____</p>
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PARKING INFORMATION

Handicap Tag: Yes No

Vehicle Make and Model: _____

License Plate: _____

State of Registration: _____

Color: _____

*** AUTHORIZATION FOR MONTHLY PAYROLL DEDUCTION FOR PARKING:**

I authorize \$52.00 \$105.00 to be deducted from my paycheck for monthly parking.

Signature

RESTRICTED ACCESS (Authorized ORIGINAL signature must be completed prior to access being given)	
<p>Administration AFTER-HOURS – Denise Gravely Price (5402) _____</p> <p>Engineering Shops – Robert Beckwith (6461) _____</p> <p>Mechanical Rooms – Robert Beckwith (6461) _____</p> <p>Animal Lab – JanNean Williams (3182) _____</p> <p>6th Floor Construction Office- Beth Benner (5156) _____</p> <p>MRI – LaVerne Naughton (5085) _____</p> <p>Pharmacy – Brenda Jo Simmons/ J. Pickard /R. Parrish (5029) _____</p>	<p>Inpatient Psychiatry – R. Bannerman (2356) _____</p> <p>Library AFTER-HOURS – Deborah Gilbert (3195) _____</p> <p>Child Protection – Tawanna Grisham (6717) _____</p> <p>Research – Krestin Hildebrant (3584) _____</p> <p>Cath. Lab – Jeanne Ricks (4809) _____</p> <p>Operating Room – Angela Francart (4074) _____</p> <p>Anesthesiology Storage – R. Roberts (2759) _____</p>

AUTHORIZED BY (**Signature Required)

_____ <i>Printed Name</i>	_____ <i>Signature</i>	_____ <i>Extension</i>
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**New hires/Temp. Employees – Human Resources; **Volunteers – Volunteer Services; **Nursing Students – Miriam Erice;
 **Residents/Contractors/Consultants/Others – Department Head; **Community Based Physicians – Medical Staff Office;
 **Board Member – Carl Spatz

Children's National

Web Based Training Module and Assessment Test Instruction Sheet

Children's National Medical Center uses a computerized provider order entry and clinical documentation system named TRACKS (Team Record and Clinical Knowledge System). All users accessing this system are required to complete the training and the assessment.

How do I access training modules?

Go to Children's website: www.childrensnational.org

1. Select "*For Doctors and Healthcare Providers*" at the top of the screen
2. Select "*CTI Web-Based Training*" from the menu on the left.
3. Select the appropriate training module from list above.
4. Log on with user name and password:
 - a. User name: `cnmcdoc`
 - b. Password: `trainme`

Note - Prior to accessing the modules, be sure your web browser has pop up blocking turned off for the Children's site.

What Training module should I take?

<i>Department</i>	<i>Module</i>
All Inpatient Units including Dentistry, Dermatology, PM&R, Psychiatry & Lab Medicine	TRACKS (Power Chart) for Inpatient Providers
Critical Care	TRACKS (Power Chart) for Inpatient Providers before starting rotation and ABACUS TPN training on first day of rotation
Anesthesiologist	Tracks (Cerner) Anesthesiologist Module for residents working in the anesthesiology department > 2 weeks.
Emergency Medicine	TRACKS EMTC (Firstnet) for Pediatric Residents
Surgery	TRACKS OR (Surginet) for OR Providers before starting and ABACUS TPN training on first day of rotation
Orthopedics	TRACKS (Power Chart) for Inpatient Providers and TRACKS OR (Surginet) for OR Providers
Radiology	TRACKS (Power Chart) Overview for Outpatient Staff and View Only
Adolescent Medicine & Allergy	ECW WBT for Providers & Residents
Psychology Anatomic Pathology	No training Required

How do I access the assessment(s)?

1. The appropriate URL link in the table below is your access for the assessment test.
2. Document your name and the last 5 digits of your social security number on the assessment test.
3. Complete and pass the appropriate assessment test.
4. Your login & password will be issued in 2-4 working days after you pass the test.

What assessment test should I take?

Department	Assessment
Inpatient Units	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/provider_quiz.htm
Dentistry	
Dermatology	
PM&R	
Psychiatry	
Lab Medicine	
Critical Care	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/provider_quiz.htm
Anesthesiologist	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/provider_quiz.htm
Emergency Medicine	
Surgery: All trainees going to the OR	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/or_quiz.htm
Orthopedics	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/provider_quiz.htm and http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/or_quiz.htm
Radiology	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/view_only_quiz.htm
Adolescent Medicine	http://www.childrensnational.org/ForDoctors/gme/training/provider_quiz/ecw_quiz.htm
Allergy	
Psychology	None Required
Anatomic	
Pathology	