

Veterans Affairs Medical Center Philadelphia, PA



Emergency Medicine Physician Assistant Residency program manual
2024-2025

Emergency Department phone number, 215-823-6004

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INTRODUCTION

This resident manual is meant to supplement the hospital and residency orientation and should be the first point of reference for policy clarification. Although every attempt is made to keep it up-to-date, situations will undoubtedly arise that require review and clarification. Any policy updates will be communicated through email and updated in sharepoint. If a situation is not covered by a policy in the manual, the program directors will make the necessary decisions in consultation with the appropriate facility and federal administrators.

RESIDENCY PERSONNEL

Medical Director: Eric Farabaugh, MD

Residency Director: Eric Rousell, PA-C, CAQ-EM

PHILOSOPHY OF THE EMERGENCY MEDICINE PA RESIDENCY

The one-year Physician Assistant Residency in Emergency Medicine at the Philadelphia VAMC strives to produce a confident, thoughtful, well-rounded EM Physician assistant while maintaining the VA's five core values: integrity, commitment, advocacy, respect and excellence. Dedicating oneself to the veterans as well as completing the didactic and clinical requirements will ensure a meaningful and rewarding year. The Physician Assistant (PA) Resident should be prepared to make this kind of commitment, as the Emergency Medicine (EM) service staff will demand that much from each resident. Likewise, the residents should expect as much from the staff.

Ultimately, the PA resident will be a healthcare professional who is comfortable in the collaborative practice of EM and able to manage a broad spectrum of patients. We recognize that the resident will occasionally feel the stress of being overburdened by the responsibilities and demands of the program. The resident must keep in mind that the fruits of long hours of hard work will result in a practitioner that is well prepared in the health care management of patients. He/she/they will be capable of responding to emergent situations in a competent manner as part of an

interprofessional team and will be able to confidently seek consultative support in situations beyond the scope of training.

OBJECTIVES OF THE EMERGENCY MEDICINE PA RESIDENCY

The Physician Assistant Residency in Emergency Medicine at the Philadelphia VAMC is a 12-month program that focuses on the fundamentals of emergency medicine within the scope of practice of a licensed physician assistant. The purpose of the program is to graduate PAs capable of working in an Emergency Department (ED) setting as part of an interprofessional team, with skills enabling them to manage and co-manage patients with a variety of conditions, ranging from low to high acuity.

The program is designed to maximize the resident's exposure to illnesses and conditions encountered in the ED, through an intensive program involving rotations in the ED and other services, under supervision of MDs, PAs and NPs.

Patient assignments will be diverse and challenging as PVAMC patients present with a wide spectrum of problems. Exposure to this patient population will give the resident valuable experience in the management of diseases common to our aging population. By the end of the residency program, the PA resident will exhibit competency in all six areas of the following core competencies:

Patient Care and Procedural Skills, Medical Knowledge, Practice-Based Learning, Professionalism, Interpersonal and Communication Skills, and Systems-Based Practice.

In addition, the resident will receive didactics in the form of lectures, independent learning, hands-on procedures, simulations and testing that will prepare them for the National Commission for the Certification of Physician Assistants (NCCPA) specialty exam to obtain a Certificate of Added Qualifications (CAQ) in EM after they complete months of full-time practice requirement.

CORE COMPETENCIES

Residents will come to understand and apply the following core competencies as they relate to Emergency Medicine:

Patient Care and Procedural Skills

- Perform medical, diagnostic and procedural skills essential to emergency medicine.
- Provide patient care that is compassionate, thoughtful and effective.

Medical Knowledge

- Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences.
- Learn wide use of diagnostic and therapeutic procedures and studies.
- Learn to recognize and seek guidance in ambiguous situations.
- Spend time appropriate to patient complexity.

- Demonstrate level-appropriate knowledge, which is up-to-date, extensive, well-integrated and applied.
- Develop a habit of reading and applying current literature.
- Complete organized, accurate, sufficient case presentations,
- Complete thorough and accurate medical documentation in a timely and usable manner
- Attend all required didactic lectures.

Practice-Based Learning and Improvement

- Investigate and evaluate their care of patients, appraise and assimilate scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.
- Continually evaluate their strengths and deficiencies and set improvement goals.
- Seek out and incorporate formative feedback.
- Participate in the education of students, colleagues, patients and families.

Interpersonal and Communication Skills

- Create and sustain a therapeutic and ethically sound relationship with patients.
- Use effective listening skills; elicit and provides information using effective non-verbal communication, explanatory questioning, and writing skills.
- Work effectively with others as a member of a healthcare team
- Accept recommendations for change.

Professionalism

- Demonstrate respect, compassion and integrity.
- Responds to patient needs.
- Demonstrate principles pertaining to confidentiality of patient information, and informed consent
- Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities.
- Display self-motivation.
- Show respect for colleagues, patients, families and all hospital staff.

Systems-Based Practice

- Demonstrate an awareness of the larger context and system of healthcare.
- Work effectively in in various healthcare settings
- Work in interdisciplinary teams to improve patient care and safety.
- Incorporate considerations of cost awareness and risk benefit analysis in patient care

VA EMERGENCY DEPARTMENT STAFF

- Physicians- main ED
 - ~8 full-time physicians
 - ~13 part-time/per diem physicians
 - 1 daytime “eDoc”
- APP’s – main ED and mod F
 - ~2 full-time PAs
 - ~4 part-time PAs/NPs
- 2 ED pharmacists
- Nursing staff
- Intermediate Care Technicians
- Nursing Assistants
- Dedicated ED behavioral health provider and social worker
- Penn medical students and Drexel PA students

RESIDENT SCHEDULE

The schedule is posted on Amion (amion.com), access code “PVAMCProvider”. Residents will need to register for an account to view on their personal devices. It is the resident's responsibility to ensure they are aware of their schedule. Residents will be scheduled for 4x10 hour shifts weekly. Residents will split their time between the main ED and Mod F (Fast Track). While on rotations, residents will follow the schedule of that specific service. **Residents can be pulled from rotations at any time to cover the ED.**

RESIDENTS’ WORKFLOW IN THE EMERGENCY DEPARTMENT

Residents will primarily be working both in the main ED. The residents’ responsibilities include:

1. Start shift on time.
2. Sign up for patient on EDIS in a timely fashion.
3. Perform History and Physical.
4. Keep your attention on the EDIS patient tracking board. When there is a patient to be seen, assign yourself to the patient. Review the nursing note entered during triage. Be sure to pay attention to the patient’s vital signs. You may wish to take a few minutes to read up on the chief complaint prior to entering the patient’s room. Some resources available to you include uptodate.com and Access Emergency Medicine. Place orders in CPRS and relay to the assigned RN and/or ICT.
5. Present and discuss patient and plan with supervising provider. Between 9am and 7pm in the main ED, PA residents will present to the EDOC. Outside of these hours or if an EDOC is not on shift, PA residents will present ESI 4’s, 5’s to an APP and ESI 1-3’s to any other physician on shift. The attending or the supervising PA/NP should not be scheduled to

- finish their shift within 2 hours of presentation when in the main ED, and 1 hour when in the fast track, unless both parties agree that the patient will be dispositioned in a timely manner.
6. Evaluate patient with supervising provider.
 7. Carry out the plan as discussed with the provider.
 8. Reevaluate the patient and gather results of studies to formulate a new plan or alter plan.
 9. Call any consultants needed before admission or disposition.
 10. If admitting, call operations hospitalist/ MICU fellow/surgery resident and place admission order. Place time when doc-to-doc occurred on EDIS and in note.
 11. Never discharge a patient independently. An MD attending or a supervising PA must verbally agree to discharge prior to the PA resident discharging a patient.
 12. You must complete your discharge instructions for your patient using Logicare which can be found through the resources in CPRS. Once completed, you will need to ask the physician or PA working with you to print the instructions.
 13. Write a note in CPRS and add attending/PA/NP who staffed the case as the co-signer. Notes should be completed BEFORE finishing your shift.
 14. At the end of the shift, the resident is expected to sign out all remaining patients to an attending who is not scheduled to finish their shift within 2 hours of presentation when in the main ED, and 1 hour when in the fast track, unless both parties agree that the patient will be dispositioned in a timely manner.

CAMPUS RESPONSES

A campus response is a medical emergency in the hospital or on the grounds and is dispatched via overhead page. At least one resident is required to respond with the campus response team unless actively involved in a critical care situation in the ED. The responding resident is also required to write the medical emergency response team (MERT) note on CPRS.

PROGRESS NOTES

1. The PA resident should write a note in CPRS for every patient encounter.
2. The PA resident should use the title “ED PA resident note”.
3. The PA resident may use the “ED PA resident template” for the skeleton of their note, or their own template.
4. All notes should be signed by the PA resident before completing their shift.
5. All notes should be cosigned and addended by the MD attending or the supervising PA/NP before the end of their shift.

STANDARDS OF CARE

All care provided by the PA residents shall meet the following criteria:

1. Procedures shall be consistent with currently accepted therapeutics.
2. Clinical studies shall be conducted only as part of authorized protocols.
3. All care and procedures shall be in the patient's best interest.

CURRICULUM

Integral to the educational experience, PA residents will rotate through 1–4-week specialty rotations and are expected to participate in all rounds and teaching/lecture sessions included in each rotation. Specialty rotation syllabi are listed on sharepoint. Only one PA resident will be on a specialty rotation at time. Curriculum modifications can only be made with approval of the residency team. **Rotation type, length, and timing are always subject to change. Residents can be pulled from rotations at any time to cover the ED.** A sample schedule is listed below:

Clinical Rotations	Rotation Length
Emergency Department	~40 weeks
General Surgery	2 weeks, December/January
SICU	2 weeks, June/July
Psychiatry	2 weeks, June/July
Internal Medicine	2 weeks, March/April
Podiatry	2 weeks, August/September
Vacation Time	2 weeks

Certification Courses	CME Credit Hours
Advanced Trauma Life Support (ATLS)	16 Credits
Advanced Life Support (ALS)	4 Credits**if needed
Basic Life Support (BLS)	4 Credits **if needed

Other Curricular Requirements	
National Presentation to fellow VA PA residents (virtual)	30-45 minutes in duration
Completion of all assigned Talent Management System (TMS) courses	10-20 hours
Quarterly Procedure workshops	12 hours
US Didactics	TBD
Oral case presentations (2)	2 hours

SELF STUDY

Each resident will be assigned self-study curriculum via Access Emergency Medicine, [AccessEmergency Medicine - Emergency Medicine Clinical Resource \(mhmedical.com\)](http://mhmedical.com). Assignments include readings, videos, short answer questions, and quizzes. Quizzes must be passed with 90% or better (unlimited attempts). Self-study assignments are done in monthly blocks and due by 2359 the evening of the last day of the month. Failure to complete assignments will result in remediation and/or disciplinary action.

October, Pulmonary and Pain Management:
Analgesia and Anesthesia
Pulmonary Medicine
Reactive Airways
Pulmonary Pathogens

NATIONAL PRESENTATION

Residents are required to complete a ~30-minute presentation on an EM topic of their choice that will be presented at the monthly VA residency shared didactic meeting. Shared didactics occur on the third Friday of each month at 1500. They will also be required to attend **6** total sessions throughout the year. Protected time will be scheduled by the residency directors to allow successful completion of this presentation. Project is to be discussed with the residency directors in the first 3 months of residency. Additional project deadlines will be provided throughout the residency.

RESIDENT CONFERENCE

Residents are highly encouraged to participate in conference every Wednesday morning from approximately 0800 to 1200. Conference is presented on zoom by the University of Pennsylvania EM residency program. Emails on the conference schedule are typically sent out 1-2 days prior. Residents are encouraged to read and perform assigned homework prior to the conference, as directed by the affiliated hospital's policy for their own residents. Please be aware that some weeks are scheduled for Penn residents only.

ORAL CASE PRESENTATIONS

Residents will present bi-monthly cases throughout the year to a group of ED providers and their co-resident. Using the Socratic method, residents will present their case, the differential diagnoses, the work-up and ultimate outcome in an educational format. They will then review any up-to-date literature on the topic or treatment. Topics should include interesting or informative cases that will provide value to the ED.

PA RESIDENT SUPERVISION AND GRADUATED LEVELS OF RESPONSIBILITY

PA resident supervision is determined by VHA 1400.04. Supervision is provided through direct observation, consultation, directing the learning and activities of the trainee, and role modeling. The supervising practitioner must be in the same treatment area and immediately accessible to the PA resident. Each veteran patient encounter must be discussed with the supervising practitioner (development of assessment/plan) and the supervising practitioner meets and interacts with each veteran managed by the PA resident.

Supervising practitioners are allowed to provide supervision only for those clinical activities for which they are qualified and have been approved to perform. The patient health record (encounter note) must clearly demonstrate involvement of the supervising practitioner in PA resident-patient encounters, by using one of the following types of allowable documentation of supervision.

- a. Separate progress notes or other entry into the veteran's health record by the supervising practitioner.
- b. Addendum to the PA Trainee's progress note by the supervising practitioner.
- c. Co-signature of PA trainee's progress note.

Although PA residents will always practice under supervision, they are expected to increase their autonomy, patient load and medical decision-making abilities throughout the residency year. The following is an example of the phased levels of responsibility while in the emergency department:

- **Phase 1 (~first 2-3 months of residency*)**: Carry 1-2 patients at a time. Discuss assessment and plan with supervising provider prior to placing orders. Begin to develop working differential diagnoses and have a general idea about disposition status and any consultations needed. Begin to discuss different med/treatment options with supervising provider.
- **Phase 2 (middle 4-6 months of residency*)**: Carry 2-3 patients at a time. Increase acuity of patients managed. Discuss with supervising practitioner at the beginning of the shift if you may order labs/imaging/interventions prior to staffing patient. Have a working knowledge of critical differential diagnoses for each patient, have a general disposition plan for each patient seen, interact with consulting services and admission team as appropriate for care of patient. Continue to develop knowledge of ED and outpatient medication doses. Increase procedural skill confidence.
- **Phase 3 (last 5-6 months of residency*)**: Carry 3-5 patients at a time (depending on ED volume and patient acuity). Again, pick up higher acuity patients throughout each shift. Have strong knowledge of differential diagnoses for most patients and be able to discuss patient care

with consulting services and admission articulately. Comfortably order labs/imaging/consults prior to discussion with supervising provider.

*Please note that residents may progress through these phases at varying degrees of time

PROCEDURES

Most procedures that the PA resident could perform and/or participate in require direct supervision of the attending clinical preceptor. The following procedures require direct supervision regardless of demonstrated experience: chest tube placement, central line place, endotracheal intubation or other advanced airways, abdominal paracentesis, lumbar puncture, procedural sedation, cardioversion, cardiac pacing, arterial line placement, joint reductions. ECGs and imagining also require formal review by attending physician.

Residents are required to review all procedures in *Robert's and Hedges* before attempting them.

An exception to this policy would include procedural skills that the graduate PA should be expected to perform because of their graduate PA school training which may include: foley catheter insertion, IV insertion, blood draws, subQ or IM injections, suture/staple removal, laceration repairs, wound care, and abscess I&Ds. These types of procedures may be performed by the PA resident/trainee with a supervising practitioner in the “area” but need not necessarily be providing direct supervision in the same room.

Any other procedures that may be performed that are not named above occurring during residency rotations both in the emergency department and on off service rotations, requires the supervising practitioner to be providing direct supervision in the same room as the PA resident. If/once the supervising practitioner feels that the resident has demonstrated sufficient experience and skill level for a particular procedure, the supervising practitioner may grant progression to general area for that particular procedure. If at any time the PA resident does not feel comfortable performing a procedure or feels assistance is required, it is the responsibility of the PA resident to ask for help.

During Phase 1 of training, residents will perform all bedside procedures (e.g. “line and lab”) on patients in conjunction with their RN and ICT colleagues. During later phases, residents will not be required to perform the routine procedures (IVs, blood draws, injections, COVID swabs, etc.) but will still be required to perform more advanced procedures i.e. ultrasound IVs, foley catheter placement, minor surgery procedures, ear canal lavage, POCUS.

For all patients with an ophthalmologic complaint, the resident is required to perform a complete slit lamp examination.

STUDENTS

PA and medical students have their own assigned preceptors. A resident is never to have a student evaluate a patient for them. If the resident finds something truly interesting then they may, **in conjunction with the students' preceptor**, involve the student.

PERFORMANCE EVALUATIONS

PA residents will be evaluated by the ED residency team and/or ED providers based on the six core competencies (Patient Care and Procedural Skills, Medical Knowledge, Practice-Based Learning, Professionalism, Interpersonal and Communication Skills, and Systems-Based Practice) quarterly. PA residents will also be evaluated by their preceptors after each specialty rotation and in turn complete their own review of the rotation.

PA residents will meet quarterly with the PA residency team to review their progress. Evaluations by preceptor staff will be reviewed, as will the PA resident's evaluation of the rotations/faculty/program. These meetings are designed to continually monitor both the individual PA resident's progress and the functions of the residency. Residency directors will also perform random chart reviews throughout the year ensure they are progressing and documenting appropriately. A year-end summative evaluation concludes this process. Evaluations are recorded and retained in a permanent file.

REMEDIATION

If a resident consistently performs below expectations as evidenced by poor performance on evaluation(s), verbal complaints by faculty or staff, or violations of items as set forth in this resident handbook or VA orientation, a meeting will be held with the resident to discuss the issue. At this time, a formal remediation document will be signed along with a plan to correct the matter. If the resident's performance does not improve, further disciplinary action may then be pursued on an individual basis. Disciplinary action may result in probation with required remediation and/or termination of employment. Resident insubordination may also result in termination of employment.

CONDUCT UNBECOMING

Actions or behaviors by individuals working for the federal government that are considered inappropriate, unethical, or in violation of the standards of conduct expected of federal employees will not be tolerated and can result in disciplinary action including termination from the residency program.

PA TRAINEE IMPAIRMENT (including substance abuse)

Per VHA Handbook 1400.08, “Substantive problems based on academic or professional deficiencies often require further corrective actions, which may include formal remediation for knowledge deficits, treatment of conditions resulting in impairment, or other actions including dismissal of the trainee from further VA training. In all cases, the appropriate corrective action is determined after consultation between the DEO, the Program Director, and the service chief.”

PA TRAINEE WITHDRAWAL

In accordance with VHA Handbook 1400.08, The program director will notify the VA program director to any changes in the trainee’s status, including program withdrawal, within 72 hours of receiving notice.

WHOLE HEALTH

Whole Health is the VA’s approach to care that supports the veteran’s health and well-being. Whole Health centers around what matters to the veteran, not what is the matter with the veteran. This emphasizes getting to know the veteran as a person to develop a personalized health plan based on their values, needs, and goals. The CMJC VAMC has a new whole health service line dedicated to providing our patients with comprehensive health management. Employee whole health is also being emphasized to reduce and prevent healthcare burnout. We will be incorporating whole health into your training year through education with our whole health representative, Dr. Pro and when thinking about the overall assessment and management of ED patients. See Philadelphia VA sharepoint for more information on patient and employee whole health resources.

HRO

In a High Reliability Organization (HRO), staff members commit to a shared goal of safety by demonstrating HRO Principles, Values and behaviors. Three Pillars underpin the HRO framework and empower staff members across all levels of the enterprise: 1) Leadership Commitment, 2) Culture of Safety and 3) Continuous Process Improvement (CPI). You will receive an HRO theme of the month newsletter via email each month to further your HRO knowledge. [VHA Journey to High Reliability - Home \(sharepoint.com\)](#)

GRADUATION REQUIREMENTS:

The following are required to successfully graduate from this EMPA residency program:

- Successful completion of all rotations with satisfactory evaluations
- Successful completion of national presentation
- Successful completion of 1-2 oral presentations

- Attend and participate in all assigned meetings and workshops, unless excused by Program Director
- Completion of Advanced Trauma Life Support (ATLS), if offered
- Maintain ACLS/ALS and BLS throughout residency.

Failure to satisfactorily complete any of these requirements may result in remediation, including possible repetition of the block(s), in whole or part, at the end of the one-year training period, without further stipend or benefit being provided by the institution. Upon graduation, the PA resident will be awarded a residency completion certificate, provided with residency verification documents and letters of recommendation for future employers.

POLICIES AND PROCEDURES

The PA resident trainee will be protected by and abide by all VA Directives, policies and procedures of the healthcare system, and the bylaws of the medical staff when applicable. Such policies include but are not limited to policies on: Sexual harassment, Employee Grievances, Equal Employment Opportunity (EEO), Complaint Process, Probationary Periods, Trial Periods and Placement Follow up, Compliance, Organizational Ethics: Code of Ethical Behavior and Standards or Ethical Conduct. All VHA post-graduate residency programs are governed by [VHA Handbook 1400.08](#) Education of Associated Health Professions and [VHA Handbook 1400.04](#) Supervision of Associated Health Trainees.

HIPAA

HIPAA is designed to simplify the administration of health care through improved efficiency in its delivery and to protect the confidentiality and security of healthcare information.

The Department of Health and Human Services has promulgated standards for covered entities to

implement and follow. The VA HIPAA Program complies with the federal HIPAA regulations and PA state law. These standards currently are composed of four parts:

- Standards for Electronic Data Transactions - for improved efficiency in healthcare delivery
- Unique Identifiers Standards - for individuals, employers, health plans and healthcare providers
- The HIPAA Security Rule – for the protection and security of electronic health data
- The HIPAA Privacy Rule – for the protection of the privacy of all individually identifiable health information held by covered entities.

HIPAA mandates total workforce training on the Privacy and Security Rules. At PVAMC, training is web-based, and the modules will be assigned based on job function.

INFORMED CONSENT

PA residents must obtain IMED consent through COW (Computer on wheels) or computers in patient rooms prior to ED patient procedures, blood transfusions, etc. Consent should also be documented in the patient chart and co-signed by the supervising provider.

MALPRACTICE INSURANCE:

As a VA employee malpractice insurance is not required and you are covered for liability under the Federal Torts Claims Act. From VHA Handbook 1400.08 Education of Associated Health Professions: When providing professional services at a VA health care facility, supervising VA employee practitioners, trainees of a VA sponsored program, and trainees of an affiliated institution who are training at a VA health care facility are protected from personal liability under the Federal Employees' Liability Reform and Tort Compensation Act 28 U.S.C. 2679 (b)-(d).

a. The government is liable, under the 28 U.S.C. 2679 (b) -(d), for malpractice claims involving trainees who were acting within the scope of their educational program at a VA health care facility.

b. All trainees must be supervised by practitioners with relevant clinical privileges during all clinical activities related to their specific educational program. The supervising practitioner is professionally and legally responsible for the care provided by trainees.

VACATIONS / LEAVE

Per VA Office of Academic Affiliations (OAA) Policy, all PA residents have up to 37 paid days off per academic year.

- 13 weekdays of Annual Leave (4 hours per pay period)
- 13 Sick Leave days (4 hours per pay period) (for personal or family illness where you are the caregiver)
- 11 Federal Holidays

Unused annual leave is paid out at the end of the year. Sick leave is not.

Annual Leave (vacation): The Program Directors reserve the right to direct use of annual leave in the form of one or two consecutive weeks, or as needed for best education of the trainee in the department. Typically, leave will be discussed between the resident and the directors in the first few months and incorporated into the schedule as early as possible. If requesting additional annual leave, residents must *email all members of the PA residency team* with dates of requested leave and

supporting information. In order to facilitate continuity of patient care and optimize the resident's educational experience, vacation of 5 days or more must be requested 8 weeks in advance of the first leave day. Vacation requests of 3 days or less must be requested 4 weeks in advance. Requested leave must be approved by the PA residency team. Residents must enter all leave into VATAS PRIOR to taking approved leave. When entering leave in VATAS, enter each day in 8-hour increments (i.e., 8am-4pm) during weekdays only.

Administrative Leave: Additional days may be approved, when the request includes supporting documentation, for jury duty as required by law, CME conference attendance, professional meetings and research project duties as schedules permit. Use of this leave is subject to the approval of the Program Directors and the Chief of Emergency Medicine. This leave must be requested at least 4 weeks in advance.

****No annual leave is allowed the first/last two weeks of residency or during a specialty rotation.** Exceptions to these time guidelines may be made only with permission from the supervisor of the rotation and the program directors.

Sick Leave: It is required that each resident not reporting for duty due to illness or injury inform the residency team and/or supervising providers (in the case of a specialty rotation) at least *one hour* prior to their scheduled shift. On return after sick leave, the resident must enter time for leave in VATAs. Residents are advised not to request or use leave time while on off-service rotations unless absolutely necessary. A medical provider's note is required for leave or injury that extends beyond 3 days. Leave for covid must be approved and managed by occupational health.

Long term leave: Long term leave, defined as leave for 10 consecutive days or longer, will require a meeting with the PA residency team. Inability of the resident to meet the required rotation objectives due to leave may result in repeating the rotation, additional assignments, extending the length of the residency or dismissal from the residency. Decisions will be made on an individual basis.

HOLIDAYS

The following days are Federal Holidays: MLK Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, Christmas Day, New Year's Day.

Residents are not compensated for holidays with "holiday pay" or overtime. Because of this, program directors may provide residents with an "in lieu of" day if working the holiday or give residents off on holidays.

UNEXPLAINED ABSENCE POLICIES

Residents should maintain a deep personal responsibility towards their patients and their colleagues. When a resident is absent and does not observe the formal notification process, he/she may impair patient care and also put undue burden on their colleagues. Observing this process is viewed as an important measure of professionalism. Lapses will be dealt with at the discretion of the Program Directors. Instances of late arrival, early departure or leaving in the middle of a shift will not be tolerated.

HEALTH INSURANCE/ADDITIONAL BENEFITS

Health insurance is available for PA resident trainees through Human Resources. FEDVIP (Federal Employees Dental and Vision Insurance Program) has expanded to include temporary employees. Health Professions Trainees (HPTs) that work 130 hours or more per month for at least 90 consecutive days may be eligible. HPTs are not eligible for federal pension or TSP.

PAYROLL

Stipends are determined yearly by OAA. PA residents are paid by OAA via PVAMC through the Defense Finance Accounting Service (DFAS) on an every-other-week basis, with 26 pay periods per year.

ARC-PA STATUS

The Philadelphia VAMC Physician Assistant Residency in Emergency Medicine is in the process of applying for ARC-PA accreditation.

HIRING PREFERENCE

Preference is given to those candidates who are recent graduates of an ARC-PA accredited Physician Assistant Program. Recent graduates are preferred because the goals of the residency program are best met by providing specialized training to build upon the recent PA school graduates' generalist training. However, PA's with years of experience will not be denied application. The PA residency program does not discriminate against an applicant based on the applicant's race, color, religion, sex (including pregnancy), national origin, age, disability or genetic information. In accordance with federal policy, applicants must be US citizens.

DUTY HOURS

A resident is never to leave the hospital before their daily duty hours are completed (excluding emergencies). Time theft, "time and attendance fraud," or "time card fraud," are all terms that describe the same general conduct: receiving pay for hours not actually worked or tasks not actually completed. If while on a rotation, a resident is dismissed early by another department, they are to immediately inform the residency director or medical director for other work

assignments. If the residency director or medical director are unavailable, report to the eDoc in the ED.

ACADEMIC CREDIT

This Emergency Medicine Physician Assistant Post-Graduate Residency Program does not offer academic credit. A certificate of completion is presented at the end of the program.

MOONLIGHTING

No outside employment that requires functioning as a physician assistant is permitted during the residency.

CERTIFICATION AND LICENSURE

PA residents must be NCCPA-certified prior to beginning the program. PA residents can use ANY state license to work at a federal facility. They will require a Pennsylvania state license to work at area hospitals. PA residents will not require a DEA license and therefore will not prescribe opioids during their residency.

ESTIMATED PROGRAM COSTS

Individual PA Resident Costs Not Covered by Program:

- If resident chooses to attend Pediatric Advanced Life Support (PALS) training or Society of Emergency Medicine (SEMPA) 360 conference
- Travel to and from rotations
- NCCPA certification exam
- Pennsylvania state licensure
- Resident may choose to purchase reference materials to aid in rotations
- No tuition or application fee

Since this program does not require any tuition or fees, there are no refunds if resident wishes to withdrawal from program.

ATTIRE

Clinical attire (business casual with white coat or scrubs) is expected throughout the training experience. PA resident trainees should identify themselves with PIV badges and explain their roles as a PA resident trainee to patients. Close-toed shoes must be worn. No jeans or shorts may be worn. Avoid excessive jewelry and fragrances.

PIV BADGES

A PIV ID badge will be issued to each trainee during onboarding and is required for identification and computer access purposes. PIV badges must be always worn while

at any VA. Lost, damaged, or malfunctioning badges must be reported immediately to the Residency Training Director and VA police.

VA EMAIL

@VA.gov email is the primary form of electronic communications. There is no guarantee the department will send anything to a resident's personal email. The residency training director and medical director send important information to residents on a regular basis. Some of this information includes the need for time-sensitive responses. VA email should be checked at least twice every 24 hours, ideally several times per day, as this is the most common form of communication.

TMS

Residents must routinely check and stay up to date on all TMS trainings. New TMS courses and deadlines are sent via VA email.

BBFE

Exposure to blood and body fluids, due to needlesticks and splashes, represent real hazards to

healthcare workers. If you are exposed during the course of your work duties, you should do the following: First, clean the exposed area. If you are splashed in the eye, rinse your eye out with water. If you are exposed from a needlestick, wash the area thoroughly with soap and water

With mucous membrane exposure, rinse with large amounts of water. The important step is to clean it IMMEDIATELY after exposure. Second, if exposure occurs during business hours, sign any patients out to the supervising provider and report to occupational health immediately. If exposure occurs after business hours, sign the patient out and check-in with ED triage. The resident should also contact and report the incident to one of the Program Directors.

COVID-19

Vaccination is required for all VHA Hybrid Title 38 and Title 5 VA health care personnel, including all OAA HPT's. Emergency department patients who are considered to have symptoms concerning for COVID-19 will have a red sign posted outside their room stating "PUI" or "person under investigation". Don full gown, N-95 mask (PAPR if beard), gloves and eye protection for such patients. It is important to become familiar with department-specific COVID policies and procedures on your many specialty rotations. Please notify the PA residency team and occupational health if you are feeling ill and have a possible COVID exposure. Please note, COVID policies are likely to change frequently.

DUE PROCESS

All residents are categorized as Title 38 employees and follow **MCM 05-27 DISCIPLINARY ACTIONS FOR TITLE 38 EMPLOYEES** policy

Title 38 – Due Process

http://vhaphiweb1.v04.med.va.gov/mcmmanager/doc.php?action=attachment&cat_id=&doc_id=422

Resident Supervision

http://vhaphiweb1.v04.med.va.gov/mcmmanager/doc.php?action=attachment&cat_id=&doc_id=724

Monitoring of Residents

http://vhaphiweb1.v04.med.va.gov/mcmmanager/doc.php?action=attachment&cat_id=&doc_id=467

RESIDENT MANUAL CHANGES

This manual is subject to change at any time. Reasonable notification will be given to the residents.

FACILITY RESOURCES AND SUPPORT SERVICES

LIBRARY

PA residents are encouraged to utilize the PVAMC Library for general education and scholarly project research. Online computer searches of biomedical literature can be performed through the networked computer system. Multiple reference databases are available online. Access to the references will be taught during orientation; the VA librarian is also available as a resource for such searches. See the VHA national desktop library for more information at <https://www.va.gov/LIBRARY/index.asp>.

EDUCATION FUNDING

Healthcare trainees are eligible for scholarly conference reimbursement through the Training Reimbursement Incentive Program (T.R.I.P). Up to \$1500 is available for reimbursement. Proof of payment and attendance/completion dates must be within the same fiscal year to receive reimbursement. Travel expenses must be approved by the VA travel office and the ED Service Chief. Submissions of travel reimbursement forms are the responsibility of the PA resident. Original expense receipts are required for reimbursement. TRIP applications are not accepted during the blackout period between August 5th and October 5th. More information can be obtained through the department of education on the 9th floor.

PARKING

Employee parking lots are currently full for all new employees and new passes are not being distributed. Public transportation is recommended if possible. Residents will be informed of any updates to the parking situation. Transit benefits are available through the VA.

IMMUNIZATIONS

Residents must provide record of current immunizations and keep immunizations up-to-date throughout their residency. This includes the COVID-19 vaccine.

RESIDENT WELLNESS

Residents are encouraged to keep program staff informed of any residency-related or personal stress that impairs their ability to function effectively in the residency. Residents are also encouraged to take available vacation, attend residency and department activities and participate in personal hobbies. Confidential counseling services are provided by the institution. Information pertaining to available support and counseling services may be obtained from the HR Office.

Additional benefit questions can be submitted to local HR representatives. Additionally, employee assistance resource questions can be directed to Amy Scarano, Employee Assistance Program Coordinator.

SIGNATURE PAGE

As a physician assistant resident in the Philadelphia VAMC Residency in Emergency Medicine, I fully understand the responsibilities and obligations presented to me in the residency handbook. I acknowledge that policies and procedures are subject to change throughout the year. I agree to fully abide by the requirements and stipulations of this residency manual throughout the entirety of my residency.

Resident Signature

Date

Resident Director (s) Signature

Date