

CODE GOALS and AGREEMENTS

1. To achieve conduct among ourselves that is beyond reproach and facilitates our best work.
2. To work as a team with our colleagues and not engage in abusive or disruptive behavior that would negate our expertise in healthcare, demoralize our peers, or disappoint our community.
3. To be responsible for our individual behaviors regardless of our emotion or external stressors.
4. To agree that all relationships within the medical team and with the patient/family are the central focus of all ethical concerns because they directly impact the care of the patient.
5. To maintain the utmost respect for patient privacy, modesty and confidentiality.
6. To provide consistent, nonjudgmental care and practice for all of our patients without regard to insurance type, religion, gender, or ethnicity. The welfare of the patient must form the basis of all medical judgments. The Council on Ethical and Judicial Affairs 1992, states: "Under no circumstances may physicians place their own financial interests above the welfare of their patients. The primary objective of the medical professions is to render service to humanity; reward or financial gain is a subordinate consideration."
7. We agree to DIRECTLY communicate with our colleagues. This includes teaching, coordinating, and personally contacting consultants so that they have enough information to anticipate the degree of their contribution needed and the appropriate timing required.
8. To discuss all matters of difficulty with the system, technology, staff, or with patients and families IN PRIVATE.
9. To engage each other directly and in private with any issues or problems as a first step in conflict resolution.
10. To return pages and phone calls in a timely manner--goal less than 20 minutes.
11. To complete and maintain medical records in a timely manner--goal less than 30 days.
12. To attend to the maintenance of clinical competence and physical and mental health in ourselves and our students in the best interest of serving others. The practice of medicine in a supportive culture requires individual commitment to education on a clinical and a personal basis.
13. To create a climate where self discipline and respect for others is the core value, so that peer review and sanctions become mostly unnecessary.

I agree to be accountable to the hospital and my colleagues to maintain professional standards with the above noted goals.

Signature: _____ Print Name: _____

Date: _____

Personal Information

School: _____ Area of Study _____ Date: _____

Name: _____
Last First MI

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Birthdate: ____/____/____ Email: _____
Month Day Year

Emergency contact person(s): _____
Phone: _____

Compliance requirements to be verified through this form given to Community Hospital, and original documents maintained by the school include:

A. TST (TB Skin Test) – Current within one year of initial reporting to the facility. Those with history of positive TST should have follow-up by physician.

Date of TST _____

B. Documented immunity to Measles, Mumps, and Rubella as evidenced by:

- | | |
|--|----------------|
| 1. Documentation of physician diagnosed measles , or | Yes Date _____ |
| 2. Documentation of 2 doses of vaccine, or | Yes Date _____ |
| 3. Laboratory evidence of immunity to measles | Yes Date _____ |

C. Documentation or signed statement that Hepatitis B vaccine Series has been received or is currently pursuing completing Series or has signed waiver of declination. Please attach.

Yes Date _____

D. Current CPR training

Expiration Date _____

E. Background Check

Date _____

F. Please attach copy of recent photo ID (student, drivers license)

G. Influenza vaccine

Date _____

Student
Instructor

Name _____ School _____

Date of Acknowledgment _____ Area of Study _____

I acknowledge and confirm that I have read and understand each of the modules initialed below.

1. Student Standards of Business Conduct Policy
 - a. Community Hospital Mission, Vision, and Values
 - b. Code of Business
2. National Patient Safety Goals
3. Student Conduct Expectations
 - a. Dress and Grooming
 - b. Cultural Diversity
 - c. Harassment Prevention
 - d. Tobacco Use
 - e. Substance Abuse
 - f. Anti-violence
 - g. Privacy and Confidentiality
4. Parking instructions
5. Infection Control review

I agree to comply with the above referenced information. I further agree to conduct myself in accordance with the Service Excellence Standards in my capacity as a student at Community Hospital. I understand that non-compliance with the above referenced guidelines, practices and policies may result in termination of my rotation at Community Hospital.

By selecting the check box below, I certify that the above information is true and correct to the best of my knowledge and that I understand that I may be required to sign this application upon the request of CWHS.

Signature

Infection Control Quiz

Name: _____
School: _____

Date: _____
Orientation Department: _____

1. If hands are not visibly soiled (dirty), decontaminate hands with alcohol-based hand rub
 - a. before having direct contact with patients
 - b. after contact with patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
 - c. after contact with patient's environment (e.g., medical equipment, bedside table, bed)
 - d. after removing gloves
 - e. all of the above
2. The isolation precaution system used at this facility includes
 - a. Standard Precautions
 - b. Transmission Based Precautions - Airborne, Contact, Droplet (for diseases easily spread from person-to-person)
 - c. Isolation Precaution information is found in the Infection Control Policies
 - d. all of the above
3. Specific protocols for TB control include
 - a. Airborne Precautions
 - b. student TST (PPD) skin testing
 - c. special respiratory protective equipment (N-95 mask or Powered Air Purifying Respirator [PAPR])
 - d. utilized upon entry into TB airborne precaution rooms
 - e. a, b and c
 - f. a and b
4. Handwashing with soap and water is indicated when
 - a. hands are visibly soiled (dirty)
 - b. before eating and after using a restroom
 - c. contact with the environment of care or patient with spore-forming type disease/illness (anthrax, Clostridium difficile)
 - d. all of the above
5. Standard Precautions means :
 - a. that if you do not see blood in the body fluid it is not infected
 - b. that you must treat all blood and body fluids of all persons as if they are infected
 - c. that Standard Precautions are only required when you know a patient has AIDS
 - d. none of these are correct
6. If you are exposed to blood or body fluids, you must immediately :
 - a. wash wounds with soap and water. If mucus membranes (eyes, nose or mouth) are involved in the exposure, flush with water.
 - b. notify your instructor
 - c. report to the Emergency Department
 - d. all of the above
7. True False - Hand hygiene is the single most important method of preventing the spread of infection.
8. True False - The Chain of Infection involves ONLY a source and host.
9. True False - Gloves, gowns and masks are examples of Personal Protective Equipment (PPE).
10. True False - Red warning labels, signs, bags or containers are not required to communicate hazardous infectious materials.
11. True False - Bloodborne Pathogens are most likely to be spread by contact between infected blood/body fluids and your eyes, nose or mouth and/or openings in the skin.

Revised: 07/2010

Confidentiality Agreement

I understand that, as a result of being granted access to written patient health information, as well as hospital operating system(s) and electronic information, I may have access to confidential information. Accordingly, I agree as follows:

I have read the summary of the following, have been given instruction on availability to the full policies on the intranet, and understand I am required to comply with them:

- Community Hospital Privacy and Confidentiality Guidelines
- HIPAA Compliance Policies

I may contact the following persons whenever I have questions about the meaning or application of these policies:

IT Director: 644-3501

Security Officer: 644-3501

Chief Privacy Officer (HIPAA): 644-3015

Chief Compliance Officer 644-3015

Patients, medical staff and employees have a legal right to privacy. All students on affiliation rotation to Community Hospital must exercise extreme caution and sensitivity with communicating or accessing information about patients and Community Hospital operations: careless talk, inquiry in the system, repeating rumors or unauthorized access can result in serious harm to patients and their families or Community Hospital and its employees. Such communication and inquiry is limited to necessary disclosures required by individuals having a need-to-know.

Complete confidentiality is expected.

I have read the above statement on confidentiality and had any questions answered. I understand its meaning and will abide by the requirements stated therein.

Student's Printed Name: _____

School Name: _____

Date: _____ Area of Study: _____

By selecting the check box below, I certify that the above information is true and correct to the best of my knowledge and that I understand that I may be required to sign this application upon the request of CWHS.

Signature