

Attestation

I have received, reviewed and understand the following materials provided to me:

- ▶ 2018 MMC Annual Mandatory Education/Orientation

▶ Name: _____

▶ Signature: _____

▶ School: _____

▶ Date: _____



Affiliating Student Role Definition and Restrictions Agreement

Hospital Name MONMOUTH MEDICAL CENTER

Name of Academic Facility: _____

Student's name: PRINT: _____ Level: _____

Course Title and Number: _____

Contact: Phone: _____ Email: _____

My placement at this hospital is for the following learning experiences: Check one that best reflects your course objectives:

Performing Clinical Practice _____ Observing practice (only) _____

I, the student, agree to the following terms:

1. To complete all parts of the required orientation.
2. At no time will I perform direct care/interventions on a patient unless I am under the supervision of my instructor or a competent preceptor.
3. I will at all times perform within my scope of practice, and adhere to any restrictions/limitations placed by my preceptor or the Department Director/designee, and / or the policies and procedures of the hospital.
4. I will not leave the unit/clinical area without notifying the preceptor of my departure.
5. Whenever I encounter a procedure or process with which I am unfamiliar, I will seek guidance from my preceptor before initiating that procedure.
6. I will report any observations (relative to my defined role) of changes in the patient's condition to the preceptor
7. I will at all times wear the name badge of the hospital facility so that it is easily seen.
8. I will adhere to the Code of Conduct for the hospital at all times.
9. I will dress professionally adhering to the hospital dress guidelines and personal hygiene guidelines if applicable. (nails, long hair, etc).
10. Prior to the start time of any learning experience, I will notify the hospital department/unit at _____ Ext. _____
Phone Number _____
if I am unable to attend my scheduled clinical experience or if I will have a late arrival.
11. I will assure the confidentiality of all patient information – written or verbal.
12. I will report any conflict of interest to the school faculty.
13. I will report any situations of actual or potential patient satisfaction to the preceptor immediately.
14. I will follow the documentation protocols for students affiliating on the unit as discussed by the director/designee and/or the Manager of the Unit.
15. I have read and understand the Monmouth Medical Center Confidentiality Agreement.
16. I have read and understand the Monmouth Medical Center Summary of the Conflict of Interest Policy.

Print Name

Signature

Date

**Student/Instructor Facility Orientation
Monmouth Medical Center**

NAME: (Print) _____ **TITLE:** _____

SCHOOL: _____

System Overview: Mission, Vision and Values

Facility Overview

Philosophy, Approach and Culture of Safety

(team building, disruptive behavior, patient safety)

Performance Improvement and Quality

(Team Building, Patient Safety, Patient Falls, Culture, Safety Issue Reporting, National Patient Safety Goal, PI Methodology and Tools ,FMEA, Publicly Reported Quality Indicators)

Regulatory Oversight

TJC Certifications- Centers of Excellence-

Stroke Awareness, Acute Coronary Syndrome (Chest Pain), Heart Failure, Joint Replacement Signs and Symptoms, Getting Help, Rapid Response Teams

Restraint Philosophy

Pain Management

Corporate Compliance and Organizational Ethics

Environment of Care

Safety Management , Electrical Safety, Security Management, Emergency Preparedness, Utility Systems Management, Medical Equipment Management, Life Safety (Fire / Evacuation Plan), Hazardous Materials, Waste Management, Right to Know, Latex Allergy Precautions

Infection Prevention and Control

Standard Precautions/Blood Borne Pathogens/TB, MDRO's

Violence In The Workplace

Patient Experience and Patient Rights

*Advanced Directives/End of Life Care, Organ Donation
HCAHPS Survey Process
Respect and Sensitivity*

Health Information Management

Confidentiality/Security/Integrity of Organizational and Patient Data, HIPAA

Cultural Diversity

Ergonomics – Safe Patient Handling

Growth and Development – Aging Sensitivity

EMTALA

Victim Abuse and Impaired Professionals

Risk Management

Patient Safety , Patient Safety Committee, Patient Safety Plan, Reporting Safety Issues

I have read and understand the orientation topics in the Annual Mandatory Self Study Program.

Signature: _____ **Date:** _____

Title: _____

SUMMARY OF THE CONFLICT OF INTEREST POLICY

The Facilities of the Barnabas Health Care System have adopted a Conflict of Interest Policy that is designed to be a guide for Student/Faculty who may find themselves in a position where their personal interests could cause, or be perceived to cause, a conflict with the interests of the Hospital and/or its patients. This is a summary of the Hospital's Conflict of Interest Policy. A full copy of this Conflict of Interest Policy is available from the Compliance Officer upon request.

1. To Whom Does the Conflict of Interest Policy Apply? The Conflict of Interest Policy applies to employees, contract employees, students, faculty/instructors, volunteers, medical staff and other licensed independent practitioners with clinical privileges (referred to as "Staff"). Board Members, Senior Management, department heads, clinical department chairs and other employees (including physicians) who are in a position to influence substantive business decisions may have additional conflict of interest disclosure requirements.

2. What is a Conflict of Interest? A conflict of interest occurs if there is a potential or actual conflict between: (a) your duty to act in the best interests of the Hospital or the Hospital's patients; and (b) your interest in a personal gain or benefit to you, to a family member or to another third party.

Examples include:

- a. A financial interest (e.g., ownership or employment) in a vendor who does business with the Hospital;
- b. Receipt of a gift or favor when it could be viewed that a third party is attempting to influence your decision making on behalf of the Hospital;
- c. Membership on the governing board or as an officer of another healthcare organization that does business with or competes with the Hospital;
- d. Compensation from a pharmaceutical company or receipt of a grant from a vendor; or
- e. A relationship that could have an impact on the quality of patient care or safety, such as:
 - i. A case manager whose spouse owns or is employed by a durable medical equipment company;
 - ii. A Hospital physician who is also the medical director of, or has an ownership interest in, a nursing home where the Hospital refers patients; or
 - iii. A department chairperson whose child applies for privileges in the chairperson's department or in another Hospital department.

3. When Am I Required to Report a Potential or Actual Conflict of Interest?

You must report a potential or actual conflict of interest, as described above, as soon you are aware of it. Licensed healthcare practitioners are also required to complete a disclosure statement on the application seeking an initial appointment and for reappointment to the Hospital's Medical Staff.

4. How Do I Make a Report? Students and faculty can report a conflict to the Department Director or Compliance Officer.

5. What Happens If a Conflict of Interest Is Identified? In general, if a conflict is identified, steps will be taken to ensure there is no actual or perceived undue influence. Such steps could include prohibiting the conflicted person from participating in any decision regarding the subject matter or requiring an audit of utilization patterns. The goal is to ensure that the transaction is transparent, that the transaction is fair and reasonable to the Hospital, and that there is no adverse impact on patient care or safety.