



Medical Center

Information Form

ARE YOU A PROGRAM INSTRUCTOR? YES / NO

ARE YOU A CURRENT OUMC EMPLOYEE? YES / NO

PLEASE PRINT

Last Name:	
First Name:	Middle Initial:
School:	Program:
Expected Graduation Date:	Clinical Rotation Date Range (Months):
School Dept Head:	Rotating Through (OKC or Edmond):
Orientation Date: ____ / ____ / 2010	

I have reviewed the information above and agree that it is correct. I have also completed this orientation.

Signature: _____ Date: _____

Contact Information - Printed Email Address: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Phone: _____ **Emergency Contact:** _____ **Contact Phone** _____

**OU MEDICAL CENTER
Student Orientation Post Test**

1. To use a fire extinguisher

- a. Ask someone to help
- b. Pull the pin and squeeze the handle
- c. Pull the pin
- d. Pull the pin, aim at base of fire, squeeze the handle, sweep from side to side

2. The professional dress code is enforced at OU MEDICAL CENTER without exception.

True False

Security is increased when you use common sense, use the buddy system, lock your car, and implement other safety interventions.

True False

3. The JCAHO Patient Safety Goals include all the following **EXCEPT**:

- a. High Alert Medications
- b. Patient Identification
- c. Recognizing Intimate Partner Abuse
- d. Wrong-site surgery

4. An example of an occurrence that should be reported is:

- a. Accidents with or without injury
- b. Medication errors, Treatment delays & IV related complication
- c. Mishaps due to faulty/defective equipment
- d. All of the above

5. When a significant medical adverse event in the patient's care occurs, the responsibility to notify the patient/family/ significant others belongs to the

- a. Physician
- b. Charge nurse
- c. Administrator on Call
- d. Risk Manager

6. A medical device that is suspected of causing patient injury should be

- a. Sequestered in a safe place
- b. Labeled with "do not use"
- c. Secured with all accessories attached
- d. All of the above

7. Everyone who touches patients (both male and female) should keep their fingernails no longer than _____ inch(s) from nail bed to tip.

- a. 1 and 1/2
- b. 1
- c. 5/8
- d. 1/2

8. The responsibility for recognizing and reporting signs of abuse and/or neglect lies with

- a. Every employee, student, instructor
- b. the Social Services department staff
- c. Police Services staff
- d. Nursing staff

9. Copying Patient records for personal use is acceptable?

True False

10. Taking pictures with a cell phone/camera in patient care area is acceptable?

True False

WE WILL EXCEL

PROFESSIONALISM - CARING - COMMUNICATION - QUALITY - INNOVATION

Welcome to the OU Medical Center. We appreciate your interest and invite you to carefully review our Standards of Excellence prior to starting your Clinical Rotation here on our campus. These Standards were developed by OU Medicine employees to establish specific behaviors that all employees, students, and instructors are expected to practice while on campus. As you complete your clinical rotation here at OU Medical Center, please consider that these Standards are consistent with your own work standards, beliefs, and behaviors.

We approach our work in a professional manner:

- I will model integrity by being honest and trustworthy in my work.
- I will promote accountability by being responsible for my own actions.
- I will discuss confidential and personal information in a private area.
- I will work together with my colleagues to achieve our common goals.
- I will demonstrate respect by treating others as I would expect to be treated.
- I will treat our facilities and equipment as I would treat my own.
- I will be on time for work, meetings and other commitments.
- I will abide by the organization's dress code.
- I will accept constructive feedback.

We believe effective communication is fundamental to everything we do:

- I will introduce myself to patients, families, visitors and colleagues.
- I will explain the expected duration of procedures, visits and delays to patients.
- I will share appropriate information with people in a timely manner.
- I will communicate effectively by speaking clearly and actively listening while learning and sharing information.
- I will wear my ID badge where it can easily be seen.
- I will communicate effectively through all levels of our organization.
- I will communicate with sincerity, honesty and cultural understanding.

We are sensitive to the needs of those we serve:

- I will always act with compassion, kindness, empathy and patience.
- I will be respectful and courteous to everyone because they are important to our organization.
- I will make myself available to those in need.
- I will respect cultural, religious and social backgrounds.

We are committed to quality service:

- I will be committed to understanding and applying best practices.
- I will continually review my performance and strive to improve myself and the outcome of my work.
- I will be committed to everyone's safety.
- I will pursue my duties to completion.
- I will strive to be helpful in every situation.
- I will demonstrate and encourage positive behaviors.

We always look for better ways to take care of our patients:

- I will take pride and ownership in innovation within OU Medicine by committing to new technology and research.
- I will be committed to developing new knowledge and sharing it with others.
- I will promote innovation that will benefit those we serve.
- I will actively support, mentor and coach to foster a constructive learning environment.
- I will pursue opportunities to learn and grow.

Student/Instructor/Shadow Signature	School Name	Date
Student/Instructor/Shadow Printed Name	Program	

Confidentiality and Security Agreement

I understand that the facility or business entity (the “Company”) for which I work, volunteer or provide services manages health information as part of its mission to treat patients. Further, I understand that the Company has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients’ health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, “Confidential Information”).

In the course of my employment/assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company’s Privacy and Security Policies, which are available on the Company intranet (on the Security Page) and the Internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information or Company systems.

• **General Rules**

1. I will act in the best interest of the Company and in accordance with its Code of Conduct at all times during my relationship with the Company.
2. I understand that I should have no expectation of privacy when using Company information systems. The Company may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.
3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the Company, in accordance with the Company’s policies.

• **Protecting Confidential Information**

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job.
2. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Company business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
3. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Company Information Security Standards and Company record retention policy.
4. In the course of treating patients, I may need to orally communicate health information to or about patients. While I understand that my first priority is treating patients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include, but are not limited to: lowering my voice or using private rooms or areas where available.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information.
6. I will not transmit Confidential Information outside the Company network unless I am specifically authorized to do so as part of my job responsibilities. If I do transmit Confidential Information outside of the Company using email or other electronic communication methods, I will ensure that the Information is encrypted according to Company Information Security Standards.

• **Following Appropriate Access**

1. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
2. I will only access software systems to review patient records or Company information when I have a business need to know, as well as any necessary consent. By accessing a patient’s record or Company information, I am affirmatively representing to the Company at the time of each access that I have the requisite business need to know and appropriate consent, and the Company may rely on that representation in granting such access to me.

• **Using Portable Devices and Removable Media**

1. I will not copy or store Confidential Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so by my job. If

I do copy or store Confidential Information on removable media, I will encrypt the information while it is on the media according to Company Information Security Standards

2. I understand that any mobile device (Smart phone, PDA, etc.) that synchronizes company data (e.g., Company email) may contain Confidential Information and as a result, must be protected. Because of this, I understand and agree that the Company has the right to:
 - a. Require the use of only encryption capable devices.
 - b. Prohibit data synchronization to devices that are not encryption capable or do not support the required security controls.
 - c. Implement encryption and apply other necessary security controls (such as an access PIN and automatic locking) on any mobile device that synchronizes company data regardless of it being a Company or personally owned device.
 - d. Remotely "wipe" any synchronized device that: has been lost, stolen or belongs to a terminated employee or affiliated partner.
 - e. Restrict access to any mobile application that poses a security risk to the Company network.

• **Doing My Part - Personal Security**

1. I understand that I will be assigned a unique identifier (e.g., 3-4 User ID) to track my access and use of Confidential Information and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification processes.
2. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
3. I will never:
 - a. Disclose passwords, PINs, or access codes.
 - b. Use tools or techniques to break/exploit security measures.
 - c. Connect unauthorized systems or devices to the Company network.
4. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords, positioning screens away from public view.
5. I will immediately notify my manager, Facility Information Security Official (FISO), Director of Information Security Operations (DISO), or Facility or Corporate Client Support Services (CSS) help desk if:
 - a. my password has been seen, disclosed, or otherwise compromised;
 - b. media with Confidential Information stored on it has been lost or stolen;
 - c. I suspect a virus infection on any system;
 - d. I am aware of any activity that violates this agreement, privacy and security policies; or
 - e. I am aware of any other incident that could possibly have any adverse impact on Confidential Information or Company systems.

• **Upon Termination**

1. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company.
2. Upon termination, I will immediately return any documents or media containing Confidential Information to the Company.
3. I understand that I have no right to any ownership interest in any Confidential Information accessed or created by me during and in the scope of my relationship with the Company.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Student Signature	School	Date
Student Printed Name	Full Social Security Number	