

Student Expectations and Unacceptable Behavior Acknowledgement

Student Expectations: You are expected to....

- Be on time
- Be prepared
- Learn all you can
- Ask questions if something is unclear
- Be on your preceptor's heels at ALL times
- Be aware and be mindful – appropriate attitude and behavior matter
- Show respect to all hospital staff – you are guests at CRMC, stand up so our staff can sit to document, etc.
- Maintain professional appearance:
 - Hair – if it touches your shoulders, it must be pulled back and up
 - Nails – keep short, clean
 - Piercings – only 2 ear piercings acceptable; all other visible piercings to be removed – nose, mouth, face, tongue, eyebrow
 - Gauges – must be flesh toned, no colors or designs
 - Tattoos – any tattoo above the base of the neck and any tattoo expressing foul language, crude gestures, nudity or sexual in nature must be covered
 - Dress – scrubs or business casual anytime you are at CRMC; no blue jeans, no ripped jeans/pants, no t-shirts
 - Hygiene – clean, no offensive smells
 - Appearance – clean uniform and shoes

Unacceptable Behavior: Your school/instructor will be notified, and you will no longer be a student at our facility.

- Non-compliance with the above expectations
- Attitude Issues
 - Rude to staff
 - Unwilling to learn
 - Unwilling to listen
- Performance Issues
 - Laziness, sitting down inappropriately or too frequently (when not on break/lunch)
 - Knowledge deficit
- Technology Issues
 - Texts, calls in patient care areas while not on break/lunch
 - Social media posts related to clinical experiences, patient data
 - Inappropriate computer use

Student Expectations and Unacceptable Behavior Acknowledgement

- Customer Service Issues
 - Rude to patients/visitors
 - Rude to CRMC staff
- Incivility
 - Bullying
 - Gossiping
 - Harassing
 - Threatening
- Unprofessionalism
 - Tardy
 - No call, no show for shift
 - Unclean – poor hygiene, body odor
 - Unclean uniform/physical appearance/shoes

As a student performing clinical rotations or field experience at Cookeville Regional Medical Center (CRMC), I have received information on acceptable behavior, attitude and conduct. I will work to meet these expectations. I will ask questions if something is unclear. If I fail to meet CRMC expectations or exhibit unacceptable behavior in any area, I am subject to dismissal at the discretion of CRMC leadership.

PRINT Student Name _____

Student Signature _____

School/University _____

Date _____



COOKEVILLE REGIONAL
MEDICAL CENTER

It's the Way WeCARE

1 Medical Center Boulevard • Cookeville, TN 38501 931.528.2541
www.crmchealth.org

Clinical Contractor / Student General Orientation Acknowledgement

My signature indicates that I have received a copy of the Cookeville Regional Medical Center documents listed below. I agree to read and keep for future reference and observe present and future policies and rules.

I understand that Cookeville Regional Medical Center reserves the right to make changes in the policies, procedures and guidelines as it deems appropriate, and that these changes may be made with our without notice. I also understand that these changes will be disseminated as they occur. I further understand that my time as a Clinical Contractor / Student is terminable at the will of the medical center at anytime.

I also accept responsibility for contacting my Director / School Liaison or Human Resources if I have additional questions or concerns or need further explanations about these or subsequent policies, procedures, and/ or guidelines.

- General Orientation Handbook
- Hippa Handbook
- Code of Conduct Handbook
- Corporate Compliance Handbook

Clinical Contractor / Student Signature: _____

Printed Name: _____

Company / School Name: _____

Department: _____ Date: _____

COOKEVILLE REGIONAL MEDICAL CENTER

Statement of Understanding Agreement of Confidentiality and Security of Patient and Hospital Information for Hospital Employees or Hospital Affiliated Staff

It is the policy of Cookeville Regional Medical Center to maintain confidentiality, integrity, protection and security of Protected Health Information while continuing to provide timely, appropriate access to those authorized individuals who need this information to provide high quality health care services. Any health information which identifies the patient is considered Protected Health Information (PHI) and must be kept confidential, regardless of the source of information (paper, electronic, or verbally).

PHI is confidential, and it shall not be used or disclosed to persons inside or outside of hospital except to those people who are authorized by law or hospital policy to receive such information. You may not discuss PHI with your family or friends even if the information is about them. As CRMC employees we are all held to a higher standard of conduct in our community and patients expect the hospital to keep their medical information confidential and you are expected to respect their rights and abide by applicable laws and hospital policies.

Consequences of violation of confidentiality policies include immediate termination of access to computer systems containing protected health information and/or disciplinary action, up to and including termination of employment or contract. The individual may also be held liable under applicable law and/or under the licensure standards of their profession.

It is the responsibility of all CRMC employees and affiliates to report any known or suspected breaches of confidentiality to your direct supervisor or Privacy Officer.

A copy of the hospital's policies regarding privacy and security of patient and hospital information can be obtained in the Hospital-Wide Policies on-line or in the employee's department.

I shall report any of the following to CRMC's Privacy Officer:
Privacy Hotline (931)783-2710 or privacy@crmchealth.org:

- If I become aware or suspect any unauthorized use or disclosure of PHI.
- If I ever accessed PHI in error.
- If I am told by a patient of unauthorized use or disclosure of PHI.

I AGREE TO:

- Always log-off when leaving a workstation unattended.
- Report to my supervisor or the Privacy Officer if I find an unlocked workstation that has been left unattended..
- Log-on using my USER credentials. Never perform any work functions using another's USER credentials.

My signature below indicates my understanding & responsibility to maintain the confidentiality and security of protected health information as specified by hospital policy and understand the consequences of violation of such policies.

Signature _____

Date _____

Print Full Legal Name Here: _____

Please list any previous names used in past: _____

PLEASE CHECK ONE BELOW

- ☐ Hospital Employee: List HOME DEPARTMENT: _____
- ☐ Other Affiliation (such as Subcontracted Company or Temporary Agency): _____

Specify _____

Confidentiality and Security Statements:

- I shall limit access to PHI or ePHI (electronic protected health information) to what is specifically necessary to carry out my required job duties and responsibilities, otherwise known as "minimum necessary".
- I understand accessing PHI or ePHI of hospital workforce members and staff, friends, and family is not allowed unless it is necessary to perform my job duties and responsibilities.
- I understand CRMC monitors electronic accesses to PHI and my accesses may be subject to auditing.
- I understand that posting PHI or other confidential hospital information on social media sites is NEVER permitted and needs to be reported to the Privacy Officer when discovered.
- I understand that if I want to access my personal medical records I must follow CRMC policy.
- I understand that failure to comply with applicable laws and hospital policies and procedures on confidentiality and patient privacy may result in (i) loss of computer access (ii) where applicable, termination of employment (iii) where applicable, such actions that may be taken by the office for Civil Rights, U.S. Department of Health and Human services, or other licensing or accreditation agencies, in response to a complaint about a HIPAA violation.
- I shall never share USER passwords with anyone. I may be held liable for others who obtain my password and for another's person access to PHI if I do not log off when I leave a computer workstation.
- I understand that my duties and responsibilities to maintain confidentiality of information described in this agreement shall remain in effect even after leaving the hospital.
- I understand that federal criminal penalties for violation of patient privacy include:

Crime	Penalty
Improperly obtaining or disclosing Protected Health Information (PHI)	Up to \$50,000 per violation and up to 1 year in prison.
Obtaining PHI under "false pretenses"	Up to \$100,000 per violation and up to 5 years in prison.
Obtaining or disclosing PHI with intent to sell, transfer or use it for commercial advantage, personal gain or malicious harm	Up to \$250,000 per violation and up to 10 years in prison.



**STUDENT / CONTRACTOR
BLOODBORNE PATHOGEN INFORMATION AND ACKNOWLEDGMENT**

Bloodborne pathogens are microorganisms found in blood that cause disease in humans. Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) are a few diseases you can get from exposure to blood.

The use of Personal Protective Equipment (PPE) can prevent exposure to these bloodborne pathogens. Gloves, gowns, and face shields are some examples of PPE that I can use to prevent exposure.

Any healthcare professional who works with needles should take care when engaging the safety device to prevent a needlestick. Always close the safety device using a hard surface or by using one hand.

Cookeville Regional Medical Center has a Blood borne Pathogen Exposure Control Plan. This plan is found on the Intranet or if the computer system is down, a paper copy can be obtained from the Infection Prevention nurse.

What should you do if you have an exposure?

- Report the incident to your supervisor immediately. Do not Delay.
- Go to Employee Health when open or to the ER when Employee Health is closed
- Time matters: For your protection, goal time to provide you any necessary prophylactic treatment is 2 hours.

I, as a Student/Contractor at Cookeville Regional Medical Center, understand and acknowledge the Bloodborne Pathogen information provided above. I am responsible for adhering to the Bloodborne Pathogen standards I have been provided when working in the patient care setting.

Signature: _____

Printed Name: _____

School/Company: _____

Department: _____ Date: _____



CRMC CUSTOMER SERVICE STANDARDS COMMITMENT

Cookeville Regional Medical Center is committed to providing the highest possible quality of care and services and to improving the health of the Upper Cumberland. In order to meet our customer's needs and expectations, a set of standards for customer service has been established for all employees, contractors and students at Cookeville Regional Medical Center.

These standards reflect specific behaviors that staff members are required to practice and promote while on the Cookeville Regional Medical Center campus.

I, as a Contractor/Student at Cookeville Regional Medical Center, understand and acknowledge that the Customer Service Standards outlined below are a part of my daily performance.

- Maintain the Attitude of Service Excellence
- Identify & Anticipate Customer Needs
- Practice Excellent Service with Every customer Contact -Internally & Externally
- Handle Difficult Customers with Care
- Exceed Customer Expectations
- Always Offer Way Finding, Asking "May I help you find something?"
- No Pass Zone -All staff members are asked to answer all call lights all the time.
- Hallway Tips
 - o Do not look down at the floor while walking down the hall
 - o Walk visitors to their destination
 - o Smile
- 10/5 Rule
 - o 10 feet from a Customer -Eye Contact MUST be made
 - o 5 feet from a Customer -Greet with a friendly gesture, smile and eye contact
- AIDET Standards

Signature: _____

Printed Name: _____

School/Company: _____

Department: _____ Date: _____



CRMC Specimen Collection, Identification and Labeling Acknowledgement

CRMC has chosen to focus on the reduction of mislabeled specimens as a safety initiative. Proper specimen collection, identification and labeling are essential to providing quality, safe care to our patients. Students and faculty members will be expected to perform all lab draws with the patient's primary nurse, who has been trained and is knowledgeable of the facility's policies and procedures.

I understand and acknowledge the information provided above. Additionally, I acknowledge that I have viewed the Mislabeled Specimen Education Video in its entirety. I am responsible for adhering to the standards that have been provided when working in the patient care setting.

Student Signature: _____

Printed Name: _____

School: _____

Department: _____ Date: _____