

# Nursing Workforce Planning and Development

Student Programs

## Academic Online Orientation Packet



### Office Location:

1400 Pressler  
Houston, TX 77030  
FCT18.6000

### Program

### Contact Information:

[workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org)



Making Cancer History®

THE UNIVERSITY OF TEXAS

MDAnderson  
Cancer Center

**Academic Database Form** (Electronic fillable form no hand written forms accepted)

Have you ever completed a clinical rotation at MD Anderson? Yes ☐ No ☐

Do you have a **current** MD Anderson academic student badge? Yes ☐ No ☐

➤ MD Anderson Employee ID Number (if applicable) \_\_\_\_\_

**Demographic Information**

Last 4 Digits of Social Security Number \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_

**Legal name as it appears on your social security card**

First Name \_\_\_\_\_, MI \_\_, Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Preferred email address \_\_\_\_\_

(Please indicate if email address is case sensitive) Yes ☐ No ☐

**School Information**

School Name \_\_\_\_\_ State \_\_\_\_\_ Expected date of graduation (i.e. 05/18) \_\_\_\_\_

Select program placement type: \_\_\_\_\_

Clinical Date-Start (i.e., 11/22/18) \_\_\_\_\_ End (i.e., 12/10/18) \_\_\_\_\_

Course Title \_\_\_\_\_ Course Number \_\_\_\_\_

Course Faculty Name \_\_\_\_\_

Contact # \_\_\_\_\_ Faculty Email \_\_\_\_\_

**Ethnicity (optional):**

American Indian/Alaska Native ☐

Asian ☐

Black/African American ☐

Native Hawaiian/Other Pac Island ☐

Hispanic/Latino ☐

White ☐

**For Clinical Instructor/Faculty ONLY:**

Instructor ☐

Faculty ☐

Instructor/Faculty Credentials \_\_\_\_\_

I acknowledge the information provided on this database form and all other information otherwise given by me is true, complete, and not misleading in any way. I understand that incorrect, incomplete, misleading or false information furnished by me will result in termination of my education appointment. As part of my rotating appointment, I agree to comply with all rules, regulations, and policies of MD Anderson Cancer Center. I understand this information is not used to determine eligibility for employment.

Dear Academic Nursing Student, Clinical Faculty or Instructor:

Welcome to The University of Texas MD Anderson Cancer Center, Division of Nursing orientation. At this institution, we aim for excellence every day in the delivery of patient care. The information provided during this orientation will assist in providing safe care to assigned patients while meeting clinical objectives for the semester.

Each academic student doing a clinical rotation should be prepared to provide the nursing leadership or preceptor the following: the name of your course, the objectives of the clinical rotation and name of the course faculty. Students should also have a cellular phone number or email address of the course faculty for guidance in the clinical setting or in case of an emergency.

This packet contains required material to begin clinical rotations at MD Anderson. It is important to read the information in this packet in its **entirety** and understand the material provided. The *Academic Nursing Paperwork Cover Sheet (page 6)* provides all required pages to submit **at least two to three weeks in advance** of the clinical start date. **Read, sign or initial** identified pages electronically or physically and **return** to Nursing Workforce Development via email [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org) or **secure fax line (713) 745-7040**. **DO NOT** return as a link or as individual pdf attachments. This will be considered as **incomplete and will not be processed**.

Please be advised that **NO student, clinical faculty or instructor** may start a clinical rotation without completing the documents **each semester**. Once paperwork requirements have been met; each student will be provided next step instructions also referred to as a clearance email.

**MD Anderson employees cannot complete clinical hours on employment unit or area.**

We hope that you have an outstanding clinical experience as you interact and learn from the MD Anderson “*Community of Exceptional Nurses Engaged in Extraordinary Practice*.”

Sincerely,

Nursing Workforce Planning and Development Team  
Department Office Number (713) 792-7924 option 1  
Department Email [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org)  
Office Location 1400 Pickens Academic Tower Unit Number 1408, Houston, Texas 77030-4009  
Pickens Academic Tower, 18<sup>th</sup> floor suite 6000 (FCT18.6000)

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## ***GRADUATE/DOCTORAL Academic Rotation Requirements***

**Please note:** MD Anderson is willing to support MDACC employees that are current academic students **but we are unable to place student in employment area**. Employee must **met** all academic requirements. MD Anderson employment is separate than academic clinical rotation placement.

**GRADUATE/DOCTORAL students ONLY:** (in addition to this packet)

### **Deadlines:**

<u>Semester</u>	<u>Process Begins</u>	<u>Student Programs will follow up with students until after**</u>
Spring	end of November	January 1st
Summer	end of March	May 1st
Fall	end of July	September 1st

**\*\*Students *may not* receive follow up until after date above for additional needs or next steps.**

Please see information below for academic paperwork requirements for graduate/doctoral students. **All** steps must be completed for academic graduate/doctoral nursing clinical rotation(s) placement.

### **FOR SCHOOL:**

- ☐ **Clinical Placement Request** – **MUST** be returned to MD Anderson by school.
  - Completed and emailed by course faculty to Nursing Workforce Student Programs. The Clinical Placement Request form is available at: <http://www.mdanderson.org/education-and-research/education-and-training/schools-and-programs/nursing-education/academic-orientation/index.html>

### **FOR STUDENT:**

**Texas Board of Nursing** - MDA will not place students with “Disciplinary Action”

- ☐ **Clinical Objectives**
- ☐ **Preceptor Information** - If you have a preceptor or area of interest please include information on clinical placement request or in return email communication. If you do not have a preceptor identified, we will locate a preceptor in your area of interest.
- ☐ Current within one year **TB Skin or negative Chest X-Ray report**. We **do not** accept any type of tuberculosis blood testing in lieu of skin testing for tuberculosis clearance.

One must present either a negative TB skin test or proof of a past positive TB skin test and a negative chest x-ray after the date of the positive skin test. Chest x-rays within *10 years* is accepted with respiratory query completion within online packet.
- ☐ **Annual flu documentation:-** *For the safety of our immunocompromised patients, Flumist, a live intranasal flu vaccine, isn't accepted due to the potential risk of post-vaccination viral shedding.*

**All** academic students must submit proof of immunization *including the name of the student the date the flu shot was given, the vaccine manufacturer, expiration date, the lot number and the signature of the health care provider.* **Or** academic students not vaccinated based on medical contraindications or reasons of conscience, including religious beliefs. Must contact [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org) for online waiver or declination form requests. Exemption requests must be submitted **before** you begin academic nursing rotation.

## Welcome Letter Verification

After reading the welcome letter provided on page two,

I \_\_\_\_\_ (student full name) understand that

during my clinical rotation I should be prepared to provide the following to nurse leadership or preceptor:

\_\_\_\_\_

and \_\_\_\_\_

In addition, for guidance I should have \_\_\_\_\_ and/or

\_\_\_\_\_ in the clinical setting or in case of an emergency.

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Signature

Date

# COVER SHEET: Required Paperwork

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The following documents must be emailed or faxed to the Nursing Workforce Planning and Development office. Documents can be **emailed as ONE pdf attachment to [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org)** or **faxed to secure line (713) 745-7040 (DO NOT send as a link or as individual documents. This will be considered as incomplete and not processed).**

The clinical rotation process **will not** begin until **ALL** pre-clearance required documents are complete. **PRE-CLINICAL** required documents must to be returned **15 business days prior to your clinical start date:**

- ☐ **Complete** Database Form ([Page 1](#)) **electronically fillable form unable to process handwritten form**
- ☐ **Complete** Welcome Letter Verification ([Page 5](#)) **MUST** read page 2 for answers
- ☐ **Initial** Confidentiality and Privacy: What you NEED to know! ([Page 13](#))
- ☐ **Sign** Confidentiality Agreement ([Page 14](#))
- ☐ **Sign** Information Resources Acceptable Agreement and User Acknowledgement ([Page 16](#))
- ☐ **Sign** MD Anderson Standard of Conduct: Do the Right Thing Acknowledgment ([Page 17](#))
- ☐ **Sign** Boundaries Guidelines ([Page 18](#))
- ☐ **Sign** Acknowledgement of Student Role ([Page 19](#) or [20](#) based on role)
- ☐ **Complete** Ebola Questions ([Page 22](#))
- ☐ **Complete** Hand Hygiene Quiz ([Page 30](#))
- ☐ **Submit** proof of **annual influenza vaccination record** ([Page 24](#))
- ☐ **Submit** proof of a negative **TB skin test** that is current within one year or a **negative chest x-ray report** within last 10 years ([Page 24](#))

**(ONLY for previously positive TB Skin test)**

- ☐ **Complete** Respiratory Query if submitting a chest x-ray report ([Page 25](#))
- ☐ **Complete ONLY** if rotating through OR area; Operating Room Required Forms ([Page 34](#) and [35](#))
- ☐ **Submit** OneConnect completion certificate for Epic access ONLY if undergraduate or graduate/doctoral student.

**UNDERGRADUATE:** Optional for clinical faculty/instructors; unable to grant access without training. **Training only required once. If a returning student please indicate on “database” page 1.** Complete OneConnect (EHR) video training, PowerPoint resource slides and achieve an assessment exam score of 80% or higher. **The OneConnect training videos & assessment exam link will be emailed directly to you from “Sakai support.”**

**GRADUATE/DOCTORAL:** OneConnect Epic training information will be emailed with next steps

**It is the responsibility of the individual student, faculty and/or instructor to complete all academic rotation requirements.**

# Our values guide our actions. *We are MD Anderson.*

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Our mission, vision, and values capture the spirit of The University of Texas MD Anderson Cancer Center and convey to the world our goal of a future free from cancer.

## Mission

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The mission of The University of Texas MD Anderson Cancer Center is to eliminate cancer in Texas, the nation, and the world through outstanding programs that integrate patient care, research and prevention, and through education for undergraduate and graduate students, trainees, professionals, employees and the public.

## Vision

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We shall be the premier cancer center in the world, based on the excellence of our people, our research-driven patient care, and our science.

**\*\*A badge insert with this information will be provided when you pick up your badge and MUST be worn with badge.\*\***



## **Caring**

**By our words and actions we create a caring environment for everyone.**

- We are sensitive to the concerns of our patients and our co-workers.
- We are respectful and courteous to each other at all times.
- We promote and reward teamwork and inclusiveness.

## **Integrity**

**We work together to merit the trust of our colleagues and those we serve.**

- We hold ourselves, and each other, accountable for practicing our values.
- We communicate frequently, honestly and openly.
- By our actions, we create an environment of trust.

## **Discovery**

**We embrace creativity and seek new knowledge.**

- We help each other to identify and solve problems.
- We seek personal growth and enable others to do so.
- We encourage learning, creativity and new ideas.

## Nursing Professional Practice Model

MD Anderson's Nursing Professional Practice Model (PPM) is a patient care delivery system comprising a set of key elements set within a unifying framework.

- It emphasizes who does what, where and when, and how work is organized.
- It outlines how nurses practice, collaborate, communicate and grow professionally.
- It focuses on how patient care is organized so the work of nursing is facilitated and quality patient outcomes are achieved.
- It is a structure and process by which patient care responsibilities are assigned and work is coordinated among members of the nursing staff.

## Quality-Caring Model



At the center of MD Anderson's PPM is the Quality-Caring Model, a nursing theory developed by Joanne Duffy, Ph.D., that informs and guides the practice of professional nursing. Caring professional practice requires:

- Knowledge of the caring factors and relationships between self, patients and caregivers, health care team and community
- Skills: Behaviors and competencies
- Intentions: Attitudes and beliefs that lead to choices
- Time: Primary focus on relationships; the integration of being and doing.

The overall role of the nurse in this model is to engage in caring relationships that lead to feeling cared for. The caring relationships include caring for self, caring for patients and caregivers, and caring for community. Feeling cared for assists patients and caregivers to improved short and long term outcomes including those that are nurse-sensitive. The relationships described and the parties involved in those relationships are found in the center of the PPM.

## Colors of the hands

- **Professional values (gray hand):** Shared beliefs about the attributes of professional nursing practice. Autonomy, accountability and excellence in practice are the professional practice values of nurses at MD Anderson.
- **Patient care delivery system (green hand):** Patient care is delivered in all settings in accordance with principles of the Quality Caring Model and relationship-centered caring.
  - In the inpatient setting, Primary Team Nursing (PTN) is the patient care delivery system. PTN is a group practice culture of nursing care delivery in which nursing practice groups are delineated by inpatient unit geography, with each practice group focused on a discrete cohort of patients. Each group includes a masters-prepared clinical nurse leader, and each group is collectively accountable and responsible for outcomes of care delivered to patients in the group practice.
  - In the ambulatory care setting (multidisciplinary care centers and regional care centers), care is delivered by interdisciplinary teams.
  - PTN principles, applicable in all patient care settings, include: safe and effective care; synergy of patient needs and nursing expertise; nursing team satisfaction and vitality; team-based professional practice development; interdisciplinary and inter-professional collaboration; continuity of care providers; and care coordination.
- **Professional recognition (red hand):** The formal acknowledgement of an individual's education, clinical expertise and professional status, it ensures nursing expertise is visible, valued and understood, and that professional autonomy is maintained. In addition, it values and rewards clinical practice, provides a structure for ongoing education, encourages the achievement of specialty certification, and supports nurse retention. Examples include: CNAP; NCAP; certification pay; TAP; Rising Stars; Daisy Awards; Nursing Excellence Awards; and the Arceneaux Award.
- **Professional partnerships (blue hand):** An internal or external collaboration in all partners merge their collective knowledge, expertise and perspectives to improve patient outcomes which cannot be reached when individual professionals act on their own. Internal professional partnerships include nurses, physicians, other professionals and volunteers. External partners include NCI, professional nursing organizations, nursing schools, affiliate sites and global partners.
- **Shared governance (purple hand):** A decision-making body is accountable for the process, implementation, communication, coordination and outcome of decisions affecting clinical practice. The shared governance body at MD Anderson is a multi-disciplinary team of representatives from across the institution charged with the task of defining, implementing and maintaining institutional standards for clinical practice that are consistent with national, state and local standards of practice.

## Rings of support

### Caring factors (black ring)

Eight caring factors are identified in the Quality Caring Model. Each factor independently explains the concept of caring.

- **Mutual problem solving:** Nursing behaviors that help patients and caregivers understand how to confront, learn and think about their health and illness. With this knowledge, patients can be better partners in decision-making regarding their care and treatment. This factor implies that nurses are informed, listen, continuously learning and engaged with patients.
- **Attentive reassurance:** Availability and hopeful outlook. Patients learn that they can rely on the nurse and they feel a sense of security. Paying attention to the patient implies postponing action long enough to be authentically available to notice, actively listen, and focus. Acting this way requires conscious effort on the part of the nurse to concentrate fully on the patient at that moment.
- **Human respect:** Honoring every person's worth through unconditional acceptance, kind and careful handling of the human body, and recognition of rights and responsibilities. The simple act of calling a patient by his or her preferred name is a demonstration of respect.
- **Encouraging manner:** Displaying caring through demeanor or attitude. Messages of support, positive thoughts and feelings, and openness to the feelings of others are what make patients feel cared.
- **Appreciation of unique meanings:** Knowing what is important to patients including distinctive sociocultural connections associated with their experiences. Avoid assumptions concerning patients and families; instead, focus on those features that are important to them in the provision of care.
- **Healing environment:** A setting where care is taking place, where the focus is on holistic care in surroundings that maintain patient privacy, safety and control.
- **Basic human needs:** According to Maslow's hierarchy of needs, all humans need physical well-being; safety; to feel a sense of love and belonging; esteem; and self-actualization. Caring for the physical body has traditionally been a time when nurses interact with patients through teaching, assessment and spending dedicated time with the patient.
- **Affiliation needs:** A sense of belonging and membership in families or other social contexts. The importance of families and other caregivers to the health and well-being of patients in the hospital is well recognized. Nurses need to appreciate and involve the family and caregivers as they care for patients.

### MD Anderson Nursing Philosophy (outer gray ring)

Our philosophy is reflected in MD Anderson's core values of Caring, Integrity and Discovery. Our practice is guided by the [Texas Board of Nursing Standards of Nursing Practice](#) and [Nursing Practice Act](#), and by the [American Nurses Association Code of Ethics](#).

# Patient Confidentiality

# Confidentiality and Privacy: What you NEED to know!

## Practical Tips for Understanding the Privacy Requirements at MD Anderson

It is everyone's **ETHICAL** responsibility to maintain the confidentiality of a patient's information. Think how you would feel if you were the patient whose breast cancer became common knowledge or if people were whispering about your child's treatment for addiction.

It is everyone's **LEGAL** responsibility to protect patient information. There are state laws, federal laws, UT System and MD Anderson policies which obligate you to maintain privacy. **Violations of these obligations could result in fines, loss of professional license, jail time and lawsuits.**

### How can you do this?

- Encryption - never store patient information on an unencrypted device (computer, phone, USB drive).
- Be aware of the volume of your voice when discussing confidential information in open areas or over the telephone. Don't discuss confidential information in cafeteria or elevators or with anyone who does not have a work related reason to know.
- Be aware of the materials you take home. You may not remove patient information from the MD Anderson campus without permission. This includes copies and electronic information, such as information in a handheld device, laptop, or through the internet.
- Be aware that transmission of MD Anderson or patient photos via cell phone cameras or internet is a boundary violation and prohibited.
- Be aware of how you handle patient information. Make sure records are properly refilled when the work is complete, or if appropriate make sure that records (or copies of) that require disposal are shredded-not just tossed into a trash can.
- If using patient information for further studies, such as to present post conference, or to write a paper or presentation, be sure to discuss this with Nursing Workforce Planning & Development prior to engaging in the activity.

*Example: A student recently took a stack of copies of patient records on a road trip. She wanted to do some disease management studies while on vacation. She completed the work and threw the copies away at a gas station. The records were found, and the student was almost expelled. Instead, the school placed the student on probation, and the student must now use her free time to rewrite the school's policies and curriculum on privacy and confidentiality. Do not make this same mistake.*

- You don't have a right to access PHI after you leave MDACC.

### What else can you do?

- Always use your best judgment.
- If you have a question about disclosing a patient's information, be aware that the patient may have a preference that only certain family or friends have that information.
- If you are in doubt, call the Institutional Compliance Office.
- Contact the Institutional Compliance Office and inform them about all privacy incidents.

**Institutional Compliance Office**

**713-745-6636**

**Fraud and Abuse Hotline**

**1-800-789-4448**

  
Initials

# Confidentiality Agreement

## Division of Nursing – Student Programs

I, \_\_\_\_\_ (Print Full Name),

a trainee of \_\_\_\_\_ (Name of School),

am assigned to utilize the facilities of The University of Texas MD Anderson Cancer Center (“MD Anderson”) in order to gain educational experiences. I acknowledge and agree that I am subject to the policies, rules, and regulations (“Rules and Regulations”) of MD Anderson and the Board of Regents (“Board”) of The University of Texas System (“System”) in connection with such educational experiences.

I further acknowledge that I will be provided with and have access to certain confidential and/or proprietary information of MD Anderson in a number of formats (e.g., oral, written and electronic) that is not subject to disclosure under the Texas Public Information Act (“Confidential Information”). In consideration of this educational opportunity, I agree that at all times I will:

1. Use or disclose patient information only as authorized by law and the Rules and Regulations;
2. **NOT** use or disclose MD Anderson’s Confidential Information, without the prior written approval of MD Anderson; and
3. **NOT** publish any writing relating to my experience at MD Anderson, without the prior written approval of MD Anderson.

I further acknowledge that pursuant to the Rules and Regulations any intellectual property, whether or not patentable, that: (a) relates to an individual’s employment with MD Anderson; (b) results from activities performed on System time or with support or use of State funds or facilities, such as MD Anderson; or (c) comes from MD Anderson or System research supported by a private or public grant, gift or contract is subject to ownership by MD Anderson and/or the Board. Therefore, I agree that I will:

4. Report any such intellectual property to MD Anderson prior to disclosure at any time so that MD Anderson and/or the Board can take the appropriate steps to protect and commercialize it.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# The University Of Texas MD Anderson Cancer Center

## Information Resources Acceptable Use Agreement And User Acknowledgment

### School of Health Sciences

The University of Texas MD Anderson Cancer Center ("MDACC") relies on information resources and the data contained within those systems (Data) to achieve its missions. This User Rights and Responsibilities Acknowledgment protects these resources in accordance with state law, The University of Texas System Regents' Rules, and MDACC policies and practices and ensures that MDACC can access Data to fulfill its duties and mission. All individuals granted access to MDACC information resources must be familiar with and follow the rights and responsibilities below:

<b>A. General</b>	<p>MDACC information resources are provided for the express purpose of conducting the business and mission of MDACC</p> <ul style="list-style-type: none"> <li>• Information stored on MDACC information resources other than information resulting from permitted incidental personal use of such resources may only be shared with others who have a business need to know such information, and such information may only be shared in compliance with applicable laws, regulations, and policies.</li> <li>• MDACC information resources must not be used to: engage in acts against the mission and purposes of the Institution, intimidate or harass, degrade performance, deprive access to an institution resource, obtain extra resources beyond those allocated, or to circumvent security measures.</li> <li>• Information resources must not be used to conduct a personal business or used for the exclusive benefit of individuals or organizations that are not part of The University of Texas System. Any exceptions must be in support of MDACC missions and require the prior written approval of an Executive Officer of MDACC. Incidental personal use of certain systems is permitted (refer to Section F below).</li> <li>• Inappropriate sexual or obscene materials must not be intentionally accessed, created, stored or transmitted.</li> <li>• Users must not copy or reproduce any licensed software except as expressly permitted by the software license, use unauthorized copies on MDACC-owned computers or use software known to cause problems on MDACC-owned computers.</li> <li>• Use of camera phone or other devices to inappropriately capture data or images of MDACC Internal Use, Confidential, or Restricted Confidential information is prohibited.</li> <li>• Any exception to the acceptable use of information resources must be approved by the Information Security Department.</li> </ul>
<b>B. Information Services (IS) Privacy</b>	<ul style="list-style-type: none"> <li>• Users have no expectation of privacy regarding any Data residing on MDACC computers, servers, or other information resources owned or held on behalf of MDACC regardless of whether the Data was generated as the result of acceptable (including incidental use as described below) or unacceptable use of MDACC information resources.</li> <li>• All files, documents, messages in any format, and other Data residing on MDACC computing resources or held on behalf of MDACC are owned by the institution in accordance with the Regents' Rules and Regulations and are subject to access by the institution without notice to comply with public information requests, court orders, subpoenas, or litigation holds; or for any other purpose consistent with the duties of the institution. Users, including students, staff and faculty members, have no expectations of privacy in any such Data.</li> <li>• MD Anderson workforce members are never compelled to use Personally-Owned Mobile Devices for institutional business.</li> <li>• MDACC acknowledges the privacy of users with respect to personal information on personally-owned mobile devices to the extent possible, consistent with the business needs of the institution and obligations imposed by law. The expectation of privacy on personally-owned mobile devices differs in this respect from institutionally-owned devices, on which MDACC users have no expectation of privacy.</li> </ul>
<b>C. Data Protection</b>	<ul style="list-style-type: none"> <li>• Any information concerning any person, system, or asset of MDACC that is obtained in the performance of one's duties is of value to MDACC, may be Confidential or Restricted Confidential, and shall not be disclosed to any individual, unless such release of information is directly related to the performance of one's responsibilities.</li> <li>• Users may not further disclose Confidential or Restricted Confidential information without proper authorization or as required by law.</li> <li>• Confidential and Restricted Confidential Data will be accessed and used only as necessary. Users of MDACC information resources must not attempt to access data or programs contained on resources for which they do not have authorization or consent.</li> <li>• All critical data (electronic files) will be saved on network resources to ensure backup of the data. All data, including research data, shall be backed up to secure storage locations within MDACC network (network drives) for disaster recovery purposes.</li> <li>• All records (electronic or paper) will be maintained in accordance with the MDACC Records Retention Policy.</li> <li>• For systems that contain Social Security Numbers (SSN), the system must use the SSN only as a Data element or alternate key to a database and not as a primary key to a database. The system must not display SSNs visually (such as on monitors, printed forms, system outputs) unless required or permitted by law or by The University of Texas Systemwide Policy UTS165 Information Resources Use and Security Policy. Name and directory systems must be capable of being indexed or keyed on a unique identifier, once it is assigned, and not on the SSN. For those databases that require SSNs, the databases may automatically cross-reference between the SSN and other information through the use of conversion tables within the system or other technical mechanisms.</li> <li>• All Confidential and Restricted Confidential information (e.g., protected health information, sensitive research Data, student Data, Social Security Numbers) transmitted through open networks (e.g., the Internet and wireless) must be encrypted in accordance with MDACC encryption guidelines. Refer to Information Security website for Data Classification Guidelines &amp; Ratings.</li> <li>• Confidential and Restricted Confidential Data shall not be stored on unmanaged personal devices (see Electronic Confidential and Restricted Confidential Information Use and Storage Policy (UTMDACC Institutional Policy # ADM1187)).</li> <li>• MD Anderson's Electronic Health Record (EHR) consists of proprietary software that is owned exclusively by a commercial vendor and which is restricted from disclosure and dissemination to third parties. Accordingly, users must keep confidential this software's object and source codes and protect them from disclosure to any unauthorized third party. This includes ensuring that credentials used to access the EHR are kept confidential and preventing the unauthorized copying or dissemination of EHR software (including screen displays)</li> </ul>
<b>D. Virus Protection</b>	<ul style="list-style-type: none"> <li>• All computers connecting to the MDACC network must run current and authorized virus prevention software. Virus protection software must not be disabled or bypassed except as required by the temporary installation of software or for other special circumstance. Computers found to be infected with a virus or other malicious code may be disconnected from the MDACC network until deemed safe by the Information Security Department.</li> </ul>
<b>E. Electronic Mail</b>	<ul style="list-style-type: none"> <li>• The following electronic mail (email) activities are prohibited: <ul style="list-style-type: none"> <li>- Using email for purposes of political lobbying or campaigning except as permitted by the Regents' Rules and Regulations.</li> <li>- Posing as anyone other than oneself when sending email.</li> <li>- Reading another user's email unless authorized to do so by the owner of the email account, or as authorized by policy for investigation, or as necessary to maintain services.</li> <li>- Use of email software that poses a significant security risk to other users on the MDACC network.</li> <li>- Sending or forwarding "chain" letters.</li> <li>- Sending unsolicited messages to large groups except as required to conduct MDACC business.</li> <li>- Sending excessively large messages or attachments unless in performance of official MDACC business.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>- Knowingly sending or forwarding email that is likely to contain computer viruses.</li> <li>- Exchanging unencrypted email containing Confidential or Restricted Confidential information, (e.g., protected health information with patients, external physicians, or other parties).</li> <li>- Exchanging credit card information (other than your own) via email.</li> </ul>
<b>F. Incidental Personal Use of Information Resources</b>	<ul style="list-style-type: none"> <li>• Incidental personal use of electronic mail and internet access is permitted by MDACC policy but is restricted solely to authorized users (authorization does not extend to family members or other acquaintances). Incidental personal use must not interfere with normal performance of an employee's duties, must not result in direct costs to MDACC, and must not expose MDACC to unnecessary risks.</li> <li>• Storage of any non-work related email messages, files and documents within the MDACC email system must be nominal (less than 5% of a user's allocated mailbox space).</li> <li>• Non-work related information may not be stored on network file servers.</li> </ul>
<b>G. Internet Use</b>	<ul style="list-style-type: none"> <li>• Software for browsing the Internet is provided to authorize users for business, education, research, and patient care purposes.</li> <li>• Due to network maintenance and performance monitoring and to ensure compliance with applicable laws and policies, all user activity may be subject to logging and review.</li> <li>• Email or postings by users of MDACC network resources to news groups, "chat rooms" or "listservs" must not give the impression that they are representing, giving opinions, or making statements on behalf of MDACC, unless authorized. Faculty and staff members shall use a disclaimer stating that the opinions expressed are their own and not necessarily those of MDACC.</li> <li>• Personal commercial advertising must not be posted on MDACC web sites.</li> </ul>
<b>H. Portable and Remote Computing</b>	<ul style="list-style-type: none"> <li>• All computers and portable-computing devices accessing MDACC information resources must be secured in a manner consistent with MDACC policy.</li> <li>• Users accessing the MDACC network from a remote computer must adhere to all policies that apply to access from within the local campus network. Remote computers are subject to the same rules and security related requirements that apply to MDACC-owned computers.</li> <li>• Unattended portable computing devices must be physically secured.</li> <li>• If it is determined that required security related software is not installed on a remote computer or that a remote computer has a virus, is party to a cyber-attack, or in some way endangers the security of MDACC, the account and/or network connection will be disabled. Access will be re-established once the computer or device is determined to be safe by MDACC.</li> <li>• Users must not divulge MDACC remote access information to unauthorized individuals.</li> <li>• If Confidential or Restricted Confidential MDACC Data is stored on portable computing devices or removable media, it must be encrypted and backed up to a network server for recovery in the event of a disaster or loss of information.</li> <li>• Removable media devices should not be used for long-term storage of Confidential and/or Restricted Confidential information.</li> </ul>
<b>I. Passwords</b>	<ul style="list-style-type: none"> <li>• In order to preserve the security of MDACC information resources and Data, every MDACC computer/network account, password, any personal identification number (PIN), digital certificate, security token (i.e., Smartcard), or any other similar information or device used for identification and authorization purposes, must not be shared. Each user of MDACC resources is responsible for all activities conducted using his or her account(s).</li> <li>• Digital certificate passwords used for digital signatures must never be divulged to anyone.</li> <li>• Users must not circumvent password entry through use of auto logon, application "remember password" features, embedded scripts or hard-coded passwords in client software. Exceptions may be made for specific applications (such as automated backup and single sign-on solutions) with the approval of the Information Security Department. Any exception must include a procedure to change the passwords and must adhere to security policies for password construction. (For more information, see the password guidelines in the Information Resources Security Operations Manual.)</li> </ul>
<b>J. Computer System Security</b>	<ul style="list-style-type: none"> <li>• Security programs or utilities that reveal or exploit weaknesses in the security of a system or that reveal data by circumventing established authorization procedures and systems shall not be downloaded and/or used, except as authorized by the Information Security Department. For example, password cracking programs, packet sniffers, or port scanners on MDACC information resources shall not be used. Users must report any identified weaknesses in MDACC computer security and any incidents of possible misuse or violation of this agreement to an immediate supervisor, manager, department head, or the Information Security Department.</li> <li>• Where technically possible, all PC's, laptops, mobile devices and workstations shall be secured with a feature that requires re-authentication after 15 minutes or less of inactivity to prevent unauthorized access to the device.</li> <li>• Media containing Confidential or Restricted Confidential information must be used, reallocated and disposed of in such a manner as to prevent unauthorized access to the Data.</li> <li>• System shall be configured to display the MDACC warning banner.</li> </ul>
<b>K. Incident Reporting</b>	<ul style="list-style-type: none"> <li>• Users must report Security Incidents, or suspected Security Incidents, to the Department of Information Security at csirt@mdanderson.org or by calling 713-745-9000.</li> <li>• Users must report missing or stolen devices to UTPD and 4-INFO.</li> <li>• Users must report privacy concerns, or suspected privacy concerns, to the Institutional Compliance Office at 713-745-6636 or by calling the Privacy Hotline at 1-888-337-7497.</li> </ul>
<b>L. Preparatory to Research Attestation</b>	<ul style="list-style-type: none"> <li>• To the extent that MDACC information resources are used to access protected health information (PHI) for preparatory to research purposes (e.g., development of research questions, determination of study feasibility, preparing a research protocol, or identifying prospective research participants), User attests that User is seeking to use PHI for preparatory to research purposes, no PHI will be removed from MD Anderson, and it is necessary to access PHI (as opposed to de-identified data) for those preparatory to research purposes.</li> </ul>

#### User Acknowledgement – Student

I acknowledge that I have received and read the MD Anderson INFORMATION RESOURCES USER RIGHTS AND RESPONSIBILITIES ACKNOWLEDGEMENT stated above. I understand that this document will be maintained as a permanent record in my student file, that I must comply with this agreement and other MD Anderson policies related to the use of any data or information and all information systems, and that my failure to do so may result in appropriate disciplinary action and/or action by law enforcement authorities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Student ID #** \_\_\_\_\_

**MD Anderson Standards of Conduct: Do the Right Thing**

(Select link to access booklet)

**Acknowledgement**

I certify that I have received access to read, and agree to abide by MD Anderson's Standards of Conduct: Do the Right Thing booklet. I understand that the booklet represents laws, policies, rules and regulations applicable to The University of Texas MD Anderson Cancer Center. I understand that compliance with these laws, policies, rules and regulations is mandatory.

---

Signature

---

Printed Name

---

Date

## Boundaries Guidelines

Information published on your blog(s) should comply with the MD Anderson's confidentiality and disclosure of patient information in compliancy with Health Insurance Portability and Accountability Act (HIPAA) guidelines.

1. Social networking is not allowed during clinical rotations. Nor is it advisable to comment on patients or clinical rotation sites on personal blogs and/or social networking sites.
2. Be aware that your actions captured via images, posts, or comments can reflect and violate clinical rotation confidentiality agreement.
3. Do not share patient information on networking sites. It does not matter if you think it is visible to only your closest friends. HIPAA laws still apply.
4. Anyone taking visual media work on MD Anderson campus must obtain approval from Public Affairs. (No pictures or posting of any activities at MD Anderson without consent).
5. Know your boundaries. Do not allow social media to affect your academic opportunity or possible future employment opportunities.

### Tools to consider:

1. Consider your user name. While you might think a @hotstuff or @drunkgirl Twitter handle sounds adorable, it's probably not conjuring an image of professionalism in potential employers' minds.
2. Keep it professional. Did we mention that anyone, i.e., your current or potential employer, can view public profiles and search social network sites for references?
3. If you identify MD Anderson or discuss your academic rotation at MD Anderson, assume at all times you are representing our organization.
4. You can find more information pertaining to our Social Media policy and procedure in UTMDACC INSTITUTIONAL POLICY ADM1112.

I have read and acknowledge Boundary Guidelines as an academic student. At all times, I will respect the rights of patients.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Acknowledgement of UNDERGRADUATE Student Role

I, \_\_\_\_\_, **(full name)** understand that I must follow all MD Anderson policy and procedures and abide by “The Board of Regents” while conducting myself according to my school guidelines for academic student in clinical rotation settings. Under the direct supervision of my preceptor, I can sign patient care documents, according to the Texas Board of Nursing. I understand my signature must include; my full name, SN (student nurse), school initials and MDA employee ID number. (e.g., **Jane Doe, SN, school initials, 123456**).

I understand based on my clinical objectives given to me by my school I can participate in clinical learning experiences including the administration of certain medications, health promotion and preventive aspects, nursing care of persons throughout the life span with acute and chronic illnesses, and rehabilitative care. Only licensed healthcare providers whose chemotherapy management skills have been validated will be allowed to verify chemotherapy orders and administer chemotherapeutic agents.

\_\_\_\_\_ **Initial**

**Source Note:** The provisions of this §215.10 adopted to be effective January 9, 2005, 29 TexReg 12190; amended to be effective May 2, 2007, 32 TexReg 2361; amended to be effective October 19, 2008, 33 TexReg 8509; amended to be effective October 23, 2012, 37 TexReg 8304

### **CRIMINAL AND PERSONAL BACKGROUND CHECK POLICY**

Employees, trainees and students are required to report to the Human Resources EEO and HR Regulations Department, within five business days, any of the following events: (a) registered as a sex offender or required to register as a sex offender and (b) any criminal complaints, criminal information, criminal indictments, no contest pleas, guilty pleas or criminal convictions related to any criminal offense. Please refer to UTMDACC Institutional Policy #ADM0312 for additional information.

\_\_\_\_\_ **Initial**

I have read and understand my role as an academic student nurse at MD Anderson Cancer Center.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Acknowledgement of GRADUATE/DOCTORAL Student Role

I, \_\_\_\_\_, (full student name) understand that I can:

- Can document in under the **direct** supervision of my preceptor.
- Can formulate and document a plan of care

### However, I cannot:

- Write orders under unless signed by the preceptor at the time the order is generated.
- Write medication orders unless signed by the preceptor at the time the order is generated.
- Take a verbal order, write it, and have the preceptor co-sign later.
- Write a prescription unless the Rx is signed by the preceptor at the time the prescription is written.

I understand that I am not authorized to write orders or prescriptions under my *own* signature. Students are only granted “**Clinical View**” access.

\_\_\_\_\_Initial

Students completing a **Research**: MD Anderson requires all research studies to be reviewed by Nursing Protocol Review Committee (NPRC) prior to submission to the Internal Review Board (IRB).

Students completing a **Quality Improvement Project**: Policy ADM1080 requires all quality improvement studies to be reviewed by the Quality Improvement Assessment Board (QUIAB) prior to implementing at MD Anderson.

\_\_\_\_\_Initial

### **CRIMINAL AND PERSONAL BACKGROUND CHECK POLICY**

Employees, trainees and students are required to report to the Human Resources EEO and HR Regulations Department, within five business days, any of the following events: (a) registered as a sex offender or required to register as a sex offender and (b) any criminal complaints, criminal information, criminal indictments, no contest pleas, guilty pleas or criminal convictions related to any criminal offense. Please refer to UTMDACC Institutional Policy #ADM0312 for additional information.

\_\_\_\_\_Initial

I have read and understand my role as a graduate/doctoral student nurse at MD Anderson Cancer Center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Professional Behavior Expectations

- **Dress:** according to individuals school guidelines. No jeans, shorts, t-shirts, tank tops, flip flops, etc. Please refer to Appearance and Demeanor Policy (ADM0261) if you have additional questions about acceptable dress code.
- **Handheld devices (smart phones, iPhones, etc.):** Should be placed on silent/vibrate during all clinicals; if you have to take an emergency call, please step out of the room. Texting, talking, social media, etc. should be reserved for break times.
- **Breaks:** Return from breaks at appointed time. Use break time wisely for restrooms, phone calls and getting food. Please note that there is not sufficient time to leave campus for lunch.
- **Participation:** You are expected to participate in the unit's daily activities. Conversations not directly related to patient care need to be reserved for break times.
- **Behavior:** Be courteous and give your full attention and respect clinical staff at all times. Respect the learning opportunities provided to you and communicate with your peers in a supportive respectful manner. Constructive feedback is helpful when given respectfully.
- **Sleeping:** Please do not nap during clinical rotation.
- **ID Badges:** Must be worn and visible at all times. This is an institutional safety requirement. All academic students **must** wear current MD Anderson academic badge and school badge during clinical rotations. If student is a current employee of MD Anderson the employment badge **CANNOT** be visible during clinical rotation. **Badge must identify role.**
  - Academic MD Anderson badge **MUST** include the following badge inserts.
    - **Environmental Health and Safety's green badge card:** This quick reference guide can help your respond to critical safety situations. It includes phone numbers for immediate assistance and instructions in case of fire and many other emergencies.
    - **Mission/Vision/Core Values card:** If you only know Caring, Integrity and Discovery off the top of your head, this badge card lays it out for you.
    - **Institutional Code of Conduct Card:** Staying in compliance with policies, regulations and laws can get complicated. But there are 10 principles to guide you, and they fit on a badge card.

**If badge inserts are not provided during badge pick up at Human Resources please stop by Nursing Workforce Office for inserts.**

**Every academic nursing students should have general building access. If access inactivate please contact Workforce team to activate.**

## Ebola Questions

### TRAVEL SCREENING QUESTIONS (EBOLA)

Ebola is a serious and highly contagious viral illness occurring in West Africa. While the risk of U.S. transmission remains low, the Centers for Disease Control and Prevention (CDC) urges the early recognition of symptoms to prevent the spread of infection. MD Anderson Cancer Center announced travel precautions for all workforce members to help prevent the spread of Ebola. MD Anderson Cancer Center's policy states any workforce members (**including all academic faculty, instructors, students and observers**) who have traveled to an endemic region **on or after Wednesday, Oct. 15, 2014 are not permitted inside MD Anderson Cancer Center premises for 21 days after returning from these countries.**

Please complete the following questions.

- 
1. Have you traveled in the last 21 days from a country (e.g., **Guinea or Sierra Leone**) in or near where Ebola is active?

YES ☐ NO ☐

2. Have you been in close contact with a recent traveler from this area with symptoms (e.g. **fever of  $\geq 38.0^{\circ}\text{C}/100.4^{\circ}\text{F}$ , severe headache, muscle pain or abdominal pain, nausea, vomiting or diarrhea, or unexplained hemorrhage/bleeding**)?

YES ☐ NO ☐

**INFORMATION VALIDATION REQUIRED** I certify that the information documented on this form is **true and complete**. I understand that misrepresentation or omission of facts may prevent my appointment or may be cause for termination of my appointment.

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Ebola Algorithm

For suspected cases of Ebola Virus Disease (EVD)

Does the patient have consistent symptoms of fever ( $\geq 38^{\circ}\text{C}$  /  $100.4^{\circ}\text{F}$ ), severe headache, muscle pain, vomiting, diarrhea, abdominal pain, or unexplained hemorrhage?

YES

Has the patient had residence in or traveled from an area where EVD is active\* within the last 21 days?

Or had contact with blood or body fluids of a person (or the remains of a person) with suspected EVD?

YES

1. Place patient on **Contact Isolation with Mask** status.
2. **Clinics** – Move the patient and family members to a private room.
3. **Inpatient** – Place patient in a negative pressure room with ante room, if available.
4. Notify Infection Control via 24-hour dedicated Ebola pager at: **713-606-7200**.

\* Endemic areas include:

- Guinea
- Sierra Leone



## Immunization Requirements

Immunization documentation should be submitted with required documents in this packet. Students, instructors and faculty who do not include documentation with packet could be delayed.

- ☐ Current within one year **TB Skin or negative Chest X-Ray report** - We **do not** accept any type of tuberculosis *blood* testing in lieu of skin testing for tuberculosis clearance. One must present either a negative TB skin test, or proof of a past positive TB skin test and a negative chest x-ray after the date of the positive skin test. Chest x-ray within **10 years** is accepted with respiratory query completion within online packet.
- ☐ **Annual flu documentation** - For the safety of our immunocompromised patients, **Flumist**, a live intranasal flu vaccine, **isn't accepted** due to the potential risk of post-vaccination viral shedding. **All** academic students are required to submit proof of immunization. Valid annual flu shots should be received on or after August 1. *Note: Documentation must include the name of the employee, the date the flu shot was given, the vaccine manufacturer, expiration date, the lot number and the signature of the health care provider.*

Academic students not vaccinated based on medical contraindications or reasons of conscience, including religious beliefs. Must contact [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org) for online waiver or declination form request.

**Once student is cleared they or clinical faculty/instructor is required to pick up flu sticker from Nursing Workforce office location information is provided on next step clearance email.**

- If you **do not** have a positive TB skin test and are not required to have a chest x-ray, **skip to page 26.**
- If you have previously tested positive, fill out **page 25**
- If you are a **current employee**, fill out and fax Medical Release Form to Employee Health **page 26.**

## Respiratory Query

(Electronic fillable form no hand written forms accepted)

If you have **previously tested positive** please complete this respiratory query.

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Employee ID \_\_\_\_\_

**Date of positive skin test?** \_\_\_\_\_

**Date of last Chest X-ray?** \_\_\_\_\_

1. Have you had a productive, prolonged cough for  $\geq 3$  weeks?

☐ Yes ☐ No

➤ If yes, has chest pain or blood in sputum been associated with this cough?

☐ Yes ☐ No

2. Have you had an unplanned weight loss of more than 10 lbs.?

☐ Yes ☐ No

3. Do you have fever?

☐ Yes ☐ No

4. Do you have night sweats?

☐ Yes ☐ No

5. Do you have unexplained fatigue?

☐ Yes ☐ No

# MD Anderson Employee ONLY Health Medical Release Form



**PLEASE NOTE THAT ALL REQUESTS WILL BE PROCESSED WITHIN 48-72 HOURS**

## Authorization for Release of Medical Information From Employee Health RETURN FAX to (713) 745 - 3352

FOR CURRENT MD Anderson Employees ONLY

Name: \_\_\_\_\_  
First Name MI Last Name

Employee ID # Daytime # Date of Birth (mm/dd/yyyy)

Please complete this form thoroughly and accurately. Incomplete forms will not be processed.  
\*\*\*ANY AMENDMENTS TO THIS FORM WILL REQUIRE A NEW SUBMISSION\*\*\*

### I hereby authorize and request Employee Health to release my :

- ☒ Immunization/Vaccination Records TB skin test and annual flu immunization ONLY
- ☐ Immune (Antibody) Titers/Clinical test history
- ☒ Chest X-ray ONLY if positive TB skin test
- ☒ Others: (Please specify) Please see above notes for immunizations requested.

### I hereby authorize and request Employee Health to release the above records to (Please select one method):

- ☐ EMAIL: ☐ My MD Anderson e-mail: \_\_\_\_\_
- or-
- ☐ My personal e-mail\*: \_\_\_\_\_

\*Any e-mail sent outside of the MD Anderson network will be sent via secure email delivery which requires login.

- ☒ FAX Attn: Nursing Workforce Planning and Development Fax#: (713) 745-7040
- ☐ REQUEST for academic clinical placement requirements, please send to Nursing Workforce
- ☐ Prepare my occupational health records for pick up in 2 working days

The foregoing is subject to the limitations, if any, indicated below:

- ☐ Confined to records regarding admissions and treatment for the following medical condition or injury \_\_\_\_\_
- ☐ Covering records for the period from \_\_\_\_\_ to \_\_\_\_\_
- ☐ Confined to the following specified information: \_\_\_\_\_

This release shall relieve MD Anderson Cancer Center, Employee Health and Well-being, from liability which may result from use of the information. Photostatic copies of this release shall be valid as the original.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE THAT ALL REQUESTS WILL BE PROCESSED WITHIN 48-72 HOURS**

[https://myteams.mdanderson.org/depts/emphealth/occhealth/shared documents/front desk forms \(original forms\)/medical release form-employees.doc](https://myteams.mdanderson.org/depts/emphealth/occhealth/shared documents/front desk forms (original forms)/medical release form-employees.doc)  
Ver 12.11.15

# 2017 National Patient Safety Goals

## IDENTIFY PATIENTS CORRECTLY

### Use two patient identifiers

- Use the patient's name and MRN for accurate patient identification

### Eliminate transfusion errors

- Match the correct patient to the blood or blood components before starting the transfusion

## USE MEDICATIONS SAFELY IN PATIENT CARE AREAS

### Label all medications

- Label all medication containers including syringes, medication cups and basins
- Label solutions on and off the sterile field for all procedures/surgery

### Carefully monitor patients who take a blood thinner

- Monitor appropriate baseline coagulation status
- Educate patients about compliance, drug-food interactions and possible adverse drug reactions

### Record and pass along correct information about a patient's medications

- Find out what medications the patient is taking and compare to new medications
- Make sure the patient knows which medications to take when at home
- Tell patients it's important to bring their up-to-date list of medications every time they visit a clinical provider

## PREVENT INFECTION

### Keep your hands clean

- Follow [Hand Hygiene Policy CLN0452](#) and hand cleansing guidelines from the Centers for Disease Control and Prevention

### Use proven guidelines for preventing:

- Multidrug-resistant organism infections
- Catheter-related bloodstream infections
- Surgical site infections
- Catheter-associated urinary tract infections (CAUTI); CAUTI goal excludes pediatric populations

## IMPROVE STAFF COMMUNICATION

### Report critical test results

- Communicate critical results to the right clinician on time ([Notification of Critical Results Policy CLN0566](#))

## USE ALARMS SAFELY

### Improve the safety of clinical alarms

- Ensure that alarms on medical equipment are heard and responded to on time

## IDENTIFY PATIENT SAFETY RISKS

### Monitor patients' emotional state

- Identify patient characteristics that may increase their risk for suicide

## PREVENT MISTAKES IN SURGERY/PROCEDURES

### Perform pre-procedure checks as part of Universal Protocol

- Verify correct procedure, for the correct patient, at the correct site
- Make sure relevant documents (such as signed consent, history and physical, diagnostic/test results, assessments) and equipment are available for the procedure

### Mark correct site

- Mark the correct place on the patient's body where the surgery/procedure is to be done (use the alternative Blue wristband when it is not feasible to mark)

### Participate in the timeout

- Team members stop and perform a timeout before the surgery/procedure

# 2017 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

## Identify patients correctly

NPSG.01.01.01

Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

## Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

## Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

## Use alarms safely

NPSG.06.01.01

Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

## Prevent infection

NPSG.07.01.01

Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

## Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

## Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at [www.jointcommission.org](http://www.jointcommission.org).

## **The Joint Commission: Infection Control**

The Joint Commission is a third-party accreditation organization whose seal identifies participating healthcare organizations as having met specific stringent safety and quality measures. One priority area of focus of The Joint Commission, and for MD Anderson, is hand hygiene. Washing your hands is a simple but effective way to prevent the spread of infection.

### **10 Occasions to Protect Patients and Yourself with Recommended Hand Hygiene**

#### **When to wash hands with soap and water: (15 - 30 Seconds)**

1. If your hands have come in contact with any body fluid from the patient or you (blood, urine, mucous, etc.)
2. Before eating
3. After using a restroom
4. When visibly soiled

#### **AND Immediately BEFORE:**

5. Having direct patient contact
6. Donning sterile gloves for inserting any type of catheter
7. Donning sterile gloves for performing any invasive procedure
8. Moving from a contaminated-body site to a clean-body site during patient care

#### **AND Immediately AFTER:**

9. Removing gloves
10. Touching a patient
11. Touching equipment or anything else in a patient care room

#### **When to use alcohol-based hand gel or soap and water wash:**

- For routine hand washing when hands are not visibly soiled with body fluids

**And, finally, remember this advice:**

**Wash hands.**

**Save lives.**

**Protect, don't infect.**

**Wash your hands.**

**If you have questions about these tips, check our institutional policies at Policies and Procedures (UTMDACC Institutional Policy CLN0452).**



## Hand Hygiene Quiz

(Electronic fillable form no hand written forms accepted)

**1. How long should you wash your hands when using soap and water?**

- ☐ About the time it takes to type in your computer password
- ☐ About the time it takes to recite the Texas Pledge of Allegiance
- ☐ About the time it takes to sing your ABCs (15 – 30 seconds)
- ☐ About the time it takes to hum “The Star-Spangled Banner”

**2. How long should you rub your hands when using an alcohol hand sanitizer?**

- ☐ About the time it takes to type in your computer password
- ☐ About the time it takes to recite the Texas Pledge of Allegiance
- ☐ About the time it takes to sing your ABCs (15 – 30 seconds)
- ☐ About the time it takes to hum “The Star-Spangled Banner”

**3. Assuming your hands aren’t visibly soiled, in which of the following instances is it OK to use a hand sanitizer instead of soap and water?**

- ☐ Before handling medication
- ☐ Before preparing or handling food
- ☐ After using the restroom
- ☐ All of the above

**4. Which of the following will make a hand sanitizer less effective?**

- ☐ Rinsing your hands with water afterward
- ☐ Waving your hands in the air to dry
- ☐ Drying your hands with a paper towel
- ☐ All of the above

**5. When scrubbing with soap and water, which of the following should you do?**

- ☐ Wet your hands before applying soap
- ☐ Make the water as hot as you can stand
- ☐ Turn off the faucet before you dry your hands
- ☐ All of the above

# Nursing Scavenger Hunt

Complete first day of rotation! Please print off and take with you on first day of clinical rotation.

Introduction/Role Overview		Patient Chart		Environmental Safety/Emergency	
Associate Director (AD)		Access to Information		Fire Alarm Pull Stations	
Assistant Nurse Managers (ANM)		Protecting Electronic Information		Fire Extinguishers	
Nurse Manager (NM)		Chart location/forms		Emergency Exits/Fire Door	
Administrative Assistants (AA)		Electronic Records		Evacusleds	
Clinical Nurse Leaders (CNL)		Shred/Recycle Bins		Oxygen Shut Off Valve	
Clinical Nurse Resources (CNR)		Report Worksheets		Red Emergency Electricity Outlets	
Patient Services Coordinator (PSC)				Numbers for Code Blue	
Pharmacists (PharmD)/Students				Numbers for MERIT Team	
Physician Assistants (PAs)		Typical Work Day		Numbers for Respiratory Team	
Advanced Practice Nurses		Overview		Evacuation map/ Fire plan/drill	
Physicians (Primary, Consult, Off Service)		Meal Breaks		Chemotherapy Spill Kits	
Charge Nurses				Crash Cart/Airway Box	
Clinical Administrative Director (CAD)/Director of Nurses (DON)				Patient Room	
Nursing Assistants (NAs)		Unit Layout		Showering a patient (IV care)	
Laboratory Technician (LLT)		Staff Restrooms		Sharps disposal containers	
Medical Students, Residents, Fellows		Pod Configuration		Bathroom Heat Lamp/Timer	
Nursing Students		Conference / Break Room		Call Light/Emergency Light	
Research Nurses		Locker Room		Patient Room Lights/TV	
		Refrigerator (Staff/Patients)		Compressed Air Outlet	
Telephone Skill		Unit break room		Location of Wall Oxygen	
Telephone Etiquette		Linen room		Wall Suction	
Phone Basic Functions		Patient and Family Lounges		Operation of Murphy Bed/Lounge Chair/ConvertaBed	
Page Operator Number		Bulletin Boards		Operation Patient Television	
Emergency Phone Numbers		Clean/Soiled Utility		Operation of Window Shades	
Nursing Station		Supply Room		Hill-Rom Bed Overview (Brakes, Scales, Sensor, CPR release, Headboard)	
Unit Based References/Resources		Satellite Pharmacy		Call light	
Nutrition Center		Public Restrooms		Red emergency electrical outlet	
Biohazard Trash				Bed Check Alarm	
Computers/Laptops/Printer location/Use				Multidisciplinary Team	
Pyxis/Pharmacy Pick up Areas		Nursing Station		Chaplain	
IV Tubing / IV Medication Preparation Area		Point of Use		Social Work	
Chemo Prep Area		Nurse Call Light System		Dietician	
Emergency Equipment (O2 box, Suction, AED, Defibrillator)		Page Operator/Alpha Pager/Alphamate		Case Manager	
Transfer boards, neuro chairs, Hoyer Lift		Pneumatic Tube System (Use)		Physical Therapy/ Occupational Therapy	
Medication Area		IV Pole/Pump Storage			
		Fax location (Use)		Off Unit	
		Blood Refrigerators (if applicable)		Meditation Area	
		Oxygen Cylinders		Blood Bank	
		Patient Locator Log		Materials Management	



## Next Steps – What to expect?

After all paperwork requirements are met you will receive an email with your next steps (also referred to as clearance email).

This email will include:

**Getting to MD Anderson** – resource link

**Preceptor contact information** – if applicable

**Computer access information** – attachment with user IDs and passwords for various applications and protected information.

All passwords are **confidential**.

- Log on information is students' electronic signature. **All academic student must complete initial password self-service and change temporary password.**

Always get your preceptors approval before entering any information. *Undergraduate nursing students will be required to have a RN cosign for certain activities within the patient's medical record.*

- Log off the computer after every use.
- Write down passwords in a secure place.
- If there are any issues or concerns with computer access please contact [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org) to assist. (DO NOT call 4INFO – they will redirect you to Nursing Workforce.)

**Badge information** – attachment

**Documentation of preceptor hours** – attachment; if high school, preceptor undergraduate and all graduate/doctoral students.

**End of clinical requirements** – must complete online evaluation at the completion of rotation.

## Documentation of Precepted Academic Clinical Hours

This document is for **all high school students, preceptor undergraduate students and all graduate/doctoral students.**

Student Name \_\_\_\_\_

Student's Course Number and Name: \_\_\_\_\_

Course Faculty Name: \_\_\_\_\_

Assigned Primary Preceptor's Name/Title \_\_\_\_\_

Total number of hours negotiated \_\_\_\_\_

Dates, area/clinic/unit and hours spent with the student:

Date (mm/dd/yy)	Hours	Clinical Rotation Area	Preceptor Initials (Primary or Backup)
<b><u>TOTAL # of Hours</u></b>			

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Primary Preceptor Signature with credentials ONLY**

**\*\* A signed copy of this document must be provided to preceptor (s) at the completion of clinical rotation. \*\***

## Operating Room Required Forms

This document is for **any specialty rotation, undergraduate or graduate student approved to rotate in the Operating Room. NO high school student can rotate through OR area.**

### Scrub Machine Access

Sizes: Choose your appropriate size

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ X Large
- ☐ 2X
- ☐ 3X
- ☐ 4X
- ☐ 5X
- ☐ Mix Size

\_\_\_\_\_ Top      \_\_\_\_\_ Bottom

Return to [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org).

# Visitors/Observers in the Operating Room

## Guidelines for Visitors/Observers

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In order to protect patient privacy, safety, and to promote efficiency in the Operating Rooms (OR), we ask for cooperation with the following:

- Register with the sponsoring surgical department **prior** to visit
- Day of OR visit, check-in at the Perioperative Enterprise (POE) Access Desk **prior** to entering into the operating room
- Wear the required UTMDACC scrubs that were issued at the time of check-in
- When in the operating room, always wear the ID badge obtained from MD Anderson, the sponsoring surgical department or POE Access Desk
- When entering the operating room, introduce yourself to the circulating nurse, attending surgeon and the anesthesiologist
- Stand a comfortable distance from all sterile drapes, equipment and patient
- Refrain from extraneous conversation or other noisy distractions
- When leaving, thank the surgeon(s) and announce your departure
- When leaving for the day, check out at the OR desk.

### **Operating Room Restrictions:**

- No patient photography, videotaping, digital imaging and other visual recordings of patient care and treatment are allowed unless pre-approved by the surgeon **and** conducted in compliance with HIPAA authorization requirements. Any unauthorized media will be collected by POE;
- Do not bring any personal items into the operating room
- Do not remove any items from the operating room
- Do not access areas, including Operating Rooms and surrounding areas, or data systems for which authorization has not been specifically granted
- Visitors **will not** be able to participate or scrub into the surgical procedure
- Visitors **will not** be allowed in the operating room if he/she has a transmissible illness, fever, or upper respiratory infections.

I understand these requirements.

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**SIGNATURE**

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**DATE**

## End of Nursing Clinical Rotation Requirements

Did you complete?

☐ **End of Academic Rotation:**

Please use QR code



Or complete by clicking on link “**End of Clinical Experience Evaluation FY17**” at the completion of **each** clinical rotation. (click on *evaluation name* to access or copy and paste **[http://mdanderson.co1.qualtrics.com/SE/?SID=SV\\_efUpOOqymWU0LNR](http://mdanderson.co1.qualtrics.com/SE/?SID=SV_efUpOOqymWU0LNR)** into your internet browser.)

- ☐ **\*\*Please be sure to keep your badge for future clinical rotations if you are not graduating at the end of this semester.** At the completion of your **last** clinical experience at MD Anderson, each student must place your student badge in the confidential bin in assigned clinical area or destroy your MD Anderson badge.\*\*

☐ **ADDITIONAL ROTATION (e.g. January – May, May – August or September – December):**

If you have multiple rotations at MD Anderson Cancer Center the complete **Academic Nursing Online Orientation Packet** paperwork requirements must be met **each semester**. Database form must be updated with course name, number, faculty and clinical start and end date with current employee id number (EID#). Your employee ID number will be located below your picture on the academic MD Anderson badge. Academic Online Website: **<http://www.mdanderson.org/education-and-research/education-and-training/schools-and-programs/nursing-education/index.html>**

## MD Anderson Resource Links

### **Guide to MD Anderson:**

(<https://www.mdanderson.org/patients-family/becoming-our-patient/getting-to-md-anderson.html>)

- **Parking**
- **Maps and Directions**
- **Shuttle services**

**Access Internet site** use site first to get customized, printed driving and walking directions to your **destination**. The **Access wayfinding system** is here to help you find your way at MD Anderson. Access uses pathways, landmarks, signage and other tools, such as maps, to help guide you to and around our large campus. Inside our buildings, follow the Access pathway marked with blue dot.

**Departments and Divisions** - click on “department and divisions” to find out more information on the departments and divisions available at MD Anderson Cancer Center.

**Nursing Education at MD Anderson** – click on “nursing education” to find out more!

- Year Round Professional Student Nurse Extern Program
- Summer Professional Student Nurse Extern Program
- Graduate Nurse Residency
- Post Graduate in Oncology Nursing

*If any questions or concerns please contact Nursing Workforce Planning and Development – Student Programs, Academic Clinical Placement team at [workforcedevelopment@mdanderson.org](mailto:workforcedevelopment@mdanderson.org) or by calling (713) 792-7924 option 1.*