# Nursing Workforce Planning and Development

Student Programs

# Academic Online Orientation Packet

Graduate and Doctoral Students


Office Location:
1400 Pressler
Houston, TX 77030
FCT18.6000

Program Contact Information:
workforcedevelopment@mdanderson.org

# 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 any ICU experience? Yes ☐ No ☐

If yes, how much experience? Please provide dates. From (MM/YY): _____ To (MM/YY)_____

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.**

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

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. The information provided in this orientation packet will ensure you meet all MD Anderson requirements to be a student at MD Anderson.

Each academic student doing a clinical rotation should be prepared to provide leadership or preceptor the following: the name of your course, the objectives of the clinical rotation and name of the course faculty. Students should 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 for clinical rotations at MD Anderson. It is important to read the information in this packet as students are accountable for the information. The *Academic Nursing Paperwork* ***Cover Sheet*** **(page 5)** provides a list of the required pages to submit. All pages and additional documents must be submitted at least **three weeks** in advance of the clinical start date to enable processing time. **Read, sign or initial** identified pages electronically or physically and **return** to Nursing Workforce Development via email **workforcedevelopment@mdanderson.org** or secure fax line (713) 745- 7040. Please do not return as a link, or as individual pdf attachments, as this is considered **incomplete and will not be processed.**

Please be advised that NO student may start a clinical rotation without completing the documents each semester AND receiving a "clearance" email that contains additional instructions regarding how to obtain computer "view only" access, badge information, and preceptor details.

MD Anderson employees are not permitted to complete academic clinical hours in unit/department where employed.

We hope that you have an outstanding clinical experience!

Sincerely,

Nursing Workforce Planning and
Development Team Department Email
workforcedevelopment@mdanderson.org
Pickens Academic Tower, 18th 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 for programs that we have affiliation/programs agreements with. Please note that **we are unable to place student in area of employment**. MD Anderson employment is separate than academic clinical rotation placement so all student requirements must be met.

***Deadlines:***

| Semester | Process Begins | *Student Programs will follow up with students after* |
|---|---|---|
| Spring | end of November | January 1st |
| Summer | end of March | May 1st |
| Fall | end of July | September 1st |

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 TO SUBMIT:**

- ☐ **Clinical Placement Request** – **MUST** be returned to MD Anderson by school and be submitted no more than 6 months in advance.

  - 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 TO SUBMIT:**

**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 packet 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 for online waiver or declination form requests. Exemption requests must be submitted **before** you begin academic nursing rotation.

**Academic Nursing Paperwork Cover Sheet**

# COVER SHEET: Required Paperwork

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** 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 handwrittenforms**
- ☐ **Initial** Confidentiality and Privacy: What you NEED to know! (**Page 8**)
- ☐ **Sign** Confidentiality Agreement (**Page 9**)
- ☐ **Sign** Information Resources Acceptable Agreement and User Acknowledgement (**Page 11**)
- ☐ **Sign** MD Anderson Standard of Conduct: Do the Right Thing Acknowledgment (**Page 11**)
- ☐ **Sign** Acknowledgement of Student Role (**Page 11**)
- ☐ **Complete** Ebola Questions (**Page 14**)
- ☐ **Submit** proof of **annual influenza vaccination record** (**Page 15**)
- ☐ **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 15**)

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

- ☐ **Complete** Respiratory Query if submitting a chest x-ray report (**Page 16**)

**OneConnect Epic training information will be emailed with next steps in "Clearance Email"**

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

# About MD Anderson

**Our values guide our actions.**
**_We_ are MD Anderson.**

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**

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**

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.

## MD Anderson Core Values

**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 to 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 through teaching, assessment and spending dedicated time with the patient.

## 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),**

as 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 Acknowledgement 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:

| | |
|---|---|
| ***A. General*** | MDACC information resources are provided for the express purpose of conducting the business and mission of MDACC<br>• 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.<br>• 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.<br>• 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).<br>• Inappropriate sexual or obscene materials must not be intentionally accessed, created, stored or transmitted.<br>• 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.<br>• Use of camera phone or other devices to inappropriately capture data or images of MDACC Internal Use, Confidential, or Restricted Confidential information is prohibited.<br>• Any exception to the acceptable use of information resources must be approved by the Information Security Department. |
| ***B. Information Services (IS) Privacy*** | • 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.<br>• 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.<br>• MD Anderson workforce members are never compelled to use Personally-Owned Mobile Devices for institutional business.<br>• 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. |
| ***C. Data Protection*** | • 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.<br>• Users may not further disclose Confidential or Restricted Confidential information without proper authorization or as required by law.<br>• 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.<br>• 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.<br>• All records (electronic or paper) will be maintained in accordance with the MDACC Records Retention Policy.<br>• 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.<br>• 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 & Ratings.<br>• 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).<br>• 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) |
| ***D. Virus Protection*** | • 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. |
| ***E. Electronic Mail*** | • The following electronic mail (email) activities are prohibited:<br>- Using email for purposes of political lobbying or campaigning except as permitted by the Regents' Rules and Regulations.<br>- Posing as anyone other than oneself when sending email.<br>- 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.<br>- Use of email software that poses a significant security risk to other users on the MDACC network.<br>- Sending or forwarding "chain" letters.<br>- Sending unsolicited messages to large groups except as required to conduct MDACC business.<br>- Sending excessively large messages or attachments unless in performance of official MDACC business. |

| | |
|---|---|
| | - Knowingly sending or forwarding email that is likely to contain computer viruses.<br>- Exchanging unencrypted email containing Confidential or Restricted Confidential information, (e.g., protected health information with patients, external physicians, or other parties).<br>- Exchanging credit card information (other than your own) via email. |
| **F. Incidental Personal Use of Information Resources** | • 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.<br>• 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).<br>• Non-work related information may not be stored on network file servers. |
| **G. Internet Use** | • Software for browsing the Internet is provided to authorize users for business, education, research, and patient care purposes.<br>• 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.<br>• 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.<br>• Personal commercial advertising must not be posted on MDACC web sites. |
| **H. Portable and Remote Computing** | • All computers and portable-computing devices accessing MDACC information resources must be secured in a manner consistent with MDACC policy.<br>• 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.<br>• Unattended portable computing devices must be physically secured.<br>• 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.<br>• Users must not divulge MDACC remote access information to unauthorized individuals.<br>• 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.<br>• Removable media devices should not be used for long-term storage of Confidential and/or Restricted Confidential information. |
| **I. Passwords** | • 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).<br>• Digital certificate passwords used for digital signatures must never be divulged to anyone.<br>• 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.) |
| **J. Computer System Security** | • 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.<br>• 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.<br>• 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.<br>• System shall be configured to display the MDACC warning banner. |
| **K. Incident Reporting** | • 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.<br>• Users must report missing or stolen devices to UTPD and 4-INFO.<br>• 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. |
| **L. Preparatory to Research Attestation** | • 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. |

**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:**_____

## 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

## Acknowledgement of GRADUATE/DOCTORAL Student Role

I, _____, **(full student name)** understand that I am not authorized to write orders or prescriptions under my *own* signature. Graduate students are 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**

## 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.**

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

Ebola Questions

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

**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 ≥ 38.0 °C/100.4°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: _____

## Immunization Requirements

Immunization documentation should be submitted with required documents in this packet. Students who do not include documentation with packet will 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 for online waiver or declination form request.

- If you **do not** have a positive TB skin test and are not required to have a chest x-ray, **skip to page 20.**
- If you have previously tested positive, fill out **page 19**

## 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 ≥ 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

## 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)**

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

**AND Immediately BEFORE:**

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

**AND Immediately AFTER:**

- Removing gloves
- Touching a patient
- 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:**

**Protect……..don't infect.**

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

## Next Steps – What to expect?

**After all paperwork requirements have been reviewed and are met, you will receive an email with your next steps (also referred to as clearance email).**

The clearance email will include:

- Getting to MD Anderson
- Preceptor contact information
- Computer access information
- Badge information
- Documentation of preceptor hours
- End of clinical requirements

## 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.

****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