

## **Guidelines for Rotating Residents/Fellowships**

These guidelines will outline and define the criteria that practitioners must meet to rotate through Bristol Hospital to ensure patient care and safety, as well as meet standards for graduate medical education. These guidelines are for members of Bristol Hospital Medical Staff, and all other hospital personnel, who have agreed to supervise residents and fellows to ensure that patient care is supervised during rotations. Rotations through Bristol Hospital will be arranged through the Medical Staff Services Department. The Department Director will secure the required documentation prior to the start of the rotation.

### **Criteria for Rotations**

All individuals must provide the following documents prior to performing a rotation at Bristol Hospital:

- A signed educational affiliation agreement (contract) from the institution
- Documentation of liability insurance
- A clinical training rotation form completed by the resident or fellow
- A description of the level of care from the Program Director
- A government issued photo ID or Hospital/School ID
- Attestation of evidence of immunizations to include Hepatitis B vaccination, tuberculin skin test, measles, mumps and rubella
- Evidence of flu vaccination (by December 1st of current year)
- Signed Confidentiality and Non-Disclosure Statement
- Signed Code of Conduct Form
- Signed acknowledgement and agreement to supervise by the responsible practitioner.

Following review of the above noted items, the appropriate hospital personnel will be notified of the rotation. An abbreviated orientation will be provided by the Department of Education and a Hospital ID badge will be provided, if applicable.

All individuals will be provided an orientation CD which includes information on life safety, emergency preparedness, hazardous materials/chemicals, security, medical/utilities/failure and blood borne pathogens.

### **Supervising Physician Role**

The Supervising Physician will assign duty hours for the Residents/Fellows although such assignment will not limit the Residents/Fellows in their ability to participate in or observe special procedures as opportunities arise.

If the Supervising Physician is not available to supervise the Resident/Fellow at any time during the rotation, s/he will designate another physician member in good standing of Bristol Hospital Medical Staff to supervise.

The supervising physician will complete the "responsible physician form" for all residents and fellows. Direct supervision is defined as "physically present". Direct and/or indirect supervision is required for residents and fellows. Indirect supervision is defined as "physically present in the hospital (in the immediate area) and immediately available".

The Physician will be responsible for assessing the level of experience and ability of Residents/Fellows assigned to his/her supervision and assign tasks and provide interaction and responsibilities appropriate to each one's competence.

The Physician will arrange for Residents/Fellows to attend team conferences and in service training sessions that occur while they are on duty at Bristol Hospital.

Once the clinical rotation is completed, the supervising physician will provide communication to the rotating resident/fellow's program director regarding the individual's performance of patient care and professional conduct.

### **Medical Records**

In order to provide for a meaningful educational experience for residents in training, while at the same time assuring appropriate oversight by Licensed Independent Practitioners on the Medical Staff, the following policy governs the writing of patient orders, notes and summaries.

1. Residents may write orders in the chart without cosignature from an attending physician.
2. Residents may write daily progress notes without cosignature from an attending physician, however there must be evidence of daily patient supervision by a physician member of the medical staff in the chart.
3. Any admission and or discharge note/summary written by a resident must be cosigned by an attending physician.

Nothing in this policy should be construed as limiting a Licensed Independent Practitioner from writing patient care orders, notes or summaries.

Residents or fellows are not allowed to order restraints, DNR, chemotherapy, thrombolytic therapy. Residents and fellows are permitted to view records of patients they are caring for in the hospital.

### **Reporting Process**

Supervising physicians will report to the Executive Committee of the Medical Staff thru the Graduate Medical Education Committee on the safety and patient care provided by the residents and fellows and their needs at Bristol Hospital. The Executive Committee of the Medical Staff will inform the Board of Directors of the same.

Approved: May 21, 2013



**Resident/Fellow/Student Rotation Form**

Please print legibly

Full Name _____	Male ___	Female ___	Non-Binary ___
Address _____	Phone _____		
Date of Birth _____	Social Security Number _____		
Email Address _____			

Specialty of Rotation _____	Name of Hospital _____
Program Director _____	Phone _____
Bristol Hospital Supervising Physician _____	
Rotation: From _____	To _____
(Month, Day, year)	(Month, Day, Year)
Year of Training _____	
State Licensure or Permit, if applicable: License # _____	Effective Date _____ Expires _____

<b>Person to notify in an emergency:</b>	
Name _____	Relationship _____
Preferred method to contact person: (cell, home, work)	
Phone Number _____	

I agree to abide by the Medical Staff and Hospital Bylaws and policies and procedures. I hereby certify that the information I submit in this application is complete and accurate to the best of my knowledge and belief.

**Please submit the following:**

- A government issued photo ID or Hospital/School ID
- Evidence of immunizations to include Hepatitis B vaccination, tuberculin skin test
- Evidence of flu vaccination (by December 1<sup>st</sup> of current year)
- Signed Confidentiality and Non-Disclosure Statement
- Signed Code of Conduct Form
- Signed Certification form for Supervising Physician

\_\_\_\_\_  
Signature of Resident/Fellow/Student\_\_\_\_\_  
Date



# Bristol Health

## Certification Form for Supervising Physician For Resident/Fellow/Student

Name: \_\_\_\_\_

I accept responsibility for the training (orientation/safety), activities and supervision of the above named individual and shall at all times maintain the responsibility for the patient care.

I agree to countersign as applicable and to fulfill the supervision requirements as stated by the appropriate job description and/or license.

I understand that the individual may practice within Bristol Health, Bristol Hospital/Bristol Health Medical Group under my supervision in accordance with job description and state law.

### Level of Care Provided:

\_\_\_\_ Observation only

\_\_\_\_ Direct supervision of Resident/Fellow/Students supervising physician

\_\_\_\_ Other \_\_\_\_\_

Supervising Physician Signature: \_\_\_\_\_

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



## CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

**Bristol Hospital**

**Bristol, CT**

Bristol Hospital and Health Care Group (BHHCG) has the legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their personal, health, financial and other such related information, referred to in this Agreement as "Protected Health Information." Therefore, BHHCG requires that each of its providers, employees, trustees, trainees, students, volunteers, business associates, contractors, vendors, agents and representatives maintain the confidential nature of Protected Health Information and to abide by the specific policies of BHHCG regarding the access to, disclosure of, and use of such information.

As someone with access to or awareness of privileged information, whether written, verbal or electronic, the purpose of this agreement is to help you understand your duty regarding confidential information. Each individual working at BHHCG is responsible for protecting the privacy of our patients, our employees and our staff, and must take care to preserve confidentiality in conversations and in handling, copying, faxing, electronic transfer of information and disposing of documents. Unusual activity or behavior, which could potentially threaten confidentiality, should be questioned and reported to your supervisor, manager, or the Information Security/Privacy Officer. You are required to conduct yourself in strict conformance to applicable laws and BHHCG policies governing confidential information. Violation of any of these duties will subject you to discipline, which might include, but is not limited to, loss of clinical privileges, termination of employment and/or legal liability.

Protected Health Information, which is to be held confidential, is described in the Confidentiality of Patient Information Policy of BHHCG. Protected health information means individually, identifiable health information that is transmitted electronic media, maintained in any medium or form.

If applicable to my medical staff function, I understand I will have access to electronic information systems and that my password will uniquely identify me to these systems. I understand the electronic signature is the legally binding equivalent to my traditional, handwritten signature. I acknowledge I am the only person authorized to use the unique password assigned to me and agree to refrain from releasing this password to any individual. I will not allow any individual to access or alter information under my identity. Where applicable, this password enables an electronic signature on hospital business and/or patient documentation. I acknowledge my electronic signature may be made available to inspection by regulatory agencies as pertinent to my position and as required by law.

As a condition of my employment or association with BHHCG and of my ability to access and use patient or other private information, I acknowledge and agree to the following:

I agree to access information only as required for the performance of my professional activity.

I agree not to discuss any patient, human resources, payroll, fiscal, research/proprietary or management information where others can overhear the conversation in the workplace, such as in hallways, elevators, cafeteria, coffee shop or other public areas. I further agree that I will not disclose this type of information to others, including family or friends, or the family and friends of patients who do not have a need to know. Discussions of this sort are not acceptable even if a person's name is not used. I acknowledge that I have received a copy of the Confidentiality of Patient Information Policy of BHHCG and that I understand that all Protected Health or other Private Information must be maintained in strict confidence.

I agree that I will keep confidential all Protected Health and other Private Information accessed or used in the course of executing any assignment related to my employment, business relationship or association with BHHCG and I will not at any time during or after my employment, business relationship or association with BHHCG disclose Protected Health or other Private Information except in compliance with the Confidentiality of Patient Information Policy during my employment, business relationship or association with BHHCG or after such employment, business relationship or association has terminated or concluded.



## CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT

I agree that I will not examine or make copies of any patient reports or other documents prepared by me, coming into my possession or under my control; unless there is a health care treatment or business need and appropriate protocols for accessing, disclosing or using such patient information have been followed.

I agree to use discretion when Protected Health or other Private Information must be discussed with others in the course of my work; I agree to assure that such discussions cannot be overheard by others who do not have a need to know such information.

I understand that Protected Health Information in any form shall not be removed from the facilities of BHHCG or disclosed to unauthorized persons unless a legal authorization has been obtained or such disclosure is mandated by law. I acknowledge that all such disclosures must be processed through the Medical Records Department.

I agree to access only those specific elements of information for which I have access rights based on my assignment and responsibilities.

I understand that my supervisor or manager, in conjunction with the Information Services Department, grants access to computer systems/applications. I will not willingly inform another person of my computer password, nor will I knowingly use someone else's. I agree that I will log off a terminal or workstation when I leave the area and realize that I am responsible for all computer activity occurring under my account, security code, password or electronic signature. This activity may be monitored.

I agree not to make any unauthorized transmissions, inquiries, modifications or purging of data in the system(s) to which I have access.

I understand that disclosure of BHHCG confidential information is prohibited except when required for the performance of my job and specifically authorized. Disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by an authorized party.

I certify that I have received and read this Confidentiality Agreement and understand all the requirements contained in it. I have received training on the subject matter and have had the chance to ask questions and have them answered. I agree to safeguard and retain the confidentiality of all BHHCG information to which I have access.

I understand that violation of this Agreement may result in disciplinary action, up to and including loss of clinical privileges, discharge or termination. In addition, I may be subject to Federal or State laws, which include fines and/or imprisonment and/or reporting the breach of confidentiality to professional licensing boards.

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Printed Full Name

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Signature

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Date



# Bristol Health



Bristol Hospital & Health Care Group  
Medical Staff Code of Conduct

Approved by:	ECMS: 2/19/2019 Board of Directors: 3/6/2019
Responsible Party:	Medical Staff
Applies to:	Medical and Adjunct Staffs
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All professional activity at Bristol Hospital must take place in an atmosphere of collegiality, cooperation and professionalism. Members of the Medical Staff are expected to conduct themselves in a manner consistent with and supportive of the hospital's mission, vision and core values.

**Respectful Treatment**

All members of the Medical Staff shall treat patients, employees, physicians and others in the hospital with respect, courtesy and dignity and conduct themselves in a professional and collaborative manner.

**Safe Environment of Care**

Members of the Medical Staff acknowledge and agree that the protection and safety of patients, employees, physicians and others in the hospital and the orderly operation of the hospital are paramount.

**Patient Care**

Members of the Medical Staff agree to provide care to patients consistent with generally recognized standards of care. Medical Staff members further agree to actively help educate patients and their families regarding the medical condition for which the patients are receiving care and treatment. Medical Staff members will refrain from placing impertinent or inappropriate written comments in the patient's medical record. Additionally, members of the Medical Staff agree to coordinate care, treatment and services with other practitioners and hospital staff as appropriate and seek consultation whenever warranted by the patient's condition. Medical Staff members will be available to and will cooperate with other practitioners in the exchange of pertinent patient care information and resolution of patient care issues.

**Language and Behavior**

Members of the Medical Staff agree to refrain from engaging in any behavior that may impair the ability of the healthcare team to provide quality care and/or otherwise create a hostile or intimidating work environment. Prohibited conduct includes, but is not limited to, making offensive or derogatory comments, racial or ethnic slurs or jokes, sexual comments/innuendos, violence or threats of violence, using foul or profane language, raising his/her voice in anger, acting in a rude, intimidating or otherwise unprofessional manner, engaging in retaliatory conduct, criticizing individuals in inappropriate forums, displaying disruptive behavior in meetings or forums or activity which affects or impacts the community's confidence in the hospital's ability to provide quality patient care.

**Harassment/Discrimination**

Members of the Medical Staff also agree to refrain from engaging in any form of unlawful discrimination or harassment based upon any legally protected characteristic, including race, color, religion, national origin, sex, sexual orientation, pregnancy, age disability or military status. Harassment is defined as



unwelcome verbal, visual or physical conduct that creates an intimidating, offensive or hostile work environment that interferes with work performance. Sexual harassment includes making unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that is unwelcome or offensive to individuals who are subjected to it or who witness it. Members of the Medical Staff agree to comply with the Hospital's Sexual Harassment policy. Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires a meeting to be held with the Medical Staff member to discuss the incident.

**Retaliation**

Any individual may make a complaint regarding any of the categories of behaviors noted above. Members of the Medical Staff agree to refrain from engaging in any form of retaliation towards anyone making a complaint. Retaliation is defined as any action taken by the Medical Staff member against the reporting employee or colleague which has negative effect on the employee's or colleague's terms, conditions or privileges of employment or participation. This includes intimidation, blacklisting, termination, suspension, demotion, reduction in salary or compensation, failure to hire, harassment, verbal, visual or physical conduct that creates an intimidating, offensive or hostile work environment, and any act that would dissuade a reasonable person from engaging in further reporting activity.

**Corrective Action for Inappropriate Conduct**

Collegial and educational efforts may be used by Medical Staff leaders or their designees to address inappropriate conduct. Collegial steps, including counseling, warnings and meetings with a practitioner may be taken to address complaints about inappropriate conduct. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may warrant immediate corrective action in accordance with the Medical Staff Bylaws and Rules and Regulations. The process will be overseen by the Chief Executive Officer or designee and President of the Medical Staff.

**Confidentiality**

Members of the Medical Staff agree to maintain confidentiality of patient care information at all times in a manner consistent with all relevant laws. Members of the Medical Staff shall also abide by the Medical Staff Rules and Regulations and Policies regarding confidentiality of peer review files and process.

**Compliance**

Members of the Medical Staff agree to abide by the Medical Staff and Hospital Bylaws, Rules and Regulations, Policies and applicable standards of accrediting and regulatory organizations. Furthermore, members agree to abide by applicable laws and regulations of government agencies.

By my signature below I certify that I have read and agree to the Bristol Hospital Medical Staff Code of Conduct. I agree to comply with standards, policies, procedures and other provisions of the Code of Conduct. I am committed to a Code of Conduct that supports my responsibility to my patient as the highest priority. I understand that compliance with the provisions contained in the Code of Conduct is a condition of obtaining and retaining medical staff credentials and privileges at Bristol Hospital. I also understand that Bristol hospital may from time to time amend, modify and update the Code of Conduct pursuant to the Bylaws and Rules and Regulations of the Medical Staff of Bristol Hospital.

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

Printed Name \_\_\_\_\_