

OBSTETRICS & GYNECOLOGY

University of Washington Medical Center

Dear Student,

We would like to welcome you to your Obstetrics and Gynecology Basic Clerkship. During this six week clerkship you will have the opportunity to apply and increase your knowledge in both clinical and didactic settings. Our faculty members enjoy teaching, especially in a one-on-one basis. We hope you will take advantage of their expertise and learn as much as possible; do not be afraid to ask questions.

Your orientation will take place in Bozeman on the first day of your rotation. Please email Dr. Bradford one week before the start of your rotation to schedule your orientation. tbradford@billingsclinic.org You should review pelvic anatomy before the orientation, as well as read the web-based Student Course Guide. You will find the web-based Course Guide especially useful because it contains a description of the clerkship, course requirements, and an explanation of the evaluation instruments. The Guide also includes the required topics for course reading. It will be to your benefit to be familiar with all the topics listed, either through experience or through reading.

Your rotation schedule will be given to you during orientation at the site. You will need your black bag of instruments for clinic.

Please send the Student Checklist to Jean Joiner four weeks prior to your start date.

Jean Joiner
Medical Staff Coordinator and Administrative Assistant
Bozeman Deaconess Hospital
915 Highland Blvd.
Bozeman, MT 59715
Phone (406)525-1044
jjoiner@bdh-boz.com

Complete, up-to-date clerkship and schedule information is available online at:

www.obgyn.uwmedicine.org/clerkship

Date to Remember	Time	Activity	Location
1 st day of Clerkship	8:00 AM	Orientation	Bozeman Deaconess Hospital 925 Highland Drive, #1210 Bozeman, MT 59715
Last day of Clerkship	8:00 AM	Final written exam	Billings or Seattle
	5:00 PM	Complete Evaluation Clerkship officially ends	

If you have any questions, either before or during the clerkship, please do not hesitate to call us.

Vicki Mendiratta, MD
Clerkship Director
OB/GYN Division of Education
vmendira@u.washington.edu

Whitney Hiatt
Clerkship Coordinator
206-543-3892
whiatt11@u.washington.edu

Name of Student _____

Name of Doctor/Group _____

Dates of Rotation _____

Student Rotation Credentialing Checklist

The following information must be provided to Bozeman Deaconess Administration for students who are requesting rotations with Medical Staff members prior to beginning their rotation.

NOTE: The supervising Medical Staff member must be present with the student during their rotation.

- ___ Student's Photo, CV and immunization record.
- ___ Copy of the Agreement between the Medical Staff member and the school indicating dates of rotation.
- ___ Letter of good standing with the school.
- ___ Documentation that the student is covered by the school's professional liability insurance including dates and amounts of coverage.
- ___ Letter from Medical Staff member indication they will be supervising the student during the specific dates (and who from their group would be supervising in the physician's absence).



**Bozeman Deaconess
HOSPITAL**

COMPUTER SECURITY AGREEMENT

This form must be legible and complete. Incomplete forms will be sent back to the supervisor. This will delay access for the employee.

Computerized information systems are an important asset of Bozeman Deaconess Hospital. The privacy of our patients depends on the protection of this information against theft, destruction, or disclosure to outside interests.

Therefore, I agree to the following provisions:

- ✓ Not to operate computer equipment or demonstrate the operation of computer equipment without specific authorization.
- ✓ To maintain assigned passwords that allow access to computer systems and equipment in **complete confidence and not disclose a password to anyone, at any time, for any reason.**
- ✓ To only access computer systems, equipment, and functions as required for the performance of my responsibilities.
- ✓ To contact information systems personnel immediately and request a new password(s) if mine has been accidentally revealed.
- ✓ Not to disclose any portion of a patient's record except to a recipient or medical practice designated by the patient or to a recipient authorized by BDHS who has a need-to-know in order to provide for the continuing care of the patient.
- ✓ To refrain from making any changes of any type to the personal computer(s) supplied by the hospital in cases where a PC is supplied.
- ✓ To report any activity contrary to this agreement to BDHS Information System's personnel.
- ✓ I understand that failure to comply with the above policies may result in formal disciplinary action, up to and possibly including termination or cancellation of agreements.

If personal computer access is given, United States copyright laws relating to software must be strictly obeyed. **Therefore I agree to ALWAYS:**

- ✓ Purchase software through BDHS Information Systems;
- ✓ Deliver software to Information Systems upon arrival for inventory and registration;
- ✓ Never download or install software or shareware from any source without Information Systems approval;
- ✓ Never copy software to other computers;
- ✓ Never take software home for personal use and always delete the old versions of software when an upgrade is installed.

Signature: _____

Date: _____

Printed Name: _____



**Bozeman Deaconess
HOSPITAL**

*BDHS SECURITY AGREEMENT CONTINUED
COMPLETE ALL FIELDS*

CIRCLE the Employee type: Regular Temporary Agency Volunteer Vendor

Last Name _____ First Name _____ MI: _____

Phone# _____ Position Title: _____

Name of Dept or Group _____

Reason for Action:

- New Employee
- Change of Position - Prior Title _____
- Menu Change: _____
- Other: _____

Date Access should begin _____

For Changes of Position, enter the date prior access rights should end _____

This person should be set up the same as: _____
(Name of existing staff member that this person's setup should emulate)

NO ONE SHOULD BE AUTHORIZED TO USE PCI (Patient Care Inquiry Module) AT ANY LEVEL BEYOND WHAT IS ABSOLUTELY NECESSARY TO PERFORM JOB FUNCTION!

Is Patient Care Inquiry access necessary? Yes _____ No _____
If Yes, Restricted to Non-confidential patients? Yes _____ No _____

Please check the required system(s) access:

Meditech _____ MSM MedSurg _____ ImageNow _____ NextGen EPM** _____ NextGen EMR** _____
Outlook E-mail _____ Docuware _____ Windows _____ Amicas PACS _____

*(*Kronos requires sign-off from the Finance Dept) (**For NextGen please complete supplement form)*

Supervisor Signature: _____ Date: _____

Supervisor Phone: _____

Finance Approval for KRONOS: _____ Date: _____

Information Systems Use Only

Sign Off: Eric _____ Julie _____ Chris _____ MiChelle _____ Shannon _____
Mark _____ Kim _____ Dan _____ NextGen Analyst _____

Final Sign-off date: _____

Meditech Mnemonic: _____