

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.

A general orientation will take place on the first morning of the clerkship. Plan to meet Amy Carrasco, Education Director, at 8:30 a.m. in the Education Office at Kadlec Medical Center to obtain badges and safety compliance material. The Education office is located on the second floor of the Mountain Pavilion. Please contact Amy Carrasco two weeks before you start the rotation for further details:

Email: amy.carrasco@kadlecmed.org

Office Number: (509) 942-2028

You should review anatomy before the orientation, as well as read the web-based Student Course Guide. You will find the Course Guide especially useful because it contains a description of the clerkship, course requirements, and an explanation of the evaluation instruments.

2009–2010 Dates to Remember: *Richland 695*

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	8:30 AM	Orientation	Education Office
	Afternoon		Kadlec Medical Center
Last day of Clerkship	7:45 AM	Return site specific paperwork	UWMC (<i>location announced one week prior, by email</i>)
	8:15 AM	Final written exam	
		Complete Evaluation	
	5:00 PM	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

Jamie Vickerman
Clerkship Coordinator
206-543-3891
centej@u.washington.edu

PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830.840, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Have you ever been convicted of any of the following crimes against persons:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Sexual Misconduct with a Minor
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	First Degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been renamed
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft			

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

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1. Have you ever been found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor? Yes No

 2. Have you ever been found in a court in a domestic relations proceeding to have physically abused or exploited any minor or to have physically abused any minor? Yes No

 3. Have you ever been found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person? Yes No

 4. Have you ever been found in any disciplinary board final decision to have abused or financially exploited any person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

 5. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a person 60 years of age or older who has a functional, mental, or physical inability to care for himself or herself or who is a patient in a state hospital? Yes No

If your answer is "yes" to any of questions 1 through 5 above, please describe and provide the date(s) of the finding(s) and penalty(ies) imposed.

We may request your fingerprints to obtain from the Washington State Patrol criminal identification system a report of your record of criminal convictions for offenses against persons, civil adjudication of child abuse, and disciplinary board final decisions. *YOUR EMPLOYMENT OR STUDENT INTERNSHIP WILL BE CONDITIONED UPON THE SATISFACTORY OUTCOME OF BACKGROUND CHECKS AS DESCRIBED BELOW.*

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am accepted into a clinical internship, I can be discharged for any misrepresentation or omission in the above statement. I also understand that any employment or internship is conditioned on the successful completion of the following: professional references, background investigations including but not limited to: Licensure, Criminal History, Social Security Verification, Governmental Sanction Checks and required drug screens.

Signature: _____

Name (Print): _____

Date: _____

KADLEC MEDICAL CENTER
Individual Records Verification Audit

In accordance with the contract for school/individual practicum, an audit of school/personal records pertinent to the clinical experience will be performed. Please complete this audit checklist to ensure compliance with regulatory and accrediting agency requirements. Failure to complete this audit will result in suspension of the contract between Kadlec Medical Center and _____ (school/agency). If there are questions pertaining to the completion of this document please contact Kadlec Education Dept at (509) 942-2600.

Please return this audit two weeks prior to the requested start date.

Student/Individual name: _____ **Request Start Date:** _____

- *Nat'l Criminal History Background Check completed within 90 days of internship and an original copy (or access) provided to KMC by individual or BGC agency.
- *Criminal disclosure statement signed. No crimes against people reported.

Proof of immunizations recorded.

- (1) Negative tuberculin (TB) status within the past year (via Mantoux or chest X-ray).
 - (2) Hepatitis B immunity documented, series begun or waiver signed.
 - (3) Current measles, mumps and rubella immunity documented by vaccination or serum titre indicating antibodies.
 - (4) TDaP vaccine (FDA approved in June 2005) if the student/individual has not received a Tetanus booster within the past two years.
- Blood borne pathogen education.
 - CPR/BLS if required, date of expiration: _____
 - Proof of Professional Liability Insurance: Company Name: _____ (copy provided to KMC)

My signature indicates I have personally viewed the required documents at the school/agency noted above. The student/individual has been informed of his/her documentation requirements* prior to beginning his/her clinical experience.

Signature _____ Date _____ Title _____

School/Agency authorized signature

The following orientation items will be completed/confirmed upon arrival to Kadlec Medical Center:

- Safety Education, Compliance and HIPAA
- Photo ID
- KMC Confidentiality Agreement
- WSP Authorization for BGC

Signature _____ Date _____ Title _____

Kadlec Medical Center

Confidentiality & Conduct Agreement

Kadlec Medical Center has made a provision for opportunities in our facility to provide an outstanding experience in the area of healthcare. Such activities at KMC are a benefit provided in part to explore occupations in the area of healthcare without the consideration of compensation or future employment. Whether a student, professional healthcare provider or observer at Kadlec Medical Center you are expected to act professionally at all times.

CONFIDENTIALITY STATEMENT

During the course of your activities at Kadlec Medical Center you may have access to information which is confidential. Law does not permit disclosure of confidential information.

Confidential Information includes, but is not limited to:

- Medical and certain other personal information about patients.
- Medical personnel and certain other information about employees.
- Medical Staff records and committee proceedings.
- Medical Center financial and operating data.
- Reports, policies and procedures, marketing or financial information, business & strategic plans, corporate minutes, electronic mail and other private or sensitive information related to the business or services of Kadlec Medical Center.

If you have any questions concerning the confidentiality or disclosure of information, you should contact your supervisor or the KMC Education Department, at 942-2600.

CONDUCT GUIDELINES

I agree that I will:

1. Be punctual and conscientious, conducting myself with dignity.
2. Behave in a courteous and respectful manner towards all those with whom I come in contact.
3. Abide by all Health & Safety Instructions provided prior to or during the course of my activities at KMC.
4. Adhere to all instructions given to me by my KMC supervisor designee or KMC authorized supervisor.
5. Attempt to resolve any problems related to my experience with my KMC supervisor, and if unsuccessful, contact the KMC Education Department for assistance 942-2600.
6. Make my best effort to fulfill my commitments to KMC by completing all assignments that I accept.
7. Not attempt to remove any items from KMC other than personal possessions brought in with me.
8. I understand that KMC reserves the right to terminate my activities as a result of:
 - (a) Failure to comply with KMC policies and procedures.
 - (b) Unsatisfactory attitude, behavior, or appearance.
 - (c) Any other circumstances that, in the judgment of the Department Director or Supervisor designee, would make my Student experience contrary to the best interests of Kadlec Medical Center.

By my signature, I _____ (Print Name) certify that I have been informed of and understand my responsibility in maintaining the confidentiality of all patients, personnel, and hospital information. I further certify that I have been informed of, understand and agree that it is my responsibility to adhere to the above mentioned guidelines of acceptable conduct while here at Kadlec. I have read and agree to be bound by the conditions contained in this agreement. I understand that failure to comply may subject me to disciplinary action including legal action.

Signature

Date

MINOR AUTHORIZATION

(For students 18 years of age or younger)

By my signature I certify that I am the parent/legal guardian of the Student identified above and am providing my consent for he/she to participate in a Student Experience at Kadlec Medical Center. In the event of injury or accident while at the learning site, I understand that the student will be taken to the Emergency department for assessment, evaluation and treatment as needed and the parent/legal guardian will be notified. Appropriate school staff will be notified no later than the next workday. I understand that the parent/legal guardian and/or student are responsible for any expenses incurred as a result of the Emergency Department visit.

Parent/Guardian Signature

Date