EXHIBIT A

APPLICATION FOR MEDICAL/CLINICAL STUDENT ROTATION
(For use with students who require a Physician Preceptor)

Personal Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Email</th>
<th>Cell Phone</th>
<th>Home Phone/Other</th>
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What specialty area(s) are you working toward?

School Information

<table>
<thead>
<tr>
<th>Medical/Clinical School</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<thead>
<tr>
<th>School Contact Name</th>
<th>Email</th>
<th>Phone</th>
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Undergraduate College or University:

Documents Required from Medical/Clinical Student
In order for your application to be processed, please submit the following documents to the Medical Staff Office:

- [ ] Completed Medical/Clinical Rotation Application
- [ ] Letter of good standing from school
- [ ] Certificate of insurance verifying malpractice insurance coverage
- [ ] Copy of current health insurance coverage card
- [ ] Proof of successful criminal and abuse background screenings
- [ ] Signed Policy and Procedure Acknowledgement – signed by both the Medical/Clinical Student and the Precepting Physician
- [ ] Signed HIPAA Training Fact Sheet
- [ ] Signed Confidentiality and Security Agreement

Proof of immunizations:

- [ ] TB test within the last year prior to placement or a negative chest x-ray within the last year if TB skin test is positive
- [ ] Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers
☐ Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and diphtheria toxoids) vaccine has been received within the past 8-10 years
☐ Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
☐ Documentation of seasonal flu vaccine – depending on availability
☐ Hepatitis B vaccine or signed declination

Rotation Requested:
☐ Anesthesia  ☐ Cardiology  ☐ Emergency Med  ☐ ICU
☐ OB/GYN  ☐ Orthopaedic Surgery  ☐ General Surgery
☐ OTHER ____________________________

This rotation is a(n):  ☐ Core rotation  ☐ Elective rotation

If accepted for a clinical rotation at a Universal Health System Acute Care Hospital in Southern California, I will obey all policies and procedures of the hospital(s). If I do not follow these policies, I understand that I will not receive credit for the rotation.

Applicant's Signature: ____________________________ Date: ________________

__________________________  ____________________________
Physician Preceptor Name  Physician Specialty (Must correspond with Rotation)

Rotation Type: ____________________________ Date from: ________ Date to: ________

This portion to be completed by Medical Staff Office Personnel

Medical Staff Department Chair Notification Date: ________________  Agreed: ☐ YES  ☐ NO

Hospital Administrator (C-Suite) Notification/Approval Date: ________________  (C-Suite Approver Name)

Executive Medical Committee Approval Date: ________________  (Must be reflected in Meeting Minutes)

NOTE: Executive Medical Committee forwards to Hospital Governing Board
EXHIBIT B

MEDICAL/CLINICAL STUDENT ORIENTATION

(For use by Medical Staff Office Only)
Code of Conduct/Corporate Compliance:
UHS is dedicated to adhering to the highest ethical standards. The Code of Conduct gives guidance on acceptable behavior for all personnel (including vendors, physicians, and others affiliated with us or doing business in our facilities). You may obtain and view the UHS Compliance Manual from your supervisor, HR department, compliance officer, or on the company website at [www.uhsinc.com](http://www.uhsinc.com). You may also use the toll-free Compliance Hotline (1-800-852-3449) or website at [www.uhsalertline.com](http://www.uhsalertline.com).

Harassment Policy:
UHS has a zero tolerance policy for sexual and any other form of harassment. The procedures to follow in this are clearly outlined for you and are located in the Human Resources Manual. Sexual harassment is generally defined as unwelcome or unwanted sexual advances; requests for sexual favors; and other visual, verbal, or physical conduct of a sexual nature. Our facility policy and give you more detail and direction as to these offensive issues and how to follow up to see that they are stopped. Harassment can take on multiple forms; but primarily deals with any conduct towards another individual that interferes with their work performance or creates an intimidating environment for them to work in.

Cultural Diversity:
Health and illness beliefs are closely tied to cultural and spiritual beliefs. Students must display acceptance and respect for different cultures and need to have knowledge in order to provide competent care.
- Review patient data for values, beliefs, preferences, language, and religion
- Seek out information from the patient and family
- Include family in patient care when appropriate to meet cultural/patient preferences
- Review cultural competency information

Bariatric Sensitivity:
Morbidly obese/severely overweight patients experience discrimination, prejudice, and alienation. Many Southern California UHS hospitals serve a bariatric population based on being a Center of Bariatric Excellence. Ways to demonstrate sensitivity include:
- Project professional attitude by treating everyone with dignity and respect, and avoiding bias
- Maintain privacy
- Use right sized equipment
- Monitor verbal and non-verbal communication

Social Media Use
The use of social media should never conflict with the interests of the hospital. Regardless of whether a student uses social media for school, personal or business related reasons, students may never share information that is confidential and proprietary. This includes information about UHS employees and patients.
Radiation Safety:
Beware of areas containing signs such as “Radiation Area”, “Caution X-rays in Use”, and “Caution Radioactive Materials”.

MRI Safety:
MRI Scanners contain powerful magnetic fields that are always on, even when the scanner is not in use. You will be asked by the technician to remove any metal objects if you need to go into the magnetic area. Removing metallic belongings before entering the room prevents accidents, injuries, and damage to equipment. If you have questions are concerns, discuss with the MRI technologist or radiologist.

Tobacco Free Hospital®
UHS Hospitals in Southern California are NON-SMOKING hospitals. Anyone wishing to smoke must leave hospital property. Tobacco products are prohibited.

Environment of Care:
- Report all unsafe conditions to your physician supervisor.
- Safety Data Sheets (SDS)-all workers have the right to know of any hazards associated with the use of chemicals and be trained in their use. MSDS sheets which contain specific information on safe use, handling, and storage of each chemical are available on the hospital intranet.
- Container handling and labeling-do not handle a chemical if you do not know what it is. Report any unmarked containers to your physician supervisor. When transferring a chemical from its original container to another container, the secondary container must be labeled.
- Broken/malfunctioning equipment-Notify Biomed, enter a work order, take equipment out of service and label. If a piece of equipment causes an injury to a patient, you need a bag, tag, and sequester the equipment and save all disposable items used with it. If a piece of equipment is suspected to have caused a death, serious illness, or injury to a patient, the director of Risk Management is to be notified immediately.
- Hospital grade plugs must have 3 prongs.
- Electrical system failure-red plugs are to be used only for emergency power; only life-saving equipment should be plugged into red plugs.
- In case of a fire use R.A.C.E.: Rescue, Alarm, Contain, Extinguish
- Use of a fire extinguisher, remember P.A.S.S.: Pull the pin, Aim at the base of fire, Squeeze, Sweep
- Earthquake-Take cover. Stay wherever you are and do not close doors. Afterwards, keep calm and check your immediate area for injured persons and damage.

Infection Control
- Hand washing is required before and after patient contact. At least a 15 second friction scrub, paying attention to the areas under the nail and between fingers. May also use the alcohol based sanitizer unless hands are visibly soiled or patient has C. diff infection (soap and water must be used). C. difficile is not killed by alcohol-use soap and water after care of patients with diarrhea.
- Artificial nails and extenders are not allowed for clinical personnel; natural nails must be
well maintained and no longer than ¼ past fingertips.

- **Respiratory Hygiene/Cough Etiquette**
  - Cover the nose/mouth when coughing or sneezing; cough into a sleeve;
  - Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after each use;
  - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials.

- Always use **Standard Precautions** with all patients. In addition, use appropriate transmission based precautions for known or suspected infections.
  - **Contact:** gown and gloves
  - **Droplet:** surgical mask within 3 feet of the patient
  - **Airborne:** N-95 mask

- All patients requiring **Airborne Isolation** (TB, Varicella) must be in a negative air flow room. Special Negative airflow rooms are monitored daily when rooms are used for airborne precautions. Notify Infection control. N-95 masks must be worn by all caregivers (they must be fit-tested first).

- Never re-use personal protective equipment-gowns, gloves, or masks.

- Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans; these include HIV/AIDS, Hepatitis B and C. **If exposed, wash or flush mucous membranes copiously with water or saline and contact the house supervisor immediately.**

- Tuberculosis (TB) is an infection that can be transmitted by airborne. If an unprotected exposure occurs, follow-up evaluation is done through the Employee Health Clinic.

- **Equipment Cleaning**-necessary to prevent the spread of healthcare associated infections. Please refer to the equipment Cleaning Policy on the intranet. Surface disinfectants include:
  - **Super Sani-Cloth:** 2 minute contact time
  - **Sani-Cloth with Bleach:** 4 minute contact time
  - **Alcohol:** until dry

**Abuse Recognition and Reporting**
Healthcare workers are mandated reporters of suspected abuse. Abuse comes in many forms-physical, sexual, emotional, financial, and neglect. Any healthcare provider who has knowledge of or suspects abuse must make a telephone report immediately to the appropriate agency followed by a written report to be sent within 36 hours (child abuse) or 48 hours (adult and dependent elder abuse). Refer to the TVH policy "Abuse (Child, Elder/dependent, adult, spousal or Co-habitant).

**Hospital Codes:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Code GRAY</td>
<td>Combative person</td>
</tr>
<tr>
<td>Code SILVER</td>
<td>Person with a weapon call 9911</td>
</tr>
<tr>
<td>Code PINK</td>
<td>Infant abduction (&lt;1yr)</td>
</tr>
<tr>
<td>Code PURPLE</td>
<td>Child abduction (&gt;1 yr)</td>
</tr>
<tr>
<td>Code ORANGE</td>
<td>Hazardous spill</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>Code WHITE</td>
<td>Infant/pediatric medical emergency</td>
</tr>
<tr>
<td>Code BLUE</td>
<td>Adult medical emergency</td>
</tr>
<tr>
<td>Code RED</td>
<td>Fire, smoke, or burning smell</td>
</tr>
<tr>
<td>Code YELLOw</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>Code TRIAGE INTERNAL/EXTERNAL</td>
<td>Disaster</td>
</tr>
<tr>
<td>RAPID RESPONSE TEAM</td>
<td>Early recognition and intervention</td>
</tr>
<tr>
<td>Code STROKE</td>
<td>Activates Stroke Protocol</td>
</tr>
<tr>
<td>Code STEMI</td>
<td>Activates STEMI Team</td>
</tr>
<tr>
<td>Code TRAUMA</td>
<td>Activates Trauma Team</td>
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**HIPAA**

**HIPAA is a Federal law. Three Key Areas:**

- Privacy of Protected Health Information (PHI)
- Security of electronically stored health care data
- Electronic transaction standards (financial billing standards)

**PHI = Protected Health Information**

- PHI includes demographic information such as: Name, address, phone, date of birth, Social Security Number and any other information that could identify the individual.
- PHI can be used for treatment, payment and operations only without authorization from the patient.

**Mum's The Word**

- Keep conversations out of elevators, cafeteria, and individuals not involved in the treatment of the patient.
- Do not view, share, discuss PHI without a need to know, or unless it is for the following: treatment, payment and operations.

**Key Patient Rights**

- Notice of Privacy Practice- document outlining ways patient information can be used, shared and disclosed by law.
- Request Restriction- Patient may request a restriction such as “confidential status” no information given out to visitors.
- Access to PHI- Patient may request a copy of their medical record, refer patient to Health Information Management (HIM).
- Amendment to PHI- A patient requests a change in their medical record due to incorrect/inaccurate data. Refer to Privacy Officer.
- Accounting of the uses/disclosures of PHI-A patient request a listing of disclosures of PHI made by the Organization. Exceptions: treatment, payment and operations and applicable laws.
- Right to file a complaint. Privacy complaints are investigated by the Privacy Officer.

**Hospital Expectations**

- We take privacy seriously and our patients expect our Hospitals to demonstrate this commitment.
- As a Student, we expect compliance with our Confidentiality Agreement.
- Any inappropriate sharing, copying, and disclosing of PHI will result in the termination of your experience at the Hospital(s).
CONFIDENTIALITY & SECURITY AGREEMENT

HOSPITAL may provide a STUDENT, who has been approved by the Medical Executive Committee and HOSPITAL Administration, access to HOSPITAL’S confidential information. Such information may include but not be limited to, protected health information, financial information, business methods and practices, business and marketing plans, intellectual property, computer systems, patient and employee information, telephone systems and other electronic and paper systems ("Confidential Information"). To ensure Confidential Information integrity, security, and confidentiality STUDENT hereby agrees to the following:

1. Confidential Information regarding an individual patient’s health, treatment, or payment for health care is protected by both Federal and State regulations. Severe penalties can be imposed on STUDENT and on HOSPITAL if he/she fails to protect against the release of any Confidential Information that may be disclosed intentionally or unintentionally during his/her employment or association with HOSPITAL.

2. STUDENT will not disclose Confidential Information, except as directly required to carry out the purpose of his/her association with HOSPITAL. STUDENT will not seek more than the minimum amount of Confidential Information necessary to carry out the purpose of his/her association with HOSPITAL. STUDENT will not carry notes, lists, records or other Confidential Information in any form away from HOSPITAL without specific permission. A breach of confidentiality will occur if STUDENT releases Confidential Information for patients he/she may personally know. Any Confidential Information acquired as part of the STUDENT’S HOSPITAL association is not to be repeated to family, friends or family members of the patient.

3. STUDENT will not violate ethical rules of behavior or Hospital policies, including, but not limited to, HOSPITAL’s policies on Release of Patient Information, Patient Rights, Information Access/Control and other policies which protect Confidential Information.

4. STUDENT is responsible for his/her security code, authorization code, electronic signature, or other Password, if assigned ("Password"). STUDENT understands that his/her Password is the equivalent of his/her signature. The STUDENT shall be responsible for all work done under this Password. STUDENT will not disclose his/her Password to anyone nor will the STUDENT attempt to learn another STUDENT’S Password. STUDENT will not write down or store Password in an unsecured location, transmit the Password online, particularly by email, or any other practice that would put availability, accuracy, or confidentiality of HOSPITAL’S data, media, or equipment at risk. The STUDENT will not share computer Passwords with anyone by permitting others to use the computer on their log-on.

5. STUDENT will notify his/her immediate PHYSICIAN supervisor to arrange for a Password change if he/she has a reason to believe the confidentiality of his/her Password has been compromised.

6. STUDENT will adhere to HOSPITAL policies regarding the installation, copying and use of HOSPITAL owned computer software. Specifically, installation of unlicensed computer software on HOSPITAL owned equipment is prohibited by U.S. copyright laws, and may involve civil and criminal penalties.

7. STUDENT understands that any violation of this Agreement is a violation of HOSPITAL policy and will result in disciplinary action.

8. The obligation to protect against the release of Confidential Information which STUDENT has
agreed to in this Agreement shall survive the termination of the STUDENT’S association with HOSPITAL. Upon termination of STUDENT’S association with HOSPITAL, STUDENT shall return to HOSPITAL, without making or retaining copies thereof, all documents, records, notebooks, computer disks or similar repositories containing Confidential Information.

9. This agreement shall be governed by and interpreted in accordance with the laws of the State of California, without regard to its conflict of law principles thereof.

10. The STUDENT’s signature below also acknowledges that they have been instructed and they understand their duty and responsibility to maintain the confidentiality and security, both now and in the future, of any Confidential Information acquired at HOSPITAL.

IN WITNESS WHEREOF, the STUDENT acknowledges receipt of this orientation and agrees to abide by all, including the Confidentiality and Security Agreement, as of this date, the capacity set forth under his/her signature.

(Student Name – Printed)  (Student Signature)  (Date)

Revision Dates: 4/27/2017