
Name

Date

Student Orientation Post-Assessment

Print, answer questions and bring with you to Education Resources at Penrose Hospital .

1. List two (2) of the seven (7) Centura Core Values and describe their relationship to your student rotation.

2. Match the statements listed with the SHARE behavior:

- a. "I understand that you're having a great deal of pain."
- b. "Let me close the door so you and your family can talk about the news the doctor has shared."
- c. "Do you need help locating the cafeteria?"
- d. "Dr. Brown has ordered an Upper GI. Let me tell you about that test."
- e. "Let me take Mrs. Jones to the bathroom while you get pain medication for Mr. Smith."

_____ Sense people's needs before they ask

_____ Help each other out

_____ Acknowledge people's feelings

_____ Respect the dignity and privacy of others

_____ Explain what is happening

3. In the "Focus-PDCA" quality improvement process used by PSF, what does the "P" stand for?

4. List 4 occurrences that must be reported by PSF to the Colorado Department of Health within 24 hours.

5. What number do you call for an emergency in the hospital?

6. Please match the following armband color with its designated use:

- | | |
|-----------------|-------------------------|
| _____ Red | a. Fall Risk |
| _____ Purple | b. Restricted Extremity |
| _____ Yellow | c. Allergy |
| _____ Green | d. OSA (Sleep Apnea) |
| _____ Pink | e. Latex Allergy |
| _____ Checkered | f. DNR |

7. A friend of yours knows a patient that is being treated at Penrose Hospital, and asks you to find out his prognosis. What should you do?

- a. Ask a nurse on the floor how the patient is doing and pass the information along to your friend
- b. Ask your friend how well she knows the patient and then decide how much to tell her
- c. Explain that it's a violation of the patient's privacy for you to discuss the patient's condition
- d. None of the above

8. Under what circumstances are you free to repeat to others private health information that you hear on the job?

- a. After you no longer work at PSF
- b. After a patient dies
- c. Only if you know the patient would not mind
- d. When your job requires it
- e. None of the above

9. Which document describes how patient's medical information may be used and disclosed and how they can get access to this information?

- a. Notice of Privacy Practices
- b. Consent for Medical Treatment
- c. Authorization To Disclose Protected Health Information
- d. Patients Rights and Responsibilities
- e. None of the above

10. Which of the examples below is NOT a common work practice that protects the confidentiality of patient information?
- Keeping computers logged out of the patient information system when not in use
 - Storing paper records in a locked file room
 - Limiting the number of visitors who can see a patient
 - Pointing computer screens away from the public

11. Abuse needs to be reported; Neglect does not:

True or False

12. You are suspicious that a patient has been abused or neglected. Who would you report this to?

13. Only associates who do patient care are responsible for recognizing and reporting abuse or neglect.

True or False

14. Please match the description on the right with the appropriate description on the left:

- | | |
|--------------------------------|----------------------------------|
| 1. _____ Code Orange | A. Missing Child / Person |
| 2. _____ Code Blue | B. External Disaster |
| 3. _____ Code Red | C. OB Hemorrhage |
| 4. _____ Code Grey | D. Cardiac or Respiratory Arrest |
| 5. _____ Phases of a Code Grey | E. Lockdown |
| 6. _____ Code Black | F. Chemical Spill |
| 7. _____ Code Pink | G. Combative Person |
| 8. _____ Code Green | H. Standby, Go, All Clear |
| 9. _____ Code White | I. Fire or Fire Drill |
| 10. _____ Code Silver | J. Bomb Threat |

15. What is the phone number to activate all emergency codes and obtain emergency assistance from Security? _____

16. In the event of a tornado warning or alert, hallways and bathrooms are probably the safest areas.

True or False

17. In the event of a bomb threat, there will be an immediate all-out evacuation of the building.

True or False

18. What is the most common cause of death in a fire? _____

19. What are the four basic steps to follow in the event of a fire?

20. What are the four steps to follow in using a fire extinguisher?

21. To activate Code Red in the event of a fire, what two steps should be taken?

22. In the event of a fire, under whose direction would you shut off or close an oxygen valve?

23. Code Red is announced in the event of a fire or _____

24. If medical equipment is not functioning properly, what three steps should be taken?

25. All medical equipment used for patient care should be inspected at least every two years.

True or False

26. Extension cords used at PSF must be hospital grade (identified by a green dot) and may be any length.

True or False

27. Portable heaters may be used in patient areas.

True or False

28. Emergency electrical receptacles, identified by red templates and used for all critical patient related functions, will still have power in the event of a power failure.

True or False

29. If a co-worker is being electrocuted by a piece of electrical equipment, the first step would be to disconnect the power source.

True or False

30. _____ is the system of isolation to be used by all personnel regardless of the patients' diagnosis and provide barriers against exposure to blood, secretions, and excretions.

31. _____ is the single most important measure to reduce the risk of transmitting microorganisms from one person to another or from one site to another on the same patient.

32. Wash hand with soap and water:

a. _____

b. _____

c. _____

d. _____

e. _____

33. Blood or body fluid exposures should be reported how soon? _____

34. You can obtain a Blood/Body Fluid Exposure packet from the Employee Health Office, OR, or ER at PH and SFMC.

True or False

35. Transmission Based Precautions consist of Airborne Precautions, Droplet Precautions, and Contact Precautions and are used _____ to Standard Precautions.

36. Individuals with HIV or Hepatitis may not have any noticeable symptoms.

True or False

37. Alcohol based Instant Hand Sanitizer should be used; before direct patient contact and after contact with patients intact skin or contact with inanimate objects in the immediate vicinity of the patient.

True or False

38. Healthcare workers caring for a patient with active TB must wear an N95 respirator.

True or False

39. Detailed information about infection control issues and any personal protective equipment necessary for you to perform your job are available in your work area.

True or False

40. Which sections of an SDS sheet would provide you with the following information about a chemical? (Please provide the name of the section.)

a. Health effects and symptoms of exposure: _____

b. Protective equipment needed: _____

c. Proper handling of the substance or chemical: _____

41. A "0" rating listed in the red "Fire Hazard" section of the multi-colored diamond indicates a high degree of flammability.

True or False

42. A “4” rating listed in the blue “Health Hazard” section on the multi-colored diamond indicates normal health hazard.

True or False

43. Culture does not play a role in Health Care.

True or False

44. Centura Defines Integrity as honesty, directness, respect for commitments made and an adherence to a code of ethical and moral conduct.

True or False

45. Due to your Centura affiliation, you are allowed to review any patient’s medical record.

True or False

46. We may periodically discount services in exchange for referrals.

True or False

47. An insider of the organization is any employee, physician or individual providing direct patient care.

True or False

48. We may routinely accept gifts from patients as long as each gift is nominal in value, i.e., under \$100.

True or False

49. We may never accept cash gifts, or cash equivalent such as a gift card, from a vendor or patient.

True or False

50. Which of the following is a National Patient Safety Goal? Select all that apply

Prevent infection

Use alarms on medical equipment safely

___ Prevent patient falls

___ Use medications safely

___ Identify patients at risk for suicide

___ Prevent mistakes in surgery

___ Identify patients at risk for abuse and neglect

___ Improve staff communication



CONFIDENTIALITY AGREEMENT

Centura Health (Centura) recognizes the importance of protection of confidential information concerning patients, their families, medical staff and co-workers and the operations of the hospital. Treating confidential information in an appropriate manner is a requirement to ensure the trust of our customers & patients, and to maintain respect for all persons. It is the obligation of every associate, student, volunteer, medical and professional staff member, and contractor, to maintain this confidentiality.

Each associate's position and/or job responsibilities, as well as Centura's computer systems, allow access to restricted or confidential patient, associate, and hospital information. **As such, it is extremely important that each associate verify the above and agree to the following:**

1. I understand and agree that I have the responsibility for maintaining strict confidentiality of information shared with me or acquired by me as part of my duties. Any patient information, confidential information about a fellow associate or their family, physician, or management and financial information regarding the facility, Centura Health, PorterCare or Catholic Health Initiatives that is made available to me is for my professional use only. I understand that such information may be discussed only as needed to properly perform the duties of my position. I further understand that this prohibition extends to any disclosure to colleagues, other associates, family or any other individual not involved in the scope and performance of my duties.
2. I will protect the confidentiality of patient, associate, and hospital information and will not disclose or release restricted or confidential information to any third party, within or outside the hospital, except to the extent necessarily required by my normal job duties. I further understand that this information will be used only in the performance of my necessary duties. I will not discuss information about a customer or patient outside of the facility, in public areas of the facility, or any place where I may be overheard.
3. I will not access or attempt to access information other than that information which I have been authorized to access and have a need-to-know in order to perform my job.
4. In regards to computerized information/access, I also agree that:
 - a. The computer user-ID, in combination with the password that I create, is unique to me. I acknowledge that my user-ID and password are to be maintained as confidential and are for my use exclusively. All system accesses and entries that I make will reference my identity with this user-ID and password and I understand that I am responsible for any and all activity performed using my user-ID and password.

- b. I understand that if I disregard the confidentiality of my passwords, willingly inform another person of my password, or use the user-ID and password of another person, I will be subject to disciplinary action, up to and including termination.
 - c. If at any time I feel my password security has been violated, I will immediately contact the Centura Customer Support/Help Desk or Security Coordinator.
 - d. I acknowledge that using Centura computer systems will subject me to having my activities routinely monitored by system and security personnel. I expressly consent to such monitoring and am advised that if such monitoring reveals unprofessional or possibly criminal activity, system or security personnel may provide the evidence to appropriate management and/or law enforcement officials.
5. I understand that there are various security codes and/or passwords belonging to Centura's physical premises or equipment that I may be given in the course and scope of my duties. I understand that these codes and/or passwords are confidential and subject to the provisions of this Agreement.
6. I understand that unauthorized or indiscriminate disclosure of such confidential information or any violation of this agreement may subject me to corrective action up to and including termination of employment and/or suspension or loss of privileges.

By my signature below I am indicating that I have read, understand, and agree to adhere to the conditions of this Confidentiality Agreement.

Signature

Date

Name (Please Print)

ACKNOWLEDGMENT of CENTURA INTEGRITY STANDARDS

I have read the Integrity Standards booklet. I have carefully reviewed and understand those sections that are relevant to my affiliation with Centura Health.

I agree to abide by the Integrity Standards outlined in the booklet. In addition, I agree to report any perceived or existing conflicts of interest to my supervisor or other party as defined by the Centura Health Integrity Program Reporting Process.

I understand that adherence to these standards is a condition of affiliation with Centura Health. I also understand that these standards may be amended, modified or clarified at any time, and that I will receive any updates that occur during the time of my affiliation.

Signature

Print Name

Location (Facility)

Department

