

## 189 Elm Street St. Thomas, ON N5R 5C4 www.stegh.on.ca

To: Medical Learners
From: Medical Affairs Office

Our hospital is required to record and submit the number of medical training days in our facility on the basis of our fiscal year. The information will be used in a funding formula to reduce the hospital's cost per weighted case.

Please complete the information below and return to the Medical Affairs Office located in the Main Building, on the 1<sup>st</sup> Floor, Room 1144 or via e-mail to <a href="mailto:sheri.nolan@stegh.on.ca">sheri.nolan@stegh.on.ca</a>. All students are expected to complete the information even if they are only at the hospital for one day. This form must be completed for **each rotation** the student has completed.

It is important that we report this information accurately, as it will affect the hospital's funding. All areas must be completed or the training days will be rejected.

Thank you for your assistance.

Enjoy your rotation!

Sheri Nolan Interim Medical Affairs Coverage Sheri.nolan@stegh.on.ca 519-631-2030 x2329



### Please print:

| University/Location   | CPSO #             | Student                           | ID Number        |        |        |    |
|---|--------------------|-----------------------------------|------------------|--------|--------|----|
| Program   | Last Name          | First Nar                         | me & Initial     |        |        |    |
| Category/Level (U1-4, PGY1-8. Please use only these abbreviations)                        |                    | Service<br>(Emergency, Surgery, 0 | Cardiology, etc) |        |        |    |
| Start Date (YYYYMMDD)   |                    | End Date                          | e (YYYYMMDD)     |        |        |    |
| Contact Information:  |                    |                                   |                  |        |        |    |
| Phone #:  |                    |                                   |                  | _      |        |    |
| Address:  |                    |                                   |                  | _      |        |    |
| Email address:  |                    |                                   |                  |        |        |    |
| Preceptor:  |                    |                                   |                  |        |        |    |
| Expected date of availability to practice   | e (Year)           |                                   |                  |        |        |    |
| I agree that my contact information be<br>Partnership if requested. <b>(Please circle</b> |                    | City of St. Thoma<br>No           | s Health Recru   | uitmen | t      |    |
| Do you require a Cerner/PowerChart A  | account? (Please o | ircle one).                       | Yes              | No     |        |    |
| If no, please refer to att  |                    |                                   | , fill it out    | and    | return | to |



# Read and Sign Agreement Medical Learner (Resident, Clerk, Observership, Medical Student) St. Thomas Elgin General Hospital

This statement confirms that I have read and will abide by the Policies listed below for the St. Thomas Elgin General Hospital. I understand that I may consult my Manager /Professional Leader /Human Resources /Preceptor, Medical Affairs or Senior Leaders for details regarding all related policies. Policies are given to you by Medical Affairs or the coordinators at Schulich and are accessible from our internal website; STEGHnet www.stegh.on.ca

I understand that breach of conduct may be cause for disciplinary action up to and including termination of employment/contract or loss of appointment or affiliation with St. Thomas Elgin General Hospital.

| Check                       | Check all that apply:  |   |  |  |  |
|-----------------------------|--|---|--|--|--|
|                             | Code of Conduct  |   |  |  |  |
|                             | Confidentiality  |   |  |  |  |
|                             | Privacy  |   |  |  |  |
|                             | Privacy Breach of Personal Health Information  |   |  |  |  |
|                             | Acceptable Use of Information Technology Resources Policy                                  |   |  |  |  |
|                             | Culture of Patient Safety  |   |  |  |  |
|                             | Access to and Release of Personal Health Information                                       |   |  |  |  |
|                             | Completion of Web-Based Training for First Net Users in Emergency Department if Applicable |   |  |  |  |
|                             | Workplace Violence Prevention  |   |  |  |  |
|                             | Workplace Harassment Prevention and Resolution Policy                                      |   |  |  |  |
|                             | Corporate Dress Code and Standards to Support Infection Control Practices                  |   |  |  |  |
|                             | ·  | ••  |  |  |  |
| Printed Full Name:          |  |   |  |  |  |
|                             |  |   |  |  |  |
|                             |  |   |  |  |  |
| Area of Service/Department: |  |   |  |  |  |
|                             |  |   |  |  |  |
| T 6                         |  |   |  |  |  |
| ''                          |  | Resident / Undergrad / Medical Student / Clerk / Observership |  |  |  |
| (Please circle one)         |  |   |  |  |  |
| Signature:                  |  |   |  |  |  |
| S.g. acta. C.               |  |   |  |  |  |
|                             |  |   |  |  |  |
| Date: (yyy/mm/dd)           |  |   |  |  |  |
|                             |  |   |  |  |  |
|                             |  |   |  |  |  |

Please forward your signed Agreement to the Medical Affairs Office – Fax 519.637.3212



## St. Thomas Elgin General Hospital Medical Learner Information

This information outlines the core responsibilities and performance standards required of all residents, medical learners, medical students and international medical graduates (IMG's) at the hospital. It assists in ensuring that new residents, medical students, medical learners and IMG's receive the necessary information about the hospital.

To view all important hospital information, please log on to the computer, double click on the STEGHnet icon.

#### How to use:

Please use this checklist to facilitate your orientation.

Any questions can be directed to the Medical Affairs Office at 519.631-2030 ext 2329.

IMPORTANT: you must obtain an ID badge from the Medical Affairs Office at the beginning of your rotation. This badge will also give you parking access. All ID badges MUST be returned to the Medical Affairs Office or Switchboard at the end of your rotation. If the badge is not returned, you will be charged a replacement fee of \$50.

### **Notes of Significance**

- Meet with your Preceptor.
- Hospital Tour is provided by the Supervisor/Department Chief.
- ID badge (which includes free parking access) is to be picked up prior to the start of your rotation from the Medical Affairs Office. (The Medical Affairs office is located in the Main Building, on the 1st Floor, Room 1144).
- Dictation information is the same number as LHSC (London) otherwise, we will assign you one. If you do not have a dictation number, please contact the Medical Affairs office.
- Please do not write "Physician Recommends" on orders. Please print your name on all orders and sign. Medication orders will not be process by the Pharmacy if Physicians do not print their name in block letters underneath their signature. St. Thomas Elgin General Hospital follows the guidelines of the ISMP's list of Error-Prone Abbreviations, Symbols and Dose Designations. Please be sure to write out orders in full.
- Computer access (Active Directory) will be assigned when onboarding is completed with the Medical Affairs Office.
- Review the Hospitals Vision, Mission and Values <a href="https://www.stegh.on.ca/about-us/mission-vision-values">https://www.stegh.on.ca/about-us/mission-vision-values</a>
- Review STEGH's Policies and Procedures as listed on page 3 of this document.
- Ensure that you familiarize yourself with STEGH's infection control signage during your rotation.
- Dress Code we adhere to an environment of "bare below the elbows" in clinical areas including no nail polish. You will maintain a professional, well-groomed appearance and adhere to our hand hygiene policy.