



Naples Community Hospital
Resident Application for Clinical Training

A color photo in .jpeg format also needs to be submitted.

Basic Information

Full Name:
Current Address:
Cell phone number:
E-mail Address:
Emergency Contact (name and phone number):

Residency Program:
Residency Contact (name and phone number):

Rotation name and date range:
Attach a copy of the Florida Medical License

Identification Data

NPI#
Date of Birth: Gender: M F

Attach a copy of a valid driver's license and social security card

Check the box to indicate that supporting information is on file at the home residency program; effective September 16, 2021, must be fully vaccinated against COVID-19, proof is required.

- Documentation that resident has achieved required milestones to function at level expected
Curriculum Vitae (CV)
A complete immunization record demonstrating active immunization against Rubella, Rubeloa, Varicella, Pertussis, and Hepatitis B.
COVID-19 Vaccine(attach proof): Vaccine name: Dose 1: Dose 2:

Check "Yes" or "No" and fill in other information as requested.

This resident is in good academic standing at this institution. Yes No

Please note any work restrictions:

This resident has personal health insurance: Yes No

This resident holds current ACLS certification. Yes No Date expires:

This resident holds current BLS certification. Yes No Date expires

Medical liability and/or malpractice insurance will be provided by the home program: Yes No

Aggregate Insurance limit: Per Instance Insurance limit:

Run an OIG Search: https://exclusions.oig.hhs.gov/ and attach copy of report to packet.

Date of last PPD placement:

Date of last flu vaccine:

Mask fit test completed: Yes No

This resident has passed a drug screen for illegal substances at our institution on

This resident has completed a criminal background check at our institution on

This resident has complied with HIPAA training requirements. Yes No

Signature of Residency Program Representative Date

This part completed by NCH Medical Education Office: Mandatory NCH modules completed on



Naples Community Hospital Competency List and Approved Activities

Please read the statements below and provide your signature at the bottom to indicate your agreement and understanding of the approved learning activities.

1. At all times wear a clearly visible NCH name badge and badge hanger, which identifies you as a resident physician.
2. Introduce yourself to patients and staff as a resident being supervised by “Dr.’s Name” (supervising attending) and interact only with those patients admitted to or being cared for by the attending physician.
3. All clinical activities must be performed under the direction and guidance of the attending physician and referenced in the attached Competency List.
4. You will receive training on the Electronic Medical Record System (EMR) at the beginning of your assignment and complete several NCH modules concerning patient safety/general safety precautions, relevant rules and regulations, and professionalism.
5. Residents must use their assigned username and password to access EMR documentation. Entering documentation under another provider’s username and password is considered fraud.
6. I agree to abide by the Rules and Regulations, Policy on Appointment and Reappointments & Clinical Privileges, **Code of Conduct Policy**, Physician Health Policy and Bylaws of the Medical Staff.

I, the undersigned visiting resident, request to be involved in patient care activities as outlined in the attached educational goals and learning objectives document. My involvement in these activities are subject to verification of my current competency, training and experience. I also recognize that, ultimately, I have no hospital clinical privileges, only the privilege of providing healthcare under the supervision of my attending physicians.

Signature of Visiting Resident

Date Signed

Signature of Supervising Attending

Date Signed

Print Signature of Supervising Attending

Note: Make sure that rotation-specific educational goals, learning objectives, and competency list are attached.

**NAPLES COMMUNITY HOSPITAL/NORTH NAPLES HOSPITAL
MEDICAL STAFF CODE OF CONDUCT POLICY**

Policy Statement

1. All individuals working in the Hospital must treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner. This Policy is intended to outline behavior or behaviors that undermine a culture of safety and accountability and to address conduct which does not meet that standard. In dealing with incidents of inappropriate conduct, and/or disruptive conduct, the protection of patients, employees, physicians, visitors, vendors, contract personnel and others in the Hospital and the orderly operation of the Hospital are paramount concerns.
2. All efforts undertaken pursuant to this Policy shall be part of the Hospital's performance improvement and professional review activities.
3. For purposes of this Policy, examples of behavior or behaviors that undermine a culture of safety and accountability include, but are not limited to:
 - threatening or abusive language (e.g., belittling, berating, and/or threatening another individual);
 - degrading or demeaning comments regarding patients, families, nurses, physicians, Hospital personnel, or the Hospital;
 - profanity or similarly offensive language while in the Hospital and/or while speaking with nurses or other Hospital personnel;
 - inappropriate physical contact with another individual that is threatening or intimidating;
 - public derogatory comments about the quality of care being provided by other physicians, nursing personnel, or the Hospital;
 - inappropriate medical record entries concerning the quality of care being provided by the Hospital or any other individual;
 - imposing nonstandard or extraordinary requirements on the nursing staff or other Hospital employees; and/or
 - refusal to abide by Medical Staff requirements as delineated in the Medical Staff Bylaws, Credentials Policy, and Rules and Regulations (including, but not limited to, emergency call issues, response times, medical recordkeeping, and other patient care responsibilities, failure to participate on assigned committees, and an unwillingness to work cooperatively and harmoniously with other members of the Medical and Hospital Staffs).
4. Issues of employee conduct will be dealt with in accordance with the Hospital's Human Resources Policies. Issues of conduct by members of the Medical Staff ("practitioners") will be dealt with in accordance with the Medical Staff Code of Conduct Policy.
5. Conduct that may constitute sexual harassment shall be addressed pursuant to the Hospital's Sexual Harassment Policy.
6. In the event of any apparent or actual conflict between this Policy and the bylaws, rules, regulations, or other policies of the Hospital or Medical Staff, the provisions of this Policy shall control.
7. This Policy outlines collegial steps (i.e., several warnings and meetings with a practitioner) that can be taken in an attempt to resolve complaints about inappropriate conduct exhibited by practitioners. However, there may be a single incident of inappropriate conduct, or a continuation of conduct, that is so unacceptable as to make such collegial steps inappropriate and that requires immediate disciplinary action. Therefore, nothing in this Policy precludes immediate referral to the Credentials Committee/MEC (or to the Board) or the elimination of any particular step in the Policy in dealing with a complaint about inappropriate conduct.
8. The Medical Staff leadership and Hospital Administration shall provide education to Medical Staff members regarding appropriate professional behavior. The Medical Staff leadership and Hospital Administration shall also make employees, members of the Medical Staff, and other personnel in the Hospital aware of this Policy and shall institute procedures to facilitate prompt reporting of inappropriate conduct and prompt action as appropriate under the circumstances.

Procedure

1. Nurses and other Hospital employees who observe, or are subjected to, inappropriate conduct by a practitioner shall notify their supervisor about the incident or, if their supervisor's behavior is at issue, they shall notify the Chief Medical Officer (or designee). Any practitioner who observes such behavior shall notify the Chief Medical Officer directly. Upon learning of the occurrence of an incident of inappropriate conduct, the supervisor/Chief Medical Officer shall request that the individual who reported the incident document it in writing. In the alternative, the supervisor/Chief Medical Officer may document the incident as reported.
2. The documentation shall include:
 - (a) the date and time of the incident;
 - (b) a factual description of the questionable behavior;
 - (c) the name of any patient or patient's family member who was involved in the incident, including any patient or family member who witnessed the incident;
 - (d) the circumstances which precipitated the incident;
 - (e) the names of other witnesses to the incident;
 - (f) consequences, if any, of the behavior as it relates to patient care, personnel, or Hospital operations;
 - (g) any action taken to intervene in, or remedy, the incident; and
 - (h) the name and signature of the individual reporting the matter.
3. The supervisor shall forward a report to the Chief Medical Officer, who shall immediately notify the President of the Medical Staff. The Chief Medical Officer and the President of the Medical Staff shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.
4. The supervisor/Chief Medical Officer shall follow up with the individual who made the report by informing him/her that the matter is being reviewed, thanking him/her for reporting the matter and instructing him/her to report any further incidents of inappropriate conduct. The individual shall also be informed that, due to legal confidentiality requirements, no further information can be provided regarding the review of the matter.
5. The President of the Medical Staff and the Chief Medical Officer (or their respective designees) shall review the report and may meet with the individual who prepared it and/or any witnesses to the incident to ascertain the details of the incident.
6. If the President of the Medical Staff and the Chief Medical Officer (or their respective designees) determine that an incident of inappropriate conduct has likely occurred, they have several options available to them, including, but not limited to, the following:
 - notify the practitioner that a report has been received and invite the practitioner to meet with them to discuss it;
 - send the practitioner a letter of guidance about the incident;
 - educate the practitioner about administrative channels that are available for registering concerns about quality or services, if the practitioner's conduct suggests that such concerns led to the behavior. Other sources of support may also be identified for the practitioner, as appropriate;
 - send the practitioner a letter of warning or reprimand, particularly if there have been prior incidents and a pattern may be developing; and/or
 - meet with the practitioner to counsel and educate the individual about the concerns and the necessity to modify the behavior in question.
7. The identity of an individual reporting inappropriate conduct will generally not be disclosed to the practitioner during these efforts, unless the President of the Medical Staff and Chief Medical Officer (or their respective designees) agree in advance that it is appropriate to do so. In any case, the practitioner shall be advised that any retaliation against the person reporting a concern, whether the specific identity is disclosed or not, will be grounds for immediate referral to the Credentials Committee/MEC pursuant to the Credentials Policy.
8. If the President of the Medical Staff and the Chief Medical Officer (or their respective designees) prepare any documentation for a practitioner's file regarding efforts to address concerns with the practitioner, the practitioner shall be apprised of that documentation and given an opportunity to respond in writing. Any such response shall

then be kept in the practitioner's confidential file along with the original concern and the President of the Medical Staff's and/or the Chief Medical Officer's (or their respective designee's) documentation.

9. If additional reports are received concerning a practitioner, the President of the Medical Staff and/or the Chief Medical Officer (or their respective designees) may continue to utilize the collegial and educational steps noted in this Policy as long as they believe that there is still a reasonable likelihood that those efforts will resolve the concerns.
10. At any point, the President of the Medical Staff and/or the Chief Medical Officer (or their respective designees) may refer the matter to the Credentials Committee/MEC for review and action. The Executive Committee shall be fully apprised of the actions taken by the President of the Medical Staff and/or the Chief Medical Officer (and their respective designees) or others to address the concerns. When they make such a referral, the President of the Medical Staff and/or Chief Medical Officer (and their respective designees) may also suggest a recommended course of action.
11. The Credentials Committee/MEC may take additional steps to address the concerns, including, but not limited to, the following:
 - require the practitioner to meet with the full Executive Committee or a designated subgroup;
 - require the practitioner to meet with specified individuals (including any combination of current or past Medical Staff leaders, an outside consultant(s), the Board Chair or other Board members if Medical Staff leaders, Hospital management and legal counsel determine that board member involvement is reasonably likely to impress upon the practitioner involved the seriousness of the matter and the necessity for voluntary steps to improve);
 - issue of a letter of warning or reprimand;
 - require the physician to complete a behavior modification course;
 - impose a "personal" code of conduct on the practitioner and make continued appointment and clinical privileges contingent on the practitioner's adherence to it; and/or
 - suspend the practitioner's clinical privileges for 30 days or less.
12. The imposition of any of these actions does not entitle the practitioner to a hearing or appeal.
12. The Executive Committee may also direct that a matter be handled pursuant to the Practitioner Health Policy.
13. At any point, the Executive Committee may also make a recommendation regarding the practitioner's continued appointment and clinical privileges that does entitle the practitioner to a hearing as outlined in the Credentials Policy, or may refer the matter to the Board without a recommendation. If the matter is referred to the Board, any further action, including any hearing or appeal, shall be conducted under the direction of the Board.
14. In order to effectuate the objectives of this Policy, and except as otherwise may be determined by the Chief Medical Officer and the President of the Medical Staff, the practitioner has no right to have counsel attend any of the meetings described above.

Recommended by the Medical Executive Committee this 10th day of April 2012

Approved by the Board of Trustees this 12th day of April, 2012

I agree to abide by the Code of Conduct Policy

SIGNATURE OF VISITING RESIDENT

DATE



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

In addition to the NCH Orientation which includes information on Confidentiality and Non-Disclosure policies of NCH Healthcare System, throughout my learning experience as a visiting resident with the hospital system, I will keep all information that I see and hear confidential.

As a condition to receiving access and/or being granted authorization to access any form of confidential information within the hospital system, I, the undersigned, agree to comply with the following terms and conditions. In addition, if I am an NCH employee but functioning as a student for clinical rotations under the terms of this *Healthcare Students Policy*, I understand that my NCH employee sign-on access may be used ONLY during paid working hours and my student sign on must be used when performing duties as a student.

1. I will utilize and access only information necessary for performance of my duties. In addition, I will not access any other confidential information including personnel, billing or private information.
2. My Sign-On Code is equivalent to my Legal Signature and I will not disclose this code to anyone or allow anyone to access the system using my Sign-On Code.
3. I am responsible and accountable for all entries made and all retrievals accessed under my Sign-On Code, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
4. I will not attempt to learn or use another's Sign-On Code.
5. **I will not access any on-line computer system using a Sign-On Code other than my own.**
6. If I have reason to believe that the confidentiality of my user Sign-On Code/password has been compromised, I will immediately change my password and notify NCH Healthcare System's Privacy Officer of the suspected security breach.
7. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
8. I will not leave a secured computer application unattended while signed on. I understand I am responsible if another individual accesses confidential information using my Sign-On Code.
9. I will comply with all policies and procedures and other rules of the NCH Healthcare System relating to confidentiality of information and Sign-On Codes.
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
11. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless for treatment, payment or other healthcare operations.
12. I understand that information accessed via any data source contains sensitive and confidential patient care, business, financial and employee information, which should only be disclosed to those authorized to receive it.
13. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of my business relationship, unless specifically waived in writing by the authorized party.
14. I will respect the confidentiality of any reports and handle, store and dispose of these reports appropriately.
15. I will not install or operate any non-licensed software on any computer within NCH Healthcare System.
16. I understand I will not access my personal medical record and that access to my personal records can be obtained through the Health Information Management department. I understand that I do not have permission to review any family member's record.
17. This agreement shall survive the expiration of my business relationship.
18. The use of the NCH Healthcare System Internet Connection is owned and controlled by the NCH Healthcare System and my user privilege may be revoked at any time, for any reason, and my abuse or improper usage may be the basis for corrective action, including dismissal from the clinical rotation program, and/or subject me to legal action.

RESIDENT SIGNATURE: _____ Date: _____

Resident Name (Please Print): _____