

# Answer Page (Page 1 of 4)

1. a  b  c

2. a  b  c

3. a  b  c

4. a  b  c

5. a  b  c

6. a  b  c

7. a  b  c

8. a  b  c

9. a  b  c

10. a  b  c

11. a  b  c

12. a  b  c

13. a  b  c

14. a  b  c

15. a  b  c

16. a  b  c

17. a  b  c

18. a  b  c

19. a  b  c

20. a  b  c

21. a  b  c

22. a  b  c

23. a  b  c

24. a  b  c

25. a  b  c

26. a  b  c

27. a  b  c

28. a  b  c

29. a  b  c

30. a  b  c

31. a  b  c

32. a  b  c

33. a  b  c

34. a  b  c

35. a  b  c

36. a  b  c

37. a  b  c

38. a  b  c

39. a  b  c

40. a  b  c

41. a  b  c

42. a  b  c

43. a  b  c

44. a  b  c

45. a  b  c

46. a  b  c

47. a  b  c

48. a  b  c

49. a  b  c

50. a  b  c

---

## Contact Information

Name (Print)

\_\_\_\_\_

Phone

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Signature

\_\_\_\_\_

Your signature represents your completion of the Non – Employee Orientation.

Date

\_\_\_\_\_

## Questions or Comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Non – Employee Check List (Page 2 of 4)

## Contact Information

Name (**Print**) \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I am a (**Circle One Please**) Student / Shadow / Pre-Boarder / Contract or Agency Employee / Clergy Member

Read the following areas and check the boxes to indicate you have been given the information and agree to the statements below. You have the opportunity to ask questions of staff and use the SWMC Intranet to obtain more information if needed.

- I agree to abide by Southwest Medical Center's *Standards of Behavior*.
- I accept the responsibility to respect patient privacy, maintain security, and abide by HIPAA and compliance policies.
- I understand my obligation regarding confidentiality and being subject to disciplinary action including civil/criminal liability for violation/breach of confidentiality.
- I will not attempt to clean up a hazardous spill without specialized training, and will report any hazardous spills that occur to the RN House Coordinator according to policy and procedure.
- I will use the principles of *Standard Precautions* while at Southwest Medical Center at all times by wearing protective equipment, practicing hand hygiene according to policy, and any other precautions required per situation.
- I understand that the Employee Health Nurse (Ext 6844) is available to answer any questions about immunizations (e.g. Flu shot, Hepatitis B vaccination series, Varicella immunization, etc.)
- If my job requires use of a N95 respirator for air – borne isolation, I will make arrangements with the Cardio-Pulmonary or Education Department to schedule an appointment to be FIT - Tested.
- If my job requires Age – Specific Awareness, I understand that I can obtain information from the Education Department.
- I will abide by the Southwest Medical Center Employee Dress and Grooming Standards Policy.
- I will maintain a culture of safety and report any problems if they occur.
- I will not refer to my work, job, or co – workers on social media sites, and understand I am subject to the Southwest Medical Center Progressive Disciplinary Policy if I violate this rule.
- I will do my best to represent Southwest Medical Center in a positive manner.

I, \_\_\_\_\_, have read and understand all topics reviewed.  
(Signature)

# Instructions for beginning your time at SWMC (Page 3 of 4)

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Department Assignment \_\_\_\_\_

Preferred Preceptor (if known) \_\_\_\_\_

Once you have completed the Non – Employee Orientation Testing and the Falls Test, finish the following guidelines:

- Follow the directions provided on the General Information page.

## 1. Contact the Recruitment Coordinator, Nurse Educator, or Employment Coordinator

- Recruitment Coordinator      Chayli Hammond      [chammond@swmedcenter.com](mailto:chammond@swmedcenter.com)      Ext 6573
- Staff Educator      Elizabeth Irby      [eirby@swmedcenter.com](mailto:eirby@swmedcenter.com)      Ext 6327
- Employment Coordinator      Allisha Highberger      [ahighberger@swmedcenter.com](mailto:ahighberger@swmedcenter.com)      Ext 6294

2. Complete required paperwork, provide any required immunization history, finish all testing, and any other steps as indicated/requested.

The Recruitment Coordinator, Nurse Educator, or Employment Coordinator will make arrangements for your clinical experience by contacting the corresponding Department Director/Nurse Manager. To ensure an exceptional clinical experience for you and the patients who have selected SWMC as their hospital of choice, the Recruitment Coordinator, Nurse Educator, or Employment Coordinator will monitor/track and verify the number of students in a particular unit, as well as census count to confirm the most appropriate dates/times for your clinical experience.

Thank you.



## Standards of Behavior

The staff of Southwest Medical Center are pleased you have chosen to work at our facility. As a part of our team, we believe you need to know the standards of behavior that are expected of all staff at Southwest Medical Center. These standards of behavior have been developed by the employees of Southwest Medical Center for the employees of Southwest Medical Center; with the goal of promoting service excellence. What does this mean for you? It means as you provide services to patients, your co-workers, and physicians; you do so with the knowledge that the standards of behavior in this document are to be followed:

### COMMUNICATION:

*Good communication is the foundation of positive customer service. At Southwest Medical Center I will demonstrate our commitment to communication by:*

- Managing conflict while maintaining dignity and respect for others;
- Avoiding discussions about staffing or other work issues with patients, families, visitors, or physicians;
- Listening openly and acknowledging others' ideas and concerns;
- Utilizing the AIDET tool when interacting with patients, families, co-workers, and physicians;
- Giving directions or offering to escort and assist customers to their destination;
- Educating patients / families on everything that is being done to them.

### ATTITUDE:

*I will treat others as I would like to be treated by:*

- Smiling, being friendly, helpful and sincere;
- Showing a professional, positive attitude and courtesy;
- Keeping personal problems outside the workplace;
- Creating and participating in a team environment where honest feedback is seen as valuable and not criticism.

### APPEARANCE:

*I will take pride in my appearance by:*

- Practicing good hygiene;
- Adhering to the facility Dress Code Policy;
- Displaying positive body language;
- Wearing Identification Badge at all times.

### OWNERSHIP:

*We at Southwest Medical Center believe in taking pride in what we do. I understand that I am the reputation and image of Southwest Medical Center. I will accomplish ownership by:*

- Doing the right thing;
- Taking accountability for my actions;
- Fulfilling my job responsibilities (Adhering to department and medical center policies such as smoking, attendance, dress code, and breaks);
- Continuously improving what I do, both professionally and personally;
- Being fiscally responsible for my time, space, supplies, and equipment;
- Looking beyond my assigned tasks;
- Remembering my environment is part of Southwest Medical Center's appearance (clean up after myself; pick up litter; clean my work area before the end of my shift; return all equipment to its proper place).

### PRIVACY / RESPECT:

*I will demonstrate privacy and respect for our patients / customers by:*

- Protecting patient's privacy and dignity by not discussing our customers in public areas; by interviewing customers in private; by closing doors / curtains when indicated;
- Respecting diversity by treating everyone with fairness and equality;
- Praising and thanking co-workers publicly, while offering constructive criticism privately.

### SAFETY:

*Safety is a priority at Southwest Medical Center. Safety is everyone's responsibility. I will contribute by:*

- Making sure our patients / visitors / co-workers / physicians are safe;
- Following all procedures and utilizing all safety devices available;
- Reporting and / or correcting safety hazards.

I have read and agree to abide by SWMC standards of behavior.

---

(Signature)