



ARROWHEAD REGIONAL MEDICAL CENTER
Office of Graduate Medical Education

MEDICAL STUDENT ROTATION REQUEST

Please complete this form to request your rotation.

All requests MUST be submitted on or after the open application date.

Once your request is processed, you will be notified via email if your request has been approved or denied.

ROTATIONS ARE SUBJECT TO CANCELLATION IF YOUR SCHOOL PAPERWORK IS NOT RECEIVED.

ONE REQUEST PER APPLICATION (Duplicate applications will be rejected)

TODAY'S DATE: _____

PERSONAL INFORMATION

Name:			
Home Address:		<input type="checkbox"/> MSIII <input type="checkbox"/> MSIV <i>(Year you will be when on this rotation @ ARMC)</i>	
DOB:		Last 4-Digits SSN:	
Email:		Contact Phone:	
Step One Board Score (Required):		Step Two Board Score (if available):	

MEDICAL SCHOOL INFORMATION

School Name:	St. George's University
School Coordinator:	
Coordinator's Email:	

ROTATION REQUESTED: (Please indicate 1st, 2nd & 3rd choice disciplines)

MSIII:	<input type="checkbox"/> PM & R <input type="checkbox"/> Orthopedics <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Family Medicine – Inpatient
---------------	---

MSIV:	<input type="checkbox"/> IM – TSS <input type="checkbox"/> IM – MICU <input type="checkbox"/> IM – Cardiology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Orthopedics <input type="checkbox"/> OBGYN <input type="checkbox"/> General Surgery <input type="checkbox"/> Emergency Medicine <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Psych (AUDITION only) <input type="checkbox"/> Family Med. – Inpatient <input type="checkbox"/> Family Med. – Outpatient <input type="checkbox"/> PM & R <input type="checkbox"/> IM – Nephrology (Only Available for the following start dates: 6/14, 7/12, 8/9, 9/6, 10/4, 11/1, 11/29, 12/27, 1/24, 2/21, 3/21, 4/18, 5/16)
	Limited Availability, subject to change and approval:
	<input type="checkbox"/> IM-GI <input type="checkbox"/> IM-ID <input type="checkbox"/> IM-Hem/Onc <input type="checkbox"/> Neurology <input type="checkbox"/> Radiology <input type="checkbox"/> GS – SICU <input type="checkbox"/> Burn/SICU <input type="checkbox"/> ENT <input type="checkbox"/> Anesthesia <input type="checkbox"/> Ophthalmology <input type="checkbox"/> Clinical Informatic <input type="checkbox"/> Pathology

Will this Rotation be a/an: Elective SUB-I Audition

Days Off Needed: _____

(Ex: Board Exams, Campus Days, etc., NO HOLIDAYS. All days off requested are PENDING APPROVAL BY SERVICE)

ROTATION DATES REQUESTED:

Rotations start every Monday and 4 weeks long.

If your 1st choice of rotation dates is unavailable; your 2nd and 3rd choices will be considered.

1st:	2nd:	3rd:
------------------------	------------------------	------------------------

COMPLETE AND RETURN APPLICATION TO: Medical Student Coordinator at medstudents@armc.sbcounty.gov

BELOW FOR OFFICE USE ONLY:

(SGU)

Date Request Received by GME: _____

Approved: YES \ NO

**ARROWHEAD REGIONAL MEDICAL CENTER
INFORMATION SECURITY AND CONFIDENTIALITY AGREEMENT**

Arrowhead Regional Medical Center (ARMC) provides certain materials, information resources and technology as well as limited access to confidential or restricted operational and/or patient information to authorized users for the purposes of carrying out assigned duties only as necessary to fulfill job requirements or contractual obligations or as required by law. All authorized users of ARMC information and resources are required to protect, to the greatest extent possible and at all times, the Confidentiality, Integrity and Availability (CIA) of such assets and information as a condition of continuous employment or business relationship with ARMC.

All hardware, software, information and communications data, purchased, created, stored or transmitted on any ARMC owned or controlled technology, system, network or device is the sole property of ARMC and is not to be used, sold, duplicated, transferred, distributed, removed, altered, deleted or destroyed without the prior express written permission of ARMC.

Violations of the privacy, confidentiality or security of Protected Health Information in any form or medium may subject the individual to civil and/or criminal prosecution under state law and/or the Health Insurance Portability and Accountability Act (HIPAA). Misuse of any ARMC information access privileges or information technology (including electronic communications such as email and Internet access) may result in disciplinary action up to and including termination of employment or contract, or expulsion from training programs. Misuse includes but is not limited to:

1. Using ARMC time and resources for personal gain, under false pretenses, for malicious harm, or for advertising for personal services or expressing personal opinions
2. Posting, sending or attempting to post or send threatening, offensive, inappropriate or unauthorized messages; downloading or uploading any unauthorized data or software; adding to removing, modifying/installing anything to or from computer systems or devices without prior authorization
3. Using or sharing ones own or another's User ID or password or any other access control mechanism (e.g. ID badge, keys, pin codes, etc.); failing to lock/log off or otherwise secure workstation/computers
4. Attempting to break into or use ARMC's network or another computing facility for unauthorized or inappropriate activities including, but not limited to, sending or receiving copyrighted documents and/or software in violation of copyright laws or license agreements, gambling, pornography, illegal drugs, hate speech or any other criminal activity;
5. Releasing or attempting to release computer viruses, malicious code, worms, spam emails or unauthorized software or data that may adversely effect the operation of the network
6. Using, transmitting, sending, faxing, mailing, distributing or disclosing confidential or restricted information in an unsecured fashion, using an unsecured mode or medium or without proper authority or authorization in violation of ARMC policy or state or federal law.

I understand the above statements and that all resources are provided for business purposes only and will be returned upon my separation from Arrowhead Regional Medical Center. I will not modify or tamper with any information technology device I am provided with. I will not modify any computer or device I am allowed to use. I also understand that I must protect the Confidentiality, Integrity and Availability of all ARMC proprietary, confidential or restricted information placed in my care or which I may come across during my course of employment or use of ARMC information and resources. I will not access information for non-business purposes, store patient information on any personally owned or unencrypted devices or post patient information on any web-based blogs or websites. I have read and agree to comply with ARMC policies and state and federal laws concerning the privacy, security and confidentiality of information and assets.

PRINT NAME

DATE

N/A

SIGNATURE

DEPARTMENT/AGENCY



ARROWHEAD REGIONAL MEDICAL CENTER
Graduate Medical Education

POLICY NO. 1-010
Page 1 of 2

SUBJECT: Medical Student Code of Conduct

A handwritten signature in black ink, appearing to read "D. Ogunyemi", written over a light gray grid background.

APPROVED BY: _____
D. Ogunyemi, MD; DIO

POLICY

As a student member of the medical profession you are expected to:

1. Make the care of patients your first concern.
2. Demonstrate respect for others: patients, fellow professionals, residents, nurses, teachers and student colleagues.
3. Be timely, prompt and exhibit professional and courteous behavior
4. Treat patients politely and considerately, respect their views even if you don't agree with them, respect their privacy, their dignity and their right to confidentiality.
5. Engage fully with the teaching program including clinical placements, bedside teaching, lectures, seminars and workshops.
6. Act without discrimination, whether on grounds of age, race, sex, disability, religion or belief, marital or civil partnership status, pregnancy and parenthood, sexual orientation, gender reassignment or perceived economic worth.
7. Abide by rules and policies, follow procedures and guidelines which apply to all aspects of the course as advised by the professionals supervising you.
8. Be an effective communicator: always make clear to patients and other healthcare professionals that you are a student and not a qualified doctor; be aware of your limitations and do not exceed your ability when giving information to patients.

9. Be open and honest: do not break the law in any way, never threaten violence, act violently towards others or act dishonestly. Do not engage in bullying and harassment of fellow students or professional colleagues.
10. Inform your chain of command immediately if you are involved in any police investigation which may lead to charges being brought; concealment of involvement in an incident that may lead to prosecution may be viewed as an even greater offence than the incident itself.
11. Do not cheat in examinations.
12. Understand, accept and agree to be bound by the principle of confidentiality of patient data, and also of information concerning staff and students. Do not discuss patients with other students or professionals outside the clinical setting, except anonymously. When recording data or discussing cases outside the clinical setting, ensure that patients cannot be identified by others.
13. Demonstrate respect for patients and for fellow students and professionals when using social media or sharing communications.
14. Do not use mobile electronic devices to record and store patient images or any other identifiable patient information; never use E-mail, electronic messaging or social media to share information about patients. Do not abuse fellow students or colleagues on social media platforms.
15. All patient information is confidential and no part of patient information should be communicated over a non-encrypted program. Such as “What’s App”, “Facebook and text messaging must never use applications for patient information. Any patient identifying information must be communicated via an approved encrypted format.
16. Ensure that you can be reliably contacted by ARMC clinical and administrative units; reply promptly to emails and other communications.
17. Contribute to improving teaching by completing feedback as requested by course organizers and reporting any difficulties as they arise through the appropriate channels.
18. Comply with appropriate health-testing requirements as advised by your university, Occupational Health and ARMC regulations.
19. Maintain a professional appearance and demeanor and comply with the recommended Dress Code.
20. Take action at an early stage if a problem arises: inform the chain of command immediately if you become aware of any personal problems arising, which may put the health and well-being of patients at risk.

21. Seek immediate advice from the chain of command if you think a doctor or colleague has behaved in a way that suggests that he or she may not be fit to practice. Examples of such behavior include: making serious or repeated mistakes in diagnosing or treating a patient's condition, not examining patients properly or responding to reasonable requests for treatment, misusing information about patients, treating patients without properly obtaining their consent, behaving dishonestly in financial matters, or in dealing with patients, or research, sexual misconduct, misusing alcohol or drugs.
22. Students must not abuse alcohol or drugs.
23. Students' chain of command can include supervising faculty, course/clerkship director, department leadership/chair, GME/DIO, CMO/executive leadership in ARMC. If a student does not feel comfortable discussing any issues at the clerkship level, they may freely report up the chain of command and discuss any problems or concerns directly with the department chair or DIO, or their medical school reporting structure.

I hereby attest that I will abide by this code of conduct at ARMC

Name

Medical School

Signature

Date