

**Texas Spine & Joint Hospital**

**Professional Staff Continuing Education Verification**

Please submit documentation of your continuing education for the past year.

The following options are offered:

- 1) List the courses taken, location, date and number of CEUs or contact hours obtained. If necessary, attach additional pages(s).
- 2) Forward a copy of your own listing. Copies of certificates may be submitted, but are not required.
- 3) Attest by signing below that you can provide the required documentation upon request.

Course Taken	Location	Date	CEU/Contact Hrs.

I attest that I can provide the required documentation upon request.

\_\_\_\_\_  
Printed Name/Title

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Date

## MEDICAL STAFF ORIENTATION CHECK SHEET

PHYSICIAN NAME \_\_\_\_\_

I have read the following check sheet and understand its contents. Further information for clarification is available by request from Administration.

- 1) For each unit I have been provided with a tour so that I know the location of fire exits, fire extinguishers, restrooms, emergency equipment, and supplies needed for patient care.
- 2) All chemicals and waste encountered at the hospital are regarded as hazardous in nature and should not be handled. **Material Safety Data Sheets** are available on line or by calling 800-451-8346 or 760-602-8703.
- 3) I have been made aware and oriented to patient schedules and programs.
- 4) This facility adheres to Standard Precautions, which assumes that all patient blood, body fluids and other potentially infectious materials are contaminated. Appropriate protective equipment will be provided if I am required to handle these materials. I will wash my hands before and after patient contact and follow infection control guidelines.
- 5) I have been oriented to documentation requirements by receiving a copy of the Medical Staff Bylaws, Rules & Regulations. In addition I have been given or shown other documentation forms I will be using, such as physicians orders, progress notes, master treatment plans, etc.
- 6) I understand how to report and respond to emergency situations. Emergency codes are:

**	<b>Code Purple</b>	(RPA) Response Team to Patient Aggression
**	<b>Code Blue</b>	Medical Emergency
**	<b>Code Red</b>	Fire
**	<b>Code Black</b>	Evacuation
**	<b>Code Orange</b>	Nuclear/Biological/Chemical
**	<b>Code White</b>	Bomb Threat
**	<b>Code Pink</b>	Abduction
**	<b>Code Green/Weather</b>	Severe Storm or weather.
**	<b>Code Yellow</b>	Internal or external disaster

- 7) In the event of fire I would:

<b>R =</b>	<b>Rescue</b>	Remove all patients from the area
<b>A =</b>	<b>Alarm</b>	Pull fire alarms, call "0" to report the fire
<b>C =</b>	<b>Contain</b>	Close doors to contain the fire
<b>E =</b>	<b>Extinguish</b>	Use fire Extinguishers ONLY after the above measures are taken

All fire extinguishers, at Texas Spine & Joint Hospital, are located within 75 feet of where ever you are standing. The Radiology Department has water extinguishers, but most are ABC used on all but electronics in the I.T. room.

To use extinguisher:

<b>P =</b>	<b>Pull pin</b>
<b>A =</b>	<b>Aim nozzle</b>
<b>S =</b>	<b>Squeeze handle</b>
<b>S =</b>	<b>Sweep flames</b>

- 8) The Performance Improvement Program utilizes the CQI approach for improvement:
  - a. **Plan**/design the indicator/process to measure performance
  - b. **Do**/Implement a change to improve the outcome
  - c. **Check** (how did we do?) Did the action actually result in an improvement
  - d. **Act**/to maintain the gain.
- 9) I have participated in the orientation to pain management and understand the application of the hospital's policy regarding assessment and management.
- 10) I have been advised of my responsibilities for patient care hand off communication for the continuum of care.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_