

**STUDENT OBSERVATION APPLICATION**

**AULTMAN ALLIANCE COMMUNITY HOSPITAL  
OFFICE USE ONLY**

<b>Program Coordinator (PC):</b>	
___ College/ University Enrolled in: _____	
___ Safety/Competency Quiz	
___ Information & Policy Acknowledgement Form	
___ Student Observation Guidelines	
___ Department Assigned: _____	___ Instructor: _____
___ Date(s) and Total Hours Scheduled: _____	
___ Badge Number Assigned for Duration of Observation: _____	
<i>Signing below indicates that you confirm that the student intern has successfully submitted all requirements; received proper training and orientation; and that student has possession of Student Information Packet.</i>	
Signature: _____	Date: _____

**Section I: Personal Data  
(Please Print Clearly)**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **SSN: ###-##-\_\_\_\_\_**

**Emergency Contacts:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

If you have lived outside of Ohio in the last (10) ten years, please list additional address(es):

**Street Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic offense? Yes No

If yes, please explain: \_\_\_\_\_

**Section II: Interests and Availability**  
**(Please Print Clearly)**

Area or Department of Interest: \_\_\_\_\_

Is this a college requirement?    Yes    No    If yes, what college: \_\_\_\_\_

Number of Hours Needed: \_\_\_\_\_ Days Available: \_\_\_\_\_

**Section III: Student Agreement**  
**(Please Read and Sign)**

Statement of Equal Opportunity in the Student Observation Program: Aultman Alliance Community Hospital is dedicated to the Planetree philosophy of healing mind, body and spirit. The organization's mission is to provide our patients and guests with a safe, comforting, healing environment and is achieved through our philosophy of patient-centered care and use of integrative therapies in conjunction with leading-edge technology. Students will be recruited and placed in volunteer positions without regard to race, color, religion, age, sex, national origin, disability or handicap, except where age, sex, or physical handicap is a bona fide assignment qualification. Decisions on student placement will be based solely upon an individual's qualifications, interests, availability and Aultman Alliance Community Hospital needs. \*As part of this decision making process, a background check may be conducted on each applicant. This check will be conducted by the designated school representative or at the student's own cost and the results will be kept confidential. Results are to be mailed to corresponding AACH representative.

- I agree to keep **confidential** all information about patients, staff and physicians that I may become aware of while carrying out my student assignment. I agree to keep all information I may encounter while at Aultman Alliance Community Hospital completely **confidential. Information that must be confidential includes identity (name, personal information), physical or psychological condition, emotional status, conversation between patient and healthcare providers, and paperwork on or about a person.** I understand that falsification of information on this application, failure to maintain strict confidentiality, or any violations of the policies outlined by the department manager may result in my immediate dismissal from the work area and/or serious legal consequences.
- **All information** included in this application form is **correct** to the best of my knowledge.
- I further understand that **falsification** of information on this application or violation of the policies outlined in the volunteer handbook may result in my immediate dismissal from the program.

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

**Section IV: Student Paperwork**  
**(Please complete each item and return with application)**

- Safety/Competency Quiz:** *Read the Student Information Packet and complete the open book quiz.*
- Information and Policy Acknowledgement Form:** *Read all of the policies and information management items found in the Student Information Packet and verify your understanding by signing off on each.*
- Student Observation Guidelines:** *Read over the guidelines for participating in the Student Observation Program; then sign and date.*

**AULTMAN ALLIANCE COMMUNITY HOSPITAL  
STUDENT OBSERVATION GUIDELINES**

**Requirements to Participate:**

1. Must be enrolled as a college student
2. Observation only ó no hands on involvement in any manner (patient, medical or office equipment, or the like)
3. Eight hours or less per academic semester

**About Aultman Alliance Community Hospital**

AACH has adopted the Planetree philosophy of care, which means we provide holistic, patient-centered care. To provide our patients with a safe, comforting, healing environment through using the best people, providing the best service.

**Student Guidelines:**

1. You are not permitted to smoke on any AACH property as we are a non-smoking campus, including the outside grounds.
2. You are not permitted to use your cell phone or any electronic device, it must remain turned off or left in your vehicle.
3. You are assigned to parking lot #8. This is located on the north side of Rice Street, between the University of Mount Union and the old hospital.

**As an Observer:**

1. You are required to remain with your mentor at all times while in the assigned department or on the assigned unit.
2. You will be provided with an AACH identification badge, which is to be worn at all times above the waist.
3. You must wear appropriate business attire, which means no jeans, shorts, spandex, or leggings etc. You must wear closed-toed shoes.
4. If you have any questions or difficulties, please call your assigned Program Coordinator either Rebekah Shank in Colleague Relations at 330-596-7889, Connie Jones in Administration at 330-596-7014, or Karen Campf in Educational Services at 330-596-7141.

Student Signature: \_\_\_\_\_

Date and Time: \_\_\_\_\_

**AULTMAN ALLIANCE COMMUNITY  
HOSPITAL STUDENT PROGRAM  
Safety/Competency Quiz**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This quiz covers the following materials found in the student information packet: Corporate Compliance, Confidentiality, Quality, Patient Rights and Responsibilities, Information Management, Summary of Emergency Codes, Personal/Fire/Electrical Safety, Isolation and Infection Control, Hazardous Materials and SDS, Ethics, Patient Safety and Abuse, White Rose, Impaired Practitioner, Resident Rights, Regulatory Agencies, and Restraints.*

*Circle your answer, either True or False. Minimum Score Required: 22/25*

1. **True or False:** Aultman Alliance Community Hospital has a corporate compliance program with reporting services available 24 hours a day, seven days a week to report any violations of policies and procedures.
2. **True or False:** Students don't need to uphold the code of ethics or keep things confidential at the hospital.
3. **True or False:** Quality means doing the right thing right the first time with the goal of providing the best care.
4. **True or False:** Data and information processed in the information systems are proprietary and confidential.
5. **True or False:** At Aultman Alliance Community Hospital, patients have the right to exercise their rights without coercion, discrimination, or retaliation.
6. **True or False:** Patients have the right to personal privacy, to receive care in a safe setting, to be free from all forms of abuse or harassment, and to confidentiality of their clinical records.
7. **True or False:** To activate a code or in situations of emergency you should dial 5555.
8. **True or False:** During a Phase II Code Gray, a tornado has been spotted within a 10 mile radius of hospital and all patient are to be covered with blankets/sheets with staff lying/crouching down and covering their heads.
9. **True or False:** Partial and Hospital Wide are the two types of Code Green: Evacuation.
10. **True or False:** The Class of fire that healthcare settings are least likely to experience is a Class D fire.
11. **True or False:** The "A" in the fire safety acronym RACE stands for aim the nozzle at the base of the fire.
12. **True or False:** When we assume that everyone has potentially infectious blood and body fluids, we are following standard precautions.
13. **True or False:** When there is presence of C-diff or hands are visibly soiled it's okay to use alcohol sanitizers.
14. **True or False:** Biohazard waste has special precautions for disposing of it, including the use of red bags.
15. **True or False:** The two key ways to protect yourself and others from possible TB exposure include early identification and by avoiding all contact with people.
16. **True or False:** Ingestion, absorption, inhalation and injection are the four common ways for chemicals to enter the body.
17. **True or False:** As a health care worker you may need to use SDS (safety data sheet) for your own safety when working with chemicals.
18. **True or False:** All patients are assessed for risk or abuse but every colleague needs to be aware of signs and signals of abuse.
19. **True or False:** When there's a white rose magnet on a patient's door it's okay to be loud near that room.
20. **True or False:** The Impaired Practitioner Policy defines physician impairment and addresses the procedure for how to handle any concerns in relation this.
21. **True or False:** Three major problems that could lead to physician impairment include substance abuse, psychological problems and physical illness.
22. **True or False:** If any individual working at AACH has a suspicion the first step they should take would be to write a report and give it to an executive officer for further investigation.
23. **True or False:** As a resident of the Community Care Center, a resident should not be treated with courtesy and respect in full recognition or dignity and individuality.
24. **True or False:** Notice of a proposed transfer or discharge shall be in accordance with the Community Care Center's resident rights for each resident of a home.
25. **True or False:** A restraint is any method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely.

**Student's Score:** \_\_\_\_\_ **Passing:** Yes  No  **Date:** \_\_\_\_\_

**AULTMAN ALLIANCE COMMUNITY HOSPITAL  
STUDENT PROGRAM  
INFORMATION MANAGEMENT & POLICY ACKNOWLEDGEMENT**

**Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*By signing off on each policy and information listed below, as found in the Student Information Packet; you are acknowledging that you have fully read and understand each item and your role in abiding by each. You must sign and date at each line.*

**Policy / Information Title**

**Signature and Date**

<b>Corporate Compliance</b>	_____
<b>Confidentiality / HIPAA</b>	_____
<b>Sexual Harassment Policy</b>	_____
<b>Tobacco Free Policy</b>	_____
<b>Cell Phone Policy</b>	_____
<b>Computer &amp; Network Access Policy</b>	_____
<b>Summary of Emergency Codes</b>	_____
<b>Planetree &amp; Healthcare Expectations</b>	_____
<b>Community Care Resident Rights</b>	_____
<b>Regulatory Agencies &amp; Resident Advocates</b>	_____

**Return this form to Program Coordinator with Completed Student Application; please keep the Student Information Packet as to reference materials when needed.**

**Program Coordinator Name:** \_\_\_\_\_

**Received on Date:** \_\_\_\_\_