Inspired Nursing Program
Registration Paperwork

Consent to Participate

I hereby grant/agree to participate (or allow my child to participate) in the Penn State HMC/COM Observation, Career Shadowing, Internship Programs. I certify that I/my child is at least 15 years of age.

I further hereby: [ ] grant permission [ ] decline permission

- Interviews, tests, and questionnaires of or by student for program evaluation purposes
- Publicity activities including interviews
- Printed information
- Still photographs/slides
- Videotape recordings
- Audiotape recordings
- Internet usage

To release the above information for purposes of publication in newspapers, magazines, publications of Penn State Milton S. Hershey Medical Center and of the Penn State College of Medicine, other print media, or broadcasting by means of radio or television or for slide, movie (or internet) presentations, for the purposes that may include medical research or education.

Observer’s Signature or Parent/Guardian of Observer (please print)

Observer’s Signature or Parent/Guardian of Observer (please sign) Date

(Parent/Guardian signature required if student is less than 18 years of age)
Code of Conduct & Dress
For All Student Visitor Programs

Dress and Appearance
The reputation of Penn State Hershey Medical Center and Penn State College of Medicine is influenced by the appearance of its faculty, staff, and students. Neat, well-attired and clean appearance creates an atmosphere of confidence, respect, and professionalism, which is expected by our patients, families, and colleagues.

There may be specific areas of the hospital and college that have unique requirements in addition to these guidelines. Departments are responsible for developing and maintaining their own specific policies regarding personal appearance. In creating departmental policies, department managers have taken into consideration these guidelines.

Conduct:
The possession or use of alcohol and other drugs, fireworks, guns, and other weapons is prohibited. The parking of staff and minor vehicles must be in accordance with Medical Center parking regulations. Rules and procedures governing when and under what circumstances minors may leave the Medical Center during the program.

No violence, including sexual abuse or harassment, will be tolerated.

Hazing of any kind is prohibited. Bullying including verbal, physical, and cyber bullying are prohibited. Theft and use of tobacco products is prohibited.

Smoking is not permitted in any buildings of the Penn State Hershey Medical Center.

Misuse or damage of Medical Center property is prohibited. Charges will be assessed against those minors who are responsible for damage or misusing Medical Center property.

The inappropriate use of cameras, imaging, and digital devices is prohibited including use of such devices in patient care areas, restrooms, or other areas where privacy is expected by the minors and by patients.

Dress:
Dress should be business causal, specifically: Business casual is crisp, neat, classic rather than trendy. Khaki or dark pants, neatly pressed, and a pressed long-sleeved, buttoned solid shirt are appropriate for both men and women. Polo/golf shirts, unwrinkled, are appropriate. Excessively tight, revealing or baggy clothes are not to be worn.

Women may wear sweaters; low cut tops/sweaters are not appropriate.

Skirts, dresses, etc. should not be shorter than above the knee. Backless, spaghetti straps, and sundresses should be covered.

Only black jeans or dress pants may be worn. Absolutely no blue jeans.
Shorts should not be worn except in specifically approved areas.

Athletic fleece sweatshirts or sweatpants should not be worn.

Shoes must be neat, clean and appropriate for each work area. No open toes shoes are allowed. Hair must be neat, clean, dry, and well groomed. Long hair must be secured. Hair color must be a natural tone; and makeup subdued. Beards or mustaches must be neatly trimmed.

Jewelry must be professional and kept to a minimum. No pierced jewelry, except earrings, is to be visible. Fingernails should be clean and neatly trimmed, with limited adornment. Cover, if possible, all tattoos.
Wear your nametag at all times, if applicable.

Arrival
Out of courtesy, arrive at the facility 5-10 minutes early. This practice may help avoid a late arrival and will help you maintain a responsible image. If you are going to be late, be sure to contact the PSHMC department personnel or your shadowing sponsor to inform him/her of your expected arrival time.

Language
Words such as “excuse me,” “sir,” ma’am,” “please,” and “thank you” are polite ways to address professionals. Try to use proper titles with all of the staff. Eye contact plays a vital role in effective communication. It allows the person with whom you are speaking to know that they have your full attention. Please also try and keep your voice volume at a minimum, especially when visiting clinical areas to show respect for patients.

Manners
Cell phones, i-Pads, pagers, etc. should be turned off while shadowing.

Gum chewing is not permitted; however, an occasional breath mint is acceptable.

Patients can be very sensitive about smells when they are ill. Therefore, it is important that when you are near patients, you do not smell of tobacco products, strong perfumes, or body odor.

Always remember that you are a guest. Treat everyone and everything with respect. Being overly polite is never going to harm you or anyone else. A good example of this would be to obtain permission to enter a patient’s room and ask permission to observe specific procedures. Always remember to ask permission to use someone else’s desk or equipment.

Please try to follow exactly the tasks given to you by your sponsor/preceptor. If you are unclear about what to do, where to go, what to get, or who to see, it is best to ask for direction.

Under no circumstance should you touch patients in any way. You will not be permitted to have any direct patient contact nor will you be permitted to assist with any procedures, testing, etc. Do not ever attempt to represent yourself as being able to do or use anything you have not been specifically trained or instructed to do.
Observing in a health care setting allows you to see certain emotional and physical aspects of people that may be hidden from public view. Therefore, it is important that you show utmost respect, compassion, and calmness when dealing with patients. If you feel uncomfortable at any time, please excuse yourself from the room.

*Any student who is found to have dressed and/or behaved inappropriately during an observation, per these guidelines and the judgment of PSHMC/COM staff, will be prohibited from observing again.*

**Flexibility**  
We do our best to provide you with the experience you requested. However, our first priority is the care of our patients. At times the nature of the health care environment might cause changes to your experience, including: change of time, preceptor, procedure or unit to be observed, etc. Your understanding in this regard is appreciated.

**Positive Enthusiasm**  
In order to make this an effective learning experience, you will want to show visible interest and excitement in whatever you are asked to do while visiting the campus and associated clinics. It is advised that you demonstrate enthusiasm and a willingness to learn at all times.

**Gratitude**  
A thoughtful, though not required, gesture would be to send a thank you letter to your sponsor/preceptor and/or the department personnel to let them know how much you appreciated the educational opportunity offered to you and what you learned form the experience.

I have read and agree that I will follow this Code of Conduct and Dress:

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

(Parent/Guardian signature required if student is less than 18 years of age)
Student/Visitor Waiver Form

Worker’s Compensation:
Student /visitor and student’s parent(s)/guardian(s) (if applicable) understand and agree that the student/visitor is not an employee of The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center under the terms of this agreement and further understand that the student/visitor is not entitled to workers’ compensation benefits and that the student/visitor or the student’s parent(s)/guardian(s) is/are responsible for the cost of any medical care or other services that may be required as a result of any injury or illness the student/visitor may incur while participating in any program in conjunction with this agreement.

Liability:
Student/visitor and student’s parent(s)/guardian(s) (if applicable) agree at all times to be responsible for the actions of the student/visitor in conjunction with this agreement and understand that The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center and its employees and agents shall have no liability for the actions of the student/visitor.

I acknowledge that I have read and understand all of the above information and agree that during my student/visitor experience at The Pennsylvania State University and/or Penn State Milton S. Hershey Medical Center, I will comply with the above requirements.

Student/Visitor Name (please print) ___________________________ Date ______________

Student/Visitor Signature ___________________________ Phone & Email ___________________________

Parent/Guardian Signature ___________________________ Date ______________

(Parent/Guardian signature required if student is less than 18 years of age)
PSHMC/COM Confidentiality Agreement

Penn State Penn State Hershey Medical Center and the College of Medicine (PSHMC/COM) are critically dependent upon information and information systems to fulfill the organization’s missions. Patients, students, business associates and workforce members expect that reasonable and prudent measures will be taken to safeguard information entrusted to PSHMC/COM.

Federal and Pennsylvania state laws and standards regulate the use and disposal of Protected Health Information (PHI) and certain other information. I am permitted access to PSHMC/COM information only to the extent required to perform my specific duties and responsibilities and authorized activities. Reading, discussing, copying, and/or otherwise using or disclosing PSHMC/COM information for other than legitimate PSHMC/COM purposes is prohibited. Failure to comply with any of the information in this document may result in disciplinary action and/or legal action. To help individuals understand their role in safeguarding valued information PSHMC/COM utilizes the following broad classifications of information:

PHI is defined by the United States Department of Health and Human Services under the Standards for Privacy of Individually Identifiable Health Information legislation known as the Health Insurance Portability and Accountability Act (HIPAA). Information that is created or received by PSHMC/COM and concerns an individual’s past, present, or future medical condition is PHI. PHI must only be accessed by authorized personnel; this classification includes PHI stored or transmitted in electronic formats.

Confidential Business Information (CBI) is sensitive information necessary to perform certain job functions or PSHMC/COM operations; this information must only be accessed and used by authorized personnel. Examples include: compensation data, contracts, employee evaluations, individual’s social security numbers, passwords, strategic agreements.

Other Non-Public/Internal Information (non-public information): Certain internal information is intended for use and distribution only within PSHMC/COM and in some cases, with Business Associates (e.g. legal advisors, consultants, vendors, etc.). Unauthorized disclosure of this information to external parties may create problems for the PSHMC/COM, customers or Business Associates. Examples of this type of information include: information available through the PSHMC/COM Infonet such as internal directories, policies and disaster plans.

For direction pertaining to PHI, contact the Privacy Officer. For direction pertaining to other confidential information and for the security of electronic information or resources, contact the Information Security Officer.

I certify that I have completed the PSHMC/COM HIPAA Privacy and Information Security training, an equivalent session approved by the Privacy Officer or Information Security Officer, or participated in an active conversation with my Hospital/College employee sponsor; and understand my role in safeguarding and disposal of sensitive information.

______________________________  _______________________________  _______________________________  _______________________________
Name (please print clearly)       Phone (non workforce member)      Email (non workforce member)       Date

______________________________
Signature

______________________________
Parent/Guardian co-signature (required for individuals under the age of 18)