



Rotating Resident Packet

Thank you for your interest in completing a rotation at Akron Children's Hospital. This packet must be completed in its entirety and submitted 3 months prior to your rotation. Please complete all fields, initial and sign where indicated. An application checklist with all required documentation is included for your convenience.

Orientation: All first-time rotating residents will need to complete EPIC® training modules prior to rotating with Akron Children's Hospital. With few program exceptions, orientation is not optional. **EPIC training is an Institutional requirement even if the resident uses EPIC currently at the home hospital.** All EPIC modules need to be completed no later than the Monday prior to the first day of your rotation or you will jeopardize your access to EMR for your rotation.

Welcome emails will be sent to rotating residents on the 15th of the month prior to their rotation start date with more information about training modules, MyLearning, Imprivata and Microsoft Multi-Factor Authentication.

Parking and Akron Children's ID Badge

Akron Campus Badge Office

Location: Locust Professional Building

3rd floor room 340 (after walking across the bridge into Locust, turn left and proceed down the hall)

Hours: Badges: M-F 7:30 a.m. – 4 p.m. Parking: M-F 8 a.m. – 2:30 p.m.

Mahoning Valley Campus Badge Office

Location: Building C in the Employee Health office.

Hours: Badges: M-F 7:30 a.m. - 4 p.m.

This Campus does not require a parking pass.

You must complete parking form to be issued parking stickers with your license plate # as well as make/model/year of car to receive parking stickers. You are welcome to get badge and parking stickers prior to start date.

The Akron Children's ID badge will be used for parking and food access from this point forward. If you have any additional rotations for the remainder of the academic year, please keep it safe as you will need it for future rotation. In the event you lose it, Public Safety will charge a fee for replacement.

Food

You will also receive a food allowance of \$60 per week during your rotation. This will be for your own meals and no bulk shopping (no purchases of four or more items at once) and no sharing of others resident badges.

Lockers

There are lockers available for residents on the 5th floor in the Main Hospital, in the resident call room. Residents will need to provide their own locks. For space in specific departments, please reach out to the coordinator or supervisor.

Health Information Management/Medical Records

Each Resident is to ensure that all EPIC® in-basket assignments are completed prior to leaving. These must be completed ***before the conclusion of your rotation*** and before you leave Akron Children's Hospital.

Resident and Fellow Duty Hour Complaint/Anonymous Feedback:

Akron Children's Hospital employees make every effort to produce schedules that are in compliance with the ACGME duty hours requirements; however, a 24-hour reporting structure is available electronically if you need to report a suspected violation. The link for feedback is: https://www.akronchildrens.org/cgi-bin/queue/collect.pl?form_id=92

Fatigue:

If a resident is feeling fatigued, call rooms are available for your use on the 5th floor of the main building. If you need to leave while fatigued, the Social Worker on duty in the Emergency Department will arrange for free cab transportation for a post-call fatigued resident. (The hospital operator can page the on-call social worker.) If there is not a Social Worker on site, Public Safety will make arrangements for transportation.

Visiting Resident ED Rotation Guidelines:

Emergency department call schedules are generated one month in advance. All requests must be received **at least six weeks** before the rotation begins. Schedule requests should be directed to Dr. Singer akronchildrens.ed@gmail.com

Please let me know if you have any other questions. We look forward to meeting you.

Rebekah Moran BPH, MBA-HA
Rotating Resident Coordinator
rmoran@akronchildrens.org
330-543-7384



Rotating Resident Application Checklist

- ☐ Rotating Resident's Portal Profile
- ☐ Rotating Resident Approval Form Attestation; signed by House Officer and Program Director
- ☐ Signed Corporate Compliance Program and HIPAA form; attesting to reviewing the enclosed materials
- ☐ Signed Computer Security Agreement
- ☐ Verification of Medical School graduation; attach copy of medical school diploma. Waived if this has been provided in previous year
- ☐ Verification of all training and/or employment; attach copy of recent CV. Waived if this has been provided in previous year
- ☐ Attach copy of ECFMG certificate if resident is a international medical graduate. Waived if this has been provided in previous year
- ☐ Ohio Training Certificate

Document List Verified by:

Date:

11/14/2022



COMPUTER SECURITY AGREEMENT

The Hospital utilizes computer informational systems to meet our clinical, financial and information needs. The information contained and processed in these systems is proprietary and confidential and may be regulated by law and other requirements. Use of our computer systems and their data is allowed only as appropriate and acceptable, and access to them is controlled using properly authorized security codes, including user IDs, login IDs, passwords, and other codes. As such, it is essential that individually unique security codes must not be used by any person other than the assigned owner. Thus, the owner must never divulge his/her code to any other individual.

By signing this form you acknowledge that you have received a copy of the Computer Resource Acceptable Use Policy, are aware of the Corporate Compliance and Data Security Programs (including the Code of Ethics and Business Conduct), will familiarize yourself and keep current with rules and regulations (including HIPAA Privacy, HIPAA Security, JCAHO standards and more) applicable to your role and work areas, and that you understand:

1. Your security code, which will allow you to access your authorized computer functions and may serve as an electronic signature identifying you as the computer user, is highly confidential.
2. If you divulge your security code to another individual, this is a violation of this agreement and subjects you to corrective action, up to and including discharge.
3. To prevent unauthorized access to confidential information, you agree to sign-off (exit) all computer or terminate employment.
4. You agree to use Children's computer resources as intended by Children's and to comply with applicable rules and regulations governing proper use of computer resources and information.
5. That your use, information access, and other computer activities may be monitored, logged and reviewed at any time and without notice by authorized personnel, including management, and automated processes.

This form will be filed in your employee file in the human resources department.

Employee Number

Employee Name

Date Signed

Employee Signature

Witness Signature & Date

ISFORM01



Attestation to Rotating Resident Approval Form

Attestations	YES/NO	Program Director Initials
Program Director is confirming that the resident is in good academic and Professional standing		
ACH requires a valid BLS Certificate (only) Please verify		
Background Check (BCI/FBI fingerprints confirmed, no disqualifying convictions under ORC 2151.86)		
Required Immunizations are up to date including flu shot		
Ten Panel Urine Drug Screen-- passed and confirmed		
Resident is covered by liability insurance as outlined in Affiliation Agreement		

I certify that the information above is true and correct. I understand that any changes in the above will void any liability coverage.

Rotating Resident's Name and Date

Rotating Resident's Signature and Date

I certify that the above house officer is a resident in our training program; and will be receiving credit for this rotation. I understand that the participating/training institution will claim this rotation on its CMS resident cost report. I further certify that all credentialing items required by Akron Children's Hospital as indicated above have been completed and the Resident is in **Good Academic/Professional Standing**.

Signature, Home Institution Program Director and Date



Corporate Compliance Program and HIPAA

Employee Training Certification

Corporate Compliance

I certify that I have received training regarding Akron Children's Hospital's Corporate Compliance Program and understand my ethical and legal obligations under the Corporate Compliance Program. I also acknowledge that have received information on Compliance Program policies, the *Code of Ethics and Business Conduct* and the Deficit Reduction Act and have been provided the opportunity to ask questions and, when necessary, understand I may seek advice from the appropriate manager or supervisor, the Compliance Officer and/or the Corporate Compliance Helpline/Hotline.

I understand that failure to comply with the Corporate Compliance Program may lead to corrective action, up to and including termination and that my obligation to report misconduct is mandatory.

HIPAA Privacy & Security

I certify that I have attended training regarding Akron Children's Hospital's privacy practices and have been informed of and understand my obligations under the federal Health Insurance Portability and Accountability Act (HIPAA) regulations.

I understand that I am responsible for ensuring the security, integrity and confidentiality of patient health information created, obtained and/or maintained by Akron Children's Hospital.

In addition, I acknowledge I have received and agree to adhere to the privacy standards set forth in Akron Children's Hospital's HIPAA Workforce Obligations policy as well as the security standards set forth in Akron Children's Hospital Computer Resource Acceptable Use policy and understand that failure to comply with those standards may lead to corrective action, up to and including termination.

Signature _____

Name (Print) _____

Department _____

Employee# _____

Date _____