

Important MEDITECH points for all Residents, Fellows and Medical Students:

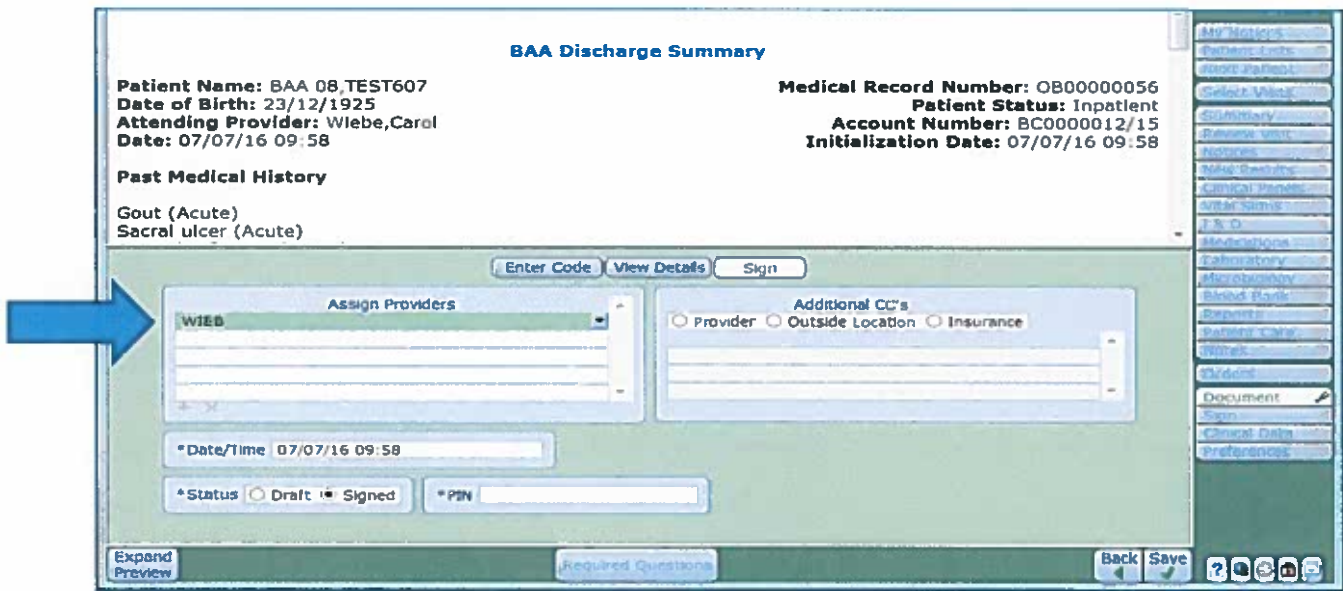
1. **“Assign Provider” when using MEDITECH for Admission and Discharge Summaries.**

This does not apply to daily Progress Notes.

You will see the page below when you View/Save your Summary.

Before entering your PIN, type the last name of the Attending Physician under Assign Providers and then Enter and Select the correct Physician. Click OK.

Then enter your PIN to eSign the document. **Please note that if you add an Addendum, you must re-Assign Provider to your Attending Physician.**



BAA Discharge Summary

Patient Name: BAA 08_TEST607
 Date of Birth: 23/12/1925
 Attending Provider: Wiebe, Carol
 Date: 07/07/16 09:58

Medical Record Number: OB00000056
 Patient Status: Inpatient
 Account Number: BC0000012/15
 Initialization Date: 07/07/16 09:58

Past Medical History
 Gout (Acute)
 Sacral ulcer (Acute)

Enter Code View Details Sign

Assign Providers
 WIEB

Additional CC's
 Provider Outside Location Insurance

*Date/Time 07/07/16 09:58

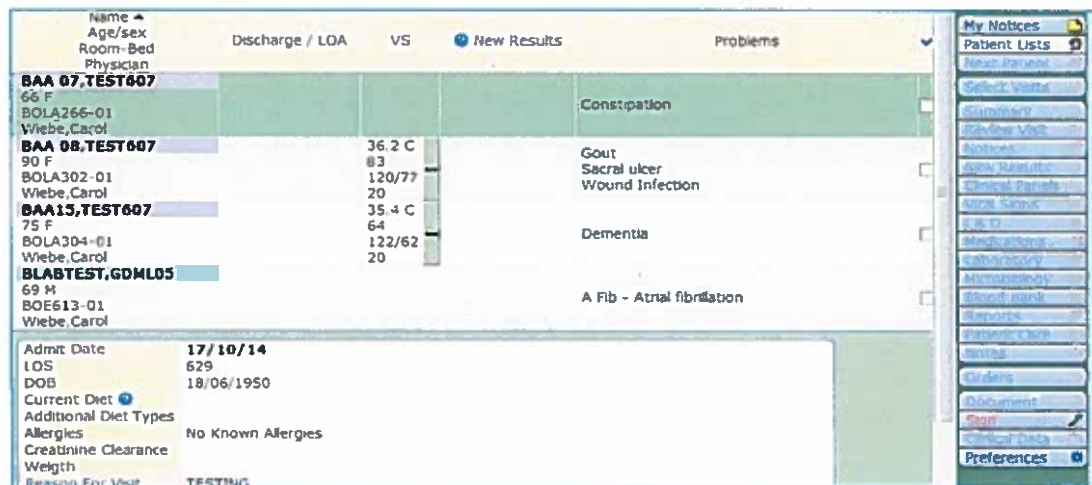
*Status Draft Signed *PIN

Expand Preview Required Questions Back Save

2. **All documentation in MEDITECH must be eSigned before you leave Bruyère at the end of your rotation.**

Please double-check in MEDITECH if you have any unsigned documentation:

If **Sign** is red as shown below, click on it, select all the documents, complete and eSign.



Name	Age/sex	Room - Bed	Physician	Discharge / LOA	VS	New Results	Problems
BAA 07_TEST607	66 F	BOLA266-01	Wiebe, Carol				Constipation
BAA 08_TEST607	90 F	BOLA302-01	Wiebe, Carol		36.2 C 83 120/77 20		Gout Sacral ulcer Wound Infection
BAA 15_TEST607	75 F	BOLA304-01	Wiebe, Carol		35.4 C 64 122/62 20		Dementia
BLABTEST_GDML05	69 M	BOE613-01	Wiebe, Carol				A Fib - Atrial fibrillation

Admit Date: 17/10/14
 LOS: 629
 DOB: 18/06/1950
 Current Diet: [icon]
 Additional Diet Types:
 Allergies: No Known Allergies
 Creatinine Clearance:
 Weight:
 Reason For Visit: TESTING

My Notices
 Patient Lists
 Select Visits
 Summary
 Assign Visits
 Notices
 Assign Visits
 Clinical Panels
 Medication
 J & O
 Medication
 Laboratory
 Microbiology
 Blood Bank
 Reports
 Patient Care
 Orders
 Document
 Sign
 Clinical Data
 Preferences

Do Not Use

Dangerous and Error Prone Abbreviations, Symbols and Dose Designations

Abbreviation	Intended Meaning	Misinterpretation	Required Term
OD*, QD*	Every day	Mistaken for "right eye"	Use "daily"
QOD	Every other day	QD and QOD have been mistaken for each other, or as "qid"	Use "every other day"
D/C DC	Discharge	Premature discontinuation of medications if intended to mean "discharge"	Use "discharge" or "discontinue"
cc*	Cubic centimetre	Mistaken for "u" (units)	Use "mL" or "millilitre"
U*	Units	Mistaken for "0" or "4" Confusion with "0" may result in 10-fold overdose	Use "units"
IU*	International Units	Mistaken for "IV" (intravenous) or "10"	Use "units"
µg	Microgram	Mistaken for "mg" (milligram) resulting in 1000-fold overdose	Use "mcg" or "microgram"
x 3 d etc.	For three doses, or For three days	Doses and Days may be confused with each other	Use "doses" or "days"
> <	Greater than Lesser than	Mistaken for "7" or "L" Confused with each other	Use "greater than" or "less than"
≥ ≤	Greater than or equal to Less than or equal to	Confused with each other	Use "great than or equal to" or "less than or equal to"
@*	At	Mistaken as "2"	Use "at"
&	And	Mistaken as "2"	Use "and"
+	"Plus" or "and"	Mistaken as "4"	Use "and"
SC*, S/C* SQ*, Sub Q*	Subcutaneous	Mistaken as "50" or 5+q	Use "subcut" or "subcutaneous"
SL	Sublingual	Mistaken for "54"	Use "sublingual"
Abbreviations for drug names			Do not abbreviate
Trailing zero	X.0 mg	Decimal point is overlooked resulting in a 10-fold dose error	Never use a zero by itself after a decimal point. Use "X mg"
Lack of leading zero	.X mg		Always use a zero before a decimal point Use "0.X mg"

*error prone abbreviations often identified in Bruyère chart audits



We have been seeing an increase in Form 16s completed with the wrong date format. This is not only happening with medical learners, but our own physicians as well.

- It is important to note that the date of death recorded at the top of the form is always written out, for example, **November 3, 2016**.
- The certification date at the bottom of the form is written numerals of mm/dd/yyyy, for example, **11/03/2016**. Writing the month first can be a challenge to remember as it goes against our DDMMYYYY format; therefore, always refer to the format indicated on the form.

Ontario Ministry of Government and Consumer Services Office of the Registrar General **Medical Certificate of Death - Form 16**

You must use the Stillbirth Registration Form B when registering stillbirths. This form must be completed by the attending physician, coroner or designated person before a burial permit can be issued. Please PRINT clearly in blue or black ink as it is a permanent legal record.

INFORMATION ABOUT THE DECEASED

1. Name of deceased (last, first, middle)

2. Date of death (month - by name, day, year (in full))

3. Sex (M or F) 4. Age 5. If under 1yr. 6. Home Hospital Nursing residence Other (specify)

8. Place of death (name of facility or location) Hospital Home Nursing residence Other (specify)

10. City, town, village or township Registrar municipality, county or district

CERTIFICATION

By signing below, you certify that the information on this form is correct to:

24. Your signature (physician, coroner, RN/ED, other)

25. Date (mm/dd/yyyy)

26. Your name (last, first, middle)

27. Physician Coroner RN/ED Other (specify)

28. Your address (street number and name, city, province, postal code)

Annotations:

- Blue arrow pointing to field 2: "Written month, day, year in full"
- Blue arrow pointing to field 25: "mm/dd/yyyy"

When the date is written incorrectly, we have to have the attending physician correct the form and we have to contact the City of Ottawa to report the error. Perhaps a solution would be to have the person responsible for photocopying the form do a quick QA to ensure the form is filled out properly. If it is not, there can be a swift response as the physician is still on the floor.

Thank you for your attention to this matter.

Late Admissions - What to Do?

Bruyère's hospital programs admit patients from across the Champlain LHIN on a daily basis. The majority of these patients are admitted from local acute care facilities, where there is often an urgent need to transition these patients to another level of care so incoming patients can be safely cared for without delay.

Every attempt is made to have incoming patients admitted during the day shift, but the reality is this cannot always occur. Knowing this is our current and future reality, a group of key stakeholders met to investigate what strategies could be put in place to see how we can better enhance the process for patients upon late arrival to any Hospital Program.

Exactly what is a late admission?

A late admission is a patient who arrives **after 17:00**, usually due to exceptional circumstances.

Note: At time of bed offer, Admissions and Patient Flow provides the consistent message that patients should arrive prior to 17:00.

How often do we get a late admission?

From October 1, 2015 to March 1, 2016, there were 21 out of 1114 admissions to all programs (1.9%) that arrived after 17:00. To break it down by programs, Palliative Care had 10 of those admissions, CCC had 9, Geri Rehab had 2, and Stroke Rehab had 0. Note that late admissions are expected on the Palliative Care unit, and the bulk of the CCC late admissions were returning patients that had been admitted to acute care for less than three days.

By far the majority of admissions (83%) arrive before 14:30. 12% arrive between 14:30 – 16:00 and 3% arrive between 16:00-17:00.

How can we support better admission experiences for patients who arrive after 1700?

1. **Admissions Team:** Will continue to communicate the importance of arriving early and facilitate transmission of information to the unit teams. They have a clerk present in the office until 17:00 and on call available from 17:00 – 22:00 Monday through Friday and from 0800 until 2100 on weekends. Telecommunications staff is trained to enter admitted patients who arrive after 1700 into Meditech to ensure the clinical teams as well as groups such as Pharmacy and Food Services can access relevant patient info in our EPR.
Pre-admission packages are available in MEDITECH prior to patient admission.
2. **Clinical Managers:** Will continue to be proactive to plan appropriate staffing for late admissions.
3. **Physicians:** Communication is crucial – attending MDs must notify the covering MD re late admissions.
 - a) Orders cannot be signed off before a patient arrives. The Admission Medication Order Set requires the MAR from the sending site in order to meet our accreditation requirements for medication reconciliation on admission. Therefore, if the attending MD initiates any admission orders, these must be completed and signed off after the patient arrives, either in person or via telephone order.
 - b) Patient must be seen and an Admission Note completed within 24 hours of admission. If the attending MD is unable to do this, they should request someone from their department see the patient. If that is not feasible, the On Call MD should be contacted to request they see the new admission.
 - c) Admission History and Physical should be completed within 72 hours of admission by the attending MD or the covering MD.
4. **Pharmacy:** New hours 08:00 – 17:00, effective May 16th. Note that the deadline for non-admission orders will be 16:30, as staffing will be minimal at that time and the priority will be safe admissions.
5. **Ward Clerks:** Already working flex hours at SVH and on Levels 5 and 6 EBH to assist with order processing.
6. **Nurses:** CM to consider contacting NPL or PSN as early as possible if needed to coach evening nurses not experienced with admissions. Alternatively, day nurses may be requested to stay late to assist with a late admission. Shortened Nursing Admission assessment in process to decrease time needed for initial assessment when required.
7. **Allied Health:** CM may request OT/PT flex hours to provide a transfer assessment for planned late admission.
8. **Housekeeping:** When possible, will prepare room in advance for late admissions. If last-minute equipment or room change required, will provide On Call assistance when necessary.
9. **Facilities:** On Call available 24/7 for required services such as malfunctioning Call Bell.

GENERAL MEDICAL ASSESSMENT

Admission

Re-admission

CCC

PM&R

OGRS

Palliative Care

IMPORTANT NOTE: It is mandatory to complete the non-grayed portions of this form. The grayed portions are optional.

Patient identification: _____ Age: _____

Transferred from: _____

Transferring physician (if known): _____

Family Physician: _____

Other physicians involved: _____

Reason for Admission, Primary Diagnosis:

Past Medical History:

Patient Name:

Chart No.:

History of Current Illness:

Current Medications:

Allergies- Sensitivities:

(ti

Patient Name:

Chart No.:

Immunizations:

-Influenza: Date received _____

- Pneumovax: Date received _____

-Tamiflu consent: Yes No

Previous Functional Status (Cross out and initial if not applicable):

Self-Care:

Ambulation & transfers:

Continence:

Meal preparation:

Medication administration:

Driving:

Current Functional Status:

Self-Care:

Ambulation & transfers:

Continence:

Swallowing:

Social History:

Lives Alone: Yes No Lives with: _____

Apartment Bungalow Retirement Home Two-storey house Other: _____

Smoker: Yes No

Alcohol: _____ Streetdrugs: _____

Education Level: _____ Occupation: _____

Spiritual Needs: _____

Children: _____

Marital Status: Married Divorced Partner Widowed Single

Patient Name:

Chart No.:

Social support:

Family History/Genogram:

Care Direction:

OR M+T OM De

DNR: DYes O No

If no, has discussion been held? O Yes O No O Do not know

Goals of Care on admission/Patient and Family Expectations:

Power of attorney (if known):

Relevant Laboratory Results	Date	Relevant Laboratory Results	Date
Hgb:		K:	
WBC:		Urea:	
Platelets:		Cr:	
Na		Albumin:	
Other:		Other:	

Relevant imaging results (eg. CT scans, MRIs, Doppler studies, etc) (Summarize key findings and dates)

Patient Name:

Chart No.:

Systems Review: *check if normal- indicate abnormal findings*

General

HEENT

Resp

CVS

GI

GU

CNS

Skin

MSK

Cognition

Mood/Psychiatric

Pain

@1:10

Patient Name:

Chart No.:

Palliative Care only:

CAM: Not done Score: _____ **DISH:** Not done Score: _____ **FICA:** Not done Score: _____

SOMCT: Score: _____ **ECP-CP:** Score: _____ **CAGE:** Score: _____

PPS: Score: _____ **ESAS:** Reviewed Not reviewed

Physical Examination:

Areas to be covered: General, Head and Neck, Chest, CVS, abdomen, GU, MSK, CNS, Skin, Psychiatric

Vital Signs: BP: _____ Pulse: _____

R.R.: _____ Temp. _____ O2Sat: _____

C)!}

f"
<

Patient Name:

Chart No.:

Impression and Plan:

Gfi,

Name: _____

Signature: _____

Date: _____

Attending
MD name: _____

Signature: _____

Date: _____



ON-CALL CLAIM

Forms are available upon request by e-mailing parores@uottawa.ca

You can claim in-person (3021 RGN), by e-mail at parores@uottawa.ca, through
your program (if applicable), or by fax at (613) 562-5394

SUBMITTING FOR BLOCK(S):

NAME: (please print)

Service:

Resident Sponsored by a
Canadian Organization (MOH) or other): _____

Resident Sponsored by a
Foreign Organization : _____

Date: Please list by each day and in chronological order MMM/DD/YYYY	IN- HOSPITAL/ IN-HOUSE CALL	CONVERTED HOME/ OUT OF HOSPITAL CALL	HOME/ OUT OF HOSPITAL CALL	QUALIFYING SHIFT	ROUNDING

SIGNATURE OF CLAIMANT:

APPROVED BY (CHIEF RESIDENT):

Attention: All University of Ottawa Medical Residents

This note is intended to explain the on-call system. The system is designed to reimburse residents performing eligible calls. All claims must be in accordance with the PARO-CAHO collective agreement. The collective agreement can be found on www.myparo.ca.

- 1) **In-Hospital/In-House Call:** - You may claim an in-hospital/in-house call if you were scheduled for and worked in the hospital on-call.

- 2) **Converted Home/Out of Hospital Call:** - You may claim a converted home/out of hospital call if you were scheduled for a home/out of hospital call but worked more than four (4) hours in the hospital AND at least one (1) of the four (4) hours were after midnight (12 a.m.) and before 6 a.m.

- 3) **Home/Out of Hospital Call:** - You may claim a home/out of hospital call if you were scheduled for and did perform a home/out of hospital call.

- 4) **Qualifying Shift:** - You may claim a qualifying shift if you were scheduled for and worked a shift within the hospital where at least one (1) full hour of the shift occurred between midnight (12 a.m.) and 6 a.m.

NOTE: You may not claim a qualifying shift for the days that you are claiming either a home/out of hospital call or an in-hospital/in-house call.

- 5) **Rounding:** - You may claim rounding if you were not scheduled for a call and were required to round on a weekend day and actually attended in-hospital for such rounding.

You may not claim more than one type of call per date.

This form must be completed by all employees and persons employed or contracted by or associated with Bruyère Continuing Care, Bruyère Foundation and Elisabeth Bruyère Research Institute (EBRI), including physicians, medical residents, researchers, students, clinical instructors, volunteers, consultants.

Please note that failure to sign this document will not exempt anyone from these obligations.

Name _____

Affiliation with Bruyère Continuing Care _____
(employee, physician, medical resident, researcher, student, clinical instructor, volunteer, consultant, vendor, contractor)

All staff and those affiliated with Bruyère Continuing Care, as noted above, shall protect the confidentiality, privacy, security and integrity of all personal, patient and proprietary information that is not in the public domain (including but not limited to clinical, financial, administrative, research and development material), in accordance with policy PHIL 04 Privacy and Confidentiality and any other applicable requirements.

During my/our association with Bruyère Continuing Care, I/we may have access to private and confidential information and material related to patients/residents, medical staff, employees, volunteers, other individuals and the organization.

Violations of privacy and confidentiality include, but are not limited to:

- Accessing information that I/we do not require for my/our job purposes;
- Misusing, disclosing without proper authorization, or altering patient or personnel information;
- Disclosing to another person your user name and/or password for accessing confidential information electronically.

1. I/we shall treat all Bruyère Continuing Care personal, patient and proprietary information that is not in the public domain as confidential. This includes but is not limited to clinical, financial, administrative research and development material whether written, verbal or electronic. This means that I/we shall not read records or discuss, divulge or disclose such information about the Bruyère Continuing Care, unless there is a legitimate, authorized purpose.
2. I/we shall only collect, access, use, hold and disclose confidential information as needed to perform the professional duties of my/our position.
3. I/we shall only access, process and transmit confidential information using hardware, software and other authorized equipment, as required by the duties of my/our position.
4. I/we shall ensure that confidential information is not inappropriately collected, used or disclosed by me/us, or by virtue of my/our signature or security access to premises or systems. If I/we become aware of any breach of confidentiality, whether accidental or intentional, I/we must report the matter to my/our immediate supervisor or the privacy officer.
5. I/we will destroy all records from Bruyère Continuing Care containing confidential information that may be in my/our possession, either hard copy or electronic, after I/we have used them for the business requirements at hand.
6. I/we understand that should any of these conditions be breached, I/we may be subject to disciplinary action up to and including termination of employment or of affiliation with Bruyère Continuing Care.
7. I/we understand the conditions outlined herein which will remain in force even if I/we cease to have an association with Bruyère Continuing Care.

Name (print) _____

Signature _____ Date _____

Name of witness _____

Signature _____ Date _____

Ce formulaire doit être signé par tous les employés des Soins Continus Bruyère, de la Fondation Bruyère et de l'Institut de recherche Élisabeth-Bruyère (IRÉB) et les personnes qui y sont associées, soit les médecins, chercheurs, étudiants, moniteurs cliniques, bénévoles et consultants ainsi que les entrepreneurs travaillant à contrat pour ces trois entités.

Veillez noter que quiconque ne sera exempté de ces obligations s'il ne signera pas ce formulaire.

Nom _____

Liens avec les Soins Continus Bruyère _____
(employé, médecin, résident, chercheur, étudiant, moniteur clinique, bénévole, consultant, fournisseur, entrepreneur travaillant à contrat)

Tel que mentionné ci-dessus, tout le personnel des Soins Continus Bruyère et les personnes qui y sont affiliées doivent protéger la confidentialité, le caractère privé, la sécurité et l'intégrité de tous les renseignements personnels, les renseignements sur le patient et les renseignements exclusifs ne relevant pas du domaine public (comprenant, notamment, l'information clinique, financière, administrative et de recherche et développement), en vertu de la politique PHIL 04 Confidentialité et le respect de la vie privée et de toutes autres exigences applicables.

Au cours de mon/notre association avec les Soins Continus Bruyère, je/nous peux/pouvons avoir accès à de l'information et à des renseignements privés et confidentiels concernant des patients ou des résidents, du personnel médical, des employés, des bénévoles, d'autres personnes et l'organisme.

La violation du respect des renseignements personnels et le bris de la confidentialité peuvent comprendre, entre autres :

- L'obtention de renseignements qui ne sont pas nécessaires pour mon/notre travail;
- Le mauvais usage de renseignements sur le personnel ou un patient, leur divulgation sans autorisation appropriée, ou leur modification;
- La communication à un tiers de mon/notre nom d'utilisateur ou d'un mot de passe pour accéder aux renseignements confidentiels en format électronique.

1. Je/nous m'engage/nous engageons à traiter comme confidentiels tous les renseignements personnels, exclusifs ou concernant les patients des Soins Continus Bruyère qui ne sont pas du domaine public. Cela comprend, entre autres, l'information clinique, financière, administrative, liée à la recherche et au développement, écrite, orale ou électronique. Cela signifie que je/nous ne lirai/lirons pas les dossiers, ou que je/nous ne parlerai/parlerons pas de ces renseignements sur les Soins Continus Bruyère, que je/nous ne les divulguerai/divulguerons pas ou ne les communiquerai/communiquerons pas, sauf dans un but légitime et autorisé.
2. Je/nous m'engage/nous engageons à recueillir, consulter, utiliser, garder et divulguer seulement les renseignements confidentiels nécessaires pour les tâches professionnelles de mon/notre poste.
3. Je/nous m'engage/nous engageons à obtenir, traiter et transmettre, avec l'équipement autorisé, notamment du matériel et des logiciels, seulement les renseignements confidentiels nécessaires pour les tâches de mon/notre poste.
4. Je/nous m'engage/nous engageons à m'assurer/nous assurer que des renseignements confidentiels ne sont pas recueillis, utilisés ou divulgués de façon inappropriée par moi/nous, ou à cause de ma/notre signature ou de mon/notre accès sécuritaire aux locaux ou aux systèmes. Si je/nous prends/prenons connaissance d'un bris de confidentialité, accidentel ou intentionnel, je/nous dois/devons le signaler immédiatement à mon/notre chef hiérarchique ou au responsable de la protection des renseignements sur la santé.
5. Après avoir obtenu les renseignements nécessaires pour le travail demandé, les documents contenant de l'information confidentielle, voire copies électroniques et autres, seront détruits.
6. Je/nous comprends/comprenons que, si l'une de ces conditions était violée, je/nous pourrais/pourrions faire l'objet de mesures disciplinaires, qui peuvent aller jusqu'à la cessation d'emploi auprès des Soins Continus Bruyère ou la fin d'une affiliation avec ce dernier.
7. Je/nous comprends/comprenons les conditions stipulées dans le présent document qui resteront en vigueur même si je/nous cesse/cessons mon/notre association avec les Soins Continus Bruyère.

Nom (en lettres moulées) _____

Signature _____ Date _____

Nom du témoin _____

Signature _____ Date _____

Instructions pour le stationnement – Résidents

Afin d'obtenir une passe de stationnement pour Soins continus Bruyère :

1. Présentez-vous au bureau de Perception et fiduciaire, situé au 140J à l'hôpital Élisabeth-Bruyère et au 1411 à l'hôpital Saint-Vincent. Ce bureau est ouvert de 8h à 16h du lundi au vendredi et fermé les fins de semaines et jours fériés.
2. Sur présentation de la carte d'étudiant émise par votre université, les employés de Perception et fiduciaire vous vendront une passe de stationnement mensuelle (valable pour les 30 jours suivant sa première utilisation) au taux pour employés de \$83.45. Cette passe est valide 24 heures sur 24, 7 jours sur 7 dans les stationnements principaux de l'hôpital Élisabeth-Bruyère et de l'hôpital Saint-Vincent.
3. À la fin des 30 jours, retournez au bureau de Perception et fiduciaire pour vous procurer une nouvelle passe de stationnement mensuelle.
4. Pour utiliser la passe, glissez-la devant le lecteur de cartes à votre entrée dans le stationnement et glissez-la de nouveau devant le lecteur à votre sortie du stationnement.
5. Si vous avez seulement besoin d'utiliser le stationnement de temps en temps, vous pouvez vous procurer un billet de stationnement quotidien, au coût de \$14, à la guérite des deux stationnements principaux.
6. Vous pouvez également vous procurer une passe de 5 visites (consécutifs ou non) au taux de \$35.00 ou 10 visites au taux de \$65.00 disponible au bureau de Perception et fiduciaire.

Parking Instructions – Residents

To obtain a parking pass for Bruyère Continuing Care:

1. Visit the Accounts Receivable & Trust office, located in room 140J at the Elisabeth-Bruyère Hospital and in room 1411 at St-Vincent Hospital. They are open from 8:00 am to 4:00 pm Monday to Friday, closed weekends and holidays.
2. Upon presentation of the student identification card issued by your university, the Accounts Receivable & Trust staff will sell you a monthly parking pass, good for 30 days from first use, at the employee rate of \$83.45. This pass is valid 24/7 for both the Elisabeth-Bruyère Hospital and Saint-Vincent Hospital main parking lots.
3. At the end of the 30 days, visit the Accounts Receivable & Trust office again to purchase a new parking pass.
4. To use the parking pass, swipe it when entering the parking lot and swipe it again when exiting.
5. If you only need parking occasionally, daily parking is available and can be purchased from the pay stations at both parking lots at a cost of \$14.
6. Also available are 5 visit (consecutive or not) at the rate of \$35.00 or 10 visit at the rate of \$65.00 available at Accounts receivable & Trust office.

Examples of disruptive behaviour include but are not limited to:

Inappropriate words:

- profane, disrespectful, insulting, demeaning or abusive language;
- shaming others for negative outcomes;
- demeaning comments or intimidation;
- inappropriate arguments with patients, family members, staff or other care providers;
- rudeness;
- boundary violations with patients, family members, staff or other care providers;
- gratuitous negative comments about another learner, a physician or other care providers' care (orally or in chart notes);
- passing severe judgment or censuring colleagues or staff in front of patients, visitors or other staff;
- outbursts of anger;
- behaviour that others would describe as bullying;
- insensitive comments about the patient's medical condition, appearance, situation, etc.;
- jokes or non-clinical comments about race, ethnicity, religion, sexual orientation, age, physical appearance or socioeconomic or educational status.

Inappropriate actions/inactions:

- throwing or breaking things;
- refusal to comply with known and generally accepted practice standards such that the refusal inhibits staff or other care providers from delivering quality care;
- use or threats of unwarranted physical force with patients, family members, staff or other care providers;
- repeated failure to respond to calls or requests for information or persistent lateness in responding to calls for assistance when on-call or expected to be available;
- not working collaboratively or cooperatively with others;
- creating rigid or inflexible barriers to requests for assistance/cooperation.

Sexual harassment:

Comments that are or may be perceived as being sexually harassing which are directed at patients may fall under the definition of sexual abuse at s. 1(3) in the *Regulated Health Professionals Act, 1991*. These include:

- sexual intercourse or other forms of physical sexual relations between the Medical Learner and the patient and/or staff;
- touching, of a sexual nature, of the patient by the Medical Learner;
- behaviour or remarks of a sexual nature by the Medical Learner towards the patient.

Note: "sexual nature" does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

I have read and understood the above Code of Conduct policy.

Name (print): _____

Signature: _____ Date: _____

Name of witness: _____

Signature: _____ Date: _____

Locker Agreement

I, _____, am being assigned a locker at Saint-Vincent's Hospital under the following conditions:

- I will be charged a \$10 fee if I lose or damage the lock, or leave with the lock that was assigned to me.
- Bruyère Continuing Care nor The University of Ottawa are not responsible for any loss, damage or theft of items left in the locker.
- I will keep the combination of the lock assigned to me confidential at all times, both during and after my time at ÉBH.
- I understand that I may have to share my locker with another learner, and this may happen at any time.

Name: _____

Signature: _____

Date: _____

Locker Number: _____

