

Staten Island University Hospital

Annual Physician/Practitioner Orientation & Mandatory Training Program

Listing of Topics

&

Attestation Forms

STATEN ISLAND UNIVERSITY HOSPITAL

MEDICAL STAFF SERVICES

ANNUAL
ORIENTATION & MANDATORY TRAINING PROGRAM
FOR THE
MEDICAL AND DENTAL STAFF
AS WELL AS
LICENSED INDEPENDENT PRACTITIONERS

- I. PHYSICIAN TRAINING ON SAFETY
- II. PATIENTS' BILL OF RIGHTS
- III. ADVANCE DIRECTIVES POLICY
- IV. ORGAN DONATION POLICY
- V. INCIDENT REPORT POLICY AND PROCEDURE
- VI. HOSPITAL REPORTING RESPONSIBILITIES
PURSUANT TO SECTION 2803-c OF THE PHYSICIAN
HEALTH LIST FOR ALLEGED PROFESSIONAL MISCONDUCT
- VII. PERFORMANCE IMPROVEMENT PLAN
- VIII. MANAGEMENT OF PATIENT COMPLAINTS
- IX. SUPERVISION OF PATIENT CARE
PROVIDED BY POST GRADUATE TRAINEES
- X. PAIN MANAGEMENT EDUCATIONAL TOOL
- XI. THE ROLE OF LICENSED INDEPENDENT PRACTITIONERS
IN THE EVENT OF A DISASTER

**(NOTE: INFECTION CONTROL PROGRAM – DETAILS NOTED IN
MANDATORY TRAINING SECTION ON HEALTHPORT)**

STATEN ISLAND UNIVERSITY HOSPITAL

**PHYSICIAN/PRACTITIONER ANNUAL
ORIENTATION PROGRAM**

ATTESTATION FORM

The following is an attestation of the review of the Physician/Practitioner Annual Orientation Program Packet; and it is expected that this attestation form will be signed, dated and returned to the Director of Medical Staff Services within two (2) weeks of receipt.

This is to certify that I _____ have read all of the handout
(Print Name)
material provided in the Physician/Practitioner Annual Orientation Program Packet.

I further agree to attend the scheduled Continuing Education Programs and Medical Staff Conferences (as applicable), as well as make use of the reference material available on each unit and comply with all Staten Island University Hospital policies while practicing at Staten Island University Hospital.

(Signature)

(Date)

STATEN ISLAND UNIVERSITY HOSPITAL
PAIN MANAGEMENT
EDUCATIONAL TOOL
ON THE
ASSESSMENT AND MANAGEMENT OF PAIN
ATTESTATION FORM

The following is an attestation of the review of the Pain Management Assessment Tool, and it is expected that this attestation form will be signed, dated and returned to the Director of Medical Staff Services within two (2) weeks of receipt.

This is to certify that I _____ have read and understand all of the
(Print Name)
material provided in the Pain Management Educational Tool.

I further agree to abide by the policies and protocols on the assessment and management of pain, as set forth within the Educational Tool while practicing at Staten Island University Hospital.

(Signature)

(Date)

STATEN ISLAND UNIVERSITY HOSPITAL
EMERGENCY INCIDENT (DISASTER) RESPONSE
FOR
LICENSED INDEPENDENT PRACTITIONERS
ATTESTATION FORM

The following is an attestation of the review of the Emergency Incident (Disaster) Response Document, and it is expected that this attestation form will be signed, dated and returned to the Director of Medical Staff Services within two (2) weeks of receipt.

This is to certify that I _____ have read and understand all of the
(Print Name)
material provided in the Emergency Incident (Disaster) Response Document.

I further agree to abide by the policies and protocols as they relate to response in the event of an emergency incident (disaster), as set forth within the Emergency Incident (Disaster) Response Document while practicing at Staten Island University Hospital.

My signature below attests to the fact that I have read the document titled "Emergency Incident (Disaster) Response for Licensed Independent Practitioners" and understand my role in any unusual event that impacts normal operations at Staten Island University Hospital. I further understand that I may be contacted by Hospital Administration with a request to assist in the response and that I will be provided directions for reporting if I choose to respond.

(Signature)

(Date)