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Educational Center for Professional Development 201-915-2948

 "Education is the Foundation"


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# Jersey City Medical Center

# *Affiliation Orientation Packet*

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**WELCOME TO JERSEY CITY MEDICAL CENTER  
AND THE  
EDUCATIONAL CENTER FOR PROFESSIONAL DEVELOPMENT**

We hope your experience with us is a gratifying one and meets all your expectations. In an effort to answer some of the most frequently asked questions, the following information is provided. Attached you will find directions to the hospital, a map of the hospital, and a request for scrubs/lab coats if applicable.

At the conclusion of your rotation with us, please schedule an appointment for a post conference with The Educational Center for Professional Development, (201)-915-2948.

## **PARKING**

Parking is available in our parking lot/garage at no cost to instructors and students who have proper STUDENT AND/OR FACULTY HOSPITAL identification badges.

## **IDENTIFICATION BADGES**

Student/Faculty Hospital Identification badges will be worn at all times while on the hospital premises. The identification badges must be worn showing the student and/or faculty name and picture and visible at all times.

## **CAFETERIA**

The cafeteria is located on the 1<sup>st</sup> floor - East side of the building (JCMC). Hours of operation: 6:30AM – 9:00AM and 11:00AM – 2:00PM. There are vending machines located in the Emergency Room waiting area (1<sup>st</sup> floor, West side). Nearest areas on the other LibertyHealth sites will be provided during site orientation.

## **CONFERENCE ROOM/AUDIOVISUAL EQUIPMENT**

Conference room and audiovisual equipment is severely limited and may not be reserved. If, by chance, the Educational Department for Professional Development (Ext.'s 2948, 3048) classroom/equipment is available when you need it, they may be utilized. There may be meeting space available on your assigned unit. Please check with the Supervising Manager.

## **Our Mission...Enhancing Life**

Our vision is to achieve the top 10 percentile in our pillars: Patient Safety, Clinical Quality, Satisfaction and Economic Health, with a goal of achieving Top 100 national recognition. Through these accomplishments, LibertyHealth will attract the highest level of talent and will be the regional employer & provider of choice.

### **TRUST**

Trust is the foundation of our employee values. Building trust requires that I speak up honestly, follow through with promises and commitments, and be compliant to LibertyHealth's policies and standards.

### **ACCOUNTABILITY**

I recognize that I *am* LibertyHealth and that quality and satisfaction begin with me. To this end, I will support LibertyHealth enthusiastically; accept responsibility for my actions, attitudes, and mistakes; and know how my job impacts the success of the organization.

### **COMMUNICATION**

I will be a force for positive and timely communication. I strive to ensure that everyone I communicate with will be treated with dignity and respect. I commit to being a good listener, to try honestly to see things from the other person's point of view, and being relentless about maintaining privacy and confidentiality.

### **EXCELLENCE**

I will do my best at all times and look for ways to do it even better. I will continually find ways to contribute to the success of my team, have the courage to innovate, and be passionate about improving clinical and service excellence. I will treat all team members equally and maintain personal and professional integrity as defined in the LibertyHealth Code of Conduct and Business Ethics.

### **TEAMWORK**

I recognize the value of working together as a team than alone, and that through teamwork a higher level of performance, clinical care, satisfaction, and overall outcomes will be achieved. I will respect and appreciate differences in people's styles, cultures, gifts, and skills and the value they bring to the team. I will also be willing to learn from others' points of view and support a culture of caring.

## Application Checklist

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### COMPLETE THIS FORM AND FORWARD TO :

Educational Center for Professional Development  
ATTN: School Affiliation  
Jersey City Medical Center  
355 Grand Street  
Jersey City, NJ 07302  
Phone: 201-915-2948 Fax: 201-915-2955

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In order to approve your intersnship, these documents must be forwarded to ECPD six weeks prior to internship. (i.e. July 21 Due Date for Internships Starting September 1)

- \_\_\_\_\_ Request for Internship Form
- \_\_\_\_\_ Signed School Affiliation Agreement / Contract
- \_\_\_\_\_ School Certificate of Insurance
  - Please check appropriate box
    - ❑ Insurance written on **Occurrence** Basis
    - ❑ Insurance Written on **Claims** Basis (Additional Information Is Required)
- \_\_\_\_\_ Copy of Instructor Malpractice Insurance
  - Please check appropriate box
    - ❑ Insurance written on **Occurrence** Basis
    - ❑ Insurance Written on **Claims** Basis (Additional Information Is Required)
- \_\_\_\_\_ Course Objectives/ Description
- \_\_\_\_\_ Student Roster
- \_\_\_\_\_ Statement of Student Clearance for Internship (**See attached form**). This is a statement (copies of reports are NOT necessary) certifying that the students have passed criminal background check and physical examination including:
  - Negative 2 step TST/Tuberculin Skin Test within the past 12months  
**(OR)**  
Documentation of a previous positive TST and negative Chest Xray done within the last 12 months.
  - Evidence of Hepatitis B, Mumps Rubella, Rubeola, and varicella titer indicating immunity  
**(OR)**  
Two doses of measles MMR vaccine (one on or after the student's first birthday and one after 1980) Immunological history
- \_\_\_\_\_ Signed Student Agreement
- \_\_\_\_\_ Signed Faculty Agreement

# STATEMENT OF STUDENT CLEARANCE

**Please complete this form 6 weeks prior to start date.**

**Educational Center Fax: 201-915-2955 with ATTN to: School Affiliations**

Name of School: \_\_\_\_\_ Unit (s): \_\_\_\_\_ Days: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Dates of Internship: \_\_\_\_\_

Insert the names of students and faculty who have completed clearance of a background check. Insert the date of the most recent check. Confirm that each student/instructor has met the health clearance requirements\*.

Use a separate form for each placement.

Names	Month/day/ year of Most Recent Background Check	Health Clearance on file at school (yes/no)
FACULTY NAME:		
STUDENTS NAMES:		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

\* **Health Clearance requirements:** A physical, documentation of a negative 2-step TST within the past 12 months or documentation of a previous positive TST & negative chest x-ray done within the last 12 months. Also needed is titer evidence of immunity to rubella, rubeola, and varicella. Evidence of receipt of 3 doses of Hepatitis B vaccine, an immune (+) HbsAb, or documentation of a signed declination.

**Instructor Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Director Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# **Student Agreement**

**Directions:**

Each student shall read the attached Student Agreement, sign and return the signature page.

This Student Agreement (the "Agreement") is effective the \_\_\_\_\_ day of \_\_\_\_\_, 201\_, between Jersey City Medical Center ("Facility") and \_\_\_\_\_ ("Student"), a student currently enrolled at \_\_\_\_\_ ("School") to participate in internship activities at Facility. Student agrees as follows:

**Confidentiality**

Student acknowledges that as a result of the internship activities, Student will have access to confidential information of the Facility, including patient health information. Student will hold confidential all patient and Facility information obtained as a participant in these activities and will not disclose any personal, medical, related information, or any other confidential information to third parties, family members, or other students and Faculty Members except as permitted in this Agreement or as required by law. Student is committed to protecting and safeguarding from any oral and written disclosure all confidential patient and Facility information that Student comes in contact with. Student shall not copy surgery schedules, patient medical records, or other Facility information. Except as permitted or required by this Agreement or by law, Student will not use or disclose patient information in a manner that would violate the laws of the State of New Jersey or the requirements of any federal law, including, for example, the Privacy and Security Standards contained in the Health Insurance Portability and Accountability Act of 1996 (45 CFR §§ 160 through 164). Student expressly agrees to comply with state and federal law in all respects, and to implement of all necessary safeguards to prevent such disclosure. Student acknowledges that any breach of confidentiality or misuse of information will result in termination of Student's internship activities at Facility, as well as the potential termination of the Facility's relationship with Student's school or legal action. Unauthorized disclosure may give rise to irreparable injury to the patient or the owner of the confidential information and accordingly, the patient or owner of such information may seek legal remedies against the Student.

**Compliance with Policies and Rules**

While participating in internship activities at Facility, Student will abide by all applicable Facility rules, policies, procedures and instructions, whether verbal or written, including the Facility Code of Conduct. Student will wear appropriate attire, including an identification badge identifying him/her as a student, as requested by Facility.

**Limitation**

Student understands that by signing this Agreement, Student is not guaranteed participation in any internship activities at Facility. Eligibility of participation shall be determined exclusively by Facility, in its sole discretion.

**Withdrawal of Student**

Facility may require the Student to immediately withdraw from the internship activities in the event Facility determines, in its sole discretion, that Student's conduct, demeanor or cooperation is unsatisfactory or that Student has violated Facility policies or rules, including, but not limited to, breach of confidentiality.

**Student Status**

Student understands that Student is not and will not be considered an employee of Facility or any of its subsidiaries or affiliates by virtue of Student's participation in the internship activities and shall not as a result of Student's participation in the internship activities, be entitled to compensation, remuneration or benefits of any kind.

**Release**

Student hereby releases Facility, its agents and employees, from any liability, claim, action, loss, cost, damage or expense for injury, death or damages and damages to property arising out of the Student's acts or omissions during the internship education experience.

Student Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

# **Faculty Agreement**

## **Directions:**

Each Faculty Member shall read, sign and return the attached Faculty Agreement.

This Faculty Agreement (the "Agreement") is effective the \_\_\_\_ day of \_\_\_\_\_, 201\_, between Jersey City Medical Center ("Facility") and \_\_\_\_\_ ("Faculty Member"), a Faculty Member currently teaching at \_\_\_\_\_ ("School") to participate in internship learning activities at Facility. Faculty Member agrees as follows:

## **Confidentiality**

Faculty Member acknowledges that as a result of the internship teaching activities, Faculty Member will have access to confidential information of the Facility, including patient health information. Faculty Member will hold confidential all patient and Facility information obtained as a participant in these activities and will not disclose any personal, medical, related information, or any other confidential information to third parties, family members, or students and other Faculty Members, except as permitted in this Agreement or as required by law. Faculty Member is committed to protecting and safeguarding from any oral and written disclosure all confidential patient and Facility information that Faculty Member comes in contact with. Faculty Member shall not copy surgery schedules, patient medical records, or other Facility information. Except as permitted or required by this Agreement or by law, Faculty Member will not use or disclose patient information in a manner that would violate the laws of the State of New Jersey or the requirements of any federal law, including, for example, the Privacy and Security Standards contained in the Health Insurance Portability and Accountability Act of 1996 (45 CFR §§ 160 through 164). Faculty Member expressly agrees to comply with state and federal law in all respects, and to implement of all necessary safeguards to prevent such disclosure. Faculty Member acknowledges that any breach of confidentiality or misuse of information will result in termination of Faculty Member's internship activities at Facility, as well as the potential termination of the Facility's relationship with Faculty Member's school or legal action. Unauthorized disclosure may give rise to irreparable injury to the patient or the owner of the confidential information and accordingly, the patient or owner of such information may seek legal remedies against the Faculty Member.

## **Compliance with Policies and Rules**

While participating in internship activities at Facility, Faculty Member will abide by all applicable Facility rules, policies, procedures and instructions, whether verbal or written, including the Facility Code of Conduct. Faculty Member will wear appropriate attire, including an identification badge identifying him/her as a Faculty Member, as requested by Facility.

## **Immediate Termination**

Faculty Member understands that the failure to follow the provisions of this Agreement and the related Facility policies and procedures may result in immediate termination of his/her encounter with or assignment to Facility as well as civil and/or criminal penalties.

## **Faculty Member Status**

Faculty Member understands that Faculty Member is not and will not be considered an employee of Facility or any of its subsidiaries or affiliates by virtue of Faculty Member's participation in the internship teaching activities and shall not as a result of Faculty Member's participation in the internship activities, be entitled to compensation, remuneration or benefits of any kind.

## **Release**

Faculty member hereby releases Facility, its agents and employees, from any liability, claim, action, loss, cost, damage or expense for injury, death or damages and damages to property arising out of the Faculty member's acts or omissions during the internship education experience.

Faculty Member Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Directions to Jersey City Medical Center**

**Jersey City Medical Center is located at  
355 Grand Street Jersey City, New Jersey 07302**



***Traveling by Car***

***NJ TPK*** – via Exit 14C / take the exit toward Jersey City/Columbus Dr. Merge onto Center Street; Turn Left at York Street; Turn Left at Merseles Street (As you take the exit toward Jersey City/Columbus, you actually stay straight – go through a light (Montgomery) and go back under the overpass stay in the middle lane so as not to go back onto the NJ TPK– some of the street signs are missing to identify Center/York/Merseles)

Turn Left at second light (Grand Street). Hospital will be on your right – follow parking signs\*\*

\*\*For students during the day – please park in the designated area “Marina parking”: make a right onto Jersey Ave – follow through the light – make a left and follow a small driveway through the metal company to the main parking by the Marina. Shuttle buses are operational from 6:30am – 6:30pm weekdays/Monday-Friday.

\*\*\* For students during the evening hours – please park in the gravel lot by the hospital EMS department (gate beyond the main parking area)

***(Via Route 1 & 9*** – take Manhattan Avenue to Kennedy Boulevard.

***Via Kennedy Blvd*** – Montgomery Street or Newark Avenue to Jersey Avenue.

***Via Washington Boulevard*** – To Grand Street, right on Grand Street to Jersey Avenue.

***Traveling by Bus***

***Greenville Bus Line*** – Travels down Merrit Street (by Curries Woods Complex) down Ocean Avenue to Summit Avenue and Baldwin Avenue to Grand Street.

***Greenville #16*** – Travels from Newport to Journal Square over to Bergen Avenue to Communipaw Avenue, over to Pacific Avenue and to Grand Street and new hospital.

***NJ #1*** – Travels on Grand Street to Jersey Avenue.

***NJ #81*** – Travels on Grand Street to Jersey Avenue.

***NJ #84*** – Travels from Merrit Street down Ocean Avenue over to Communipaw Avenue to Grand Street.

**Traveling by Light Rail**

Hudson Bergen Light Rail currently travels from Bayonne to Hoboken, which stops at Jersey City Medical Center on Jersey Avenue.

**Traveling by PATH**

Jersey City has several PATH stations connecting to Light Rail including Pavonia Avenue and Exchange Place.

***(Follow Light Rail directions)***

For Further Directions Please contact us at:  
201-915-2000 or try <http://maps.google.com>