

**Title: Medical Staff and
Advanced Practice
Orientation**

Medical Executive Committee

I. POLICY

All applicants for membership on the Medical Staff and Allied Health Advanced Practice Staff shall complete the orientation process prior to privileges being granted/activated at East Jefferson General Hospital.

II. PURPOSE

Orientation of new Medical Staff and Allied Health Advanced Practice members will meet Joint Commission requirements. The applicants will be familiarized with hospital and Medical Staff facilities, services, personnel and policies.

III. DEPARTMENTS AFFECTED:

Medical Staff and all hospital departments.

IV. PROCEDURE:

A. Medical Staff Orientation

1. On-Line Medical Staff Orientation

The applicant will complete the online Medical Staff Orientation modules as part of the Initial Medical Staff Application process. The application will not be considered complete until the signed certificate of completion is returned to the Medical Staff Office. This includes the following modules, Orientation Video, Review of Medical Staff Orientation Manual, Review of Standards of Behavior, Review of Medical Staff Bylaws, Rules & Regulations, etc.

2. On-Site Orientation/Training

The applicant must complete the mandatory on-site CPOE training and hospital tour. Physician Sales & Services will contact the applicant in order to coordinate the following activities:

- Computer/CPOE and Dragon hands-on training
- Dictation instructions
- ID Badge – access ~~for parking~~ to hospital building /doctors parking lot
- Hospital tour

B. Allied Health Advanced Practice Orientation:

1. On-Site Orientation/Training

The applicant must complete the mandatory on-site CPOE training and hospital tour. Physician Sales & Services will contact the applicant in order to coordinate the following activities:

- Computer/CPOE hands-on training

- Dictation instructions
- ID Badge – access ~~for parking~~ to hospital building
- Hospital tour

V. On-Site Orientation /Training must be completed prior to final approval of the application by the Hospital Board of Directors. Exceptions to this process are at the discretion of the Medical Director and/or Chief of Staff; however, hands-on computer/CPOE training must be completed prior to privileges being activated at EJGH.

VI. RESPONSIBILITY:

Questions concerning this policy and recommended revisions shall be directed to the Medical Staff Credentialing Supervisor, Hospital Medical Director, or designee.

VII. APPROVAL:

Reviewed and approved by the Medical Executive Committee on 5/8/12.