



# Tucson Hospitals Medical Education PROGRAM

[THMEP@tmcaz.com](mailto:THMEP@tmcaz.com)

(520) 324-5095

## THMEP Observer Program

Prospective applicants may choose to shadow under the supervision of a Tucson Medical Center employee or medical staff member, including physicians, if and when appropriate opportunities are available.

THMEP's Observer Program is an educational experience that is restricted to watching and listening during patient histories, physical examinations, procedures, surgeries, outpatient appointments, teaching rounds, and educational conferences. An observer is under direct supervision by a THMEP clinical faculty member or staff member. An observership DOES NOT include participation in direct or indirect patient care or management, nor does it constitute medical training. An observership is NOT a clerkship, and it does not confer academic credit.

THMEP may delay the start, terminate early, or cancel an observership at any time at its sole discretion. THMEP maintains the right to remove an observer from assignment after it has been determined by THMEP that such removal is in the best interest of THMEP, Tucson Medical Center and/or its patients and their families. TMC, and THMEP on its behalf, shall have the right at any time to take whatever action it deems necessary, including the barring of an observer from its premises, in order to ensure the safety and welfare of its patients and to maintain the operation of its facilities free from disruption.

## Observer Program Requirements:

The following is required for acceptance and review of application:

- Must be fluent in the English language.
- Must be 18 or over.
- Must complete an Observership Application, including completion of:
  1. HIPAA (Health Insurance Portability and Accountability Act of 1996) Compliance Agreement
  2. THMEP Teacher-Learner Compact
  3. Information Services Confidentiality Agreement
  4. Infection Prevention and Control for Observation Experiences Agreement
  5. Professional Headshot for badge
  6. \$10 application fee (to be paid in cash when observer picks up their badge)
- Submission of an application for an observership does not guarantee that a slot will be available. Applications must be received at least one month prior to the proposed start date.
- Must provide (i) current curriculum vitae, indicating prior education, training and ECFMG status, if applicable; or (ii) other equivalent requested information, to allow for background verification.
- Must provide a copy of current transcript from medical or clinical training school or verification of current state medical licensure, in good standing.
- Must provide USMLE/COMLEX scores (if applicable)
- Must provide an up-to-date immunization record and/or agree to any required immunizations. This will include proof of Covid vaccination, a TB test (within the last 365 days), flu vaccination (during flu season), and MMR records

## Restriction:

Participants in the clinical observership program are not allowed to directly participate in clinical care, physically contact patients, perform procedures, write orders, or access the TMC Epic electronic health record. You can observe for up to one month, after which you are eligible to reapply.



TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM  
**OBSERVERSHIP APPLICATION RELEASE  
 AND PERMISSION FORM**

OBSERVER INFORMATION	
Last Name:	First Name:
Middle Name:	D.O.B:
Email:	Phone:
Emergency Contact Name & Relationship:	Emergency Contact Number:
Medical School (if applicable):	Dates Attended:
Degree:	ECFMG #:
I wish to participate in an observation experience at Tucson Medical Center (TMC). I understand that to be eligible for this program I must agree to the terms and conditions identified in this form, designed to protect both myself and TMC.	
OBSERVEE INFORMATION	
Dates of Observation:	
<i><b>PLEASE NOTE:</b> You can observe for up to one month, after which you are eligible to reapply. Supervising physician signature required</i>	
Name of Person being observed:	Specialty/Role:
Email:	Phone:
Observing in O.R.? <input type="checkbox"/> Yes <input type="checkbox"/> No	O.R. Dates:
Signature:	Date:
CHECKLIST: ADDITIONAL REQUIRED DOCUMENTATION	
<b>Please submit the following items with your rotation application:</b>	
<input type="checkbox"/>	HIPAA (Health Insurance Portability and Accountability Act of 1996) Compliance Agreement
<input type="checkbox"/>	THMEP Teacher-Learner Compact
<input type="checkbox"/>	Information Services Confidentiality Agreement
<input type="checkbox"/>	Infection Prevention and Control for Observation Experiences Agreement
<input type="checkbox"/>	Current curriculum vitae or resume, indicating prior education, training and ECFMG status
<input type="checkbox"/>	Professional headshot for badge
<b>An up-to-date immunization record including:</b>	
<input type="checkbox"/>	TB Test (within the last 365 days)
<input type="checkbox"/>	Flu Vaccination (during flu season)
<input type="checkbox"/>	MMR Records
<input type="checkbox"/>	COVID Vaccination
<b>Additional Documents (If applicable)</b>	
<input type="checkbox"/>	A copy of current transcript from medical or clinical training school
<input type="checkbox"/>	Verification of current state medical licensure, in good standing
<input type="checkbox"/>	USMLE/COMLEX scores
PROGRAM COORDINATOR/ADMINISTRATOR (IF ENROLLED IN MEDICAL SCHOOL)	
I verify that the documents listed above are on file and available upon request.	
Signature:	Date:



TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM  
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AND PERMISSION FORM**

**CONFIDENTIALITY**

I understand and agree to:

1. Comply with TMC's privacy policies;
2. Treat all information received in the course of the observation experience, including patient names, diagnosis, treatment, or anything else relating to patients, as CONFIDENTIAL and privileged information;
3. Be prohibited now or in the future from gaining access to, removing (in paper or electronic form), or disclosing to anyone any confidential and privileged information except as permitted by TMC's policies and only with the express permission of my job shadow supervisor;
4. Be prohibited from logging on to or loading any software onto any TMC computer, and
5. Be immediately terminated from my observation experience or from employment, if hired, for failing to comply with these requirements.

**BEHAVIORAL EXPECTATIONS**

I understand that I must meet the same behavioral and ethical standards expected of all TMC employees. My observation experience will be terminated immediately for disruptive, disrespectful, or other inappropriate behavior. Behavioral expectations include:

1. Positive Attitude - contributing to a positive atmosphere
2. Customer Service - putting others first
3. Courtesy & Respect - being polite and listening closely
4. Communication - introducing myself and speaking clearly
5. Team Work - helping others and doing my part in a timely manner
6. Professional Conduct - respecting patient privacy; being safe, and following policies and procedures
7. Professional Appearance - wearing an identification badge and dressing professionally.
  - a. Appropriate dress includes scrubs, casual slacks/pants, collared shirt or nice blouse, school uniform, closed-toed shoes. NO jeans, sandals, distasteful images or slogans, or other attire or accessories out of place in a clinical work environment. With the exception of pierced ears, the display of body, facial or tongue piercing is not acceptable.

**ACKNOWLEDGEMENT OF RISKS, RESPONSIBILITY FOR ILLNESS OR INJURY & RELEASE OF LIABILITY**

**ACKNOWLEDGEMENT OF RISKS.** I understand the inherent dangers in participating in an observation experience at a health care facility and accept the risks of being around sick and injured patients. These risks include but are not limited to, being emotionally shocked by experiences that are new, unusual or distressing; being adversely affected by the sight of blood, physical trauma, death, nudity, altered states of consciousness, and uncomfortable or painful medical procedures or tests; fainting; and being exposed to illness, infection or injury.

**RESPONSIBILITY FOR ILLNESS OR INJURY.** If at any time I feel nauseous, dizzy or otherwise ill during my observation experience, I shall inform my observation supervisor immediately. I authorize TMC to provide emergency medical care if I am injured or ill at a hospital site. I shall bear the costs of any such care and under no circumstances shall TMC bear any cost of such care. In the event of an emergency, TMC may contact my emergency contact.

**RELEASE OF LIABILITY.** I assume all risk associated with my observation experience and release and hold harmless TMC, it's administration, board of directors, employees and agents from any and all claims or liability for physical injury and/or damage, emotional distress or mental anguish, or any other health condition that I may sustain as a result of my job shadow at any facility of TMC.

**OBSERVER SIGNATURE**

By signing here, I acknowledge that I have read this form, understand it, and agree to all of its terms.

I further understand that my participation in an observation experience is voluntary and I will not be an employee of TMC. I acknowledge that I am 18 years of age or older.

Signature:

Date:

Printed Name:

**Observer**

**Student**

TMC must report certain data this year to the National Healthcare Safety Network (NHSN). This information is required for everyone that worked in the facility (paid or not) for even 1 day during the flu season (10/1/22 to 3/31/23). Please complete and return this form to **THMEP Admin at [THMEP@tmcaz.com](mailto:THMEP@tmcaz.com)**. We appreciate your assistance in complying with this requirement. Thanks!

## 2022- 2023 TMC Healthcare FLU Vaccination Summary Form

Print Name: \_\_\_\_\_  
Email: Date: \_\_\_\_\_  
Department: \_\_\_\_\_

I had the influenza vaccine this year at TMC (**after 8/1/22 and before 3/31/23**).

I had an influenza vaccine already this year (**after 8/1/22 and before 3/31/23**) and have documentation.

Provider: \_\_\_\_\_ Date vaccinated: \_\_\_\_\_

**Please attach copy of receipt or proof of administration.**

I had an influenza vaccine **after 8/1/22 and before 3/31/23**, but do not have documentation.

I am **not** able to receive the influenza vaccine due to a permanent contra-indication.

I have a severe (life threatening) allergy to eggs or any vaccine component.

I have had Guillian-Barre Syndrome (a severe paralytic illness) with in 6 wk of a previous flu injection.

Other: \_\_\_\_\_

## HIPAA Education for Observation Experiences

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This is a business of caring for patients, their families and other 'customers'. Patient protected health information (PHI) is all around you. As an observer, you have a responsibility to protect the privacy of that information both during your observation, but after you leave TMC.

It is important that you put yourself in the place of patients and their families. If you were a patient here, you would not want information about your treatment or intimate personal healthcare details told to anyone without your permission. This HIPAA education is necessary to protect patients, employees, yourself and TMC HealthCare.

- HIPAA stands for Health Insurance Portability and Accountability Act
  - Legislations passed to protect the privacy and security of health information
- PHI includes any information created or received that relates to:
  - the health or condition of an individual
  - any healthcare provided to an individual
  - any payments for health care which identify an individual patient
  - any information that identifies an individual patient or provides a way to be used to identify an individual patient is also protected health information
- All of the following items are considered PHI:
  - A patient's medical record
  - Patient x-rays from Radiology
  - A claim for payment of clinical services
  - The email address or Social Security number of a patient
  - A record of a patient's co-payment for hospital services
  - The very presence of a patient at TMC is considered protected health information
- PHI can take many forms:
  - Paper copies and patient files
  - Telephone calls, voice mail and verbal communications
  - Emails
  - Fax transmissions
- HIPAA Minimum Necessary Rule means you do not:
  - ask for, or look at patient information you do not need to know
  - share patient information with anyone not involved in the patient's care or treatment
- Do not discuss patients and/or patient information in public areas, such as cafeteria, hallways, restrooms and parking lots.
- Anyone found violating the privacy of a TMC patient will be asked to immediately leave TMC campus, and will not be allowed to return as an observer.

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CONFIDENTIALITY AGREEMENT

While at Tucson Medical Center or at any facilities owned or operated by TMC HealthCare, you may have access to patient, employee or other confidential information, including protected health information (PHI) for treatment, payment, or operational purposes as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is confidential and shall not be disclosed to any one inside or outside of TMC except to those people authorized by law or TMC policy to receive such information. You may not discuss this information with family or friends even if the information is about them. Patients expect TMC to keep their medical and personal information confidential, and you are expected to respect patients' rights and abide by applicable laws and policies. As a condition to being granted such access, TMC HealthCare requires you to agree to the following:

1. I shall keep confidential all PHI, regardless of whether this information is oral, written or maintained in electronic form. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care.
2. I shall use and/or disclose PHI only as permitted by HIPAA, other applicable federal, state, and local laws, rules, and regulations, and TMC HealthCare policies. I shall only access or disseminate PHI in the authorized performance of my assigned duties and where required by or permitted by law.
3. I understand that TMC HealthCare shall monitor access to PHI and perform random audits pertaining to appropriate PHI access. I understand that I shall be held responsible for all access activity associated with my username and password, and I therefore shall safeguard my credentials at all time and not share them with any individuals for any purpose or reason. Likewise, I shall not use another person's password to access PHI.
4. I understand that I may have access to PHI beyond that needed to carry out my assigned duties, and I understand that having such access does not authorize me to access the PHI absent a legitimate reason to do so. I shall limit my access to PHI to that which is the minimum necessary for completion of my assigned duties and responsibilities.
5. I understand that posting, storing, downloading and uploading PHI and other confidential information to social media, unsanctioned cloud storage, or unauthorized devices is strictly prohibited. I understand that removal of patient names alone is not sufficient to satisfy HIPAA requirements for use and disclosure of PHI. I shall not post any PHI or confidential information to services such as Google Docs, Box.com, Dropbox, and others unless the service and applicable credentials have been explicitly sanctioned for use by TMC HealthCare.
6. I understand that failure to comply with applicable laws and TMC HealthCare policies pertaining to confidentiality may result in (i) loss of access; (ii) termination of my status with TMC HealthCare and/or any agreement TMC HealthCare may have with me; (iii) further disciplinary and/or legal action on behalf of a patient and/or TMC HealthCare.
7. I understand that my duty and commitment to maintain confidentiality as described in the agreement remains in effect even after leaving TMC HealthCare.
8. I understand my obligation to report any suspected intentional or unintentional inappropriate access of PHI to the TMC HealthCare Corporate Compliance Department.

**I hereby acknowledge that I have read and understand the TMC HealthCare Confidentiality Agreement and that my signature below signifies my agreement to comply with this Confidentiality Agreement as well as all applicable laws and TMC HealthCare policies pertaining to confidentiality and privacy.**

Printed Name: \_\_\_\_\_

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

# Infection Prevention and Control for Observation Experiences

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## Introduction

TMC is committed to providing a safe and healthy work environment for patients, visitors, employees and volunteers.

## Hospital-acquired Infections

Hospital-acquired infections (HAI) are infections that develop while the patient is in the hospital. The patient didn't have the infection when they came in.

- HAI develop in at least 5% of patients.
- Extend their hospital stay by 4-8 days.
- Third leading cause of death in the U.S.
- Expensive! Cost more than \$5 billion/year to treat.
- Our challenge is to prevent these hospital-acquired infections.

## OSHA's Blood Borne Pathogen Standard

The Occupational Safety Health Administration has developed specific standards we all must follow.

- The Blood borne Pathogen (BBP) Standard protects us from blood borne diseases such as Hepatitis B&C & HIV.
- A copy of TMC's Exposure Control Plan and OSHA's blood borne pathogen standard is available upon request from the TMC Infection Control Department.
- The BBP Standard includes a set of Standard Precautions that must be used by everyone for every patient.

**Standard Precautions** include:

### **Hand Hygiene**

- Hand Hygiene includes washing hands with soap and water for a minimum of 15 seconds or the use of alcohol based hand gel.
- Center for Disease Control recommends using alcohol based hand gel unless hands look or feel dirty.
- If hands look or feel dirty, use soap and water and wash for a minimum of 15 seconds.
- After removing gloves, it is best to use soap and water and wash for a minimum of 15 seconds rather than using gel. (Certain bacteria/spores such as Clostridium difficile are not removed from skin by gel.)
- When should you perform hand hygiene?
  - o Before and after contact with a patient or with patient's environment.
  - o After removing gloves.
  - o Before and after eating.
  - o Before and after using the bathroom.
  - o When beginning and ending your shift.

### **Personal Protective Equipment**

Personal Protective Equipment (PPE) includes equipment worn to prevent exposure to blood or body fluids. Examples of PPE include gloves, masks, gowns and face shields.

If for some reason you require additional PPE other than gloves, remember:

- Use if you think you will be exposed to blood or body fluid.
- Remove before you leave the room.
- OSHA can fine the hospital if they see gloves worn in the hallway.

### **Cleaning Equipment and the Environment**

- Germs can be spread by contact with dirty or contaminated equipment.
- Use disinfecting wipes to clean equipment after use.

### **Linen**

- Be sure linen covers remain down covering clean linen.
- Carry dirty linen away from your body.
- Put dirty linen in the dirty linen hamper; not on the floor. Visibly contaminated, place in a plastic bag and then into hamper.
- As soon as linen is off the cart, it's considered contaminated so please only take what will be needed.

### **Sharps**

If you see a sharp (for example a needle or blade) - **don't touch it**. Alert a health care worker immediately. Treat sharps as if they were a loaded gun.

#### Please note:

Because research has shown that Artificial Fingernails are associated with outbreaks of infection, artificial fingernails are prohibited if you work with infants, children or ICU patients.

### **Expanded Precautions**

Some communicable diseases require that we expand or add an additional layer of precautions to Standard Precautions. The rooms of patients in expanded precautions (aka: isolation) can be identified by an isolation sign.

The 5 types of expanded or transmission-based precautions are:

**Airborne** (blue sign - requires a fitted special mask and negative-pressure room);

**Droplet** (green sign - requires surgical mask);

**Contact** (red sign - requires gown and gloves);

**G-contact** (purple sign - for *Clostridium difficile* infections - requires use of gown/gloves and soap and water hand hygiene only.

See laminated precautions signs for more information. The expanded precaution sign will be displayed on the door, supply bag on door, or on the door jam. Never remove a sign, even if the room is empty.

**Observers should not enter the room of a patient placed in expanded/transmission-based precautions.**

### **Blood & Body Fluid Exposures**

An exposure is defined as a sharp object such as a needle penetrating the skin or body fluid contact on broken or rashed skin or a body fluid splash into mucous membranes (eyes, nose or mouth). In the event of an exposure, notify unit supervisor and the Human Resources office.

#### **Help prevent the spread of infection at TMC:**

- Wash your hands.
- Wear clean clothes (if your clothing becomes contaminated, report to your supervisor and change immediately)
- Don't bite your nails, pick your nose, or rub your eyes.
- Cover your mouth when you cough.
- Stay home when you are sick.

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**PREAMBLE**

Faculty and learners, (residents and students) are obligated under a variety of policies and standards, both at THMEP and the Universities with which it affiliates for medical education, to interact in a professional manner. THMEP is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by THMEP policies and are expected to adhere to them. Violations of these policies will be investigated, and disciplinary action imposed if appropriate.

**PROFESSIONALISM ATTRIBUTES**

These attributes of professional behavior describe those behaviors that are expected from all members of the THMEP clinical faculty, residents, students, and staff. This professional behavior is expected to be upheld during all exchanges including but not limited to face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies.

- Communicate in a manner that is effective and promotes understanding.
- Adhere to ethical principles accepted to be the standards for scholarship, research, and patient care, including advances in medicine.
- Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.
- Strive for excellence and quality in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing personal limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on THMEP.
- Promote wellbeing and self-care for patients, colleagues, and self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

**RESPONSIBILITIES OF THE THMEP FACULTY AND ADMINISTRATORS TO LEARNERS**

Faculty Members and Administrators of THMEP Shall Provide:

- An environment that is physically safe for learners.
- A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the learner’s educational experience.



- Support for the learner’s professional development. This support will include a carefully planned and well-articulated curriculum. Administrators will facilitate the progress of learners through the curriculum. Faculty and administrators will support learners in their personal development as they adjust to the needs and standards of the profession.
- An understanding that each learner requires unscheduled time for self-care, social and family obligations, and recreation.
- Accurate, appropriate, and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators will act in a manner that is consistent with the stated goals of the educational activity, which will in turn be meaningful for future medical practice. In addition, faculty will provide learners with professional and respectful feedback during and after educational and clinical activities.
- Opportunities for learners to participate in decision-making in THMEP, including participation on committees that design and implement the curriculum and tools for learner performance assessment in accordance with THMEP policies and practice.

**RESPONSIBILITIES OF LEARNERS TO FACULTY AND ADMINISTRATORS OF THEMP**

**Learners at THMEP Shall:**

- Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.
- Meet the educational goals and objectives of the curriculum to the best of their abilities.
- Take an active role with the faculty regarding the refinement and evaluation of the curriculum.
- Support their colleagues in their professional development.
- Assume an appropriate level of responsibility on healthcare teams and execute assigned responsibilities to the best of their abilities.

**Resident/Student Signature**

I have read and agree to adhere to the principles outlined in the Teacher Learner Compact (2 pgs)

Signature:

Date:



**Tucson Hospitals  
Medical Education  
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**RESIDENT/STUDENT DRESS CODE**

Appropriate personal appearance of everyone within TMC HealthCare (TMCH) promotes safety, avoids hazards and promotes a professional work environment. Neat, well-kept, clean and professional appearances create an environment of respect and confidence which is expected by our patients, their families, and our colleagues.

<b>Statement of Policy:</b>	<ul style="list-style-type: none"> <li>• These guidelines apply during regular work hours, orientation, training, meetings, educational programs and any other related function.</li> <li>• Exceptions to this policy must be approved by Tucson Hospitals Medical Education Program (THMEP)</li> <li>• Residents who wish to request exceptions to the established policy due to cultural or religious reasons should contact THMEP.</li> <li>• Failure to follow TMCH policy may result in disciplinary action, up to and including termination of your rotation.</li> </ul>
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ELEMENT	ACCEPTABLE	UNACCEPTABLE
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<b>ID Badges</b>	<ul style="list-style-type: none"> <li>• Worn at all times while working or on campus for education related function</li> <li>• Easily readable</li> <li>• Worn above or near the waist with picture facing out</li> </ul>	<ul style="list-style-type: none"> <li>• Badges that are defaced</li> <li>• Anything pinned to, stuck on or hanging with the badge that covers identifying information</li> <li>• Badges where the picture or other identifying information is no longer visible</li> </ul>
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<b>Clothing</b>	<ul style="list-style-type: none"> <li>• Must meet safety requirements</li> <li>• Must present a neat, clean, properly-fitted and well-groomed appearance that is suitable for the assigned job</li> <li>• Appropriate undergarments must be worn. The color of undergarments should not be visible through clothing.</li> <li>• Lab coats must be clean and neatly pressed at all times</li> <li>• Scrubs must be kept clean and changed when they become wet or soiled by blood or bodily fluids</li> </ul>	<ul style="list-style-type: none"> <li>• Clothing that is dirty, ripped, torn, or has holes</li> <li>• Excessively tight, revealing, or baggy clothes, including bare midriffs and cleavage exposure</li> <li>• Jeans or denim pants, lycra-type pants, sweat pants, or warm ups</li> <li>• Shorts</li> <li>• T-Shirts or undershirts that hang lower than the scrub top</li> <li>• Printed Scrub bottoms</li> </ul>
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<b>Shoes</b>	<ul style="list-style-type: none"> <li>• Clean and in good repair</li> <li>• Professional appearance</li> <li>• Must meet safety requirements and specific needs of the assigned work area</li> <li>• Must be worn at all times</li> <li>• Closed toed shoes are required for work in patient care areas</li> <li>• Clogs are acceptable</li> </ul>	<ul style="list-style-type: none"> <li>• Beach style flip flops or athletic style sandals</li> </ul>
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**Tucson Hospitals  
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ELEMENT	ACCEPTABLE	UNACCEPTABLE
<b>Personal Hygiene</b>	<ul style="list-style-type: none"> <li>• Neat and clean appearance</li> </ul>	<ul style="list-style-type: none"> <li>• Body odor, Smell of tobacco products on body or clothing</li> <li>• Use of perfumes colognes, scented lotion or other fragrance products in patient care areas</li> </ul>
<b>Hair</b>	<ul style="list-style-type: none"> <li>• Clean and neat</li> <li>• Hair longer than shoulder length must be secured behind the head for patient contact</li> <li>• Dominant hair colors must be within the range of natural hair colors</li> </ul>	<ul style="list-style-type: none"> <li>• Dominant hair colors that are not within the range of natural hair colors</li> </ul>
<b>Fingernails</b>	<ul style="list-style-type: none"> <li>• Clean and neatly trimmed</li> <li>• Nail polish that is in good repair</li> </ul>	<ul style="list-style-type: none"> <li>• Direct patient contact or providing services to patients, the following are prohibited: artificial nails, gel/shellac polish, nails longer than ¼ inch past fingertip, nail polish that is chipped</li> </ul>
<b>Jewelry</b>	<ul style="list-style-type: none"> <li>• No more than 3 earrings per ear (studs or small hoops only when direct patient contact occurs)</li> </ul>	<ul style="list-style-type: none"> <li>• Facial piercings of any kind</li> <li>• Tongue piercings</li> <li>• Gauges or similar jewelry</li> </ul>
<b>Tattoos and Body Art</b>	<ul style="list-style-type: none"> <li>• Non-facial tattoos and body art that are appropriate and consistent with TMCH ethical standards are allowed</li> </ul>	<ul style="list-style-type: none"> <li>• Tattoos or body art displaying words or images which depict violence, discrimination, profanity, nudity</li> <li>• Facial tattoos</li> </ul>

<b>Resident/Student Signature</b>	
Please sign and date below acknowledging receipt of the TMC Resident/Student Dress Code (two pages)	
Signature:	Date: