Tallahassee Orthopedic Clinic
The Team Behind the Team

Observer Application

Observers are responsible for securing a sponsor that will allow shadowing with them. TOC does not provide sponsors for observations & will not provide contact information for sponsors.
Applications must be received at least 20 business days prior to requested start date.

APPLICANT INFORMATION			
Last Name	First Name		MI
Street Address			
City	State	Zip	
Email		Phone	
Are you at least 18 years of age? ☐ Y ☐ N * If **Yes**, please **proceed** with application/**No**, I am **not** eligible to apply			
EMERGENCY CONTACT			
Name	Relationship	Phone	
CURRENT STATUS (Choose one)			
☐ High School Student	☐ Undergrad Student	☐ Graduate Student	☐ Medical Student
☐ Medical Resident	☐ Professional Trainee	☐ Other (please list):	
If student, complete the following:			
Name of Current School/Institution or School/Institution Applying to			
Major/Program of Study			
Current Year in School		Anticipated Graduation Term/Year	
SPONSOR & PLACEMENT INFORMATION			
Name of TOC Medical Provider Sponsoring Your Observation			
Requested Start Date (MM/DD/YYYY)		Requested End Date (MM/DD/YYYY)	
OBSERVER AVAILABILITY (Provide hour blocks available to observe) [Block (1) 8AM-12PM; (2) 1PM-5PM; (3) 8AM-5PM]			
Mondays:		Tuesdays:	
Wednesdays:		Thursdays:	
Area(s) of Observation	☐ Physician's Clinic	☐ PT/OT	☐ Other: _____
Briefly explain why you are interested in observing at TOC only in the space provided below:			

TOC does not oversee surgical observation. You will need to contact the surgical facility(s) directly to facilitate surgical observation.
Note: The entirety of this packet must be completed or your application will remain incomplete.

_____ _____
Observer Signature Date

_____ _____ _____
TOC Sponsor Name (printed) TOC Sponsor Signature Date

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CONFIDENTIALITY DISCLAIMER FOR STUDENT/OBSERVER

I understand and agree that all confidential information that is written or discussed at Tallahassee Orthopedic Clinic ishighly confidential. ***Confidential information*** includes patient information, employee information, financial information, computer systems information and information proprietary to this organization and its owners. You may learn of or have access to some or all of this confidential information through the computer system, patient records, orthrough volunteer activities.

I understand that Violations of these obligations may subject you to legal consequences that could include but not belimited to prosecution and litigation. Further, by signing this Confidentiality Disclaimer, I understand that in the event Tallahassee Orthopedic Clinic incurs expenses, including any legal expenses, to address violations of this Confidentiality Disclaimer that I may be responsible for reimbursement of such expenses.

As a Student/Observer, you agree with the following:

1. I will use confidential information only as needed to perform my legitimate duties as a volunteer.
2. I will only access information for which I have a need to know.
3. I will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of my professional activities affiliated with this organization.
4. I will not misuse confidential information or carelessly care for confidential materials.
5. I will not discuss patient, company or employee confidential information outside the context of my daily responsibilities and I will not discuss such information in front of, or in hearing distance of those who do not have the need to know.
6. I will safeguard my access codes or any other authorizations that allow me access to confidential information.
7. I will report activities by any individual or entity that I suspect may compromise the integrity of confidentialinformation.
8. I understand that my obligations under this agreement will continue after termination of my student/observer work.
9. All medical records shall be the property of the Company.

By signing this agreement, I attest that I have read and understand the above information and agree to adhere to this organization's confidentiality policies.

_____ _____

Student/Observer Name (printed) List the Department/Medical Provider

_____

Student/Observer Signature

_____

Date

Revised 10/19/2021

Tallahassee Orthopedic Clinic
The Team Behind The Team

TALLAHASSEE ORTHOPEDIC CLINIC
STUDENT HANDBOOK

About Tallahassee Orthopedic Clinic

Tallahassee Orthopedic Clinic is the leader in orthopedic care for the residents of North Florida and South Georgia. With a team of 36 physicians across nine locations, TOC offers patients a fully integrated experience by providing evaluation, treatment, rehabilitation, prevention and education of conditions that affect the body's muscles, joints and bones. TOC delivers cutting-edge care in the fields of general orthopedics, sports medicine, hand and wrist, foot and ankle, shoulder and elbow, joint replacement, spine, neck and back, trauma, primary care sports medicine and sports-related concussion. Through its commitment to its patients, TOC upholds the highest standards of clinical excellence, accountability and integrity, and TOC is dedicated to providing compassionate, patient-centered care to every person to help retain and maintain a healthy, active lifestyle.

Mission Statement: Helping patients live healthy lives through exceptional orthopedic service and compassionate care.

Vision: The vision of the Tallahassee Orthopedic Clinic is to empower every patient, from all ages and skill levels, to regain and maintain a healthy and active lifestyle.

Values: Excellence, Compassion, Integrity, Accountability and Commitment

Code of Conduct

It is this Company's policy that interns maintain a working environment that encourages mutual respect, promotes civil and congenial relationships among staff and is free from all forms of harassment and violence.

It is the duty and the responsibility of every intern to be aware of and abide by existing rules and regulations. Interns are encouraged to take advantage of all learning opportunities available and request additional instruction when needed.

Interns are expected to conduct themselves appropriately & professionally. Interns are responsible for maintaining their work area in a neat and professional manner.

The Company encourages a work environment of respect and professionalism. Therefore, the Company prohibits intentionally harming or threatening to harm employees, clients, vendors, visitors or property belonging to any of these parties. This prohibition includes but is not limited to acts such as:

- o Physically harming others
- o Verbally abusing others
- o Using intimidation tactics and making threats
- o Sabotaging another's work
- o Stalking others
- o Making false, misleading, malicious derogatory or defamatory comments, gossip or rumors about staff or TOC
- o Publicly disclosing another's private information

The Company reserves the right to search unlocked and/or publicly used Company property at any time without consent. The Company may request a search of personal property at the worksite or locked Company property assigned to an individual if there is reasonable suspicion that evidence of illegal or prohibited activities resides therein. Furthermore, locking devices of any nature on Company property is not permitted, without prior consent from Management. Refusal of such a request may result in separation.

The Company may take action against interns whose conduct violates Company policies and procedures. Generally, a supervisor or manager intervenes to explain behavior that has been found unacceptable. Certain violations will constitute cause for immediate dismissal from your internship.

Some examples are:

- Possession of alcoholic beverages, narcotics or other controlled substances on Company premises or being under the influence of the same.
- Sleeping on the job
- Stealing or hiding any property of the Company, its employees, patients, vendors or visitors, or unauthorized use of Company property for purposes other than business.
- Any act or threat of violence or act of dishonesty.
- Deliberate or negligent action causing damage or destruction to property belonging to the Company or any employee.
- Providing false information to the Company.
- Possessing firearms or any other weapons in any Company facility. Staff who hold concealed weapons permits must maintain their weapon locked within their vehicle while on Company premises. A copy of the concealed weapons permit may be required.
- Failure to report a known communicable, infectious disease.
- Excessive absenteeism and/or tardiness.

- Discourtesy, offensive conduct, and unprofessional behavior toward patients, vendors, business associates, visitors, fellow staff of TOC, including false, misleading, malicious derogatory or defamatory comments, gossip or rumors.

- Violation of Company policies and procedures.

- Harassment of another employee, patient, vendor or visitor due to race, color, national origin, age, religion, gender, gender identity or expression, sexual orientation or disability.

- Falsification of application or any other TOC forms.

Behavior, Courtesy, and Conduct

We feel professionalism and a positive demeanor are the keys to good patient relations. Furthermore, this professional manner should apply to the treatment of co-workers, as well. It is the responsibility of each student or employee to maintain a positive work atmosphere by acting and communicating in a manner which facilitates positive relationships between customers, patients, co-workers and management. Examples of unacceptable behavior includes but is not limited to: complaining, bullying, gossip, insubordination and inappropriate outside work/activities.

Personal Cell Phones

This policy about cellular phone usage applies to any device that makes or receives phone calls, leaves messages, sends text messages, surfs the Internet, or downloads & allows for the reading of and responding to email. While on-site at TOC, it is imperative that students/interns limit personal calls or phone usage to an **absolute minimum**. Excessive personal phone usage during the workday can interfere with the learning experience and be disruptive to patient care. Such inappropriate use of time will not be tolerated.

Parking

3334 Capital Medical Boulevard Office

Students will park in an area of the parking lot located on the main TOC campus designated for employees. If you are facing the building, it will be the parking lot on the right side, past the Surgery Center. No student shall park in the parking lot on the left side of the building. All students will park in any row of parking, except within the designated physician parking lot. You **must** park in a space farthest away from the building, starting at the tree line. As a healthcare provider, we must provide parking as close to the building as possible for our patients. Exceptions of any nature need approval and must be brought to the attention of the Education Coordinator. Violation of this policy may result in separation from the program and/or opportunities at TOC.

2605 Welaunee Boulevard (Canopy Office)

There is no specifically designated employee parking at this location. Spaces are not assigned. Please keep in mind our patients are the priority! Please park at the top of the hill, farthest away from the front doors, leaving the closer spaces for patients & visitors who may have difficulty in traversing the parking lot. Exceptions of any nature need approval and must be brought to the attention of the Education Coordinator. Violation of this policy may result in separation from the program and/or opportunities at TOC.

Personal Appearance/Dress Code Policy

Your appearance forms the first impression of you and the practice for patients and visitors. TOC expects our employees and representatives to be clean, well-groomed and appropriately dressed. It is your responsibility to practice good personal hygiene at all times. Extremes in dress and accessories should be avoided. Students must comply with this dress code when on site during business hours. Each student is required to dress in accordance with the Company's dress code policy. Students shall either wear appropriate business attire or plain colored scrubs. Soiled, torn, or wrinkled clothing is NOT acceptable. Skirts shall hit at or below the knee and pants shall hit at or below the ankle. Shoes must be consistent with professional appearance and appropriate to position. **Please note, ANY student or employee working in a clinical setting at ANY time must wear closed-toed shoes, in order to be compliant with OSHA guidelines.***

The following are considered *inappropriate* dress in our offices, regardless of job duties or position: shorts, skorts, spaghetti strap tops or midriff shirts, halter tops or halter dresses, low cut tops, see-through or revealing clothes, sweatpants or sweatshirts, overalls, leggings, spandex, tight clothing, exercise outfits, low riding pants, palazzo pants, pants that expose skin when bent over and screen printed shirts. These examples are not to be considered all inclusive. Failure to dress appropriately will result in termination of the effected day's schedule.

Grooming

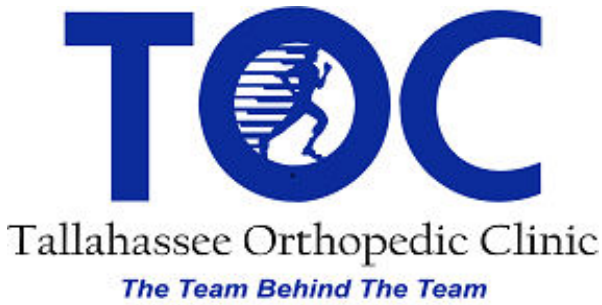
Hair should be styled neatly. Hair color should be natural looking and conservative. Jewelry should be worn in moderation and appropriate for a medical office. Makeup should be conservative, fingernails thoroughly clean and conservatively manicured. Perfumes, colognes, and scented lotions are powerful asthma, allergies and migraine triggers and should be used in moderation. Students involved with direct patient care should avoid using fragrances of any kind.

In dealing with the public and our community population, it becomes important to understand perceptions vary. Because the practice strives to present a professional image, any visible body jewelry for piercing, other than the earlobes, is not permitted (earlobe tapering and stretching jewelry such as gauges and barbells are not permitted). Tongue jewelry of any kind is not permitted. Nose jewelry must be a small stud. NO septum piercing or rings are permitted. Furthermore, exposed tattoos cannot be considered offensive in nature.

Please remember we are a healthcare provider and a tobacco-free workplace. If employees smell like smoke or any other unpleasant odor, they will be asked to go home. **ANY** type of attire that could be considered offensive and have an adverse impact on the workplace is strictly prohibited (i.e. political attire). Appropriate attire is at the sole discretion of management. Not all situations have been addressed, and management has the right to determine appropriate attire for each location.

Name Badges

Name badges are required and furnished at no expense to you. This identifies you as a student and allows our patients, visitors, physicians, and other employees to address you on a personal basis. Failure to wear your name badge will result in termination of the effected day's schedule.



STUDENT HANDBOOK ACKNOWLEDGEMENT AGREEMENT

I acknowledge received the Tallahassee Orthopedic Clinic Student Handbook. It is my responsibility to read and understand policies, procedures and expectations set forth therein.

I understand and acknowledge the clinic has the right, without prior notice, to modify, amend or terminate policies, practices, and other institutional programs within the limits and requirements imposed by law. I further understand my signature of this acknowledgement is verification I agree to abide by all Policies and Procedures established by this Organization.

_____

Student/Intern Name (printed)

_____

Student/Intern Signature

_____

Date