



APPLICATION FORM FOR NON COD INTERN College of Dentistry

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Personal Information: (Type information as it appears on your passport)

Family/Last Name			
First Given Name			
Middle Name			
Date of Birth Month	Contact No.	Gender	
/ /		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Email Address			

Dental School Information

University	
City	
Nationality	
Year Level	
I.D number	

Preferred Date for Rotation

☐ First Rotation (Calendar form) ☐ Second Rotation (Calendar form) ☐ 3rd Rotation (Calendar form)

Applicants to the Summer Training Program are required to submit the following documents:

- Transcript of GPA
- Letter of Intent from the school stating the period of rotation
- A **Letter of Recommendation** from a Faculty member. You can always email this separately if you do not have it at this time to complete this application.
- Internship Unit interview

NOTE:

- Notification will be send to your email once accepted.
- Maximum of four (4) months of rotation

Ministry of National Guard – Health Affairs


GOOD MEDICAL PRACTICE CODE OF CONDUCT

The Ministry of National Guard - Health Affairs (MNG-HA) is dedicated to pursuing the highest levels of safety and quality in patient care. The MNG-HA also seeks to create an environment in which members its community are civil and respectful of individuals and individual differences that effectively and efficiently supports the missions of the organization and that is free of behaviors that undermine this mission.

This code of conduct describes what is expected of the physicians including residents and fellows working within the healthcare services provided under the MNG-HA. It is based on the MNG-HA By-Laws, Medical Staff By-Laws and Administrative Policies and Procedures (APPs). The purpose of this code is to set forth with more clarity the MNG-HA's expectations for the professional conduct of its physicians. This Code is intended to be consistent with and amplify existing policies, rather than supplant any policy.

Patient Care

1. Be committed to provide patient care that is safe, effective, patient-centered, timely, efficient and equitable.
2. Be available to address patient clinical needs on a timely fashion. This includes attending clinical duties as scheduled and be available on-call.
3. Provide care without discrimination with respect to age, disability, ethnic origin, financial status, gender, nationality, political affiliation, caste/creed/color, race, religion, social standing or any other factors negatively impacting/influencing, or in a manner preventing patients from receiving proper healthcare services (APP 1426-19 Code of Ethics 5.2.3).
4. Respect and protect the emotional vulnerability of all patients and refrain from encouraging, developing and/or maintaining intimate or other inappropriate personal employee-patient relationships (APP 1426-19 Code of Ethics 5.2.2.1).
5. Respect the rights and dignity of patients, healthcare providers and employees by safeguarding and maintaining privacy (APP 1426-19 Code of Ethics 5.2.2.2).
6. Respect the patient's right to be informed of any existence of business relationships among MNG-HA healthcare facilities, educational institutions and other related healthcare providers that may influence patient care (APP 1426-19 Code of Ethics 5.2.2.3).
7. Give patients every opportunity to participate in their medical decisions, whenever possible (APP 1426-19 5.3.4.1).
8. Care for patients in a manner considering and respecting their culture, religion and traditions (APP 1426-19 5.3.4.3).



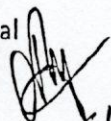
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Interpersonal and Communication Skills

1. When requested to provide consultation, ensure that recommendations are communicated clearly and directly.
2. Maintain the confidentiality of information regarding patients. No information about the patient's presence as a patient status, diagnosis or location will be released without the written consent (APP 1426-19 Code of Ethics 5.2.2.4).
3. Refrain from discussing patients or their illnesses in public places where the conversation may be overheard.
4. Inform the Most Responsible Physician (MRP) about any new development in patient care.
5. Reply to pagers, emails and other communications on a timely fashion.
6. Manage and maintain MNG-HA email and reply to e-mails on a timely fashion
7. Do not invite or permit unauthorized persons into patient care areas of the institution.
8. Do not share your confidential computer system passwords.
9. Do not misuse electronic mail, internet or intranet.

Professionalism

1. Demonstrate at all times commitment to the highest ethical standards in all aspects of work and avoid any real/apparent conflict of interest (APP 1429-19 5.2).
2. Treat co-workers with respect and maintain a health work environment by helping colleagues and promoting good team work (APP 1426-19 5.2.4.4).
3. Fully understand that displaying any inappropriate behavior, including disruptive behavior and harassment, is not acceptable (Medical By-Laws, page 2).
4. Provide professional services to self, family members or friends only when there is no other qualified healthcare worker available and after fully disclosing all potential issues to involved stakeholders (APP 1429-19 5.8).
5. Will not accept, take or request a fee, cash equivalents, gifts and/or any other form of gratuity (APP 1429-19 5.7.1).
6. Deal honestly with all the clients of the organization and do not protect incompetent professionals who engage in malpractices, fraud, deception or non-competency in providing patient care (APP 1426-19 5.2.4.3).
7. Do not criticize the medical decisions of colleagues in the presence of patients or staff or in the medical record.
8. Report misconduct.
9. Do not access confidential staff information without a professional need to know.
10. Do not misappropriate, destroy, damage, or misuse property of MNG-HA.
11. Complete all tasks accurately, thoroughly, legibly and in a timely manner.
12. Be generous with time when answering questions from staff, patients and visitors.
13. Ensure that any medical research is conducted with informed patient consent in compliance with the institutional policies and procedures (APP 1426-19).
14. Adhere to the privileges provided by Medical Education and approved by Medical Services according to my level of training.


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Medical Knowledge


1. Conduct and participate in continuing medical education activities (Medical By-Laws)
2. Teach others.
3. Provide adequate supervision to junior physicians.
4. Keep up –to-date with best practice and use evidence-based practice at all times.

Practice-based improvement

1. Adhere to the safe practice requirements set out within the international Patient Safety Goals (IPSG 1, 2, 3, 4, 5, 6, APP 1430-16, 1429-02, 1433-18, DPP 7800-200-01, DPP 7800-200-02, ICM IPP 11-04 Hand Hygiene, APP 1430-05).
2. Support the identification and data gathering of hospital-wide clinical quality indicators and safety measures (JCI GLD4 & 5, QPS 3, 7, 8, 9, 10).
3. Report any serious incident that have occurred (APP 1433-15 5.4, JCI QPS 1, 2, 3,7).
4. Actively participate in improvement initiatives in your area or across the institution as required.

System-Based Practice

1. Adhere to the MNG-HA administrative policies and procedures.
2. Adhere to working hours.
3. Practice only within the scope of professional education, training and medical privileges (APP 1426-19 5.2.4.2. APP 1433-31).
4. Ensure that all documentation is completed on a timely fashion as dictated in the related policies (APP 1430-49 emergency department consultation practice 5.1.1).
5. Be responsible for the accuracy of clinical record documentation made by self or junior members of the team (APP 1430-49 5.1.2.1).
6. Ensure that reassessments of patients are conducted and documented daily (APP 1430-49 6.1.1).
7. Ensure that patient reassessments during weekends and holidays are performed and documented, and provide clear handover during transition of care with significant patient information (APP 1430-49 6.3.1.3).
8. Assist bed allocation and patient discharge planning (APP 1430-49 6.3.1.2).
9. Attend and participate in departmental and organizational meetings.


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As a Physician, I confirm that I have read and understood the requirements set out within this Code of Conduct . By signing this document, I agree to be held accountable for my professional conduct in accordance with the content of this code of conduct.

Physician's Name _____

Department _____

Signed _____

Date _____