YAKIMA VALLEY MEMORIAL HOSPITAL					
	2811 Tieton Drive				
	Yakima, WA 98902				
	Medical Staff Policy				
Title:	Title: Policy for Participation and Precepting of Students with the Medical Staff/Allied Health Staff				
Created by:	Credentials/MEC	Creation Date: 4/20/95			

The Medical Staff of Yakima Valley Memorial Hospital (YVMH) adopt this policy to allow observational and active participation of students in the hospital. Each student must complete the Application for Student Rotation which must be submitted to Medical Staff Services at least two weeks prior to the rotation.

DEFINITIONS:

For the purpose of this policy the following definitions are provided:

- Preceptor: Practitioner who agrees to mentor the student (includes members of his/her call group when preceptor is unavailable).
- Attending on Floors: The physician responsible for coordinating patient care and consultations who has ultimate authority for the patient.
- Attending in ED: The Emergency Department physician until there has been a written acknowledgment of the transfer of care in the patient's record.
- Critically III: Patients who have symptoms of a deteriorating condition. (See Rapid Response Protocol listing). [Rev. 1/13]

REQUIREMENTS FOR <u>ALL</u> STUDENTS (Includes Observational and Active):

- Background verification (pursuant to RCW 43.43.830 and RCW 43.43.838) which shall be supplied by the school (WATCH report)
- Signed HIPAA confidentiality form
- Signed Environment of Care Roles and Responsibilities form
- Provide photo identification (passport or state driver's license)
- JPG photo (head shot for badge and notice)
- Current immunizations as required by the Centers for Disease Control (CDC) (Diphtheria, tetanus, poliomyelitis, measles (rubeola), mumps, rubella, and hepatitis B, varicella (chickenpox) history or vaccination or record of positive titer results, purified protein derivative (ppd) tuberculosis testing or follow up as recommended for students who are ppd-positive)

REQUIREMENTS FOR <u>ACTIVE</u> STUDENTS:

- (See above)
- Affiliation Agreement with the student's educational institution
- Letter from educational institution verifying that this is an approved rotation, specifying dates of rotation(s) and name of preceptor.
- Current **professional liability insurance** issued by the student's educational institution
- Documentation of completion of a program on **Universal Precautions** for handling blood, tissues, and body fluids from the student's educational institution
- Documentation of completing instruction in **basic physical examination** and a working knowledge of ward procedures from the student's education institution.

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EXPECTATIONS OF STUDENTS:

- Check in with the Unit Coordinator prior to interacting with the patient._[Rev. 1/13]
- Be introduced to patients, hospital personnel and staff physicians by his/her sponsoring Member or Resident Staff Member, and be accompanied by his/her precepting clinician as required by this policy. [Rev. 1/13]
- Wear a name badge from the medical school and YVMH with photo identification, and dates of approved rotation, and
- Adhere to Medical Staff and Hospital Policies

EXPECTATIONS OF PRECEPTORS:

- Be familiar with the core curriculum of the student's respective program
- Accept the responsibility for onsite supervision of the student
- Be responsible for service provided by the student
- Examine all patients seen by the student
- Assure that the documentation in the patient's medical record is appropriate and
- Agrees to abide by the content of this policy
- In the event that supervision is felt to be inadequate the Medical Staff Officers and Administration will review the situation. If it is determined that the preceptor failed to appropriately supervise the student, the practitioner may forfeit his ability to precept students at Yakima Valley Memorial Hospital/Clinics. [Rev. 1/13]

CATEGORIES OF MEDICAL STUDENT PARTICIPATION

Observational Student Experience:

A member of the Medical Staff may request, in writing, permission through Medical Staff Services for a student to accompany him/her or a designated resident in his/her daily work. Observation within restricted areas of the hospital, e.g., surgery, ICU, CCU, NICU, shall be at the request of the member or resident, with approval of the unit coordinator.

An Observational Student shall not be allowed to have any conversation with the patient about the patient's medical status or care, or have physical contact with the patient without the presence of their supervising physician [Added: 1/13]. A student shall not be involved in the performance of any procedures and shall not make entries in any patient chart.

Additionally, this category may be utilized for individuals (residents, visiting graduates from a foreign medical school) who wish to observe a Member of the Medical Staff. [Added 9/08]

Pre-Clinical Patient Evaluation Experience:

A member of the Medical Staff may request permission through Medical Staff Services for a Pre-clinical Medical Student (typically in 1st or 2nd year of training) to perform medical history and physical examinations as a learning experience, under the supervision of the requesting physician or a designated member of the medical staff who has agreed to serve as the preceptor. Exceptions: Physical examinations may not be performed unless the preceptor is present on critically ill patients, ICU patients or Emergency Department patients unless the patient's primary attending practitioner gives permission. [Added: 1/13] Patients must give consent to the interview and examination. No part of the pre-clinical student's history or physical may be entered into the medical record or be used in patient management.

Active Clinical Medical Student Patient Management Experience:

This is a for-credit clinical rotation, typically in the 3rd or 4th year of training, sponsored by the student's medical school as a formal teaching/learning experience.

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Participation: An actively participating student is authorized to:

- Have unattended contact with the patient for the sole purpose of obtaining a history and performing a physical. Exceptions: Physical examinations may not be performed unless the preceptor is present on critically ill patients, ICU patients or Emergency Department patients unless the patient's primary attending practitioner gives permission. [Added: 1/13]
- 2. Medical Students may write, type into the Electronic Medical Record (EMR) [Rev. 1/13] or dictate History and Physical exams and may write or type into EMR daily progress notes, and are encouraged to do so as part of their education. However, a medical student note may not stand alone as sufficient documentation for attending physician billing. [revised 9/09]

Medical Students are not licensed physicians, and as such are treated differently under Medicare Conditions of Participation, the rules that govern how physicians are paid. Medicare does not pay for services provided by a student, nor may the teaching physician use the student's documentation for billing purposes, with two exceptions.

The only documentation the precepting physician may refer to is the review of systems and the past medical, family, and social history elements of the history component within an evaluation and management service.

The attending physician may not countersign a student's H and P or progress note as the sole documentation of patient contact.

The following statements **are insufficient** to document the attending physician's direction evaluation and management role:

- "Agree with above..."
- "Rounded, reviewed, agree..."
- "Discussed with...Agree..."
- "Seen and agree..."
- "Patient seen and evaluated..."

An **acceptable** statement appended to a student's note could be:

"I have personally interviewed and examined the patient. I concur with the systems review and past, Family and Social history as recorded by (Student). Additional pertinent history includes....My physical examination findings are....Pertinent laboratory and imaging results are....The Assessment is..., and the Plan includes..."

Orders: Medical students may function as a scribe in writing patient care orders; however these orders may not be acted on until co-signed by a licensed physician. They may write chart notes which must be reviewed and counter-signed by the precepting member. [Rev. 1/13]

- 3. Perform procedures only under the direct supervision of his/her precepting Physician Member of the Active Staff or Resident Staff. In any surgical case the surgeon must be physically present during the entire procedure when a student is present. [Rev. 1/13]
- 4. Second assist only, at surgery.

Active Nurse Practitioner (NP)/Certified Nurse Midwife (CNM)/Certified Registered Nurse Anesthetist (CRNA) or other advanced registered Nurse Practitioner (ARNP):

Participation: An actively participating student is authorized to:

- Have unattended contact with the patient for the sole purpose of obtaining a history and performing a physical. Exceptions: Physical examinations may not be performed unless the preceptor is present on critically ill patients, ICU patients or Emergency Department patients unless the patient's primary attending practitioner gives permission. [Added: 1/13]
- 2. Dictate histories and physicals in combination with an H&P examination performed by the perceptive member or

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ARNP with physician counter-signature required.

- 3. Write chart notes and orders which must be reviewed and counter-signed by the precepting member or ARNP prior to being carried out by the nursing staff.
- 4. Perform procedures only under the direct supervision of the precepting physician member of the Active Staff or ARNP
- 5. Perform post-partum examinations only under the direct supervision of the precepting Physician Member of the Active Staff or ARNP.

Active Physician Assistant Students:

Participation: An actively participating student is authorized to:

- Have unattended contact with the patient for the sole purpose of obtaining a history and performing a physical. Exceptions: Physical examinations may not be performed unless the preceptor is present on critically ill patients, ICU patients or Emergency Department patients unless the patient's primary attending practitioner gives permission. [Added: 1/13]
- 2. Dictate histories and physicals in combination with a history and physical examination performed by their precepting member or PA with physician counter-signature required;
- 3. Write chart notes and orders which must be reviewed and counter-signed by the precepting Member or PA prior to being carried out by the nursing staff;
- 4. Perform procedures only under the direct supervision of his/her precepting Physician Member of the Active Staff or PA;
- 5. Second assist only, at surgery.

Active Registered Nurse – First Assistant Student:

Participation: An actively participating student is authorized to:

- 1. Perform pre-operative nursing assessment and teaching;
- 2. Assist surgeon with positioning, draping and prepping of patients;
- 3. Assist in providing exposure through appropriate use of instruments, suction and sponging;
- 4. As directed by the surgeon, provide hemostatsis by clamping blood vessels, coagulating bleeding points, ligating vessels and by other means;
- 5. Assist with placing and stabilizing all drains;
- 6. As directed by the surgeon, assist and perform wound closure under direct supervision of the surgeon, who will remain in the operating room;
- 7. Assist and perform tissue dissection under the direct supervision of the surgeon who is scrubbed and at the operating room table;
- 8. Assist and perform the application of dressings, splints and casts;
- 9. Assist with transferring a patient from the operating room;
- 10. Perform removal of drains and packing in the operating room;
- 11. Record in patient's chart verbal orders given by the surgeon in the operating room to be co-signed within 24 hours.

Active Dental Students:

Participation: An actively participating student is authorized to:

- 1. Have unattended contact with the patient for the sole purpose of obtaining a dental history and performing a dental physical;
- 2. Dictate histories and physicals in combination with a history and physical examination performed by their precepting Member or Resident Staff member with Active Physician Member counter signature;
- 3. Write chart notes and orders which must be reviewed and counter-signed by the precepting Member or Resident Staff member prior to being carried out by the nursing staff;
- 4. Perform procedures only under the direct supervision of his/her precepting Physician Member of the Active Staff or Resident Staff member;
- 5. Second assist only, at surgery.

Revision:	09/08, 9/09, 6/10, 2/12, 1/13			
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Yakima Valley Memorial Hospital Application for Student Rotation (This form must be completed in full with all attachments provided prior to start of rotation)

Last Name:		First Name:	Middle Initial:	Birthdate:
Any Other	Name Us	ed (e.g. Maiden):		
School Nar	ne / Addr	ess:		School Phone:
Name of Pr	eceptor /	Practice where you will be re	otating:	
Student's F	Permaner	nt Home Address:		Cell / Residence Phone:
SS#:		E-mail addre	ess:	
Program:	Medical		r PA	Other(specify)
Rotation S	Start ANE	D End Dates:	-	_
FIOIII SCHOOL	Student			
		Requirements for Both Obs		
X		Background verification (pursuant to RC (WATCH report)		3.43.838) which shall be supplied by the school
	Х	Signed HIPAA Confidentiality form (attac	ched)	
	Х	Signed Environment of Care Roles and	Responsibilities form (atta	ached)
	Х	Photo identification (e.g. state driver's lic	cense; bring original to Me	edical Staff Services for verification)
	Х	JPEG photo (head shot for badge)		
Х		poliomyelitis, measles (rubeola), mumps	s, rubella, and hepatitis B,	ontrol and Prevention(CDC): Diphtheria, tetanus, varicella (chickenpox) history or vaccination or erculosis testing or follow up as recommended for
		Additional Items for Active S	Students Only	
х		Affiliation agreement with the student's e	education institution	
Х		Letter from educational institution verifyi	ng that it is an approved r	rotation, specifying dates of rotation(s)
Х		Current professional liability insurance is	ssued by the student's ed	ucation institution
х		Documentation of completion of a progra the student's education institution	am on Universal Precautio	ons for handling blood, tissues, and body fluids from
Х		Documentation that the student has com	npleted instruction in basic	c physical examination

SIGNATURE OF STUDENT:

	DATE:
Completed App. Rec'd:	Clinical Affiliation Agreement verified?
COMMENTS:	
To Credentials Committee:	То МЕС:
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ENVIRONMENT OF CARE ROLES & RESPONSIBILITIES

Report any environment of care facility deficiencies (i.e. lights out, spills, housekeeping needs) to hospital staff in the immediate area.

Follow safe practice at all times! Identify evacuation routes.

Emergency	YVMH – Dial 8123 Off Site – Dial 911
Power/Communication Failure Call Plant Operations – 8052	 Know location of emergency power outlets (red). Outlets are powered by emergency generators if a power failure occurs. (Emergency generators will activate within 8 seconds.) Critical medical equipment must be plugged into red outlets.
Fire/Smoke/Fumes R-rescue A-alarm C-contain E/E-extinguish/evacuate	 Code Red Report to person in charge of area. Know where the fire extinguishers and pull stations are located. How to use an extinguisher – PASS Pull pin Aim nozzle Squeeze handle Sweep
Cardiac/Respiratory Arrest	Code Blue + location
Infant/Child Abduction	Amber Alert
Combative/Abusive Person (patient, staff, visitor) External Triage Disaster that occurs outside the hospital, resulting in an influx of patients	Code Gray + location External Triage Follow Medical Staff Bylaws – "provide urgent and emergent care in the Hospital as required"
Rapid Response Team Weapon/Hostage Situation ~ If a weapon is present or suspected: Call 911 immediately. Call 911 immediately. Silver + location. Let operator know that you have called 911.	 Rapid Response Team Code Silver + location If you are not at the point of origin, do not proceed to the incident area. Know locations for exits, telephones, place of safety (room that will lock from the inside). Do not take actions that will endanger yourself and others, i.e. trying to disarm the person.
Internal Triage Emergent situation that occurs in-house	 Internal Triage + modifier Systems failure – e.g., phones, pagers, water, paging system, etc. <i>Example</i>: Internal Triage – Paging system down. Internal Triage – Code Wander - Notifies staff of missing adult patient. Internal Triage – Code Black - Notifies staff of bomb threat.
Security (24 hours, 7 days a week)	Pager # 173-102 in-house or call the operator Security escort – dial "0" & ask for security
Earthquake	Follow hospital internal disaster plan.
Chemical Spill	Code Orange
Engineer on duty (24 hours, 7 days a week)	Pager # 173-443
Nursing Supervisor	Pager #173-042 or (574)-5805 or Vocera (x5660 & ask for house supervisor)
MSDS – Material Safety Information Data Sheet	Located in each Department/Hospital Intranet
IF YOU NEED ASSIS	TANCE, ASK ANY STAFF PERSON

DANGEROUS ABBREVIATIONS: (DO NOT USE)

DANULINUUS ADD	KEVIATIONS. (DO NOT USE)	
U	Write "unit"	NATIONAL PATIENT SAFETY GOALS
IU MS, MSO ₄ , or MgSo ₄ q.d. or Q.D. q.o.d. or Q.O.D. Trailing 0 (x.0 mg) Lack of leading 0 (.x mg)	Write "International unit" Write "morphine sulfate" or "magnesium sulfate" Write "daily" Write "every other day" Write X mg - <u>Never</u> write a zero by itself after a decimal point Write 0.X mg - <u>Always</u> use a zero before a decimal point	Image: Antipic and the state of the sta
		Watch patients alongly for abanges in their health and reasoned quickly if

 Watch patients closely for changes in their health and respond quickly if they need help.

I will notify YVMH hospital staff immediately when I note problems in any of these areas. Reviewed by: Date: Signature of Applicant

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The Health Insurance Portability and Accountability Act (HIPAA) is a privacy rule that creates national standards to protect individuals' personal health information (PHI) and gives patients increased access to their medical records.

HEALTH INFORMATION COVERED:

Any information, whether spoken, electronic or written that relates to the health of the individual, the health care provided to that individual or payment for health care provided is considered protected.

PATIENT RIGHTS INCLUDE:

- > Knowledge of who has access to his/her health information
- > Ability to access his/her medical record and/or amend incomplete or incorrect information
- > Requirement of authorization before information is given, except as allowed by HIPAA
- > May request an accounting of all disclosures in a six-year period
- Recourse if his/her rights are violated

YOUR ROLE IN PROTECTING PATIENT RIGHTS

DISCLOSURE:

Any information that relates to a patient's health cannot be disclosed unless authorized by the patient or someone acting on the patient's behalf or unless permitted by HIPAA regulation. The facility must limit access to only those individuals who need the information for a legitimate purpose. WHAT TO DISCLOSE:

Any information that is shared should be limited to the minimum necessary, the least amount of information to accomplish the purpose of the request. However, this does not apply to the sharing of the medical record for treatment purposes.

What's New with HIPAA?

The new law requires us to not only identify and investigate HIPAA breaches but also notify patients when such breaches occur and report breaches to the US Department of Health and Human Services.

- Protect all forms of Protected Health Information (PHI).
- Only access patient PHI for which you are authorized to perform your duties. Do not access PHI of family members, friends or anyone else for which you don't have a direct purpose.
- Report any observed or suspected HIPAA breaches immediately to the Privacy Line (249-8676) or your facility's Privacy Officer.

YVMH Privacy Officer: Director of Health Information Management (resource for staff's concerns)

YVMH Security Officer: Vice President/Chief Information Officer

<u>YVMH Privacy Officer:</u> Patient Representative (resource for patients' concerns)

- > Appropriate disposal of materials containing identifiable health information
- Process for reporting patient and employee concerns regarding privacy
- > There are penalties for violating confidentiality

Signature

Date

This signature verifies that I have received education about HIPAA, Patient Rights and my responsibilities in protecting these Patient Rights.

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WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

I understand that I may have access to protected health information (PHI) and confidential information about the business and financial interests (referred to as "Confidential Information" in this Agreement) of Yakima Valley Memorial Hospital (YVMH). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future YVMH policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by YVMH policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else's authentication code or device, password, key card, or identification badge. I agree to notify the appropriate manager immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the hospital's information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a student or volunteer ends.

I agree that, in the event I breach any provision of this Agreement, the Hospital has the right to reprimand me or to suspend or terminate my employment or volunteer status with or without notice at the discretion of the Hospital, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if the Hospital prevails in any action to enforce this Agreement, the Hospital will be entitled to collect its expenses, including reasonable attorney's fees and court costs.

Employee/Volunteer/Student Name

Signature

Date

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ADDITIONAL ORIENTATION FOR YAKIMA VALLEY MEMORIAL HOSPITAL

VISION STATEMENT – WE CREATE THE HEALTHCARE EXPERIENCE OF CHOICE ... EVERY TIME!!

Safety & Infection Control

- If you hear any emergency code paged over the public address system, report to your preceptor for instructions (i.e. Code Red, Code Yellow, etc.).
- **CHEMICALS** Hazardous chemicals and harmful materials are used in many areas. You have a right to know about these chemicals and materials. Refer to your preceptor. Never use any chemicals unless trained to do so and with the proper personal protective equipment.
- All patients with communicable diseases and infections cannot be reliably identified, therefore, anyone involved in activities necessitating contact with blood, body fluids or other potentially infectious materials must use precautions to prevent personal exposure and to control the transmission of disease in the hospital. We assume all patients are potentially infectious and use Standard Precautions. Refer to your preceptor or the nursing supervisor with any questions.
- SHARPS Everyone in a patient care area must take precautions to prevent possible injuries caused by needles and other sharp instruments or devices used in the hospital. Refer to your preceptor.
- MEDICAL WASTE Medical waste contains blood and body fluids that may potentially be infections. DO NOT HANDLE any item that you feel may be contaminated. Receptacles with RED TRASH LINERS are for medical waste. NEVER REACH INSIDE A RECEPTABLE.
- Smoking Policy There is no smoking within the hospital building or within the buildings occupied by services provided by Yakima Valley Memorial Hospital.
- Student Rights There may arise situations of conflict in which a student perceives that his or her individual cultural values, ethics, or religious beliefs are in direct conflict with specific aspects of the observation experience. Upon perceiving a conflict between individual beliefs and a specific aspect of patient care, the student should immediately make the preceptor aware of the conflict for the purpose of reassignment.
- Dress Code All clothing should be conservative and in keeping with the nature of the hospital image and appropriate to nature and scope of position. Clothing should be neat, clean, well fitted and in good repair. No jeans, sandals or open-toe shoes are allowed.
- Health Screening
 - All students should be free of communicable disease that may be transmitted in the hospital. If you are sick with a fever or have problems with a rash or skin lesion, you may not be able to attend your observational experience in the hospital setting. Contact your preceptor or the infection control coordinator, if you have any questions.
 - All immunizations must be up to date.
- Ethics & Confidentiality When a patient enters the hospital, we assume an obligation to keep in confidence all that pertains to him/her and his/her personal affairs. This responsibility is shared by every person. Reason for admission, diagnosis, and all treatment of patients are confidential information and must be guarded and not shared with peers or anyone in the community. Release of Medical Information should only occur after proper authorization. Any person who discusses such information with patients, volunteers, contracted or regular employees or person outside of the hospital is engaging in a breach of ethics of Yakima Valley Memorial Hospital. Violators of this policy are subject to disciplinary action and may be asked to leave the hospital. Please see the attached HIPAA compliance statement.

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Occurrence Reporting – If you are injured during an observation experience at Yakima Valley Memorial Hospital, you should report immediately to your preceptor and the Nursing Supervisor to obtain instructions for following their procedures in such incidents. Yakima Valley Memorial Hospital shall provide necessary emergency care or first aid required by an accident occurring at the hospital for students participating under the terms of this Agreement, and except as herein provided, the hospital shall have no obligations to furnish medical or surgical care to any student. The student bears responsibly for the cost of such care as well as any follow-up care.

Prohibited Conduct – The activities prohibited by Yakima Valley Memorial Hospital include, but are not limited to the following:

- Reporting to observation experience under the influence of alcohol or drugs.
- Use or consumption of alcohol or other intoxicating substances on hospital premises.
- Selling or distributing illegal substances while on hospital premises.
- Stealing from patients, the hospitals or employees.
- Any form of dishonesty.
- Disorderly conduct, including fighting; acting in an obscene manner or using obscene, abusive or threatening language or horseplay.
- Smoking in any area where prohibited.
- Defacing or damaging hospital property.
- Possession or use of firearms, fireworks or other weapon on hospital property.
- Excessive use of hospital telephones or other hospital equipment for personal matters.
- Disobeying safety regulations.
- Insubordination.
- Noncompliance with hospital policies.
- Failure to observe hospital safety regulations.
- Failure to maintain the confidentiality of hospital matters, including matters relating to patients.
- Any action that destroys good relations between the hospital and its employees or between the hospital and any of its suppliers or patients.
- Harassment of any kind (i.e. sexual, racial, age, etc.)

Responsibilities for Students

- Provide completed paperwork, including this form to Medical Staff Services.
- At all times, wear a name badge from the medical school and Yakima Valley Memorial Hospital, with photo identification.
- Be introduced to patient and hospital personnel as a Student.
- To attend patients only as allowed by the policy for Participation of Student with the Medical Staff.

I have read, understand, and agree to abide by these statements through the duration of my student experience at Yakima Valley Memorial Hospital. I understand that I must be with a preceptor or instructor at all times during my experience.

Student Name

Signature

Date

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