



## Title: Preceptees - Medical Staff

Date Approved: 7-23-2014

Document Owner: Medical Staff

Approver(s): Medical Executive Committee,  
Medical Staff Coordinator

### **Policy:**

1. Sheridan Memorial Hospital is committed to providing a desirable clinical learning experience and facilities for preceptees doing clinical rotations at Sheridan Memorial Hospital and its BHHN affiliate practices. It is further the intent to assist the preceptees in reaching desired clinical skills and professional competencies, within the scope of health care services provided by Sheridan Memorial Hospital.
2. Sheridan Memorial Hospital retains full responsibility for the care of patients and will maintain the quality of patient care without relying on the preceptee's clinical training activities for staffing purposes.
3. Preceptees will not be entitled to any monetary or other remuneration for services performed at Sheridan Memorial Hospital nor will Sheridan Memorial Hospital have any monetary obligation to preceptees' academic institutions.
4. Preceptees must be associated with academic programs that have a formal written affiliation agreement with Sheridan Memorial Hospital as a clinical training site.

### **Purpose:**

Describe the requirements, prerogatives and limitations of individuals doing clinical rotations at Sheridan Memorial Hospital, as well as the requirements of the practitioners supervising those individuals.

### **Definitions:**

- A preceptee is defined as a practitioner trainee or student who is doing a clinical rotation at Sheridan Memorial Hospital (SMH), and who is affiliated with an ongoing approved training program.  
For purposes of this policy, preceptees include but are not limited to the following:
  - Interns
  - Residents
  - Fellows
  - Medical Students (Pre-Clinical MS-1&2 Year) (For-credit MS-3-4 Year)
  - Physician Assistant Students
  - Nurse Practitioner Students
- This policy does not apply to other students in health related fields, such as nursing students, physical therapy students, radiology technologist students, pre-med students, etc. Please refer to Human Resources for Hospital policy in this regard.
- See below section "Observation Preceptee Experience" for individuals with an interest in pursuing healthcare training and careers who wish to shadow/observe patient care provided at SMH.

### **Procedure:**

#### **OBSERVATIONAL PRECEPTEE EXPERIENCE:**

Each preceptee will be under the direct supervision of their physician sponsor and may function in an observational capacity only without the ability to provide any direct or indirect patient care. 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 department manager. An Observational Student shall not be allowed to have any conversation with the patient about the patient's medical status or care, or



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have physical contact with the patient without the presence of their supervising physician. 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.

### **CLINICAL PRECEPTEE EXPERIENCE (MS 1-4, INTERNS, RESIDENTS, FELLOWS, PA, NP):**

#### **Preceptee roles, responsibilities and patient care activities (MS 04.01.01 EP 2):**

1. The scope of the preceptee's responsibilities and privileges at Sheridan Memorial Hospital shall be dictated by the preceptee's academic institution and must be agreeable to SMH. The supervising physician will assess the capabilities of the preceptee and assign responsibilities accordingly.
2. The preceptee or his/her academic institution that has an affiliation agreement with Sheridan Memorial Hospital shall notify the Sheridan Memorial Hospital Medical Staff Office of the preceptee's clinical rotation plans to obtain application materials.
3. Preceptees who fail to comply with #2 above shall be subject to cancellation of their clinical rotation.
4. Preceptees will sign and adhere to the provisions of the Sheridan Memorial Hospital confidentiality statement, maintaining confidentiality regarding patient, provider and hospital information as required by hospital policies.
5. Preceptees are required to contact Human Resources prior to their clinical rotation to complete hospital orientation items as necessary.
6. Preceptees are required to become familiar with the orientation information provided to them.
7. Human Resources will assist preceptees with housing needs to the extent dictated by agreements between Sheridan Memorial Hospital and the preceptees' academic programs.
8. The Department/Clinic Manager will provide preceptees with a tour of Sheridan Memorial Hospital facilities.
9. Preceptees shall be subject to applicable provisions of the hospital and Medical Staff bylaws, rules, regulations, and policies.
10. Preceptees are expected to become familiar with, and adhere to, all safety and emergency procedures and code designations, including but not limited to fire, disaster, bomb threat, infection control, incident reporting, etc. Safety information, emergency procedures and code designations are covered in the preceptee's hospital orientation, which will be provided to preceptees prior to commencement of their clinical rotations.
11. Appropriate to their level of training, preceptees may evaluate patients in the hospital, affiliated practices, outpatient departments and emergency department; dictate their findings; perform history and physical examination; write admission and discharge notes; write progress notes and orders MS04.01.01 EP4. (See "Supervision of Preceptees" #11 and # 12).
12. It is the preceptee's responsibility to communicate effectively with his/her supervising physician regarding the findings of his/her evaluation, physical examination, interpretation of diagnostic tests and intended interventions on a continuous basis.
13. The preceptee must notify the appropriate attending or consulting physicians of any change in a patient's condition.
14. Preceptees may assist at surgery and during other invasive procedures, appropriate to their level of training, only (a) if the preceptee has received approval from the Chief Medical Officer and Chief of Staff based upon documented evidence of a surgical rotation/instruction during his/her academic training; and (b) under the direct supervision and physical presence of a preceptor with appropriate privileges; and (c) after an orientation to the OR by OR staff.
15. Preceptees may attend Medical Staff meetings at the discretion of the Chief of Staff and
16. Medical Staff committee meetings at the discretion of the committee chair (not including

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- executive sessions), but may not vote on matters brought before the Medical Staff or the committee.
17. Preceptees are expected to participate in Medical Staff educational activities offered during their Sheridan Memorial Hospital clinical rotation (CMEs, case presentations, journal clubs, etc.).
  18. Preceptees will wear appropriate attire and name tags and will present and conduct themselves in a professional manner according to the Sheridan Memorial Hospital code of conduct.
  19. Prior to their clinical rotation at SMH, preceptees will have documented proof of training in universal precautions and transmission of blood-borne pathogens.

### Expectations of Preceptors

1. Maintain Active Staff Medical Staff membership and privileges in good standing at SMH.
2. Be familiar with the core curriculum of the student's respective program
3. Accept the responsibility for onsite supervision of the student
4. Be responsible for service provided by the student
5. Examine all patients seen by the student
6. Assure that the documentation in the patient's medical record is appropriate and
7. Agrees to abide by the content of this policy
8. 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 Sheridan Memorial Hospital/Clinics.

### Approval of Preceptee Applications

1. Preceptee applications for clinical rotations at Sheridan Memorial Hospital shall be approved by the Preceptor and Medical Staff Department Chair for a specific time period. The Hospital CMO, Director of Medical Education, and Chief HR Director will be notified on receipt of the student's application and have authority to prohibit approval of student for good reason.
2. Applications of residents, because they are licensed independent practitioners, are subject to the Credentials Committee, MEC and Board of Trustees approval process.

### Supervision of Preceptees (MS 04.01.01 EP1,4)

1. Preceptees and preceptors should clarify the preceptee's learning objectives for his/her clinical rotation along with his/her academic program's requirements as well as the preceptor's expectations of the preceptee.
2. Preceptees will work under the direct supervision of physicians who hold clinical privileges that reflect the patient care responsibilities given to the preceptee (e.g., a preceptee who is allowed to take a history and physical must be supervised by a practitioner with H & P privileges).
3. The supervising physician is defined as that individual who has immediate oversight responsibility of all aspects of patient care rendered by the preceptee. In most cases, the supervising physician is also the attending physician or consultant on the case.
4. The mechanisms by which the supervisor shall make decisions about each participant's progressive involvement and independence in specific patient care activities include but are not limited to the following:
  - Direct observation of the preceptee by the supervisor,
  - Consultation by the supervisor with the preceptee and other caregivers working with the preceptee regarding the preceptee's performance,

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- Review of the preceptee's documentation in patients' medical records by the supervisor
  - Proctoring of the preceptee by the supervisor in specific patient care activities
  - Simulation of specific patient care activities,
  - Testing the preceptee regarding specific patient care activities
5. All aspects of patient care are ultimately the responsibility of the attending physician and involved consultants.
  6. Attending physicians have the right to prohibit preceptee participation in the care of their patients without penalty.
  7. When allowing care of their patients by preceptees, attending physicians and consultants do not relinquish their rights or responsibilities to examine and interview; admit or discharge; write orders, progress notes and discharge summaries; obtain consultations.
  8. When physicians are billing for services, those services must have been performed by and documented by the billing physician rather than the preceptee.
  9. Attending and consultant physicians must document that they, rather than the preceptee, have personally performed the key components of each medical encounter.
  10. Preceptees may 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.
    - i. 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. 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.
  11. Preceptees may also, at the discretion of their physician supervisor, write orders, make patients rounds on the units, see appropriate consults, attend routine deliveries, be in attendance at surgical procedures, dictate histories and physicals and progress notes.
  12. All preceptees will identify his/her title in all entries in the medical record and will be countersigned by the patient's attending physician within 24 hours (not applicable to residents).
  13. The attending physician and consulting physicians must review all entries by the preceptee in the medical record on a daily basis and make any necessary corrections in the entries.
  14. Undergraduate preceptees must have diagnostic and treatment orders countersigned by the patient's attending physician prior to being carried out (applicable to medical students, PA students and nurse practitioner students).
  15. In all cases, the supervising physician will review all orders and prescriptions with the preceptee.
  16. Preceptors will provide preceptees with constructive feedback on the preceptee's performance, which will include a formal written evaluation, as required by the preceptee's academic institution, as well as continuous feedback to the preceptee.

### **Communication/Reporting of Preceptee Activities (MS04.01.01 EP5)**

1. The Medical Staff Office may be requested to submit an annual report to the Director of Medical Education, the Medical Executive Committee, and/or the Board of Trustees listing all preceptees completing clinical rotations at SMH during the calendar year. The report may include the patient care, treatment, and services provided by, and the related educational and supervisory needs of, its participants in the education programs and the preceptees' evaluations of their clinical rotations, as well as any patient safety or quality of care issues involving preceptees.
2. Hospital staff will report any patient safety or quality of care issues involving preceptees to the Medical Staff Office, who will in turn advise the Director of Medical Education, Chief



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Medical Officer, and the Chief of Staff for Medical Executive Committee review.

3. The Chief of Staff and Chief Medical Officer will oversee the resolution of any issues that arise.
4. The Quality Department will inform the Medical Staff Office of any documented incidents involving preceptees and the resolution of those incidents.
5. The Medical Staff Office will promptly report to the Chief Medical Officer and Chief of Staff any negative feedback received from the preceptee and will intervene as appropriate.
6. Sheridan Memorial Hospital will take immediate action to correct a situation where a preceptee's actions endanger patient care.

Related Documents:

None

References:

- A. None

ATTACHMENTS:

- A. Cover Letter to Preceptee
- B. Application for appointment – Preceptee Staff
- C. Preceptee Application Checklist and Recommendation



# APPLICATION FOR APPOINTMENT - PRECEPTEE STAFF

Medical Staff Services • Sheridan Memorial Hospital • 1401 West 5<sup>th</sup> Street • Sheridan, WY 82801  
307-672-1079 • 307-675-2602 (fax)

TODAY'S DATE: \_\_\_\_\_

APPLICANT: \_\_\_\_\_, Year: \_\_\_\_\_ SPECIALTY: \_\_\_\_\_

PHYSICIAN SUPERVISOR(S): \_\_\_\_\_

(Must be an SMH Active Staff Member and hold clinical privileges that reflect preceptee's responsibilities.)

DATES OF ROTATION: \_\_\_\_\_ to \_\_\_\_\_

### EDUCATION CATEGORY

- OBSERVATION / SHADOW
- 1<sup>st</sup> YEAR MEDICAL STUDENT
- 2<sup>nd</sup> YEAR MEDICAL STUDENT
- 3<sup>rd</sup> YEAR MEDICAL STUDENT
- 4<sup>th</sup> YEAR MEDICAL STUDENT
- INTERN
- RESIDENT, YEAR IN RESIDENCY \_\_\_\_\_
- FELLOW, SPECIALTY \_\_\_\_\_
- PHYSICIAN ASSISTANT STUDENT
- ADVANCE NURSE PRACTITIONER STUDENT
- OTHER

### SPECIALTY CATEGORY/SANCTIONED ROTATION (please check one)

- Medicine; Specialty: \_\_\_\_\_ (ie IM, Family, Cardiology, etc.)
- Pediatrics       OB/GYN
- Anesthesiology       General Surgery       Orthopaedic Surgery       Urology       ENT
- Pathology       Emergency Medicine       Urgent Care       Radiology

**Note: Proof of previous surgical training and experience are required for surgical assist privileges. i.e. transcript, surgery logs, or letter from director**

### IDENTIFYING INFORMATION

1. DATE OF BIRTH: \_\_\_\_\_      2. PLACE OF BIRTH: \_\_\_\_\_
3.  MALE     FEMALE      4. MARITAL STATUS:  M     S     W     D
5. CITIZENSHIP:  USA     OTHER (Indicate citizenship and current status of USA visa): \_\_\_\_\_
6. SOCIAL SECURITY #: \_\_\_\_\_

**7. HOME ADDRESS**

STREET ADDRESS	P.O. BOX	CITY	STATE	ZIP CODE
( )	( )	( )		
HOME PHONE	HOME FAX	<u>CELL PHONE</u>		

**8. EMAIL ADDRESS - \_\_\_\_\_**

**9. EMERGENCY CONTACT**

LAST NAME	FIRST NAME	RELATIONSHIP	( )	CELL PHONE
STREET ADDRESS	P.O. BOX	CITY	STATE	ZIP CODE
( )	( )			
HOME PHONE	HOME FAX	EMAIL ADDRESS (if available)		

***EDUCATION, TRAINING AND PRACTICE***

**1. PREMEDICAL / UNDERGRADUATE EDUCATION**

College or university: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Honors: \_\_\_\_\_

**2. MEDICAL EDUCATION / PROFESSIONAL EDUCATION**

Medical school: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Honors: \_\_\_\_\_

**3. GRADUATE EDUCATION (if applicable)**

College or university: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of graduation: \_\_\_\_\_ Degree: \_\_\_\_\_ Honors: \_\_\_\_\_

**4. INTERNSHIP/PGY(1) (if applicable)**

Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of internship: \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervising practitioners (chief of staff, etc.): \_\_\_\_\_

**5. RESIDENCY (if applicable)**

**(1) Hospital/University:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Type of residency/program: \_\_\_\_\_ Dates: \_\_\_\_\_  
Supervising practitioner(s): \_\_\_\_\_

**LICENSING INFO. – for Resident & Fellow applicants only**

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**1. FEDERAL DEA REGISTRATION**

List information and provide copy of DEA registration.

DEA REGISTRATION NO.	DATE ISSUED (if available)	EXPIRATION DATE

**2. MEDICAL LICENSES**

List **ALL** medical licenses you **currently hold or have ever held**. Provide copies of current licensure.

NAME OF STATE	DATE ISSUED (if available)	EXPIRATION DATE	LICENSE NO.

**LIABILITY INSURANCE & MALPRACTICE INFORMATION**

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A certificate of insurance from your Universities professional liability insurance carrier must be provided. This certificate must include address of company, dates and amount of coverage (minimum coverage = \$1 million/\$3 million).

a) Have there **ever** been, or are there currently pending, any malpractice claims, lawsuits, settlements or arbitration proceedings involving your professional practice?  Yes,  No  
If yes, please list and provide status (e.g., settled, judgment, dropped, pending)

b) If you have had any other professional liability insurance coverage **during the past five years**, please list companies and addresses below.

**ADDITIONAL INFORMATION**

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**DISCIPLINARY ACTIONS**

- a) Have any of the following, either voluntarily or involuntarily, **EVER** been denied, revoked, suspended, reduced, limited, placed on probation, not renewed, or are currently pending or under investigation.
- Medical license in any state .....  Yes.....  No
  - Other professional registration/license .....  Yes.....  No
  - DEA registration .....  Yes.....  No
  - Clinical privileges .....  Yes.....  No
  - Other institutional affiliation or status .....  Yes.....  No
  - Professional society membership/fellowship/board certification .....  Yes.....  No
  - Professional liability insurance .....  Yes.....  No
- b) Have you been subject to any other type of professional sanction? .....  Yes.....  No



- c) Have there ever been any criminal convictions against you including misdemeanors and felonies? .....  Yes.....  No
- d) Are there any felony criminal charges pending against you including misdemeanors and felonies? .....  Yes.....  No
- e) Have you ever been convicted of a misdemeanor relating to a controlled substance, illegal drugs, insurance fraud or abuse, or violence of any kind? .....  Yes.....  No

***If the answer is "yes" to any of the disciplinary questions above, provide a detailed explanation below or on a separate sheet.***

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**HEALTH INFORMATION**

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**1. DISEASES AND VACCINATION HISTORY**

*Please provide documentation of TB test within the last year, or explain below if you have ever tested positive. Please notify HR if you are TB positive practitioners.*

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If immunization documentation is unavailable and you need a TB test, titer or vaccine as listed above, you may have this done at the Hospital. There will be no charge for TB tests or titers. *Please contact Human Resources at 307-673-4290.*

**2. HEALTH STATUS**

Do you have any physical or mental condition that could affect your ability to exercise the clinical privileges requested or would require an accommodation in order for you to exercise the privileges safely and competently? Yes No

*If yes, and you are found to be professionally qualified for appointment and the clinical privileges requested, you will be given an opportunity to meet to determine what accommodations are necessary or feasible for you to practice safely.*

- a) Are you currently having any medical and/or psychiatric problems (including alcohol or drug dependence)? ..... Yes... No
- b) Have you been hospitalized or institutionalized during the past five years?..... Yes... No
- c) Do you have any continuing health problems requiring current therapy?..... Yes... No
- d) Please provide the date of your most recent physical examination:\_\_\_\_\_

*Please provide details if you answered "yes" to any Health Status questions above.*

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**AGREEMENTS**

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**STATEMENT OF CONFIDENTIALITY - PEER REVIEW & CREDENTIALING/PRIVILEGING INFO.**

All Sheridan Memorial Hospital Board of Trustees members, employees, Medical Staff members, other providers credentialed and privileged at St. John's and other persons attending meetings in which confidential information is shared, shall sign the following confidentiality statement of understanding prior to participating in executive sessions, peer review activities, and/or activities related to provider credentialing or disciplinary matters, which are confidential and protected under state and federal peer review statutes for use in improving hospital and medical care.

I have been informed that information that is accessible and/or acquired while working in my capacity as a participant in (1) peer review/provider credentialing and privileging process, (2) Medical Staff Committee meetings, or (3) other confidential forums, is confidential and must remain confidential. Such information may relate to SMH physicians, other care providers, patients and employees. I agree that it is my obligation to maintain the confidentiality of all such information to which I have access and that disclosure of such information for any purpose other than the immediate requirements of my duties is prohibited. This prohibition extends to disclosure outside the scope of my duties to any individuals not involved in the scope of those duties. I understand that any violation in this regard may result in corrective/disciplinary action as defined by the SMH Medical Staff Bylaws, potentially including termination of staff membership and privileges.

***I understand that this statement shall be signed upon assumption of duties involving accessing and acquiring confidential information and shall be kept on file.***

**X**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**FEDERAL HIPAA COMPLIANCE PROGRAM**

I am familiar with and agree to comply with the Federal HIPAA Privacy Compliance Program.

**X**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

I fully understand that any misstatements in or omissions from this application constitute cause for denial of appointment or cause for summary dismissal from the Preceptee staff. All information submitted by me in this application is true to my best knowledge and belief.

**Initial** \_\_\_\_\_

Applying for appointment to the Preceptee staff, I hereby signify my willingness to appear for interviews regarding my application, authorize the hospital, its medical staff and their representatives to consult with administrators and members of other hospitals or institutions with which I have been associated and with others, including malpractice insurance carriers, who may have information bearing on my professional competence, character and ethical qualifications.

**Initial** \_\_\_\_\_

I understand and agree that I, as an applicant for Preceptee staff membership, have the burden of producing adequate information for the proper evaluation of my professional competence, character, ethics another qualification and for resolving any doubt about such qualifications.

I further agree to notify the hospital of any change in status or other pertinent circumstances which occur during the evaluation of my application.

**Initial** \_\_\_\_\_

I will not participate in any form of fee-splitting.

**Initial** \_\_\_\_\_

I have received a copy of the SMH Preceptee Policy

**Initial** \_\_\_\_\_

\_\_\_\_\_  
**Complete Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Signature**