



EMS student clinical Application and Orientation Process

***** Student's University must have an Affiliation Agreement with the Covenant Health System before the student can participate in Clinical Rotations at any Covenant Entity. For contract information contact: Keith Harvey, Manager of Contract Operations, HARVEYKM1@covhs.org , 806-725-0535**

Complete/Produce the seven required documents below:

1. Click on the following link or copy/paste the link into your web browser for the Non-Employee Education Materials. <http://bit.ly/2ouGvDU>
 - **Print/sign the form at the end of this interactive training and return with the packet.**
2. Student Data Sheet
3. Attestation of Immunizations and Background Check by your University Advisor
4. Signed Student Guidelines
5. Code of Conduct Attestation
6. Confidentiality Statement
7. Current Professional Picture (JPG format) for your Covenant Badge

You will be contacted by Natalie Bryant or Lisa Hogue upon approval of your application to arrange an orientation. If you are rotating in the OR, you will need to attend both a Covenant Orientation as well as an OR Orientation.

NOTE: Please submit your completed application and all supplemental documents (above) by email to natalie.bryant@stjoe.org or by fax to 806 - 723 - 7146.

**Please allow two weeks for processing prior to start of rotation.
You may not begin your rotation without a Security badge or attending Orientation/Training.**

Mission, Vision and Promise:

Covenant Health Mission:

As expressions of God's healing love, witnessed through the ministry of Jesus Christ, we are steadfast in serving all, especially the poor and vulnerable.

Covenant Health Vision:

Health for a better world

Our Promise:

"Know me, care for me, ease my way."



STUDENT DATA SHEET

EMT-Basic Student

EMT-Intermediate/
Advanced EMT Student
(Check applicable box)

EMT-Paramedic Student

Full Name:

First Middle Last Credentials
(RN, BSN, ST, CST, etc.)

Date of Birth:

_____ Male Female

Month Day Year

Social Security Number:

Home Address:

Cell Phone:

Email Address:

Current Education:

Name of School

School Address:

School Advisor:

Phone:

Contact email:

Fax

Past Education:

Name of School

School Address:

School Advisor:

Phone:

Contact email:

Fax

Type of License or Professional Certification:

***if applicable**

License or Certification Number:

Expiration Date:

***Attach current copy of license or verification if applicable.**

Has your license to practice in any state ever been denied, limited, suspended, revoked, or have you voluntarily or involuntarily relinquished such? Yes _____ No _____

Have any disciplinary actions been initiated or are any pending against you by any state licensing board? Yes _____ No _____

Are you currently employed by Covenant Health?

Yes

No

Which campus?



Locations of Clinical Rotations? CMC CCH Adult ER Pedi ER OR Respiratory Therapy
 Labor and Delivery Other - _____

Will any rotation you have involve a surgical specialty physician and require OR, CATH LAB or L&D access/training?
 Yes No

What is your scrub size? (Tops/Bottoms must be the same size. Sizes range from XS – 4X.) _____

University Advisor's Attestation of Immunizations and Background Check

I attest per the established contract between the University and Covenant Health System, that
_____ has complied with Covenant Health Systems requirements for
Student's Name

Immunizations and Background Check.

Print Name

Date

School Advisor Signature



GUIDELINES FOR STUDENTS IN NURSING UNITS

1. The student may not perform any functions/duties/procedures that are outside the scope of their training program.
2. The student, when at a Covenant entity, will wear a Covenant photograph identification name badge above the waist which will be visible at all times, that clearly identifies his/her professional status and school affiliation.
3. The student will be able to perform only actions/procedures authorized by the supervisor and approved by the hospital, as defined in this application. Authorized actions/procedures are subject to the Rules and Regulations of the Covenant Administration and applicable state statutes.
4. Performance of all actions/procedures will be completed in accordance with the policies/procedures of Nursing Service and applicable state statutes.
5. A physician's order will be on the chart prior to the performance of any procedures by a student.
6. Documentation will be made in the nurse's notes portion of the patient's medical record by the student after completion of the procedure.
7. A student will not be authorized to give or transmit orders to hospital employees.

GUIDELINES FOR STUDENTS IN SURGERY

1. **The student may not perform any functions/duties/procedures that are outside the scope of their training program.**
2. Student **must** attend scrub training through Covenant Surgical Staff and wear Operating Room scrubs while working at any Covenant entity. Scrubs not returned to the scrub machine will be charged to the students at \$28/set.
3. The surgical activities of students are under the direct control of operating room supervisors and Administration.
4. The student is under the direct control of his/her physician supervisor who must accept the legal responsibility of all operating room activities of the student.
5. Student shall be able to perform such delegable functions as designated by the physician supervisor under his/her supervision, as long as the performance of these functions does not constitute any violation of the Medical Rules and Regulations or applicable state statutes. If, in the opinion of the Director of Surgery, the student is not competent or violates standard operating room procedures, the Director of Surgery, with the concurrence of the section chief, shall have the responsibility of denying entrance of the student to the operating room pending resolution of the assessment of the student's competence.
6. Complaints concerning the propriety of acts by the student shall be made in writing to the Section Chief or section in which the staff physician supervisor practices.
7. The student, while working on the premises of any Covenant entity, will conform to the hospital dress code currently in force for students.
8. In instances where the surgeon has privately owned instruments, these instruments will be the responsibility of the private physician supervisor's surgical student to set up cleaning and storage of privately owned surgical instrumentation.
9. While in surgery, the student will not be delegated tasks which require the exercise of medical judgement.

GUIDELINES FOR ALL STUDENTS AT ANY COVENANT ENTITY

1. Covenant entities **will not** maintain liability insurance for any actions/procedures performed by the student because the Covenant entities do not retain the right to control the actions of the student.
2. Student will practice within the provisions of the laws of the state of Texas that regulate applicable licensure or certifications.
3. Application will require the approval of the appropriate hospital department director or vice – president.
4. Student Applications will be completed and filed in the Office of Medical Staff Services.
5. Students must complete a Covenant Orientation and EMR Training, if applicable, before beginning clinical rotations.
6. Physician Supervisor will assure Student maintains current licensure, if applicable.
7. Student will provide current copy of licensure to Medical Staff Services, if applicable.
8. Student **MUST WEAR** a Covenant photograph identification badge above the waist at all times while on Covenant entity's premises.
9. Upon completion of rotations, student must contact Natalie Bryant at 806 – 725 – 1377 to return his/her badge, scrubs and any other hospital property.

I attest that I have read the above Student Guidelines, and agree to abide by them during my student rotations at any Covenant entity.

Print Name

Date

Student Signature

Student Signature



Code of Conduct

Covenant Health System desires that all patient care activity take place in an atmosphere of collegiality, cooperation, and professionalism. Members of the Medical Staff/Observers are expected to conduct themselves in a manner consistent with and supportive of Covenant Health System's mission, vision and core values.

Mission and Values

Members of the Medical Staff acknowledge that Covenant Health is a faith-based ministry based on Catholic and Methodist traditions and principles whose mission is "As expressions of God's healing love, witnessed through the ministry of Jesus Christ, we are steadfast in serving all, especially the poor and vulnerable". Our five core values – Compassion, Dignity, Justice, Excellence, and Integrity – serve as guiding principles.

Respectful Treatment

All members of the Medical Staff/Observers of Covenant Health System (Hospital) shall treat others with respect, courtesy, and dignity and conduct themselves in a professional and cooperative manner.

Safe Environment of Care

Members of the Medical Staff/Observers acknowledge and agree that the protection and safety of patients, employees, physicians and others in the Hospital and the orderly operation of the Hospital are paramount.

Patient Care

Members of the Medical Staff/Observers agree to provide care to patients consistent with generally recognized standards of care. Medical Staff members further agree to actively help educate patients and their families regarding the medical condition for which the patients are receiving care and treatment. Additionally, members of the Medical Staff/Observers agree to coordinate care, treatment, and services with other practitioners and Hospital staff as appropriate and seek consultation whenever warranted by patient's condition. Medical Staff members/Observers also agree to provide continuity of care for patients and delegate responsibility of diagnosis and/or treatment of hospitalized patient to a practitioner who is qualified to provide necessary care.

Language and Behavior

Members of the Medical Staff/Observers agree to refrain from engaging in any behavior that may impair the ability of the healthcare team to provide quality care and/or otherwise create a hostile or intimidating work environment. Prohibited conduct includes, but is not limited to, making offensive or derogatory comments, racial or ethnic slurs, sexual comments/innuendos, threats of violence, using foul language, acting in a rude, intimidating or otherwise unprofessional manner, engaging in retaliatory conduct, criticizing individuals in inappropriate forums.

Harassment/Discrimination

Members of the Medical Staff/Observers also agree to refrain from engaging in any form of unlawful discrimination or harassment based upon any legally protected characteristic, including race, color, religion, national origin, sex, sexual orientation, pregnancy, age, disability, or military status. Harassment is defined as unwelcome verbal, visual, or physical conduct that creates an intimidating, offensive, or hostile work environment that interferes with work performance. Sexual harassment, specifically, includes making unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that is unwelcome and offensive to individuals who are subjected to it or who witness it.

Because of the unique legal implications surrounding sexual harassment, a single confirmed incident requires a meeting to be held with the Medical Staff member/Observers to discuss the incident.



Corrective Action for Inappropriate Conduct

Collegial and educational efforts may be used by Medical Staff leaders to address inappropriate conduct. Collegial steps, including counseling, warnings, and meeting with a practitioner, may be taken to address complaints about inappropriate conduct. However, a single incident of inappropriate conduct or a pattern of inappropriate conduct may warrant immediate corrective action in accordance with the Medical Staff Bylaws, Rules and Regulations.

Confidentiality

Members of the Medical Staff/Observers agree to maintain confidentiality of patient care information at all times, in a manner consistent with all relevant laws. Members of the Medical Staff/Observers shall also abide by the Medical Staff Rules and Regulations regarding confidentiality of peer review files and process.

Compliance

Members of the Medical Staff/Observers agree to abide by Hospital Bylaws, Medical Staff Bylaws, Rules and Regulations and policies, applicable laws and regulation of governmental agencies, Corporate Compliance policies, and applicable standards of accrediting organizations including the Joint Commission on Accreditation of Healthcare Organizations. Failure to comply with the provisions of this Code of Conduct policy may result in corrective action in accordance with the Medical Staff Bylaws, Rules and Regulations.

Reporting Concerns about Safety or Quality of Care

Members of the Organized Medical Staff/Observers are encouraged to report their concerns about patient safety or quality of care to any of the following Covenant Health System (CHS) leadership: Chief Executive Officer, Chief Operating Officer, Chief Medical Officer, Chief of Staff, or the Medical Director of Quality. Concerns may also be reported to any member of the Joint Commission/Regulatory department at 725-3838. By reporting issues directly to Covenant leadership, it will help us conduct a timely and appropriate response.

In keeping with our commitment to meet the Joint Commission standards, CHS takes this opportunity to inform you that if you have concerns about patient safety and quality of care here at CHS, you may also choose to report concerns to the Joint Commission at 1-800-994-6610, or online at www.jointcommission.org

Any member of the Medical Staff/Observers can report directly to the Joint Commission without fear of retaliatory or disciplinary action being taken by Covenant Health System.

Code of Conduct Attestation

By my signature below, I certify that I have received and agree to Covenant Health’s CODE OF CONDUCT. I agree to comply fully with the standards, policies, procedures and other provisions of the Code of Conduct. I understand that compliance with the provisions contained in the Code of Conduct are a condition of obtaining and retaining medical staff/Observer credentials and privileges at Covenant Health. I also understand that the Covenant Health may from time to time amend, modify and update the Code of Conduct pursuant to the Bylaws and Rules and Regulations of the Covenant Health and the Medical Staff/Observers.

Printed Observer Name: _____

Observer Signature: _____

Date: _____



CONFIDENTIALITY STATEMENT

(For Students/Volunteers)

As a student or volunteer performing duties at Covenant Health System (CHS), you will have access to the protected health information (PHI) of patients. Federal and State laws, including HIPAA and other policies and procedures created internally, protect the privacy and security of this PHI, including the fact that an individual was a patient at CHS. It is illegal for you to use or disclose PHI outside the scope of your duties at CHS. This includes oral, written, or electronic uses and disclosures. Below are some guidelines that you must be familiar with regarding the use of a patient's PHI.

1. You may use PHI as necessary to carry out your duties as a student/volunteer;
2. You may share PHI with other health care providers within CHS for the direct treatment of the patient;
3. You may NOT photocopy or otherwise permit PHI to be duplicated in any way;
4. You may NOT photograph patients;
5. You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment;
6. You may NOT record PHI (such as patient names, diagnoses, dates of birth, addresses, phone numbers, Social Security numbers, etc.) on any assignments you may need to turn in to your instructor, reports you may need to turn in to your program, or forms you may need to take with you;
7. You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI;
8. You must be aware of your surroundings when discussing PHI. As an example, it is inappropriate to discuss PHI in elevators, bathrooms, the cafeteria, and any other place for which your discussion may be overheard;
9. When disposing of any documents with PHI, do NOT place them in the trash can. Instead, the documents should be placed in the proper containers marked for shredding or another disposal container as set forth by policy and procedures for your specific department; and
10. Do not place any photographs or information about your patients or your clerkship experience on any form of social media.
11. If you have questions about the use or disclosure of PHI, contact the Compliance and Privacy Officer (806.725.0085).

Please read, sign, and date this acknowledgement. Return it to Medical Staff Services/Student Liaison where it will be filed with your application.

Acknowledgment:

I have read and I understand the information in this document. I realize that there are penalties for which I may be subject, including criminal, for the unauthorized use and disclosure of PHI. I agree to abide by the guidelines described above when performing my duties at Covenant Health System.

I understand and agree that in the performance of my duties within any Covenant Entity, I may become aware of information that could be considered confidential. It is my responsibility to protect the privacy of patients, employees and the hospital. I understand that my failure to comply may result in disciplinary action from my physician supervisor.

Name (Print):

Date:

Signature:

August 2018 EMS Application