

Clinical Rotations Application and Orientation Process

***** Student's University must have an Affiliation Agreement with Covenant Health before the student can participate in Clinical Rotations at any Covenant Entity.**

Complete/Produce the required documents below:

1. Student Data Sheet
2. Attestation of Immunizations and Background Check by your University Advisor
3. Signed Student Guidelines
4. Signed Supervising Professional Agreement with Inclusive dates of the clinical rotation (by the preceptor who will supervise the student) that the student is cleared to begin. **NOTE: Must be signed by physicians; not mid-levels, nurses, or office managers. Physicians MUST have Instruction Privileges within the Covenant Health System.**
5. Complete the Providers and Designated Office Staff User Access
6. System Access Request Form
7. Code of Conduct Attestation
8. Confidentiality Statement
9. Current Professional Picture (JPG format) for your Covenant Badge

You will be contacted by Rochelle Bell upon approval of your completed application which includes Orientation and EMR Training. Students rotating in the OR will also need to attend an OR Orientation by contacting Christine Martinez at martinezch1@covhs.org, 806-786-3774.

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

**Please allow a minimum of 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

Physician Assistant Nurse Practitioner MS 3 or 4 Other _____
(Check applicable box)

Full Name: _____
First Middle Last Credentials
(RN, BSN, ST, CST, etc.)

Date of Birth: _____
Month Day Year Male Female

Social Security Number: _____

Home Address: _____

Cell Phone: _____

Email Address: _____

Current Education:

Name of School/Branch: _____
 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?** _____

Professional Supervisor(s):

Name _____

Rotation Dates _____

Name _____

Rotation Dates _____

Name _____

Rotation Dates _____

Name _____

Rotation Dates _____

Name _____

Rotation Dates _____

Locations of Clinical Rotations? CMC CCH CMG Clinic CSH Cath Lab

Covenant Hobbs Grace Clinic Grace Hospital Covenant Plainview Covenant Levelland

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, that

_____ has complied with Covenant Health requirements for
Student's Name

Immunizations and Background Checks.

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 always be visible, 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, if 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 manager/director.
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, always, while on Covenant entity's premises.
9. Upon completion of rotations, student must contact Rochelle Bell at 806-725-0576 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

Please share the above guidelines with your supervising professional before asking him/her to complete the Supervising Professional Agreement for clinical rotations.

SUPERVISING PROFESSIONAL AGREEMENT FOR CLINICAL ROTATIONS

Supervising Professional and Student agree that Student’s presence is solely for the purpose of Clinical Rotation, and that Student is not permitted to perform any functions/duties/procedures outside the scope of the applicable training program.

Supervising Professional will use best efforts to ensure that Student always acts in a manner that is consistent with applicable law, as well as the policies, procedures, mission, vision, and values of Covenant Health System. Supervising Professional will immediately report to their supervisor any Student acts or omissions inconsistent with these obligations.

Student agrees that he/she will always (i) respect the wishes of any patient who objects to his/her presence and (ii) abide by applicable law, as well as the policies, procedures, mission, vision, and values of Covenant Health System. Student represents and warrants that he or she is familiar with and will always comply with the provisions of the Health Insurance Portability and Accountability Act (HIPAA). Student understands and acknowledges that Student may be removed from the Clinical Rotation at any time in the sole discretion of Covenant Health System, with or without cause.

1.)

Signature of Supervising Professional

Inclusive Dates of Rotation

Printed Name

Specialty: Medicine Surgery
 Other: _____

Student will rotate with me at: CMC CCH CMG Clinic CSH Cath Lab

Covenant Hobbs Grace Clinic Grace Hospital Covenant Plainview Covenant Levelland

Other - _____

2.)

Signature of Supervising Professional

Inclusive Dates of Rotation

Printed Name

Specialty: Medicine Surgery
 Other: _____

Student will rotate with me at: CMC CCH CMG Clinic CSH Cath Lab

Covenant Hobbs Grace Clinic Grace Hospital Covenant Plainview Covenant Levelland

Other - _____

Student - Print Name

Date

Student Signature

Code of Conduct

Covenant Health desires that all patient care activity take place in an atmosphere of collegiality, cooperation, and professionalism. Members of the Medical Staff are expected to conduct themselves in a manner consistent with and supportive of Covenant Health'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 of Covenant Health (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 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 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 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 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 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 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 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.

Code of Conduct (continued)

Confidentiality

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

Compliance

Members of the Medical Staff 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 are encouraged to report their concerns about patient safety or quality of care to any of the following Covenant Health (CH) 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, CH takes this opportunity to inform you that if you have concerns about patient safety and quality of care here at CH, 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 can report directly to the Joint Commission without fear of retaliatory or disciplinary action being taken by Covenant Health.

Code of Conduct Attestation

By my signature below, I certify that I have received and agree to the Covenant Health Physician 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 is a condition of obtaining and retaining medical staff 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 Covenant Health and the Medical Staff.

Student Printed Name: _____

Student Signature: _____

Date: _____

**PROVIDERS AND DESIGNATED OFFICE STAFF
USER ACCESS AND CONFIDENTIALITY STATEMENT**

Providence St. Joseph Health System considers all patient and business information maintained on Providence St. Joseph Health System computer information systems (“Systems”) as confidential and proprietary. This Confidentiality Statement outlines the requirements for users of the Systems (and System applications) owned and operated by Providence St. Joseph Health System including but not limited to Meditech, Physician Connect, PACS/Synapse, and HPF (Horizon Patient Information). Users include but are not limited to physicians on the Medical Staff of Covenant Health and their designated office staff employed by those respective physicians. This Confidentiality Statement pertains to all access to the Systems, whether access occurs on hospital property, in the physician office location, or remotely.

I agree that my (“Username”) and Password (“Password”) are my unique identifier for the System(s) that I am authorized to use. I agree that I will only access patient health information for the purposes of direct patient treatment or hospital operations (such as peer review activities for which I am assigned).

- I will not access confidential information that I am not authorized to access including information for which I do not have a legitimate need to know such as information that is not related to my direct treatment relationship with a patient.
- I will not divulge, copy, release, sell, loan, alter, revise, or destroy any confidential information except as properly authorized within the policy of the hospital.
- I will maintain confidentiality of all information that I access through the Systems, including protected health information of patients.
- I will not share my Username or Password with any individual for any purpose. I will be the only person using my Username and Password. I accept responsibility for all accesses made using my Username and Password.
- I will not attempt to learn or utilize the Username/Password of another employee, physician, or any other person authorized to access the system(s).

When I access patient health information from a remote location, I will ensure that no unauthorized person can view the patient health information and that transmissions of patient health information for which I am authorized to make are only completed through secure and encrypted connections (in accordance with hospital policy and procedure).

I understand that access to patient health information is governed by federal and state laws and that **I may be subject to significant fines and criminal actions if I violate the terms of this statement or the state and federal regulations governing.**

I agree that Providence St. Joseph Health System may routinely audit my access trails and that Hospital(s) may revoke my Username and Password at any time. I understand that Providence St. Joseph Health System may revoke my Username and Password if I inappropriately access or disclose patient health information.

I will immediately report any known or suspected breach of the confidentiality of the system or records/data obtained from it to the Compliance and Privacy Officer at (806) 725-0085.

I understand this agreement will be on file in the Covenant Health Student Liaison’s Office.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ABIDE BY THE ENTIRE CONTENTS OF THIS AGREEMENT.

NAME (PRINT): _____

DATE: _____

SIGNATURE: _____

CLINICAL STUDENT SYSTEM ACCESS REQUEST FORM – New Users and Change Requests

Please grant clinical system access to me. I understand that all access is subject to monitoring and review by Providence St. Joseph Health System and/or designated representatives for regulatory compliance.

I acknowledge that the patient data accessed via Meditech, Physician Connect, MPF, HIE, Clinical Hub, AllScripts, or any other IT systems at Providence St. Joseph Health is to be used solely for treatment of a particular patient or hospital operations (such as auditing activities to which I am assigned). It will be my responsibility to use Providence St. Joseph Health IT systems in accordance with the signed confidentiality statement. I understand any misuse or violation of given access will result in the loss of access for my designated staff and me.

I understand that this agreement will be on file at Covenant Medical Staff Office.

Valid email addresses and phone numbers are mandatory. Access request forms will not be accepted without this information.

PLEASE COMPLETE FORM BY TYPING OR PRINTING LEGIBLY - ALL FIELDS ARE MANDATORY

Please make sure all contact information is correct so that we may get back to you with your Username and password.

Print Name: _____ **Gender: M / F** **SS #:** _____ **DOB:** _____
First Name, Middle Initial, Last Name Circle *The two above fields are for Identity Verification purposes only.*

Student Name as it should appear on Covenant Badge: _____

Credentials/Title: Clinical Student **Reason for access:** Initial User - Clinical Rotation Student - TUMMDS ACCESS

Student Signature: _____ **Date:** _____

Student Cell/Pager #: _____ **Student School E-Mail:** _____

School Supervisor: _____ **University:** _____

School Supervisor E-Mail: _____

School Supervisor Work Phone #: _____

School Supervisor Work Fax #: _____

Covenant Project Coordinator: Rochelle Bell **Phone #:** (806) 725-0576 **E-mail:** bradleyrd@covhs.org

Request Type: Create New User Edit existing user Disable user, no longer with practice or hospital

User Access (choose one): Student Provider (TUMMDS)

Possible System Access Needs: Active Directory, EasyPass, Allscripts TouchWorks with CMG EasyPass, Centricity Perinatal, Meditech PACS, & Mobile Rounding



CONFIDENTIALITY STATEMENT

(For Students/Observers/Volunteers)

As a student, observer or volunteer performing duties at Covenant Health (CH), 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 CH. It is illegal for you to use or disclose PHI outside the scope of your duties at CH. 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 CH 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.

I understand and agree that in the performance of my duties within any Covenant Health 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/Professional supervisor.

Name (Print):

Date:

Signature: