

## 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 ten required documents below:**

1. Click on the following link or copy/paste the link into your web browser for the Non-Employee Safety Education. <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. Obtain **Physician/Professional signatures** with Inclusive Dates of the Clinical Rotation on the Physician/Professional Agreement as well as **Clinic/Hospital Administrator signatures** that 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.
6. Complete the Providers and Designated Office Staff User Access
7. System Access Request Form
8. Code of Conduct Attestation
9. Confidentiality Statement
10. Current Professional Picture (JPG format) for your Covenant Badge

You will be contacted by Natalie Bryant upon approval of your application to arrange an Orientation and EMR Training. 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 [bradleyrd@covhs.org](mailto: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."



**Physician/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   ☐ Non-CMG Clinic   ☐ Cath Lab

☐ Plaza   ☐ CSH   ☐ High Plains Surgery Center   ☐ 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 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 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, at all times, 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 physician/professional before asking him/her to complete the SUPERVISING PROFESSIONAL/PHYSICIAN AGREEMENT FOR CLINICAL ROTATIONS.**

## SUPERVISING PROFESSIONAL/PHYSICIAN AGREEMENT FOR CLINICAL ROTATIONS With Clinic/Hospital Administrator Approval

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 at all times 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 at all times (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 at all times 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/Physician

\_\_\_\_\_  
Inclusive Dates of Rotation

\_\_\_\_\_  
Printed Name

Specialty: ☐ Medicine ☐ Surgery  
☐ Other: \_\_\_\_\_

Observer will rotate with me at: ☐ CMC ☐ CCH ☐ CMG Clinic ☐ Non-CMG Clinic ☐ Cath Lab

☐ Plaza ☐ CSH ☐ High Plains Surgery Center ☐ Grace Clinic ☐ Grace Hospital

☐ Covenant Plainview ☐ Covenant Levelland ☐ Other - \_\_\_\_\_

2.)

\_\_\_\_\_  
Signature of Supervising Professional/Physician

\_\_\_\_\_  
Inclusive Dates of Rotation

\_\_\_\_\_  
Printed Name

Specialty: ☐ Medicine ☐ Surgery  
☐ Other: \_\_\_\_\_

Observer will rotate with me at: ☐ CMC ☐ CCH ☐ CMG Clinic ☐ Non-CMG Clinic ☐ Cath Lab

☐ Plaza ☐ CSH ☐ High Plains Surgery Center ☐ 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 maintain confidentiality of patient care information at all times, 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](http://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](mailto: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: