TITLE: Education Related On-Boarding Policy

SUBJECT: Process, Documentation, and Expectations for Education Related Experiences

APPLIES TO: AHS (ALL SITES) PHYSICIAN OFFICES

APPROVED BY: DATE:

PURPOSE/POLICY:
Adena Health System (AHS) supports education related on-boarding experiences to enhance learning and development. This policy is to ensure standardization of on-boarding and orienting individuals to the AHS policies, procedures, and expectations.

DEFINITIONS:
1. **Student**: Individual currently affiliated with an approved school/program requesting learning experience. "Student" may include high school, undergraduate, graduate, instructor, physician intern/resident.
2. **Faculty/Coordinator**: Individual currently employed by an approved school/program assisting student in on-boarding at AHS.
3. **Preceptor**: Employed staff member of AHS providing direct supervision of learning experiences in a particular area, including roles/responsibilities of a particular position. Preceptors have demonstrated expertise in their particular area of practice. The Practice/Unit Manager is responsible selecting and assigning preceptors.
4. The experience types covered under this policy:
   a. **Job Shadowing**: a learning experience in which the student learns about a job by walking through the work day as a shadow to an assigned preceptor. The job shadowing experience is a *hands-off, temporary, unpaid exposure to the workplace* in an occupational area of interest to the student. This is usually one (1) day or less.
   b. **Internship/Practicum/Clinical Rotation**: a learning experience in which a student or a recent graduate of an approved school/program undergoes supervised practical training in a specified field of study. This type of experience can be paid or unpaid. The department hosting this type of student experience determines if the student will receive pay, pay amount, and will accrue all payroll costs. Refer to clinical policy # 1.4 to determine the requirements for hands-on clinical graduate student experiences.
PROCEDURE/RESPONSIBILITY:

STUDENT/FACULTY/COORDINATOR:

1. Contact Adena Health Systems’ Education and Development Department to obtain department contact information.

2. Contact and confirm accommodation/preceptor in a department for desired experience. **NOTE:** Any date ranges confirmed are TENTATIVE pending documentation submission, review and approval through Education and Development Department.

3. Complete and submit to the Adena Education and Development Department: (must have submitted **BEFORE** student begins experience)
   a. Letter of Good Standing on letterhead
      1. Student: Academic standing
      2. Instructor: Employment standing
      3. Health requirements (see item 3 below).
   b. Standards of Behavior Agreement
   c. Confidentiality Agreement
   d. Orientation Affirmation form
   e. ID Authorization form

4. All students in education related on-boarding must provide documentation of a negative TB within the last year, but cannot expire during the rotation. If the TB test is to expire during the rotation, then you must have a new TB test prior to starting your affiliation with Adena. Student must also provide documentation of at least two MMR vaccines, two Varicella vaccines (or blood titers that are positive for immunity) and seasonally (Oct-Mar) a flu shot. *If the contract stipulates that the college/university will be responsible for maintaining a complete health history showing general good health, appropriate immunizations, and a negative TB result, Adena Health System would not require this documentation be obtained. Instead, please see item Education and Development Department Responsibilities 2.a. below.*

5. Each student must obtain a Name Badge from Human Resources if they are here for more than one (1) day. For one (1) day or less, each person will still need to get a paper visitor name badge.

6. **If the student will be at the facility more than one (1) day,** they will need to complete the Corporate Orientation conducted by a designee from the Education and Development department.

ADENA HOST DEPARTMENT (PRACTICE MANAGER/PRECEPTOR):

1. Practice must assess patient and current schedule to determine availability to accommodate students. Dates/times and preceptor must be confirmed with the student. **NOTE:** Department level polices must be considered in ability to accommodate students.

2. All necessary paperwork must be completed between the student and the appropriate department representative.
   a. Statement of Provider Responsibility
      i. Name of the student
ii. Department giving experience
iii. Dates of experience.

b. IT Access privileges

3. Once Manager/Preceptor’s approval has been given, send:
   a. Signed Statement of Provider Responsibility form to Education and Development
   b. IT Access privileges to Information Technology department

4. Upon experience completion, the Manager will
   a. collect the ID Badge and return it to Human Resources
   b. Inform IT to deactivate IT access

ADENA EDUCATION AND DEVELOPMENT DEPARTMENT:

1. Contact Risk and Legal Services to ensure that an education affiliation agreement exists between Adena Health System and the student’s College/University. If there is no contract on file, the Education and Development Department would be responsible for initiating the contract between the University/College and Adena Health System Risk and Legal Department. **Note:** Student Affiliation Contracts are NOT required for high school student or job shadowing.

2. Provide to the student for signature and submission, **Essential paperwork** including:
   a. (if applicable) Request for College/University Letter of Good Standing on College letterhead
      i. Student is in good standing
      ii. Health requirements (see item 3 below)
   b. Standards of Behavior Agreement
   c. Confidentiality Agreement
   d. Orientation form
   e. ID Authorization form

3. Proof of TB test and immunizations according to Occupational Health Policy guidelines will be kept on file. **All students must provide** documentation of:
   a. Negative TB results within the last year, but cannot expire during the rotation; if expiring during the rotation, then a new TB test prior to starting must be obtained before starting.
   b. Documentation of at least two MMR vaccines, two Varicella vaccines (or blood titers that are positive for immunity) and seasonally (Oct-Mar) a flu shot. Only contraindication for MMR and Varicella vaccination is pregnancy.
   c. If they do not have the immunization/titer documentation and/or negative TB result within the past 12 months, immunization/titers or TB can be completed through Occupational Health at the student’s expense.
   d. If the contract stipulates that the college/university will be responsible for maintaining a complete health history showing general good health, appropriate immunizations, and a negative TB result, Adena Health System would not require this documentation be obtained.

See process flow map on next page.
Education Related On-Boarding
Documentation Check List

Student Name: ____________________________________________
Phone Number: ____________________________
Email: ____________________________________________
Academic School: ____________________________________________
Area of Study: ____________________________________________
Academic Contact Name: ____________________________
Academic Contact Email/Phone: ____________________________

Please submit this check list with the following documentation
AT LEAST ONE WEEK PRIOR TO ROTATION:

MAIL:  PACCAR Medical Education Center, 
       Attn: Student On-boarding
       446 Hospital Road, 
       Chillicothe, Ohio 45601

EMAIL:  studentonboarding@adena.org
FAX:  740-779-8508
PHONE:  740-779-8454

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<td>Academic Facility via Student</td>
<td>Student/Academic Facility/Preceptor</td>
<td>Letter of Good Standing (on official letterhead)</td>
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<td>Adena Preceptor</td>
<td>Adena Preceptor</td>
<td>Statement of Provider Responsibility</td>
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STANDARDS OF BEHAVIOR

As a member of the Adena Health System family, I promise to ensure the highest level of service – to treat others the way I want to be treated - by following these Standards of Behavior:

I promise to act with integrity:
- Toward my coworkers, patients and community
- By being sincere and kind
- By being conscious of my appearance and the appearance of my workplace
- By honoring the confidentiality and privacy of others
- By treating everyone the way I want myself and my family to be treated, regardless of race, gender, age or the ability to pay.

I promise to provide consistent communication:
- By smiling and greeting all to whom I come in contact
- By answering the telephone politely and appropriately
- By using my name and introducing myself to all that I encounter
- By wearing my name badge at all times
- By listening
- By doing my best to relieve fear and anxiety

I promise to promote teamwork:
- By guiding and assisting visitors to their destination
- By saying “please” and “thank you”
- By abiding by the policies of Adena, regardless of my personal feelings
- By representing the Adena Health System in a positive manner, both at work and in the community

I promise to embrace innovation:
- By being open to new ideas
- By accepting change
- By seeking out answers
- By providing solutions

Our Adena Health System values- Integrity, Communication, Teamwork and Innovation - provide the foundation for these Standards of Behaviors. With compassion, we will work together to provide excellent care to our patients, their families and each other.

In addition, I understand that any and all information that I may see or hear relating to a patient is to be considered confidential. At no time will I discuss or in any way relay information, whether spoken, written or electronic, pertaining to a patient, the patient’s condition, and the events surrounding the patient’s hospitalization. I understand that I am required to maintain the confidentiality of this information at all times, both during my student experience and after its end. I acknowledge that I have been given a copy of the confidentiality policy, have read it, and understand it. I will abide by its provisions and understand that failure to do so will result in the termination of my student experience. I further understand such a breech may make subject to legal action.

_____________________________  _____________________
Signature       Date

For Minors (under 18)
I have read the information provided and all of my questions have been answered. I voluntarily agree to the participation of my child in this observation only opportunity.

______________________________                             ___________________________________
PRINT:  Parent / Legal Guardian   SIGNATURE: Parent / Legal Guardian
Confidentiality Agreement

This Contractor Confidentiality Agreement ("Confidentiality Agreement") is entered into by and between Adena Health System ("Adena") and Student ("Contractor").

WHEREAS, Adena has a legal and ethical responsibility to protect the confidentiality of its patients, and their private health information and its own confidential business information;

WHEREAS, In performing services for or at Adena, Contractor may have access to patients’ health information and other confidential business information; and

WHEREAS, Contractor understands that all such information must be held in the strictest confidence.

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties hereby agree as follows:

1. In performing services for Adena or its patients (hereinafter “Services”), Contractor may learn or become aware of certain confidential information, including, but not limited to individually identifiable protected health information (as defined under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and hereinafter referred to as (“PHI”)), and other internal communications and information related to Adena’s business, including proprietary information and trade practices (hereinafter referred to as “Adena Confidential Information”). Regardless of the manner Contractor comes to know of Adena Confidential Information, Contractor agrees to maintain Adena Confidential Information with the propriety and confidentiality as Contractor would if such information were Contractor’s own confidential information. Contractor shall (i) only discuss Adena Confidential Information within Adena on a need-to-know basis; and (ii) not otherwise discuss, or disclose Adena Confidential Information without its prior written permission.

2. Contractor represents and warrants that all actions undertaken in connection with performing Services shall comply in all material respects with all federal and state laws, rules, and regulations applicable to patient health information privacy and security, including, without limitation, HIPAA and Subtitle D of the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”), as Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009. Contractor shall abide by the standards for access, use, and disclosure of PHI as set forth in Adena’s policies and applicable law and shall access, use, and/or disclose PHI only for the purposes directly related to Contractor’s Services and only to the extent necessary to perform such Services. Contractor shall immediately notify Adena of any unlawful or unauthorized access, use, or disclosure of Adena’s patients’ PHI by Contractor or its officers, employees, agents or subcontractors.

3. Contractor understands and expressly agrees that any breach of this Confidentiality Agreement may result in civil penalties for Contractor and its officers, employees, and agents or subcontractors and may subject the same to criminal prosecution by federal or state authorities.

4. The terms of this Confidentiality Agreement shall survive the termination or expiration of any agreement between Contractor and Adena.

Signature __________________________ Date __________________________

Printed Name __________________________

For Minors (under 18)
I have read the information provided and all of my questions have been answered. I voluntarily agree to the participation of my child in this observation only opportunity.

PRINT: Parent / Legal Guardian __________________________ SIGNATURE: Parent / Legal Guardian __________________________
ID Authorization

Completed Authorization Form must be returned to Human Resources before beginning visitor experience. An ID badge will not be issued until all forms are completed and signed.

STUDENT SECTION

Name: ___________________________  Home Phone # __________________
Address: ___________________________  Cell Phone # __________________

Email Address: ___________________________
Last 4 numbers of Social Security number ________________

Emergency Contact Information:
Name ___________________________  Relationship __________________
Phone Number ___________________________
(if applicable)  School Name ___________________________
Contact ___________________________  Phone # __________________

THIS SECTION COMPLETED BY ADENA STUDENT COORDINATOR

ADENA Department: ___________________________  Preceptor Name: ___________________________
START DATE ___________________________  END DATE ___________________________

Does Adena have a contract with the School (if applicable)?
_____ Yes  _____ No
If the answer is NO, a signed contract must be in place before proceeding.
All contracts must be approved and signed by Risk & Legal. Please contact Kyra Brown at ext. 27784 to check contract status.

Medical Clearance – completed and verified by school/student
_____ Yes  _____ No
Must include:  negative TB
negative Drug Screen (Letter of Good Standing)
2 MMR and Varicella vaccines
Hep B (if student will have risk of blood or body fluid exposure)
Flu (seasonally)
Verification from school/employer that student is in good standing
_____ Yes  _____ No

Please list any Adena Property Issued to visitor:

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AUTHORIZATION SECTION for ID BADGE – Student will be issued a Student ID Badge to be worn along with School ID badge. Adena badge must be returned to HR at end of rotation.

If access to secure areas is required for student – list needed access: IT Access must be requested from IT following the established process.

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HR Signature ___________________________
Affirmation Statement

Please Read ALL the information in the “Welcome to Adena” Orientation packet.

Complete, Sign, and return to Adena Human Resources:
1. Affirmation form
2. ID Authorization form
3. Statement of Provider Responsibility

You will receive your Adena ID badge when all forms have been completed and returned to Human Resources.

Please Note: A photo ID badge is required to obtain an Adena ID Badge

I have received, read and understand ALL information presented in the Orientation packet.

_________________________________________   _________________________
Signature                                      Date

_________________________________________
Printed Name

For Minors (under 18)
I have read the information provided and all of my questions have been answered. I voluntarily agree to the participation of my child in this observation only opportunity.

PRINT: Parent / Legal Guardian               SIGNATURE: Parent / Legal Guardian
I hereby declare that ________________________________________

(Student’s Name – Please Type or Print Legibly)

Student enrolled at ________________________________________

(Educational Institute - Please Type or Print Legibly)

will be rotating through an experience within Adena Health System facilities.

This experience will begin ________________ continuing through__________________

NAME BADGE ACCESS NEEDED?
If access to secure areas is required for student – list needed access here:

NOTE: ACCESS TO INFORMATION TECHNOLOGY (IT) IS TO BE ARRANGED BY PRECEPTOR THROUGH THE IT DEPARTMENT.

The visitor will perform all activities under my supervision and I will assume full responsibility for their actions, including obtaining verbal consent from the patient prior to commencement of any interview and/or examination.

Name of Adena Preceptor – (Please Type or Print Legibly) ________________________________

Department

Signature of Adena Preceptor ________________________________ Date

AND

Name of Dept/Practice Manager – (Please Type or Print Legibly)

Signature of Dept/Practice Manager ________________________________ Date