

# EXHIBIT A

## APPLICATION FOR MEDICAL/CLINICAL STUDENT ROTATION

(For use with students who require a Physician Preceptor)

### Personal Information

_____	_____	_____	
First Name	Middle Initial	Last Name	
_____	_____	_____	_____
Street Address	City	State	Zip
_____	_____	_____	
Email	Cell Phone	Home Phone/Other	

What specialty area(s) are you working toward? \_\_\_\_\_

### School Information

_____	_____	_____	_____
Medical/Clinical School	City	State	Zip
_____	_____	_____	
School Contact Name	Email	Phone	

Undergraduate College or University: \_\_\_\_\_

### Documents Required from Medical/Clinical Student

In order for your application to be processed, please submit the following documents to the Graduate Medical Education Office ([UHSSoCalMECProgram@uhsinc.com](mailto:UHSSoCalMECProgram@uhsinc.com)):

- Completed Medical/Clinical Rotation Application
- Letter of good standing from school
- Certificate of Insurance verifying malpractice insurance coverage
- Copy of current health insurance coverage card
- Proof of successful criminal and abuse background screenings
- Signed Policy and Procedure Acknowledgement – signed by both the Medical/Clinical Student and the Precepting Physician
- Signed HIPAA Training Fact Sheet
- Signed Confidentiality and Security Agreement

Proof of immunizations:

- TB test within the last year prior to placement or a negative chest x-ray within the last year if TB skin test is positive
- Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers
- Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and diphtheria toxoids) vaccine has been received within the past 8-10 years
- Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
- Documentation of seasonal flu vaccine – depending on availability
- Hepatitis B vaccine or signed declination

**Rotation Requested:**

- |                                      |  |  |                              |
|--------------------------------------|--|--|------------------------------|
| <input type="checkbox"/> Anesthesia  | <input type="checkbox"/> Cardiology          | <input type="checkbox"/> Emergency Med   | <input type="checkbox"/> ICU |
| <input type="checkbox"/> OB/GYN      | <input type="checkbox"/> Orthopaedic Surgery | <input type="checkbox"/> General Surgery |                              |
| <input type="checkbox"/> OTHER _____ |  |  |                              |

This rotation is a(n):     Core rotation               Elective rotation

If accepted for a clinical rotation at a Universal Health System Acute Care Hospital in Southern California, I will obey all policies and procedures of the hospital(s). If I do not follow these policies, I understand that I will not receive credit for the rotation.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Physician Preceptor Name                                  Physician Specialty (Must correspond with Rotation)

Rotation Type: \_\_\_\_\_ Date from: \_\_\_\_\_ Date to: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

EXHIBIT B

# **MEDICAL/CLINICAL STUDENT ORIENTATION**

### **Code of Conduct/Corporate Compliance:**

UHS is dedicated to adhering to the highest ethical standards. The Code of Conduct gives guidance on acceptable behavior for all personnel (including vendors, physicians, and others affiliated with us or doing business in our facilities). You may obtain and view the UHS Compliance Manual from your supervisor, HR department, compliance officer, or on the company website at [www.uhsinc.com](http://www.uhsinc.com). You may also use the toll-free Compliance Hotline (1-800-852-3449) or website at [www.uhsalertline.com](http://www.uhsalertline.com).

### **Harassment Policy:**

UHS has a **zero tolerance policy** for sexual and any other form of harassment. The procedures to follow in this are clearly outlined for you and are located in the Human Resources Manual. Sexual harassment is generally defined as unwelcome or unwanted sexual advances; requests for sexual favors; and other visual, verbal, or physical conduct of a sexual nature. Our facility policy and give you more detail and direction as to these offensive issues and how to follow up to see that they are stopped. Harassment can take on multiple forms; but primarily deals with any conduct towards another individual that interferes with their work performance or creates an intimidating environment for them to work in.

### **Cultural Diversity:**

Health and illness beliefs are closely tied to cultural and spiritual beliefs. Students must display acceptance and respect for different cultures and need to have knowledge in order to provide competent care.

- Review patient data for values, beliefs, preferences, language, and religion
- Seek out information from the patient and family
- Include family in patient care when appropriate to meet cultural/patient preferences
- Review cultural competency information

### **Bariatric Sensitivity:**

Morbidly obese/severely overweight patients experience discrimination, prejudice, and alienation. Many Southern California UHS hospitals serve a bariatric population based on being a Center of Bariatric Excellence. Ways to demonstrate sensitivity include:

- Project professional attitude by treating everyone with dignity and respect, and avoiding bias
- Maintain privacy
- Use right sized equipment
- Monitor verbal and non-verbal communication

### **Social Media Use**

The use of social media should never conflict with the interests of the hospital. Regardless of whether a student uses social media for school, personal or business related reasons, students may never share information that is confidential and proprietary. This includes information about UHS employees and patients.

### **Radiation Safety:**

Beware of areas containing signs such as "Radiation Area", "Caution X-rays in Use", and "Caution Radioactive Materials".

### **MRI Safety:**

MRI Scanners contain powerful magnetic fields that are always on, even when the scanner is not in use. You will be asked by the technician to remove any metal objects if you need to go into the magnetic area. Removing metallic belongings before entering the room prevents accidents, injuries, and damage to equipment. If you have questions or concerns, discuss with the MRI technologist or radiologist.

### **Tobacco Free Hospital**

UHS Hospitals in Southern California are *NON-SMOKING* hospitals. Anyone wishing to smoke must leave hospital property. Tobacco products are prohibited.

### **Environment of Care:**

- **Report all unsafe conditions to your physician supervisor.**
- **Safety Data Sheets (SDS)**-all workers have the right to know of any hazards associated with the use of chemicals and be trained in their use. MSDS sheets which contain specific information on safe use, handling, and storage of each chemical are available on the hospital intranet.
- **Container handling and labeling**-do not handle a chemical if you do not know what it is. Report any unmarked containers to your physician supervisor. When transferring a chemical from its original container to another container, the secondary container must be labeled.
- **Broken/malfunctioning equipment**-Notify Biomed, enter a work order, take equipment out of service and label. **If a piece of equipment causes an injury to a patient, you need a bag, tag, and sequester the equipment and save all disposable items used with it.** If a piece of equipment is suspected to have caused a death, serious illness, or injury to a patient, the director of Risk Management is to be notified immediately.
- Hospital grade plugs must have 3 prongs.

- **Electrical system failure-red** plugs are to be used only for emergency power; only life-saving equipment should be plugged into red plugs.
- In case of a fire use R.A.C.E.  
**Rescue, Alarm, Contain, Extinguish**
- Use of a fire extinguisher, remember P.A.S.S.:  
**Pull the pin, Aim at the base of fire, Squeeze, Sweep**
- **Earthquake**-Take cover. Stay wherever you are and do not close doors. Afterwards, keep calm and check your immediate area for injured persons and damage.

### **Infection Control**

- **Hand washing** is required before and after patient contact. At least a 15 second friction scrub, paying attention to the areas under the nail and between fingers. May also use the alcohol based sanitizer unless hands are visibly soiled or patient has *C. diff* infection (soap and water must be used). *C. difficile* is not killed by alcohol-use soap and water after care of patients with diarrhea.
- **Artificial nails** and extenders are not allowed for clinical personnel; natural nails must be well maintained and no longer than ¼ past fingertips.
- **Respiratory Hygiene/Cough Etiquette**
  - Cover the nose/mouth when coughing or sneezing; cough into a sleeve;
  - Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after each use;
  - Perform hand hygiene (e.g., hand washing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic hand wash) after having contact with respiratory secretions and contaminated objects/materials
- Always use **Standard Precautions** with all patients. In addition, use appropriate transmission based precautions for known or suspected infections.
  - **Contact:** gown and gloves
  - **Droplet:** surgical mask within 3 feet of the patient
  - **Airborne:** N-95 mask
- All patients requiring **Airborne** Isolation (TB, Varicella) must be in a negative air flow room. Special Negative airflow rooms are monitored daily when rooms are used for airborne precautions. Notify Infection control. N-95 masks must be worn by all caregivers (they must be fit-tested first).
- Never re-use personal protective equipment-gowns, gloves, or masks.
- Bloodborne pathogens are microorganisms that are present in human blood and can cause disease in humans; these include HIV/AIDS, Hepatitis B and C.  
**If exposed, wash or flush mucous membranes**

**copiously with water or saline and contact the house supervisor immediately.**

- Tuberculosis (TB) is an infection that can be transmitted by airborne. If an unprotected exposure occurs, follow-up evaluation is done through the Employee Health Clinic.
- **Equipment Cleaning**-necessary to prevent the spread of healthcare associated infections. Please refer to the equipment Cleaning Policy on the intranet. Surface disinfectants include:
  - **Super Sani-Cloth**-2 minute contact time
  - **Sani-Cloth with Bleach**-4 minute contact time
  - **Alcohol**-until dry

### **Abuse Recognition and Reporting**

Healthcare workers are mandated reporters of suspected abuse. Abuse comes in many forms-physical, sexual, emotional, financial, and neglect. Any healthcare provider who has knowledge of or suspects abuse must make a telephone report immediately to the appropriate agency followed by a written report to be sent within 36 hours (child abuse) or 48 hours ( adult and dependent elder abuse). Refer to the TVH policy "Abuse (Child, Elder/dependent, adult, spousal or Co-habitant).

### **Hospital Codes:**

Code GRAY	Combative person
Code SILVER	Person with a weapon call 9911
Code PINK	Infant abduction (<1yr)
Code PURPLE	Child abduction (>1 yr)
Code ORANGE	Hazardous spill
Code WHITE	Infant/pediatric medical emergency
Code BLUE	Adult medical emergency
Code RED	Fire, smoke, or burning smell
Code YELLOW	Bomb threat
Code TRIAGE INTERNAL/EXTERNAL	Disaster
RAPID RESPONSE TEAM	Early recognition and intervention
Code STROKE	Activates Stroke Protocol
Code STEMI	Activates STEMI Team
Code TRAUMA	Activates Trauma Team

## **HIPAA**

### **HIPAA is a Federal law. Three Key Areas:**

- Privacy of Protected Health Information (PHI)
- Security of electronically stored health care data
- Electronic transaction standards (financial billing standards)

### **PHI = Protected Health Information**

- PHI includes demographic information such as: Name, address, phone, date of birth, Social Security Number and any other information that could identify the individual.
- PHI can be used for treatment, payment and operations only without authorization from the patient.

### **Mum's The Word**

- Keep conversations out of elevators, cafeteria, and individuals not involved in the treatment of the patient.
- Do not view, share, discuss PHI without a need to know, or unless it is for the following: treatment, payment and operations.

### **Key Patient Rights**

- Notice of Privacy Practice- document outlining ways patient information can be used, shared and disclosed by law.
- Request Restriction- Patient may request a restriction such as "confidential status" no information given out to visitors.
- Access to PHI- Patient may request a copy of their medical record, refer patient to Health Information Management (HIM).
- Amendment to PHI- A patient requests a change in their medical record due to incorrect/inaccurate data. Refer to Privacy Officer.
- Accounting of the uses/disclosures of PHI-A patient request a listing of disclosures of PHI made by the Organization. Exceptions: treatment, payment and operations and applicable laws.
- Right to file a complaint. Privacy complaints are investigated by the Privacy Officer.

### **Hospital Expectations**

- We take privacy seriously and our patients expect our Hospitals to demonstrate this commitment.
- As a Student, we expect compliance with our Confidentiality Agreement.
- Any inappropriate sharing, copying, and disclosing of PHI will result in the termination of your experience at the Hospital(s).

## **CONFIDENTIALITY & SECURITY AGREEMENT**

HOSPITAL may provide a STUDENT, who has been approved by the Medical Executive Committee and HOSPITAL Administration, access to HOSPITAL's confidential information. Such information may include but not be limited to, protected health information, financial information, business methods and practices, business and marketing plans, intellectual property, computer systems, patient and employee information, telephone systems and other electronic and paper systems ("Confidential Information"). To ensure Confidential Information integrity, security, and confidentiality STUDENT hereby agrees to the following:

1. Confidential Information regarding an individual patient's health, treatment, or payment for health care is protected by both Federal and State regulations. Severe penalties can be imposed on STUDENT and on HOSPITAL if he/she fails to protect against the release of any Confidential Information that may be disclosed intentionally or unintentionally during his/her employment or association with HOSPITAL.
2. STUDENT will not disclose Confidential Information, except as directly required to carry out the purpose of his/her association with HOSPITAL. STUDENT will not seek more than the minimum amount of Confidential Information necessary to carry out the purpose of his/her association with HOSPITAL. STUDENT will not carry notes, lists, records or other Confidential Information in any form away from HOSPITAL without specific permission. A breach of confidentiality will occur if STUDENT releases Confidential Information for patients he/she may personally know. Any Confidential Information acquired as part of the STUDENT'S HOSPITAL association is not to be repeated to family, friends or family members of the patient.
3. STUDENT will not violate ethical rules of behavior or Hospital policies, including, but not limited to, HOSPITAL's policies on Release of Patient Information, Patient Rights, Information Access/Control and other

policies which protect Confidential Information.

4. STUDENT is responsible for his/her security code, authorization code, electronic signature, or other Password, if assigned ("Password"). STUDENT understands that his/her Password is the equivalent of his/her signature. The STUDENT shall be responsible for all work done under this Password. STUDENT will not disclose his/her Password to anyone nor will the STUDENT attempt to learn another STUDENT'S Password. STUDENT will not write down or store Password in an unsecured location, transmit the Password online, particularly by email, or any other practice that would put availability, accuracy, or confidentiality of HOSPITAL'S data, media, or equipment at risk. The STUDENT will not share computer Passwords with anyone by permitting others to use the computer on their log-on.
5. STUDENT will notify his/her immediate PHYSICIAN supervisor to arrange for a Password change if he/she has a reason to believe the confidentiality of his/her Password has been compromised.
6. STUDENT will adhere to HOSPITAL policies regarding the installation, copying and use of HOSPITAL owned computer software. Specifically, installation of unlicensed computer software on HOSPITAL owned equipment is prohibited by U.S. copyright laws, and may involve civil and criminal penalties.
7. STUDENT understands that any violation of this Agreement is a violation of HOSPITAL policy and will result in disciplinary action.
8. The obligation to protect against the release of Confidential Information which STUDENT has agreed to in this Agreement shall survive the termination of the STUDENT'S association with HOSPITAL. Upon termination of STUDENT'S association with HOSPITAL, STUDENT shall return to HOSPITAL, without making or retaining copies thereof, all documents, records, notebooks, computer disks or similar repositories containing Confidential Information.
9. This agreement shall be governed by and interpreted in accordance with the laws of the State of California, without regard to its conflict of law principles thereof.
10. The STUDENT's signature below also acknowledges that they have been instructed and they understand their duty and responsibility to maintain the confidentiality and security, both now and in the future, of any Confidential Information acquired at HOSPITAL.

IN WITNESS WHEREOF, the STUDENT acknowledges receipt of this orientation and agrees to abide by all, including the *Confidentiality and Security Agreement*, as of this date, the capacity set forth under his/her signature.

\_\_\_\_\_  
(Student Name – Printed)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

# POLICY AND PROCEDURE



## Title: MEDICAL AND CLINICAL STUDENT ROTATIONS REQUIRING A PHYSICIAN PRECEPTOR

<b>Location: Temecula</b>	<b>Policy Number:</b> N/A	<b>Page: 1 of 7</b>
<b>Department of Document Owner: Medical Staff</b>		
<b>Original Effective Date:</b>	<b>Last Review Date:</b> 10/09/17	<b>Last Revision Date:</b> 10/09/17
<b>Section: Acute Care&gt; Administrative&gt; Medical Staff</b>		

### SCOPE:

Hospital Patients, Medical Staff, Physician Preceptors, Governing Board, Hospital Administrators, Medical Staff Office, Department Units, Contracted Education Institutions and approved Medical and Clinical Students who require a Physician Preceptor.

### PURPOSE:

To outline guidelines and procedures required for those Medical and Clinical Students whose degree program requires a Physician Preceptor during clinical rotations in order to provide an optimal clinical learning experience in accordance with the Hospital's mission and policies.

To assure there is clarity of roles and responsibilities among all participating parties and to maintain patient safety and adequate supervision of Medical and Clinical Students.

### POLICY:

It is the responsibility of the Hospital's Medical Staff Office to oversee a rotating program that allows Medical and Clinical Students to participate in a preceptorship with members of the Medical Staff when a Physician Preceptor is a requirement of the degree program. Such rotating Students must receive prior approval by the Medical Staff Department Chair and Hospital Administration. The policy is intended to insure that inpatient care activities in which Medical and Clinical Students participate are appropriately supervised and documented during the course of their rotations at the Hospital.

It is the policy of the Hospital to specify the mechanisms by which Medical and Clinical Students who require a Physician Preceptor are supervised by members of the Medical Staff. This policy provides guidelines to Physicians, Students, and Hospital personnel to ensure appropriate supervision is provided and documented when Students participate in care of the patient. The management of each patient's care is the responsibility of a member of the Hospital's Medical Staff with clinical privileges.

A current Clinical Affiliation Agreement between the Hospital and the Education Institution must be in place prior to the establishment/implementation of any Medical or Clinical Student clinical rotation.

The Hospital retains ultimate responsibility for the care of its patients that involve Medical or Clinical Students and assigns a member of the Hospital Clinical Staff to care for each patient.



## **DEFINITIONS**

The determination of either direct or indirect supervision must be based on the level of education, training, experience and competence of the Medical or Clinical Student.

### **Direct Supervision by Preceptor**

- The Preceptor is physically present in the room to supervise the activity of the Student at all times.
- All procedures performed by Students require direct supervision by an approved Preceptor.
- Students may scrub and assist in the operating room under the direct supervision of their Preceptor, however, only with written consent of the patient.
- Clinical Students are not allowed to examine or treat Emergency Department or intensive care patients without the direct supervision of the Preceptor in the ED or ICU at that time.

### **Indirect Supervision by a Preceptor**

- The Preceptor is not physically present in the room, but is available/present within the unit of practice. Each Student is confirmed by the Hospital's Director of Medical Staff for competency prior to an activity being performed with indirect supervision.
- Students may observe patient care, assist in the preparation of history and physical examination or observe surgery or special procedures at the Preceptor's discretion.

### **Physician Preceptor**

- A Physician Preceptor (Sometimes referred to herein as "Preceptor") is defined as a credentialed Physician with clinical privileges as an approved member of the Hospital's Medical Staff and is in good standing.

### **Medical or Clinical Student**

- A Medical or Clinical Student (sometimes referred to herein as "Student") is defined as one currently enrolled in an accredited healthcare education program and is following a course of study leading to qualification as any of the following, and which degree would require credentialing through the Hospital's Medical Staff:

Doctor of Medicine (MD)	Nurse Practitioner (NP)
Doctor of Osteopathy (DO)	Registered Nurse First Assistant (RNFA)
Physician Assistant (PA-C)	Certified Registered Nurse Anesthetist (CRNA)
Doctor of Dental Medicine (DDS)	Certified Nurse Midwife (CNM)
Doctor of Podiatric Medicine (DPM)	Clinical Nurse Specialist (CNS)
Doctor of Audiology (AU.D)	Marriage and Family Therapist (MFT)

## **APPLICATION PROCEDURE**

In order to obtain Hospital and Medical Staff approval for a clinical rotation, the Preceptor and Student must follow the guidelines below:

1. An application must be received FOUR weeks in advance of the Student's rotation start date to insure the required documents are received and completed and approvals are obtained.
2. The following must be completed and submitted to the Medical Staff Office prior to the scheduled start date:
  - Fully executed Clinical Affiliation Agreement with the Education Institution.
  - Certificate of Insurance from the Education Institution per the Clinical Affiliation Agreement
  - Letter of good standing from Education Institution
  - Certificate of Insurance verifying malpractice insurance coverage
  - Copy of Student's current health insurance card
  - Proof of successful criminal and abuse background screenings
  - Signed **Policy and Procedure: Medical and Clinical Student Rotations Requiring a Physician Preceptor**
  - Completed **Application for Medical/Clinical Student Rotation (Exhibit A)**
  - Signed **Medical/Clinical Student Orientation (Exhibit B)**
  - Signed **Medical/Clinical Student Cerner Access Packet (Exhibit C)**
  - The Student's Application must be reviewed and approved by the Hospital's Medical Executive Committee and The Medical Staff Department Chair as well as a C-Suite member of Hospital Administration must provide their approval to the Medical Staff Office prior to a clinical rotation start date.

Produce evidence of the following:

- TB test within the last year prior to placement or a negative chest x-ray within the last year of TB skin test is positive
  - Documentation of 2 doses of MMR vaccine or documentation of positive antibody titers.
  - Documentation of Tdap (tetanus, diphtheria and pertussis) vaccine, unless Td (tetanus and diphtheria toxoids) vaccine has been received within the past 8-10 years.
  - Documentation of positive history of chickenpox, or positive antibody titer; if negative history and/or titer, 2 doses of varivax vaccine is required.
  - Documentation of seasonal flu vaccine – depending on availability
  - Hepatitis B Vaccine or signed declination.
3. The Medical Staff Office is responsible for obtaining the documents above from the Student and/or the Education Institution, and must retain the documents in the department for seven years from the completion date of the agreement. The documents may be kept electronically.

4. Approval of a rotation at the Hospital shall not constitute approval for appointment to the Medical Staff and shall not confer on the Student any of the rights associated with appointment.

### **EDUCATION INSTITUTION RESPONSIBILITIES**

1. The Education Institution will enter into a Clinical Affiliation Agreement with the Hospital and abide by all Terms and Conditions.
2. A Student profile must be provided to the Hospital prior to the beginning of any Student experience on Hospital campus.
3. Students must be fully knowledgeable and proficient in the areas of patient rights, HIPAA compliance, general safety, infection control, and standard precautions related to blood-borne pathogens and other potentially infectious materials.

### **STUDENT RESPONSIBILITIES**

1. Students must complete the Hospital's Application and ensure all required documentation is provided to the Medical Staff Office. The Student will not begin rotating on Hospital campus until the Application has been fully approved.
2. The Student must display their Education Institution ID badge at all times while on the Hospital premises.
3. When in patient care areas of the hospital, rotating Students must at all times remain under the direct or indirect supervision of a Preceptor.
4. Students may not see the patient in lieu of a Preceptor.
5. Students incurring minor injuries while in training in the Hospital must notify their Preceptor as well as the sponsoring Education Institution. If Hospital services (e.g., Emergency Room) are required then the individual Student will be responsible for payment of bills.
6. Students may access all appropriate Hospital facilities, medical records, cafeteria, general parking area, and Physician lounges (only with their Preceptor).
7. Students acknowledge they are not to be considered employees of the Hospitals, regardless of the nature or extent of the acts performed by them, for the purposes of Worker's Compensation, employee pay or benefit programs, or any other purpose. The Hospital shall not pay any remuneration or wages to any Student.
8. Clinical activities of the Student shall be limited to those clinical privileges granted to the Preceptor.

9. It is expected that Students, at all times while on Hospital campus, will:
  - Provide a model of appropriate and compassionate care;
  - Maintain an ethical approach toward Hospital patients;
  - Maintain a professional relationship with Preceptor and Hospital staff at all times.

### **PRECEPTOR RESPONSIBILITIES**

1. Be a Party to the Preceptorship Letter of Agreement.
2. Acknowledge by signature at the end of this Policy and Procedure that all sections herein are agreed to.
3. Any patient evaluated or treated by a Physician Preceptor during a Student Rotation must be informed of the rotating Student's presence and activities. The Preceptor is responsible for informing the patient that a Student is rotating and the extent of the Student participation.
4. If a Student is qualified and has an opportunity to scrub and assist in the operating room under the direct supervision of their Preceptor, that Preceptor must obtain a signed **Patient Consent, Medical Student Presence or Participation in Surgical Procedures (Exhibit D)**
5. The Preceptor must have knowledge of the level of education, training, experience and competence of the Student.
6. The Preceptor must be a member of the Medical Staff in good standing during the approved rotation.
7. Preceptors must report any concerns related to quality of care, treatment and services, and educational needs of/by the Student, to the Medical Executive Committee for review. The Preceptor and/or Hospital Administration have authority to immediately terminate rotation of the Student until further investigation if concerns are disruptive to patient care or if behavior is deemed inappropriate.
8. Clinical activities shall be limited to those of the clinical privileges granted to the Preceptor. All procedures performed by Students require direct supervision by a Preceptor. Students may do History & Physical examinations at the Preceptor's discretion.
9. The Preceptor will not allow the Student to examine or treat emergency or intensive care patients without the physical presence of the Preceptor in the emergency room or the intensive care unit at that time.
10. It is expected that Physician Preceptors involved in the education of Students will:
  - Provide a model of appropriate and compassionate care;
  - Maintain an ethical approach to the care of patients;

- Maintain a professional relationship with Students at all times.
11. The Preceptors will attest to the successful completion of a Student's rotation and ensure that the Student's evaluation is submitted in a timely manner.

### **HOSPITAL**

1. The Hospital will have the right to take immediate temporary action to correct a situation where a Student's actions endanger patient care or where, in the sole discretion of the Hospital, the Student's work, conduct, or health is deemed detrimental to patients or others. As soon as possible thereafter, the Hospital will notify the Education Institution and Medical Executive Committee of the action taken. All final resolutions of the Student's academic status in such situations will be made solely by the Education Institution after reviewing the matter and considering whatever factual information the Hospital and Preceptor provides.
2. The Hospital reserves the right to terminate the use of its facilities by a particular Student where necessary.

### **MEDICAL STAFF OFFICE**

1. The Medical Staff Office will:
  - a. Ensure a Clinical Affiliation Agreement is current and fully executed with the Education Institution of any Student who applies for Hospital Rotation.
  - b. Ensure the fully executed Clinical Affiliation Agreement is kept on file in the Hospital's database.
  - c. Collect all documents required from the Student and/or Education Institution.
  - d. Notify and obtain approval from the Medical Staff Department Chair whose department will be affected.
  - e. Notify and obtain approval from a C-Suite Hospital Administrator who has been designated to provide approval dependent on the type of Rotation (example: Nursing Students should be approved by Chief Nursing Officer).
  - f. Provide a copy of this Policy and Procedure and all Exhibits to the Student and Preceptor and obtain signatures of both parties. Retain a copy in the Hospital's Medical Staff Office. The copy may be retained electronically.
  - g. Complete and submit the Cerner Access Packet
  - h. Submit a summary report to the Hospital's Executive Medical Committee with a request to approve the Student. The summary report must contain the following information:
    - i. Student name
    - ii. Education Institution name
    - iii. Preceptor name and specialty
    - iv. Notation whether all document and screening requirements were met
    - v. Notation whether the Student and Preceptor have signed this Policy and Procedure Acknowledgement
    - vi. Type of Rotation requested

- vii. Rotation dates to/from requested
- i. Ensure the approved report is moved forward by the Executive Medical Committee to the Hospital's Governing Board.

**ACKNOWLEDGEMENTS**

- 1. At the conclusion of the scheduled rotation, the Student shall no longer be permitted to perform previously approved clinical activities unless he/she has requested and received approval to extend the rotation prior to this scheduled termination.
- 2. In the event that the Preceptor or Student fails to follow the rules as outlined in this policy, the Preceptorship shall be terminated and shall be subject to other action as appropriate. The Student may be subject to dismissal.
- 3. If, for any reason, the Preceptor withdraws from or is unable to continue in his/her role of supervising the Student, the rotation shall terminate unless an appropriate substitute Preceptor is identified.

My signature below Acknowledges I have read and understand the Policy and Procedure titled **Medical and Clinical Student Rotations Requiring a Physician Preceptor**, in its entirety. I hereby agree to those obligations as written.

X  
\_\_\_\_\_  
**Student Signature**  
Student Name: \_\_\_\_\_  
Date: \_\_\_\_\_

X  
\_\_\_\_\_  
**Preceptor Signature**  
Physician Name: \_\_\_\_\_  
Date: \_\_\_\_\_



## *Information Security and Privacy Agreement*

Universal Health Services Facilities and other UHS subsidiaries (collectively, “UHS” or “UHS companies”) are committed to maintaining high standards of confidentiality. The responsibility to preserve the confidentiality of information in any form (electronic, verbal, or written) rests with each User granted access to UHS information systems who may have access to Confidential Information, including Protected Health Information (PHI), Electronic Protected Health Information (ePHI), employee information, physician information, vendor information, medical, financial, or other business-related or company confidential information. Any information created, stored or processed on UHS systems, or systems maintained on UHS’ behalf by a vendor or other individual or entity, is the property of UHS, as is any information created by or on behalf of UHS, whether written, oral or electronic. UHS reserves the right to monitor and/or inspect all systems that store or transmit UHS data, the data stored therein, as well as all documents created by or on behalf of UHS.

### **Definitions:**

**Agreement** means this *UHS Information Security and Privacy Agreement*.

**Confidential Information** means confidential information that is created, maintained, transmitted or received by UHS and includes, but is not limited to, Protected Health Information (“PHI”), Electronic Protected Health Information (“ePHI”), other patient information, Workforce member information, employee, physician, medical, financial and other business-related or company private information in any form (e.g., electronic, verbal, imaged or written).

**Protected Health Information (“PHI”)** means individually identifiable health information that relates to the past, present, or future physical or mental health or condition of an individual, the provision of health care to an individual, or the past, present, or future payment for the provision of health care to an individual. PHI can be oral, written, electronic, or recorded in any other form.

**Electronic Protected Health Information (“ePHI”)** means Protected Health Information in electronic form.

**User** means a person or entity with authorized access to any UHS network and/or other information systems, including computer systems.

**Workforce** means employees, volunteers, trainees, and persons whose conduct, in the performance of work for UHS, are under the direct control of UHS, whether or not they are paid by UHS. Workforce also include management and employed medical staff.

### **I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT, AND I AGREE TO THE FOLLOWING:**

<i>(Note: Please initial each line in the space provided after reading it.)</i>	<b><u>Initials:</u></b>
1. I understand it is my personal responsibility to read, understand and comply with all applicable UHS company policies and procedures, including Security policies. I understand that these policies provide important information about the acceptable use of information systems, protection from malicious software, Mobile device usage, and data encryption, and other important information. If I am provided access to PHI or ePHI, I also	

agree to comply with the Privacy policies.	
2. I have been provided access to the Security and Privacy policies as applicable.	
3. I agree not to disclose any PHI, ePHI or any other Confidential Information obtained by accessing the UHS network and/or other information systems, including computer systems, or otherwise to any unauthorized party. I agree not to access or use any PHI, ePHI or any other Confidential Information unless I am authorized to do so. I agree that all patient-related information shall be held to the highest level of confidentiality.	
4. I agree to access the UHS network and/or other information systems, including computer systems, only for purposes related to the scope of the access granted to me.	
5. I understand that UHS regularly audits access to information systems and the data contained in these systems. I agree to cooperate with UHS regarding these audits or other inspections of any device accessing the UHS network, including UHS inquiries that arise as a result of such audits.	
6. I agree that I will not share or disclose User IDs, passwords or other methods that allow access to UHS network and/or other information systems, including computer systems, to anyone, at any time, nor will I share my account(s). I also agree to store all UHS company-related data onto the system servers rather than on hard drives of individual workstations, personal computers or other devices, including Internet storage services (e.g. Dropbox, Google Docs, etc.) unless authorized by your local Security Officer.	
7. I agree to contact my supervisor (or for non-employees, the applicable UHS Department Director or Business Contact) and IS Security Officer immediately if I have knowledge that any password is inappropriately revealed or any inappropriate data access or access to Confidential Information has occurred.	
8. I understand that Confidential Information includes, but is not limited to PHI, ePHI, other patient information, employee, physician, medical, financial and all other business-related or company private information (electronic, verbal or written).	
9. I agree that I will not install or use software that is not licensed by UHS (or that is otherwise unlawful to use) on any UHS information systems, equipment, devices or networks. I understand that unauthorized software may pose security risks and will be removed by UHS.	
10. I agree to report any and all activity that is contrary to this Agreement or the UHS Security or Privacy policies to my supervisor, Department Director, IS Security Officer or Privacy Officer.	
11. I understand that for employees this form will be part of the employee file at UHS and that failure to comply with this Agreement and the UHS Security and Privacy policies may result in formal disciplinary action, up to and including termination. I understand that for non-employees, failure to comply with this Agreement and the UHS Security and Privacy policies may result in revocation of access and the termination of any agreements or relationships with UHS.	
12. I understand that all information and/or data transmitted by or through or stored on any UHS device, or system maintained on any UHS company's behalf by a vendor or other individual or entity, will be accessible by UHS and considered the property of UHS, subject to applicable law. I understand this includes, without limitation, any personal, non-work related information. I do not have any expectation of privacy with regard to information on any UHS network and/or other information systems, including computer	



systems, and understand that UHS has no obligation to maintain the privacy and security of the information. I understand that UHS reserves the right to monitor and/or inspect all systems that store or transmit UHS data, the data stored therein, as well as all documents created by or on behalf of UHS.	
13. I agree to comply with UHS requirements to encrypt electronic Confidential Information in accordance with UHS security policies, including the requirement that encryption software be installed on all UHS-owned laptop computers and that emails transmitted over an electronic network outside of UHS be encrypted.	
14. I understand all Privacy and Security policies govern secure usage of the Internet and e-mail and will comply with these policies at all times during my employment with UHS.	
15. I agree that all devices used by me that are connected to a UHS network and/or other information systems, including computer systems, whether owned by me or not, will be continually running approved and updated anti-virus software.	

The UHS Information Security and Privacy Policies are available through my supervisor, manager, UHS business contact or the UHS Corporate Compliance Office.

**By signing this Agreement, I understand and agree to abide by the conditions imposed above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please check appropriate box:**

*Employee*

*Non-Employee*

***If Non-Employee, please provide your employer (or practice name) and your title/position below:***

\_\_\_\_\_  
**Employer or Practice Name**

\_\_\_\_\_  
**Title/Position**

**Form Revision Date: December 15, 2015**