



Student rotations at CHI Franciscan Health (hospitals)

St. Anthony Hospital, St. Elizabeth Hospital, St. Clare Hospital, St. Francis Hospital, St. Joseph Medical Center

<input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th Medical Student Anticipated Date of Graduation: Mo: _____ Yr: _____	<input type="checkbox"/> Physician Assistant Student Anticipated Date of Graduation: Mo: _____ Yr: _____	<input type="checkbox"/> Podiatry Student Anticipated Date of Graduation: Mo: _____ Yr: _____	<input type="checkbox"/> Nurse Practitioner Student Anticipated Date of Graduation: Mo: _____ Yr: _____
Last Name: _____		First Name: _____	
<input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ / _____ / _____		Email Address: _____	
<input type="checkbox"/> PROVIDE CLEAR COPY OF GOVERNMENT ISSUED PHOTO DATES of rotation/preceptorship: START DATE: _____ / _____ / _____ END DATE: _____ / _____ / _____		Contact phone #: (_____) _____ IDENTIFY CAMPUS where you will be rotating: <input type="checkbox"/> SAH <input type="checkbox"/> SEH <input type="checkbox"/> SCH <input type="checkbox"/> SFH <input type="checkbox"/> SJMC	
NATIONAL PROVIDER IDENTIFIER: NPI # (Required for all students) https://nppes.cms.hhs.gov/NPPES/Welcome.do		University: _____ Student NPI #: _____	
Nurse Practitioner Students: _____	WA State RN License #: _____	Expiration Date: _____	

SCOPE OF PRACTICE

1. Direct supervision by the sponsor/preceptor or designee shall be maintained at all times.
 - a. Direct supervision is defined as physically present.
2. Sponsor/Preceptor shall ultimately be responsible for the care of the patient.
3. Student may accompany the sponsor/preceptor on all in-house patient care activities, but shall have no direct patient responsibilities.
4. Student may write progress notes with co-signature by sponsor/preceptor.
 - a. Progress notes shall be signed, dated and timed by student. Progress notes shall also be signed, dated and timed by the sponsor/preceptor.
5. Student may participate in procedures for which the sponsor/preceptor is credentialed, to scrub, assist with retraction, suctioning, suturing and cutting sutures during operative procedures under the direct supervision of the sponsor/preceptor.

LETTER OF AGREEMENT

- A current affiliation agreement between my University/College and CHI Franciscan Health.
- I am in good standing at my University/College and have provide evidence of such good standing.
- I am covered by adequate medical malpractice insurance of at least \$1,000,000 per occurrence and \$3,000,000 aggregate coverage, and covered by adequate health insurance.
- My immunizations are current and updated
- I understand that patient confidentiality is protected by HIPPA – Health Insurance Portability & accountability Act.
- My rotation/preceptorship is no longer than 12 weeks in duration depending on my student curriculum. Exceptions may be granted on a case by case basis.
- My sponsor/preceptor must be clearly identified; and must agree to accept full responsibility for direct supervision at all times.
- I agree to have the Medical Staff Office do a criminal background check (i.e. Washington State Patrol et al).
- I may accompany my sponsor/preceptor on in-hospital patient care activities but will not have any direct patient responsibilities. The patient must be informed of my students' status. Only after a patient consents, as a student I may participate in minor procedures for which the sponsor is credentialed.
- I may assist in procedures as outlined above in the "scope of practice" above.
- I agree to abide by the "**Code of Conduct and Work Habit Requirements**" as outlined below
- I must wear a student-badge identifying myself as a student.
- If applicable I have submitted documentation of a conviction: misdemeanor or felony: provide details of incident and circumstances surrounding the situation
- I have provided a clear copy of a government issued photo ID: driver's license or passport
- I am responsible for obtaining my sponsor/preceptor's signature on this form and submitting to the Medical Staff Office.

By signing this form, I attest that I have provided all current information/documentation as outlined in the "LETTER OF AGREEMENT". I agree to abide by the "SCOPE OF PRACTICE" as outlined.

STUDENT SIGNATURE _____

DATE _____

By signing this form, I attest that I meet the requirements as a sponsor/preceptor as outlined in the "LETTER OF AGREEMENT". I agree to abide by the "SCOPE OF PRACTICE" as a sponsor/preceptor and provide direct supervisor.

SPONSOR/PRECEPTOR SIGNATURE _____

PRINT NAME _____

DATE _____

(FOR MEDICAL STAFF OFFICE)

CHIEF EXECUTIVE OFFICER, OR DESIGNEE SIGNATURE _____

DATE _____

Code of Conduct and Work Habit Requirements

**** DO NOT RETURN ****

*****KEEP FOR YOUR REFERENCE******

CHI FH Values – RICE

- Reverence – profound respect and awe for all creation, the foundation that shapes spirituality, our relationships with others and our journey to God.
- Integrity – Moral wholeness, soundness, fidelity, trust, truthfulness in all we do
- Compassion – solidarity with one another, capacity to enter into another's joy and sorrow
- Excellence – preeminent performance, becoming the benchmark, putting forth our personal and professional best.

Standard of Conduct

- Exercise good faith and honesty in all dealings and transactions
- Create a work place that fosters community, respects the inherent dignity of every person, promotes participation and ensures safety and well being
- Maintain a high level of knowledge and skill among all who serve in order to provide high quality care
- Observe all laws and regulations that govern what we do
- Provide accurate and truthful information in all transactions
- Maintain and protect confidentiality of patient, resident, employee and organizational information.
- Exercise responsible stewardship of human and financial resources
- Avoid conflicts of interest and/or the appearance of conflicts

Patient Confidentiality Agreement:

- Confidentiality agreement pertaining to patient information (Health Insurance Portability Accountability Act or "HIPPA")

AIDET – Steps to Achieving Satisfaction

- Acknowledge — Greet people with a smile, make eye contact and use their names if you know them. Attitude is everything. Create a lasting impression.
- Introduce — Introduce yourself as a student politely. Tell them who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.
- Duration — Keep in touch to ease waiting times. Let others know if there is a delay and how long it will be. Make it better and apply service recovery methods when necessary.
- Explanation — Advise others what you are doing, how procedures work and whom to contact if they need assistance. Communicate any steps they may need to take. Make words work. Talk, listen and learn. Make time to help. Ask, "Is there anything else I can do for you?"
- Thank you — Thank somebody; foster an attitude of gratitude. Thank people. Use reward and recognition tools.

Smoke Free Campuses

- Tobacco smoking is prohibited on any FHS hospital buildings and FHS campuses
- Electronic cigarettes are also prohibited
- Smoking is not allowed within 25 feet of any hospital/campus entrance

Dress Code

- Students shall present themselves in a neat, clean and professional manner
- Personal cleanliness and good hygiene are required at all times. Those who smoke must be free of the odor of smoke on their breath and clothing.
- Hair must be professional in appearance and a natural color. If in a sterile environment must pin hair up off shoulders and may be required to wear a hair net or cap. Students must pull back or otherwise confine log hair to prevent hair from falling forward into the work area.
- Facial hair must be clean, neat and well-trimmed.
- Identification badges, with photo facing out are to be worn at all times and must be displayed where others can easily read them.
- The following are prohibited/not permitted during work time:
 - Professional-looking, well-fitting sleeveless tops (such as knit shell tops) will not be prohibited.
 - Professional Skirts, professional skorts and dresses cannot be any shorter than two inches above the knee.
 - Sheer fabric and backless clothing is not acceptable.
 - Shoes should be comfortable, safe and clean. Hiking boots are not allowed. Socks or hose are required at all times
 - Students are discouraged from using perfumes/colognes/scented aftershave and perfumed lotions due to potentially negative effect of such products on fragrance-sensitive persons.
- Nails shall be no longer than ¼ inch beyond the tip of the finger. Artificial nails are prohibited for students performing direct patient care.
- Nose rings/studs, eyebrow rings/studs, visible body rings/studs (except earrings in the ear) and other unconventional types of visible jewelry are not acceptable and must be removed while on FHS hospital premises.
- All visible body art must be covered (such as tattoos)

Cell, Smart Phones and Personal Computers:

- The personal or clinical utilization of these devices is discouraged during working hours within the hospital unless directed by the preceptor/supervisor. Under no circumstances will exchange of personal or medical FHS patient information be transmitted by anyone except with approved FHS owned and managed equipment. Furthermore, clinical or workflow distractions or interruptions by students with cell or smart phones via texting or speaking will not be tolerated.