



Thank you for choosing Memorial Health to explore your interest in the healthcare field!

Arrangements for your clinical rotation experience will be coordinated for you following the receipt of the necessary documents. The checklist below will help guide you through the process. **Please note that clinical student placements as an NP or PA student will be performed by the Medical Staff Office instead of Human Resources.*

Checklist for Clinical Students

- Reach out to HR regarding interest in Clinical Experience
- Complete Clinical Student Packet and return to Human Resources Department
- Obtain parent/guardian consent (if under 18)
- Background check
- Complete online training in Learning Management System

Following the completion of these documents, your designated department leader will reach out to coordinate a meeting place/time, as well as provide any additional necessary information.

Please return the completed clinical student packet to Human Resources via Email.

Email address: human.resources2@memorialohio.com



CLINICAL STUDENTS PACKET

Name: _____

Are you under age 18?: _____ (If under age 18, request will require parental consent)

Clinical experience required by school? Yes No _____

If yes, name of school: _____

Specific department? _____

Preferred dates of clinical experience? _____

Comments/Requests: _____

Phone number/email: _____

Signature: _____

Requests for Clinical Students are accommodated on a first come, first serve basis as opportunities are available.

If you are a student in a current PA or NP program, your request will go through our Medical Staff office for placement.

Students are required to wear appropriate attire. This includes business casual or scrubs as appropriate to the department. NO jeans, capris or flip flops will be allowed. Failure to dress appropriately will result in student being sent home.

To be completed by the department of clinical rotation

Request Approved

- Date of clinical experience: _____
Employee to be paired with: _____
Manager's / Director's Signature: _____

Request Denied

- Reason for Denial: _____
Manager's / Director's Signature: _____

Parent/Guardian Consent Form

***If clinical student is under the age of 18, parent/guardian consent is required.

This student, _____, has my permission to participate as a clinical student at Memorial Health. As the parent/guardian of the above- named student, I will read the information that is provided to them, so I know what is expected of him/her.

I understand this is a clinical experience and that patient care may be provided by my student. Furthermore, I understand that Memorial Health offers medical services for the care and treatment of a wide range of illnesses, diseases, and injuries. Therefore, there is a risk, however slight, that my student might be inadvertently exposed to such diseases at Memorial Health.

I do hereby release Memorial Health and its staff from any responsibilities of injury or accident as a result of the clinical student experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent/guardian for emergency treatment and/or procedures necessary for my student by the professional staff at Memorial Health.

I release, discharge, and relieve Memorial Health from any and all claims whatsoever of any nature as a result of my student's clinical activities.

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Application Agreement and Acknowledgement

Confidentiality Agreement

As a clinical student of Memorial Health, I recognize the extreme importance of confidentiality with respect to information concerning patients. I acknowledge that I will adhere to the provisions of the Health Information Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. I understand that violations of confidentiality may result in legal action pursuant to HIPAA and other applicable statutes and federal laws.

- All patient information (including personal, financial, and health information), as well as all information regarding Memorial Health operations and employees/Human Resources, is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of Memorial Health policy.
- This information is privileged and confidential regardless of format: electronic, written, observed, or overheard.
- I understand that violations of confidentiality will result in disciplinary action up to and including termination of employment, contract, association, or appointment. Disciplinary action may also include the imposition of fines and other legal action pursuant to HIPAA and other applicable state and federal laws.
- I agree to report any violations of confidentiality that I become aware of.
- I have read and understand the HIPAA education and will adhere to Memorial Health's policies and procedures.

While you are shadowing at Memorial Health, we require that you adhere to the following:

1. Keep all patient personal health information confidential and private. Do not discuss any patient information you may hear or see with anyone other than the person(s) you are job shadowing.
2. Do not discuss personal health information with the employee being job shadowed in public places within the facility, and personal health information is not to be discussed by you outside of the facility.

Ethics – Professionalism

I understand that, like employees, I cannot initiate telephone calls, write notes, or arrange social interactions with patients. I will clearly uphold the boundaries of employee-patient relationships during chance meetings in the community. Any preexisting relationships with patients are to be discussed with the person I am shadowing.

Smoking and Tobacco Use Policy

Smoking, vaping, and/or use of tobacco or nicotine products is not allowed on any of Memorial Health's campuses; including buildings or vehicles owned or operated by Memorial Health. All tobacco products, including chewing tobacco are included in this policy. Violation of these values may result in termination of the job shadowing/clinical student experience.

Expected Conduct

At Memorial Health, all employees, students, and observers are expected to conduct themselves within the following values to ensure we provide patients and visitors with the best experience while receiving care or visiting a loved one. These values are known as our C.A.R.E.S values. Violation of these values may result in termination of the clinical student or job shadow experience.

- **Compassion-** Attending to the unique needs of each individual. Providing family-centered support.
- **Accountability-** Demonstrating ethical behavior. Utilizing our resources efficiently and wisely. Taking initiative for continuous improvement.
- **Respect-**Valuing positive relationships. Fostering an environment of courtesy and support. Demonstrating integrity and trust.
- **Excellence-** Providing high quality healthcare. Ensuring patient safety. Utilizing state-of-the-art technology.
- **Service-**Fulfilling our role as a valued community member. Matching services to changing needs of our community. Providing comprehensive customer service.

Personal Appearance and Dress

As a clinical student, you are expected to follow Memorial Health's dress code. Only small, non-offensive tattoos may be visible. Visible piercings are limited to pierced ears and small studs in the nose. Items not permitted must be removed or covered.

Recommended attire:

- School-provided scrubs or business casual (ex: khakis, dress pants, a nice shirt or blouse, and comfortable close-toed shoes).

Prohibited attire:

- Denim jeans
- Shorts
- Sleeveless blouses
- Sandals
- Any attire that shows undergarments.

Cell phones are prohibited by clinical students during clinical rotations.

Jewelry should be kept to a minimum and perfumes or cologne may only be worn in non-patient care areas.

Individual departments may require and will provide scrubs as appropriate. Students not dressed according to policy will not be able to participate.

Immunizations

Memorial Health requires that you provide the following documentation of immunization(s) or certify below that you have received the required immunizations:

- Rubella, Rubeola and Mumps (MMR)- documentation of two MMR vaccines administered at least 28 days apart or documentation of immune status based on serologic testing.
- Varicella (chicken pox)-Diagnosis or verification of a history of varicella (chicken pox) or herpes zoster (shingles) by a healthcare provider, documentation of two Varicella vaccines or documentation of immune status based on serologic testing.
- Hepatitis B- It is recommended that those who have contact with body fluids or blood be immune to Hepatitis B following completion of three vaccines.
- Influenza- proof of vaccination during the most recent influenza season (October 1 - March 31).
- Testing for Tuberculosis (TB using either Mantoux method (TST) or use of Blood Assay for Mycobacterium Tuberculosis (BAMT))

Reference: Immunizations and Pre-Employment testing 7010-IC-104

By signing the “Clinical Student Agreement”, I acknowledge that I have had all required immunizations as indicated above. I understand that the hospital does have immunization requirements in place per the infection control policy to protect both the patient and the student. Specific departments may require further immunizations. I acknowledge that I will be in a healthcare facility and that I may be exposed to diseases and do not hold the hospital responsible in any way for exposure to any or all diseases.

Clinical Student Agreement

I have read, acknowledge, and agree to the following:

- All preceding answers in this packet are true to the best of my knowledge and I understand that this will become part of my record.
- Any incorrect, incomplete, false, or misleading statement or information by me herein will be considered possible cause for my dismissal from my shadowing experience.
- I have read and understand the preceding policies.
 - ☒ Confidentiality Agreement
 - ☒ Ethics and Professionalism
 - ☒ Smoking and Tobacco Use
 - ☒ Expected Conduct
 - ☒ Personal Appearance and Dress
 - ☒ Immunizations
- I am aware that if I violate a Memorial Health rule or regulation, my observing experience may be terminated immediately.
- I will remember that the department may be making special accommodations for my experience. Therefore, if something happens and I am not available during the time that I have been scheduled, I must notify the department immediately.
- I will keep the Protected Health Information as well as all information regarding Memorial Health operations and employees/Human Resources confidential.
- I will hold harmless Memorial Health and its representatives from any damages obtained during clinical rotations/experiences.
- I will not use tobacco products or smoke on any Memorial Health campus. I will remember Memorial's C.A.R.E.S. values and treat everyone that I encounter with respect and dignity.

Student's Printed Name

Student's Signature

Date