

## Midlevel Provider Student Guidelines Palm Beach Health Network

**Welcome to the Palm Beach Health Network. We are pleased that you have chosen our facility for your clinical observation. We hope you have a rich experience. Please read the information below to help you get started on in your practicum.**

- **Onboarding**

Prior to the start of the clinical experience, the student(s) must:

- Complete the online orientation
  - 1) Attestation that lists student name, instructor or preceptor name and contact information
  - 2) Agreement from preceptor with specific dates and clinical units
  - 3) Clear background screening
  - 4) Proof of influenza vaccination during flu season
  - 5) Proof of annual TB test or clear CXR
  - 6) Proof of Immunization: 2 doses of MMR or Positive 'Rubeola Titer' AND Positive 'Rubella Titer'
  - 7) Proof of Immunization: 'Hepatitis B Dose 1' AND 'Hepatitis B Dose 2' AND 'Hepatitis B Dose 3' or Hepatitis B Declination
  - 8) Signed Supervised On-Site Clinical Practicum Experiences Attestation

### **Dining:**

Due to limited size, students cannot eat in the Physician Dining Room. They may eat in the cafeteria.

### **While on Campus:**

**All students must be with their Preceptor at all times.** Student should not make rounds or be on the units without the preceptor. Students must wear their school ID badge at all times and carry the student card

### **Dress Code:**

No artificial nails are permitted in the clinical areas. Dress must be professional. Badge must be visible at all times.

### **Parking:**

Students parking is hospital specific.

## **Smoking Policy**

There is no smoking on the hospital campus.

## **Use of Telecommunication, Cameras and Recording Devices**

The use of personal cell phones including incoming calls, outgoing calls, text messages or the use of cell phone cameras or other video or audio recording devices is prohibited in the work unit.

Students personal cell phones must be set to silent during work hours and used only for work related functions or personal emergencies.

When taking a personal emergency call, the student must go to a private, non-work area. Non-work areas are defined as employee lounge, employee locker room, cafeteria, or outside of the hospital. Hallways are considered work areas and are not appropriate areas to conduct personal phone calls.

Personal phone calls in the presence of a patient, physician, or other customers are never appropriate and are not permitted.

Students may never take photos, video, or recordings of patients, employees, or customers at anytime in the hospital.

Photocopying of any patient information, including photographs is a violation of federal HIPAA laws and is strictly prohibited.

### **COVID:**

Students are restricted from caring for Covid positive patients or those under investigation.

Students are required to supply their own PPE

Students, who choose to wear an N-95 mask, are responsible for fit testing such mask if worn while on practicum.

## Request for Clinical Practicum Mid level Provider

Objectives of practicum:

Dates of Practicum: \_\_\_\_\_ to \_\_\_\_\_

Name of Licensed HealthCare Provider (LHP) Preceptor: \_\_\_\_\_

Signature of Preceptor: \_\_\_\_\_

Name of Department(s) participating: \_\_\_\_\_

Student information:

Name: \_\_\_\_\_ School Affiliation/Major: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I agree to precept this student. The student will be with me at all times, and I take full responsibility for the student and understand the rules surrounding the clinical experience.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date:

Note:

1. Supervised on-site student clinical experiences cannot be more than 12 hours in a 24 hour period.
2. Students are not allowed access to physician on-call/sleep rooms.
3. Students are not allowed access to the physician dining room or second floor lounge.

### For current employees:

I certify that I will not work as a student and employee during the same 24 hour period at Palm Beach Health Network. Further, I certify that I will not perform any duties out of the scope of my job description during my employed hours.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date:

## Supervised On-Site Clinical Practicum Experiences Attestation

Student affirms they have received and understand the Mid-Level Provider Student Guidelines. Failure to follow the guidelines will result in termination of the practicum experience at Palm Beach Health Network Hospitals

1. Students must obtain clearance from the Education Department prior to the practicum experience.
2. Student must provide a copy of their current Flu Vaccine documentation during flu season.
3. Student must wear School Issued Student ID at all times.
4. Student will not be given access to the electronic medical record.
5. Clinical experience is restricted to no more than **12 hours** in a 24 hour time period.
6. Student may not access physician call/sleep rooms.
7. Students are not allowed access to the physician dining room or lounge, even if accompanied by the staff physician or allied health provider.
8. Students will not be issued security badges to gain access to secure areas within the hospital; student must be with their preceptor at all times.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Program Participant Name/ Signature

\_\_\_\_\_Witness

**HEALTH AND BACKGROUND SCREENING ATTESTATION**

\_\_\_\_\_  
SCHOOL NAME

**HEALTH OF PROGRAM PARTICIPANTS.** School affirms the Program Participant(s) listed below have completed the following health screenings or documented health status as follows:

1. Tuberculin skin test within the past 12 months or documentation as a previous positive reactor or a chest x-ray taken within the past 12 months; and
2. Proof of Rubella and Rubella immunity by positive antibody titers or 2 doses of MMR; and
3. Varicella immunity, by positive history of chickenpox or proof of Varicella immunization; and
4. Proof of Hepatitis B immunization or completion of a certification of declination of vaccine, if patient contact is anticipated.
5. Negative drug screen.
6. Covid vaccination documentation
7. Influenza vaccination during flu season (Nov 10-March 31). Students who decline may not be cleared to rotate in the facility.

**BACKGROUND CHECKS.** School has conducted a retrospective background check on all students assigned to the program prior to their participation in clinical activities. This background must be sent to the hospital and must be clear. **STAFF/FACULTY responsible for supervision and/or instruction must provide a background screening to the Education department.**

The background check included the following:

1. Social Security number verification.
2. Criminal Search (7 years )
3. Violent Sexual Offender & Predator registry
4. HHS/OIG/GSA

**Faculty: If rotating to the Mental Health unit, a Level 2 background screening with fingerprinting must be provided to the Hospital.**

**ATTENDING STUDENTS:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**STAFF/FACULTY**

1. \_\_\_\_\_
2. \_\_\_\_\_

School acknowledges this information will be available to all Tenet affiliates as reasonably necessary.

SCHOOL: \_\_\_\_\_

Name & Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### *Mid Level Provider Student Guidelines*

- If your preceptor is an employee of Tenet Florida Physician Services (TFPS), you must complete the necessary paperwork with the TFPS Practice Manager/employee and receive clearance by TFPS Human Resources prior to starting your practicum. Once you receive this clearance, you can apply for student practicum clearance from the Palm Beach Health Network.
- You must be with your Preceptor at all times. You cannot make rounds or be in the facility without your Preceptor.
- Clinical experience at the Palm Beach Health Network is restricted to no more than 12 hours in a 24 hour time period.
- St Mary's Medical Center reserves the right to limit the amount of students in a clinical area. Only four (4) Certified Nurse Midwife (CNM) students total will be allowed during the same calendar time period.
- Students will not be given access to the electronic medical record.
- Please remember to park your vehicle in the area designated for **student parking**.
- Please wear your School-issued student ID at all times.
- Due to space limitations and physician privacy issues, students are not allowed to use the doctor's dining rooms or lounge at any time, even if accompanied by a staff physician.
- Dress code: No artificial nails are permitted in any clinical areas. Dress must be professional.

Questions?? Please contact Karen Boyler at 561 882 6355