

Policy/Procedure
Sampson Regional Medical Center

Title: Role of Students at Sampson Regional Medical Center

Date Effective: May 1, 2012

Formulated By: Administration

Distribution: All Departments

Purpose: To outline the mechanisms by which a student can participate at Sampson Regional Medical Center (SRMC).

Policy: It is the policy of SRMC to foster student involvement in the health care industry. Our priority is to the care and safety of our patients; therefore, it is the expectation that students and staff strictly adhere to this policy. Prospective students will only be allowed to participate at SRMC if they follow this procedure. Human Resources has ultimate authority on approving or denying student access to SRMC based on the information supplied.

Procedure:

A. Sponsored Students:

Our organization recognizes Sponsored Students. A sponsored student is a student that is part of a formal professional education curriculum. These students sponsoring organizations will have a contract with Sampson Regional Medical Center which clearly defines their capacity to interact with patients and their required supervision.

Requirements:

1. A Student of a professional education curriculum that has a contract arrangement with SRMC defining their role and supervision.
2. Be in good standing with their educational institution.
3. Provide Emergency Contact information.
4. Complete Student Orientation Packet (Just In Time Training).
5. Provide current immunization record.
6. Provide a copy of appropriate Tuberculosis screening.
7. Submit to a Criminal records check.
8. Submit to Drug screening.
9. Identification badge that clearly identifies their student status and their educational institution.

B. Approval Process for Prospective Students

Sponsored Student:

- Applicant reads and completes the Student Application Packet:
 - Acknowledgement of Orientation signature sheet
 - Core Orientation completion with certificate
<https://www.wakeahec.org/webcasts/coreorientation24-25.htm>
 - Security Code of Ethics signature sheet
- Application is returned to their sponsoring organization.
- Sponsoring instructor completes student summary check-off sheet
 - Including student's emergency contact information
 - Criminal background
 - Drug screen
 - Meditech User ID Request
 - Sponsored Student Information Form
- Sponsoring instructor provides the following:
 - Access to background company's website to verify background, drug screen and immunizations.
 - The student packages and summary to Human Resources.
 - A copy of the sponsoring organization's COVID policy.
- Human Resources approves or denies students.
- Sponsoring instructor provides Human Resources with a list of student(s) and date(s) expected at SRMC.
 - Must be submitted ten (10) business days prior to attending.
- Human Resources will maintain a database of students at SRMC.

Flow Diagram for Student Process Sampson Regional Medical Center

Sponsored Student

Student Packet

School Instructor

HR Review
Yes/No

Instructor Notification to HR
of Dates Student to be at
SRMC

Added to Student Database
at HR

Sampson Regional Medical Center Sponsored Student Information Form

School Name: _____ School Representative: _____ Contact Information: _____ _____ _____															
	Rubella	Rubeola	Mumps	Hepatitis B Positive Titer or vaccination for Hepatitis B or waiver	Chickenpox Vaccination	Chickenpox Past Exposure	*Tuberculosis - Current with annual TB skin testing. If positive, negative CXR/review of S&S. (+) (-)	Tetanus (TDap)	Flu Vaccine	*Orientation Packet (Attached)	*Meditech User ID Request/Security Code of Ethics Form (Attached)	*Criminal Records check	*Drug Screen	COVID if required by school	Approved by SRMC HR Department
1. Student Name:															
Emergency Contact Information:															
Proposed Time Frame:															
2. Student Name:															
Emergency Contact Information:															
Proposed Time Frame:															
3. Student Name:															
Emergency Contact Information:															
Proposed Time Frame:															
4. Student Name:															
Emergency Contact Information:															
Proposed Time Frame:															
5. Student Name:															
Emergency Contact Information:															
Proposed Time Frame:															

***Required document to be attached**
 These requirements are on file for the above listed students at _____ (School).
 _____ (Signature of School Representative) _____ Date

Sampson Regional Medical Center

Meditech User ID Access Request

Request for Student User ID

Please submit this completed form to the MIS department **at least three (3) business days** before the user will need access to Meditech so we will be sure they have the access they will need during their clinical rotation period.

Date of Request: _____

Student's Name: _____ Student's Initials: _____
(must be 3 characters)

Meditech Access Needed: _____
NUR (Nursing Documentation), eMAR (Medication Administration), PCI (viewing results)

Clinical Rotation Location: _____
(ICU, 3rd floor Med/Surg, OB/Post Partum, Peds, SNU, ER, OR, PACU)

Student Rotation from: _____ to _____

College/School: _____

College/School Phone #: _____

Instructor's Name: _____

Requestor's Name: _____

Entered By: _____ Date: _____
(MIS Coordinator)

Date Password given to employee _____ Given By: _____

Sampson Regional Medical Center

Security Code of Ethics for Students

As a student affiliated with Sampson Regional Medical Center, I realize that I have privileged and confidential information available to me. This information is essential in providing clinical experiences for students. I fully understand that it is my personal and professional responsibility to protect the privacy and integrity of information pertaining to Sampson Regional Medical Center's patients, staff, business, and data resources.

I do hereby declare and understand that it is a breach of policy to obtain or disclose any information about Sampson Regional Medical Center or its patients, for any purpose, other than to further Sampson Regional Medical Center's goal of providing quality patient care. I understand that I am only to access patients who are assigned to me while I am a student in the clinical area under the supervision of an instructor. The codes that I use will be monitored to make sure that I access only patients assigned to me.

As a student I may be using the medical center information system to request patient services and to access patient information using an assigned security code. Any security code assigned to me shall be treated in the same manner as my signature. **THE MISUSE OF THIS CODE OR THE MISUSE OF INFORMATION OBTAINED THROUGH THE USE OF THIS CODE WILL BE CONSIDERED A BREACH OF MEDICAL CENTER POLICY. I FURTHER DECLARE THAT I FULLY UNDERSTAND THAT IT IS A BREACH OF TRUST TO DIVULGE MY ASSIGNED CODE TO OTHERS OR FOR ME TO USE ANOTHER STUDENT'S ASSIGNED CODE.**

Because of the significance of these risks, each student who will be using any of Sampson Regional Medical Center requires the acknowledgment of this policy information system.

I FULLY UNDERSTAND THAT FAILURE TO ADHERE TO THIS SECURITY CODE OF ETHICS IS CAUSE FOR DISCIPLINARY ACTION UP TO AND INCLUDING IMMEDIATE DISCHARGE AND/OR PROSECUTION AS DESCRIBED IN THE SAMPSON REGIONAL MEDICAL CENTER PERSONNEL POLICY HANDBOOK.

By signing this Code of Ethics, the user agrees to the following:

- **Follow all rules and regulations for access and use of Sampson Regional Medical Center's Information Systems.**
- **I have read and understood all Policies and Procedures pertaining to my job function in which I have access to Sampson Regional Medical Center's Information Systems.**
- **I have read and understood Policies and Procedures concerning electronic protected health information.**
- **I have read and understood my responsibility to protect electronic protected health information.**
- **I have read and understood the consequences of not following Policies and Procedures concerning hospital information systems and electronic protected health information.**

Student Name:

Date:

Witness:

Date: