



Stevens Community Medical Center	
Subject: RESIDENT/ MEDICAL STUDENT/ ADVANCED PRACTICE PROFESSIONAL STUDENT AND SUPERVISOR GUIDELINES	Page: 1 of: 11
	Effective Date: 9/17/19
Department: Medical Staff_Community_Outreach	Revised Date:
Approved By: Chief of Staff	

POLICY STATEMENT

To establish guidelines regarding the roles and responsibilities of residents, medical students and advanced practice professional students who are engaging in an official clinical rotation or preceptorship at Stevens Community Medical Center (SCMC), and to define the roles and responsibilities of their Preceptors and others who supervise their activities or are part of the healthcare team.

DEFINITIONS

- 1) Resident: A physician who has finished medical school and is practicing medicine in a supervised setting.
- 2) Student: For the purposes of this policy, student is defined as a medical student or advanced practice professional student, including but not limited to a student enrolled in a physician assistant or an advanced practice registered nurse program. This policy does not apply to students working towards a profession that does not require privileges to practice at Stevens Community Medical Center, nor does it apply to student observers who will not participate in any patient care activities.
- 3) Preceptor: The student’s primary supervising practitioner or other qualified supervising practitioner, as appropriate.
- 4) Supervising Practitioner: In addition to the preceptor, this includes other practitioners who participate in the student’s training in the absence of the preceptor, who have appropriate approved clinical privileges at Stevens Community Medical Center.
- 5) Direct Supervision: Supervising practitioner is within sight or hearing of the student in order to be able to intervene at any time to protect the health and safety of the patients of Stevens Community Medical Center.
- 6) Physically Present: The teaching physician is located in the same room as the patient.

PROCEDURE

- A Student is not considered an independent practitioner, so may participate in patient care activities only as appropriate for their level of training and ability under the guidance of a supervising practitioner. Students may participate only in patient care activities for which the Supervising Practitioner is privileged and the Student has been approved.
- Residents, Students and supervising practitioners must adhere to federal and state laws and regulations concerning patient care and professional conduct in addition to Stevens Community Medical Center Bylaws, Rules and Regulations, and this and other applicable hospital policies.
- Residents/Students will complete the acknowledgement of this policy, and turn in the medical student clinical rotation application form (Attachment A) to the Community Outreach Coordinator.
- The scope of clinical rotation form will be completed by the preceptor and signed by the chief of staff (Attachment B) and returned to the Community Outreach Coordinator.
- A resident is a licensed physician, the precepting physician will work with residents to determine workflow and processes for oversight and teaching. Patients seen by a resident will have a face to face contact with the teaching physician for each billable service. Teaching physician will also be present during the critical or key portions of the services provided. Documentation and cosignature of personally performed services by teaching physician should be on file for each billable service. This documentation needs to be more specific than a cosignature alone or simple statement "I agree" or "seen and agree". The acceptable documentation must reflect the teaching physicians personal participation in the case (see Medical Record Documentation section for examples).

ROLES AND RESPONSIBILITIES

1) APPLICATION:

- Residents/Students must complete and submit the Application for Clinical Rotation(attachment A) and scope of clinical rotation forms (attachment B) to request training privileges to engage in a clinical rotation or preceptorship with a supervising practitioner at SCMC no less than 2 weeks prior to arrival.

The student will not be authorized to enter patient care areas or access patient information until the required information has been received, and the Supervising Practitioner and Chief of Staff (or Vice-Chief of Staff) has signed the application form, approving the request.

- The school must provide proof of the student's participation in their program and proof of liability coverage.
- The resident/student must complete SCMC/MN Department of Human Services Background study form (attachment C) to authorize SCMC to complete a study. Fingerprinting is required within 7 days from the time the study is initiated. If previous fingerprinting can be used, no additional fingerprinting is required.
- The resident/student must provide documentation of current immunization and tuberculosis screening status in accordance with current Infection Control policies of SCMC. SCMC requires that all students have the lab test (Quantiferon) performed instead of the mantoux within 90 days of start date. If resident/student has completed a mantoux within 90 days that is acceptable, but they must complete the two (2) step mantoux or draw for Quantiferon.

2) **AGREEMENTS:**

- Residents/Students and Preceptors must review this policy in its entirety and sign the Acknowledgement portion of the policy, attesting that they understand the expectations and requirements and will adhere to the contents of this policy. Participation in clinical activities or patient interaction cannot take place until this has been completed. Preceptors must ensure that other practitioners, working with the resident or supervising the Student in their absence have been informed of this policy and its requirements.

3) **CONFIDENTIALITY:**

- Confidentiality is a legal and moral right reinforced by the privacy regulations of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Minnesota Health Records Statute which protects the privacy and security of patient information. Confidentiality is breached when information is released without a legal requirement to do so or without the organization or patient's consent.
- If clinical preceptor requests VPN access for resident/student and it is granted, the Telecommuting Work at Home Policy as well as the Portable Computer Policy must be signed.

- Residents/Students must treat all patient information as confidential, including paper and electronic chart contents, and any other form of protected health information, whether overheard or otherwise acquired. Patient information will never be discussed outside the workplace and may only be discussed when required for the performance of a clinical duty. The student will sign the HIPAA acknowledgement form.

4) PATIENT CARE:

A) A resident's clinical activities will be planned in conjunction with the preceptor.

B) All student clinical activities are limited to those of the clinical privileges granted to the Supervising Practitioner.

C) Orders:

- The writing of orders and prescriptions is limited to physicians and other health care professionals who are properly licensed by the State of Minnesota.
- Students may NOT initiate orders or give verbal or telephone orders to hospital staff. Such orders are not legal or valid and will not be treated as such.
- A Student may pend the Supervising Practitioner's orders for medications, treatments, and diagnostic tests to be signed by the Supervising Practitioner *prior to* implementation by the hospital staff.
- Hospital staff may NOT carry out orders until such appropriate signature is obtained and shall not be expected to do so by the Student or Supervising Practitioner.

D) ED/ICU

The Resident will work in conjunction with the ER physician. Minor procedures such as simple suture repair require the precepting physician's direct supervision for the entire time in order to bill for the procedure. Complex or high risk procedures, including interventional radiology and cardiology procedures also require direct supervision. Interpretations of radiology and diagnostic tests require personal review of the image by the teaching physician and a statement of either agreement or editing of the findings the resident documented along with a co-signature from the precepting physician.

All patients seen by students must be evaluated and examined by the Supervising Practitioner who shall be present and available within the department/unit.

E) Rounds

Residents may see hospitalized patients if the patient agrees and their physician has informed them via a face to face visit. If the resident is performing time based

billing, such as a hospital discharge service the teaching physician must be physically present for the period of time represented on the claim. For example, a normal discharge (CPT 99238) is 30 minutes or less while an extended discharge (99239) is greater than 30 minutes.

Students may see hospitalized patients on their rounds without the direct supervision of their Supervising Practitioner if appropriate for level of education and training and in accordance with approved training privileges, if: 1) the rounds are limited and include only those patients of their Supervising Practitioner, 2) the Supervising Practitioner sees the patient and discusses the patient with the student before any orders are written, and 3) the Supervising Practitioner countersigns all orders prior to the orders being carried out. Each patient admitted to SCMC must be seen on rounds at least daily by a Physician, the Student may not see the patient in lieu of the attending physician.

F) Procedures

If the Student assists the Supervising Practitioner with any procedure at SCMC the student may only assist or observe and will not be expected to perform the procedure. The student may NOT perform any portion of a procedure without the direct supervision of a Supervising Practitioner.

- Students may NOT and shall not be expected to obtain informed consent from a patient, nor may they sign a patient's AMA Signature Form or review the risks of leaving against medical advice in lieu of a physician.
- Students may advise patients and their families and caregivers as instructed by the Supervising Practitioner.

Residents may independently perform simple or minor procedures as defined by the CPT code descriptions, the expectation is the resident will be under the direct supervision of the teaching physician in order to bill. More comprehensive or complex procedures must be performed under the direct supervision of the teaching supervision. Endoscopies must have a teaching provider present the entire time of the viewing, which must take place in the same suite as the procedure and not from an outside "viewing" location. (See ED/ICU section for interpretations).

5) IDENTIFICATION:

- Residents/Students must be accurately identified to each patient as residents/students. Students may not falsely represent themselves as Physicians or other licensed healthcare professionals. Patients have a right to refuse to participate in activities associated with education and training of Students.

- Upon arrival to the hospital/clinic, residents/students must introduce themselves to hospital staff and identity will be verified provide their government-issued photo ID. The student will then be issued a SCMC name badge with their photo, which must be worn at all times when at the hospital.

6) MEDICAL RECORD DOCUMENTATION:

- Any contribution and participation of a student to the performance of a billable service (other than review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or the physical presence of a resident in a service that meets the requirements in this section for teaching physician billing. Students may document services in the medical record; however, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam, and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed and may verify any student documentation of them in the medical record rather than re-documenting this work.” (MLN Booklet; Guidelines for Teaching Physicians, Interns and Residents)
- A Resident may perform a physical exam and medical decision making and the supervising physician does not need to re-perform it. In order to bill under the teaching physician for any patient cases (all insurances), the teaching physician must have direct face to face contact with the patient during critical or key portions of the service provided. According to CMS, the patient’s medical record must document the extent of the teaching physicians participation in the review and direction of the services furnished. The documentation cannot be a co-signature alone and must state the participation of the teaching physician involved in the patient’s care. A macro can be used as required personal documentation if the teaching physician adds it personally via secure (password protected) system. The note must reflect the specific services, patient and date as well as support medical necessity.
- Unacceptable Documentation Examples: statements such as “I agree”, “agree with above”, “I reviewed the resident’s note and agree with the plan”, or “patient seen and evaluated.”
- Acceptable Documentation Examples: “I saw and evaluated the patient. I reviewed resident’s notes, discussed the case with the resident and agree with the findings and plan as documented in the resident’s note.”

or “I was present with the resident during the history and exam. I discussed the case with the resident, reviewed the resident’s note and agree with documented findings and plan of care.”

- When signing chart entries, the Resident/Student must identify him/herself appropriately (e.g., John Doe, MS3 or MS4, MD).
- The Preceptor is responsible for documentation made by the Resident/Student, and must countersign all chart entries; if not in agreement with the Resident/Student’s documentation, s/he will make a notation to that effect in the chart but will not delete, modify, or destroy any part of the patient record.
- Students and Preceptors must comply with other SCMC policies pertinent to medical record documentation.

ACKNOWLEDGEMENT:

- It is understood that in all cases, the Preceptor or other Supervising Practitioner is not discharging their duties to the Student in having them assist with the patient's care. The Preceptor or other Supervising Practitioner will assign the duties and responsibilities of the Resident/Student in compliance with this policy and will remain responsible for the patient’s care.
- It is further understood that noncompliance with this policy may jeopardize the safety of patients and the career of the Resident/Student and may result in potential risk of liability to the Preceptor and/or other Supervising Practitioners, the hospital, and its staff.
- We, the undersigned, understand and agree to abide by the above "Resident/Medical Student and Advanced Practice Professional Student and Supervisor Guidelines" and understand that violation of this policy may result in termination of training privileges or other actions.

Resident/Student Name (Please Print): _____

Resident/Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Attachment A

APPLICATION TO PARTICIPATE IN CLINICAL ROTATION

PERSONAL INFORMATION:

Last Name	First Name	Middle	DOB
-----------	------------	--------	-----

Home Address	City	State	Zip Code	Telephone
--------------	------	-------	----------	-----------

MEDICAL EDUCATION:

Medical Resident Medical Student NP Student PA Student

Current Year of Medical School: 1st Year 2nd Year 3rd Year 4th Year

Medical School	Expected Completion Date
----------------	--------------------------

Address	City	State	Zip Code
---------	------	-------	----------

DATES OF PRECEPTORSHIP:

Starting Date _____ Ending Date _____

PRIMARY PRECEPTOR:

Name

Notes:

Attachment B

SCOPE OF CLINICAL ROTATION

To be completed by preceptor

Preceptor: _____

Medical Student/Advanced Practice Professional Student/Resident: _____

Dates at SCMC: _____

REQUIREMENTS AND SCOPE

The Medical Student/Advanced Practice Professional Student/Resident must be enrolled in an approved medical school through which s/he has submitted an application and all required documentation. All Medical Student clinical activities are limited to those of the clinical privileges granted to the supervising Preceptor and must be consistent with the medical school's goals and objectives. Progression is dependent on individual development as determined by the Primary Preceptor.

SUPERVISION

The Medical Student/Advanced Practice Professional Student/Resident will be authorized to participate in clinical activities only as recommended by the Primary Preceptor. All activities require direct supervision by the Primary Preceptor or other designated physician with current, unrestricted privileges at Stevens Community Medical Center to include the specific activities being supervised.

BADGE ACCESS

I am requesting that this Medical Student/Advanced Practice Professional Student/Resident have access to the following areas:

<input type="checkbox"/> Morris Clinic	<input type="checkbox"/> Starbuck Clinic	<input type="checkbox"/> Hospital
<input type="checkbox"/> Operating Room	<input type="checkbox"/> Emergency Department	<input type="checkbox"/> Endo

Request VPN access for documentation

PRECEPTOR RECOMMENDATION:

I recommend the Medical Student/Advanced Practice Professional Student/Resident be authorized to participate in the activities noted on the attached list of goals and objectives of the rotation as determined by the medical school. I understand that by endorsing this Medical Student/Advanced

Practice Professional Student/Resident, I assume responsibility for monitoring his/her hospital/clinic practice and providing supervision as appropriate and as stated in policies applicable to Medical Student/Advanced Practice Professional Student/Resident.

Primary Preceptor Signature: _____ **Date:** _____

CHIEF OF STAFF ACTION:

I have reviewed the Medical Student/Advanced Practice Professional Student/Resident request for authorization to participate in a clinical rotation at Stevens Community Medical Center as part of an approved educational program and:

_____ I approve the activities as recommended by the Preceptor for the time period noted.

_____ I reject the recommendation of the Preceptor.

Chief of Staff Signature: _____ **Date:** _____

Attachment C



400 East First Street Morris, Minnesota 56267-0660 Phone (320) 589-1313 Fax (320) 589-7686

Stevens Community Medical Center
MN Department of Human Services Background Study Form

Minnesota law requires that all persons having patient contact must have a background study completed prior to having any patient contact. Fingerprinting is now part of this process. Please be sure you have also received the Background Study Privacy Notice. Additional information regarding the MN requirement for background study can be found at <http://mn.gov/dhs/general-public/background-studies/>. In order to complete the background study, the following information is needed.

Attach a copy of your Minnesota Driver's license or other government issued ID.

Full Name (first, middle, last): _____

Previous Names (both first and last): _____

Permanent Address: _____

Have you lived in any U.S. state outside of Minnesota within last five years? No Yes
If yes, please provide:

Mailing Address: Check if same as Permanent

City	State	Date Range

Birth date: _____ Place of Birth: _____ Gender: Female Male

Height: _____ Weight: _____ Eye color: _____ Hair color: _____

MN Driver's License or Authorized ID number: _____ Exp. Date: _____

Social Security Number: _____ E-mail: _____

Race: African American Asian or Pacific Islander White
 Hispanic/Latino Native American Unknown/Other

I have received/reviewed the Background Study Privacy Notice and consent to the background study. Fingerprinting is required. I understand I will have 7 days to be fingerprinted from the time this study is initiated. (If previous fingerprinting can be used by SCMC, no additional fingerprinting is required.)

Signature _____

Date _____

Please return this form to:

Stevens Community Medical Center
Attn: Nancy, Community Outreach
400 East First Street
Morris, MN 56267

Nancy Olson direct phone: 320-208-7803
Fax to: 320.589.7686
Email: nolson@scmcinc.org
Email is not generally considered to be secure