



Dear potential observer;

For many, healthcare is not just a job or a profession, it's a true calling. At Wesley, we're always looking for the next generation of those interested in healthcare. You're likely reading this because you have a desire to learn more about healthcare as a career.

To observe at Wesley Medical Center you must be at least a high school junior. When you observe, you'll be able to spend time with someone in your desired area of healthcare.

If you're interested, please follow the instructions in this packet. It contains important information, documents you need to complete, and other requirements you must complete before you can observe at Wesley. If you have any questions along the way, email Observations@Wesleymc.com and we'll be happy to answer them for you.

Please return all documents in a single PDF file – not “piece meal”. If you submit your paperwork and it's incomplete, we will not be able to process your request. So double check you have the necessary paperwork. When the paperwork is completed, please save it as a single PDF file and email it to Observations@Wesleymc.com. You can also fax it to (316) 665-6712.

We must receive your paperwork at least two weeks prior to the beginning of your observation experience so we have time to ensure you have a good experience.

Thanks again for your interest. We're excited for your future in the healthcare profession.

Clinical Education Team

Observation Guidelines and Requirements

- Complete attached documents
- Paperwork is due back at least 2 weeks prior to start of experience
- Include a copy of your driver's license or school issued photo ID
- Vaccination page is the hardest page to complete. A physician, nurse or clinic must complete, then give back to you to send in with other paperwork.
 - Must have titers for varicella and MMRs if you did not receive 2 Vaccinations
- Fax paperwork back to (316) 665-6712 or save the paperwork in a single PDF file and email it to Observations@Wesleymc.com. When emailing, your PDF file name should be your name in this format – *Last, First (Jones, Michael)*. Your email subject line should be the location and your desired observation area (*Woodlawn Acute Care*).
- Observation is limited to a maximum of 24 hours (Three shifts of eight hours, four shifts of six hours, etc.). Your observation time may be shorter. That's at the discretion of the department.
- If you know the individual or department you would like to observe, you're encouraged to contact them directly. If you need a name and contact information, we're happy to help get that to you.
- **PLEASE NOTE:** We do not make arrangements for observations with physicians, physician's assistants, and nurse practitioners. You must find that connection yourself and secure their permission. We may contact them to verify they approved your observation.
- You must wait a minimum of 6 months between observation requests
- You will be issued a badge. You are required to wear it at all times while you are observing at Wesley.
- Return badge when done

Your appearance while at Wesley Medical Center should be impeccable. Your attire should be business casual, with closed toe, comfortable shoes. **DO NOT WEAR SCRUBS, ANYTHING TIGHT, LOW CUT, TOO SHORT OR REVEALING.** If your attire is not appropriate, you will be sent home.

Here are some additional guidelines for your observation:

- **Lady's Attire:** Slacks, skirt or dress (length should be just above the knee or longer), nice blouse or polo with collar. NO jeans, shorts, T-shirts, halter tops, bare midribs or low rider slacks are permitted.
Men's Attire – Slacks, nice shirt or polo with collar. NO jeans, shorts, T-shirts or low rider slacks are permitted.
- **Parking:** Please park in the visitor parking garage at the corner of Hillside and Murdock (no charge). Enter the hospital thru the glassed in entry way, taking the "left leg" into the hospital. There is signage above the doorway. Clinical Education is the 2nd door on the left, across from the ladies restroom.
- **Name badge:** You will be issued a badge by Clinical Education to wear while in the hospital. Please return the badge to Clinical Education once the observation is completed.
- **Communication:** If you are unable to come as planned or will be late, contact the department you plan to observe. If you wish to reschedule, please contact the Clinical Education department by emailing Observations@Wesleymc.com

Please make sure we have all your information, including your emailed government or school issued photo ID, along with your Health/Vaccination Record a minimum of two weeks prior to starting your observation experience at Wesley Medical Center.

Thank you for considering Wesley Medical Center for this observation experience. If you have additional needs, please email Observations@Wesleymc.com.

Thank you,

Clinical Education Team



WESLEY MEDICAL CENTER CLINICAL EDUCATION

INSTRUCTIONS TO COMPLETE ATTACHED PAPERWORK

Use this page as a reference for all the necessary paperwork you need to complete in order to observe at Wesley. There are four documents you will need to fill out and save as a single PDF and email to Observations@Wesleymc.com. You can also fax them to (316) 665-6712. Please see Observation Guidelines and Requirements for how to name your PDF file and what to put in your email subject line.

REQUIRED DOCUMENTS TO COMPLETE AND RETURN

- Observation Request Form:
 - Complete front and back
- Health Record Verification:
 - Must be completed by a doctor, RN or school nurse
 - All requested health information must be verified and up to date
 - Once completed, include this with the other documents. **DO NOT HAVE DOCTOR, RN OR SCHOOL NURSE SEND THIS SEPARATELY**

If you have not had a current TB screening within the last year, you must have one done and read BEFORE you can come for an observation.

- Hospital Safety Information for Observation Experience
 - Review the first page, then complete the bottom of the second page
 - You only need to send the second page
- Confidentiality and Security Agreement
 - Sign the Confidentiality and Security Agreement form indicating you have received information on PHI, and will abide by it.

REQUIRED DOCUMENT TO REVIEW

- HIPAA Privacy and HIPAA Security
 - Review and become familiar with HIPAA

ALL PAPERWORK MUST BE COMPLETED AND EMAILED/FAXED A MINIMUM OF 2 WEEKS PRIOR TO STARTING YOUR OBSERVATION EXPERIENCE.

EMAIL COMPLETED DOCUMENTS, AS A PDF FILE TO OBSERVATIONS@WESLEPMC.COM. YOU CAN ALSO FAX THEM TO (316) 665-6712.



OBSERVATION REQUEST FORM

The information below is required for everyone requesting an observation experience. Please complete and send with the other necessary documents.

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email Address: _____

Contact person in case of emergency: Name _____

Phone _____

Relationship _____

SCHOOL INFORMATION

Complete questions 1 & 2 only if you're doing this as part of a school requirement.

1. Name of school/sponsoring agency: _____

Contact person: _____ Phone: _____

2. Current type of school: _____ High School: _____

College: _____ Other (specify): _____

EVERYONE COMPLETE QUESTIONS 3– 8!!

3. Area of the hospital desired for observation (Choose a first and second choice from the list of potential areas on the next page. Include desired campus):

a. _____

b. _____

4. How many hours/days are desired: _____

NOTE: Maximum of 24 hours allowed for observation experiences

5. Desired starting date: _____ End date: _____

a. Must be completed within 2 weeks of starting the observation

6. Desired daily starting time: _____

7. Desired number of hours per day: _____

List 3 objectives for your observation experience.

How do you plan to use the knowledge gained from this experience?

OBSERVATION AREAS

Hillside Campus

Nursing

Oncology & Hospice
Acute Care Specialty
(ACSU)
Cardiac Stepdown
Ortho Spine
Trauma Medical
Neuro Medical
Intermediate Care
Pediatrics
Pediatrics Intensive Care
Surgical Intensive Care
Coronary Intensive Care
Neuro Critical Care
Medical Intensive Care
Surgical Services
Post Anesthesia Care
Unit
Pediatric Sedation
Pediatric Ambulatory
Surgical Unit

Pre-operation Ambulatory
Surgical Unit
Wound Care
Emergency Department

Respiratory Care

Respiratory Care

Imaging

CT
Diagnostic Imaging
Ultrasound
MRI

Rehab Services

Speech/Language
Therapy
Physical Therapy
Occupational Therapy

Pharmacy

Pharmacy

Woodlawn Campus

Nursing

Cardiac Medical
Acute Care
Intensive Care Unit
Surgery & Recovery
Pre Op and Post Op
Emergency Department

Imaging

CT
Diagnostic Imaging
Ultrasound

Rehab Services

Respiratory Therapy
Speech Pathology
Physical Therapy
Occupational Therapy



HOSPITAL SAFETY INFORMATION FOR OBSERVATION EXPERIENCE

Please review the following information on safety procedures.

Exposure Control Plan / Standard Precautions

- A clear plastic bag containing personal protective equipment (PPE) and a resuscitation device is located in all patient rooms and non-patient care areas. This equipment is to be worn when there is a risk of exposure to body fluids or secretions while providing care.
- If an exposure incident involving body fluids or secretions occurs, report it immediately to your instructor, preceptor or department manager. You will be sent to the Employee Health Department for evaluation and follow up. You will be assisted with the completion of the required documentation for this exposure.

Hand Hygiene

- A key piece in preventing spread of bacteria and infectious organisms is the **consistent** practice of hand hygiene. Acceptable forms of hand hygiene include the use of soap and water as well as alcohol based hand gel. Perform hand hygiene immediately after removing PPE (including gloves) and between each patient contact.
- Do this with **EVERY PATIENT. EVERY CONTACT. EVERY TIME!!!**

Hazardous Materials

- Material Safety Data Sheets (MSDS) provide information about hazardous chemicals at Wesley. An MSDS can be obtained from the Security Department.
- Students who will be exposed to chemotherapy drugs will receive a specific orientation for management of that exposure.
- If you encounter any hazardous chemicals or radiation leaks or spills, follow the emergency procedure outlined on the yellow "Emergency Calls" pocket card.

Risk Management

- Notify your instructor, preceptor or department manager if you see an unusual occurrence involving employees, patients, visitors or encounter an environmental situation of concern. You will be assisted with completion of the paperwork needed to document this situation.

Response to Emergencies

- Carry the Emergency Calls / Information Card with you at all times while at Wesley Medical Center.



****RETURN THIS DOCUMENT 3 of 4****

HOSPITAL SAFETY INFORMATION FOR OBSERVATION EXPERIENCE

VERIFICATION OF REVIEW

I have received and reviewed the following information prior to starting my clinical observation experience at Wesley Medical Center. I know the phone number to report emergencies and to whom I should report safety concerns.

- Exposure Control Plan / Standard Precautions
- Hand Hygiene
- Hazardous Materials
- Risk Management
- Response to Emergencies / Information Card (yellow card)

You will receive a yellow card when you begin your observation experience at Wesley.

Student Signature _____

Date _____

School / Agency _____

Include copy of your Driver's License or school issued ID.

Fax this form and other paperwork to:

(316) 665-6712

Or you can email a single PDF file to

Observations@Wesleymc.com

Confidentiality and Security Agreement

I understand that the Hospital or business entity (the "Hospital") for which I work, volunteer or provide services manages health information as part of its mission to treat patients. Further, I understand that the Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Hospital must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment/assignment at the Hospital, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Hospital's Privacy and Security Policies, which are available on the Hospital intranet (on the Security Page) and the Internet (under Ethics & Compliance). I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information or Hospital systems.

General Rules:

1. I will act in the best interest of the Hospital and in accordance with its Code of Conduct at all times during my relationship with the Hospital.
2. I understand that I should have no expectation of privacy when using Hospital information systems. The Hospital may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, in order to manage systems and enforce security.
3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, and loss of privileges, and/or termination of authorization to work within the Hospital, in accordance with the Hospital's policies.

Protecting Confidential Information:

1. I understand that any Confidential Information, regardless of medium (paper, verbal, electronic, image or any other), is not to be disclosed or discussed with anyone outside those supervising, sponsoring or directly related to the learning activity.
2. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do so as part of my job. Case presentation material will be used in accordance with Hospital policies.
3. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Hospital business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
4. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Hospital Information Security Standards and Hospital record retention policy.

5. In the course of treating patients, I may need to orally communicate health information to or about patients. While I understand that my first priority is treating patients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Whether at the School or at the Hospital, such safeguards include, but are not limited to: lowering my voice or using private rooms or areas (not hallways, cafeterias or elevators) where available.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information. I will not access data on patients for whom I have no responsibilities or a need-to-know the content of the PHI concerning those patients.
7. I will not transmit Confidential Information outside the Hospital network unless I am specifically authorized to do so as part of my job responsibilities. If I do transmit Confidential Information outside of the Hospital using email or other electronic communication methods, I will ensure that the Information is encrypted according to Hospital Information Security Standards.

Following Appropriate Access:

1. I will only access or use systems or devices I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
2. I will only access software systems to review patient records or Hospital information when I have a business need to know, as well as any necessary consent. By accessing a patient's record or Hospital information, I am affirmatively representing to the Hospital at the time of each access that I have the requisite business need to know and appropriate consent, and the Hospital may rely on that representation in granting such access to me.

Using Portable Devices and Removable Media:

1. I will not copy or store Confidential Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so by my job. If I do copy or store Confidential Information on removable media, I will encrypt the information while it is on the media according to Hospital Information Security Standards
2. I understand that any mobile device (Smart phone, PDA, etc.) that synchronizes Hospital data (e.g., Hospital email) may contain Confidential Information and as a result, must be protected. Because of this, I understand and agree that the Hospital has the right to:
 - a. Require the use of only encryption capable devices.
 - b. Prohibit data synchronization to devices that are not encryption capable or do not support the required security controls.
 - c. Implement encryption and apply other necessary security controls (such as an access PIN and automatic locking) on any mobile device that synchronizes Hospital data regardless of it being a Hospital or personally owned device.
 - d. Remotely "wipe" any synchronized device that: has been lost, stolen or belongs to a terminated employee or affiliated partner.
 - e. Restrict access to any mobile application that poses a security risk to the Hospital network.



Doing My Part – Personal Security:

1. I understand that I will be assigned a unique identifier (e.g., 3-4 User ID) to track my access and use of Confidential Information and that the identifier is associated with my personal data provided as part of the initial and/or periodic credentialing and/or employment verification processes.
2. I will:
 - a. Use only my officially assigned User-ID and password (and/or token (e.g., SecurID card)).
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
3. I will never:
 - a. Disclose passwords, PINs, or access codes.
 - b. Use tools or techniques to break/exploit security measures.
 - c. Connect unauthorized systems or devices to the Hospital network.
4. I will practice good workstation security measures such as locking up diskettes when not in use, using screen savers with activated passwords, positioning screens away from public view.
5. I will immediately notify my manager, Hospital Information Security Official (FISO), Director of Information Security Operations (DISO), or Hospital or Corporate Client Support Services (CSS) help desk if:
 - a. my password has been seen, disclosed, or otherwise compromised;
 - b. media with Confidential Information stored on it has been lost or stolen;
 - c. I suspect a virus infection on any system;
 - d. I am aware of any activity that violates this agreement, privacy and security policies; or
 - e. I am aware of any other incident that could possibly have any adverse impact on Confidential Information or Hospital systems.

Upon Termination:

1. I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Hospital.
2. Upon termination, I will immediately return any documents or media containing Confidential Information to the Hospital.
3. I understand that I have no right to any ownership interest in any Confidential Information accessed or created by me during and in the scope of my relationship with the Hospital.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

| | | |
|--------------|--------------------------------|------|
| Signature | Wesley Healthcare 31608 | Date |
| Printed Name | School Name / Business Name | |

Return all 3 pages of this agreement



**** RETURN THIS DOCUMENT COVERSHEET****

WESLEY OBSERVATION CHECKLIST

Use this page as a cover sheet for your completed paperwork. This should also act as a checklist to make sure you have everything you need for your observation request.

- Observation Request Form
- Health Record Verification Form
- Hospital Safety Information for Observation Experiences
- Confidentiality and Security Agreement
- Copy of your government or school issued photo ID

All documents should be saved and combined into a single PDF file. The PDF file name should be your name in this format: *Last Name, First Name*. Your email subject line should be the location and your desired observation area: e.g. *Woodlawn Acute Care*. Remember, everything **MUST** be sent at the same time, via email or fax. If you're unsure how to combine the documents into a single PDF file, contact your school's office to see if you can use their fax machine.

Hand delivered or incomplete applications will not be processed.

Once we have received and processed your application, we will notify you of the next steps. That could take anywhere from a few days to two weeks, that's why we need the application two weeks before your desired start date.

Fax: (316) 665-6712

Email: Observations@Wesleymc.com

HIPAA Privacy and HIPAA Security

Overview: The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, controls the way health care providers and health plans must handle privacy and security of patient information. Organizations affected by HIPAA must be compliant or risk investigation by the Office of Civil Rights and violations may result in fines and penalties.

The main purpose of the HIPAA Privacy regulations is to ensure that *Protected Health Information* or *PHI* is properly handled. PHI is any health information created or received (electronic records, paper records and spoken communication) that could identify a specific person. One of the most obvious pieces of PHI is a patient's medical record, but it also includes ID bracelets; insurance cards, procedure codes, dictation tapes, photographs and so on.

Patients will receive a Notice of Privacy Practices when treated at any healthcare facility. This document will tell them how their health information will be used by that facility. The notice also outlines all patients' rights regarding their PHI.

As a student, your role in HIPAA Privacy will be to:

- Learn about HIPAA
- Meet with your faculty to discuss how your role as a student may be affected by HIPAA
- Refrain from sharing PHI with anyone who does not have a need to know it
- Ask yourself "Do I have a need to know this information as a student?" before accessing or looking at PHI. Students and faculty shall not access data on patients for whom they have no responsibilities or a "need-to-know" the content of protected health information concerning those patients
- Report known or suspected privacy or security breaches to your faculty
- Limit patient specific information discussed in hallways, elevators, cafeterias and other public areas
- Control patient information that you have in your possession
- Dispose of PHI (that is no longer needed) in an appropriate manner, such as placement into shredding bin
- May not take cell phone photographs of patients, visitors or care givers
- Certain patients may request to have more extensive confidentiality. At WMC, that is known as "Confidential Access Code" or "CAC". Address this with you preceptor as appropriate.

Your role in HIPAA Security will be to:

- Keep print-based medical records in a secure area
- Use a password (not to be shared) to access PHI through a computer
- Prevent the viewing of PHI on a computer screen through use of a screensaver or repositioning of the PC

HIPAA Glossary

- ***HIPAA:*** Health Insurance Portability and Accountability Act of 1996
- ***Minimum Necessary:*** Principle that individually identifiable health information should only be disclosed to the extent needed to support the purpose of the disclosure
- ***PHI:*** Protected health information (PHI) includes patient information based on examination, test results, diagnoses, response to treatment, observation or conversation with the patient. This information is protected and the patient has a right to the confidentiality of his or her patient care information whether this information is in written, electronic, or verbal format. PHI is individually – identifiable information that includes, but is not limited to, patient's name, account number, birth date, admission and discharge dates, photographs, and health plan beneficiary number.
- ***Notice of Privacy Practices:*** A document that informs individuals in plain language how their health information (PHI) will be used and disclosed; provides an explanation of their rights and the provider's responsibilities; and indicates how to file complaints and to change their PHI
- ***Use and Disclosure:*** An individual's PHI may not be used or disclosed without valid authorization. Use and disclosure must be consistent with the terms of the authorization
- ***Privacy Rule:*** This rule created national standards to protect individual medical records and other personal health information
- Each individual clinical facility will expect students to complete training related to HIPAA compliance based on their respective policies and procedures. A signed confidentiality statement related to HIPAA will be required by the agencies.