



Mary Washington Healthcare



Observational Student Handbook



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Observational Experience

- An experience in which a student or other person interested in the field of healthcare wishes to shadow a specific role, department, or function on site at one of Mary Washington Healthcare's facilities.

Observer

- One who wishes to complete a rotation that involves only the shadowing of healthcare practices and does not physically touch patients or render patient care.

Preceptor

- Any physician, nurse, or healthcare professional who agrees to oversee and escort the observer while on site at one of Mary Washington Healthcare's facilities.

The Mary Washington Healthcare Observational Experience Program provides observation-only experiences for individuals in accordance with the MWHC Observational Experience policy.

As an EOE/AA employer, the organization will not discriminate in its employment practices due to an applicant's race, color, religion, sex, sexual orientation, gender identity, national origin, and veteran or disability status.

In order to be eligible for an observational experience, there are specific requirements that must be met:

- Be at least 18 years of age
- Submit to a tuberculosis screening (TB/PPD)
- Submit record of required immunizations
- Obtain or be assigned a preceptor who is willing and able to take on the responsibility of overseeing the observational experience
- Carry health insurance for year-round coverage, or be responsible for medical expenses incurred during an observational experience

Application Guidelines

Once accepted for an observational experience, the observer must submit a completed application packet including documentation of compliance, confidentiality and security statement, preceptor terms and agreement, and handbook policy agreement.

The observer must have a preceptor who is willing and able to oversee the observer's observational experience. *The preceptor cannot be a member of the observer's family.* If the observer does not have a preceptor, the observer may be placed with one based on availability and the willingness of Mary Washington Healthcare to accept the observer and observer's ability to comply with all observational guidelines. Mary Washington Healthcare is not required to find any potential observer a preceptor. Should a preceptor be unavailable, regardless of acceptance, Mary Washington Healthcare reserves the right to deny the observer placement.

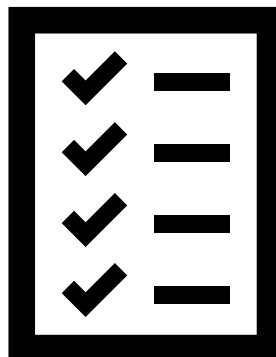
Observational experiences WILL NOT include any of the following

Any hands-on patient care	Raising or lowering beds
Rendering medications of any kind	Giving food or drink to patients
Transporting medications	Feeding patients
Handling controlled substances	Escorting patients on stretchers alone
Taking telephone messages or orders from physicians	Escorting patients who are on IV medications
Transcribing physician's orders	Escorting critically ill patients alone
Making entries in patient's charts	Entering isolation rooms
Emptying bedpans	Attempting to give any form of medical or nursing care
Discarding needles	

Before an observer's observational experience can begin, the following immunizations are required:

Varicella titer indication of immunity or documentation of 2 doses
Proof of 2 MMR vaccines or titers showing immunity status for rubella, rubeola, and mumps (only if working in areas with patients)
Negative TB test (or TB screening/ symptoms sheet if observer has not been out of the country in the last year)
Current flu vaccination (if observation is between October 1 and March 31 and/or if we are in current flu season)
COVID-19 vaccination

These immunizations must be signed off by a licensed clinical practitioner and documented on the Documentation of Compliance found in the required documentation section of this packet.



All observers at Mary Washington Healthcare must adhere to the dress code while performing their observational experience. These guidelines will ensure that observers are safe, comfortable, and presented in a manner that is professional. Mary Washington Healthcare reserves the right to dismiss any observer who fails to adhere to the guidelines listed below:

The guidelines below shall govern Student's dress requirements:

Dress Code Requirements

- Closed toed shoes should be worn at all times. Tennis shoes with a rubber sole are recommended to keep feet comfortable.
- Clothing must be clean and wrinkle free. No shorts, skirts shorter than 2 inches above the knee, denim, or athletic gear may be worn.
- Jewelry and makeup should be worn conservatively.
- Perfumes and colognes should be kept to a minimum as they may pose a health concern to some patients and associates.
- Hair is to be clean and neat. Excessively long hair should be pulled back.
- Hats are not permitted.
- Chewing gum is not permitted.

Observers will be given a hospital issued identification badge to wear at all times. This badge is to be worn visibly while on duty at no more than eight inches below the shoulder. This badge will allow patients to address observers by name and serves as a means to reassure patients of observer's status. Upon completion of the observational experience, the identification badge is to be given to your department preceptor.

Mary Washington Healthcare Code of Conduct

Vision: We are a thriving, independent health system creating outstanding health experiences.

Mission: To improve the health of the people in the communities we serve.

Values: “icare” — Integrity, Compassion, Accountability, Respect, Excellence

Living Our ICARE Values

<p>Integrity We are honest and ethical.</p>	<ul style="list-style-type: none"> • We do the right thing because it is the right thing to do, even when no one is watching. • We keep patient and business information confidential, accessing only the information necessary to do our jobs. • We follow our policies, this code of conduct, and obey all laws and regulations that affect MWHC. • We ask for advice/clarification if we have a question or concern about any law or regulation. • We have an obligation to report inappropriate, unsafe, unethical, or illegal actions through our compliance process. • We disclose any conflicts of interests we might have with MWHC. • We have the courage to communicate issues directly and honestly with people. • We do not take MWHC property or use it for our personal benefit.
<p>Compassion We are caring people caring for people.</p>	<ul style="list-style-type: none"> • We work to alleviate suffering. • We treat others with consideration and concern; we show sensitivity in all interactions. • We provide safe, quality care and service. • We listen carefully to what others say and explain things in terms that they will understand. • We connect with our patients and anticipate their needs; we respond to all requests for help. • We walk patients and visitors to where they need to go. • We help new or less experienced Associates feel welcome.
<p>Accountability We are each responsible for our behavior, the quality of our work, and the results we achieve.</p>	<ul style="list-style-type: none"> • We have a “can do” attitude and take responsibility for our actions. • We are supportive, flexible, and resilient when change occurs. • We keep current on our organization, industry and job. • We share best practices across the organization and utilize safety behaviors. • We are efficient with resources and time. • We hold ourselves and each other accountable in using safety precautions in our work. • We follow through on our commitments.
<p>Respect We treat all people with dignity.</p>	<ul style="list-style-type: none"> • We use safety behaviors and tones to demonstrate respect. • We demonstrate a welcoming spirit and assume positive intent in all interactions. • We are courteous to others regardless of our personal feelings. • We value diversity; we have a zero tolerance for discrimination of any kind. • We communicate in a professional manner; we are sensitive to how we communicate through our nonverbal behaviors. • We recognize that we are always in the public eye and have a responsibility to speak about MWHC in a positive and professional manner. • We honor the rights of our Patients and Associates and all we serve. • We limit the use of electronic communication devices in patient care, business meetings, and when walking in public spaces.
<p>Excellence We do our personal best in everything we do.</p>	<ul style="list-style-type: none"> • We put safety first in our decisions and actions. • We work as a team to deliver safe, quality care and service. • We learn from our mistakes and strive to improve in everything we do. • We role model positive behavior and lead by example. • We project a professional image in our appearance and conduct. • We go above and beyond in creating outstanding experiences. • We are proactive in identifying ways to improve our care and services. • We share best practices across the organization. • We utilize safety behaviors • We set clear and challenging goals.

Acknowledgement of the Mary Washington Healthcare Code of Conduct

I have received the Mary Washington Healthcare Code of Conduct.

I understand my obligation to carry out my
responsibilities to MWHC in accordance with the Mary
Washington Healthcare Values and Code of Conduct

Please Print

First Name: _____

Last Name: _____

Signature: _____

Phone: _____ Email: _____

Date: _____

HIPAA (Health Insurance Portability and Accountability Act) is a Federal regulation passed in 1997 that must be followed by all health care organizations including hospitals, nursing facilities, physician offices, other providers, health plans, and home health agencies.

Mary Washington Healthcare Confidentiality and Patient Information Policy

It is the policy of Mary Washington Healthcare and all of its Affiliates (“System”) to respect and protect the privacy rights of patients, their families, Associates and third parties. ALL patient health information contained in medical records and computer systems is strictly confidential. In addition, any information about System’s patients (and/or their agents) and patients’ families which is disclosed or becomes known in the performance of one’s duties must be kept confidential.

Associates, volunteers, students, and third parties performing services at System are responsible and accountable for preserving the confidentiality of protected information that comes into their possession during the performance of their duties. Access to protected information is restricted to that needed by Associates, volunteers, students and third parties for the performance of those duties.

HIPAA Privacy Rules

- Gives patients a right to access their medical records and restrict who has the ability to access their information.
- Requires organizations to train its workforce and to take measures to safeguard patient information in every form.
- Provides penalties for individuals and organizations who fail to keep patient information secure.
- Requires organizations to make reasonable efforts not to use or disclose more than the minimum amount of protected health information (PHI) that is necessary to accomplish the intended purpose of the use, disclosure, or request.

Protected Health Information (PHI): PHI is any patient information which identifies a patient directly or indirectly. PHI in any form (written, faxes, electronic, photographs/images, conversations, labels, monitor strips) must be protected. Includes name, address, zip code, relative’s names, name of employer, birth date, phone number, e-mail address, social security number, photograph, medical record number, insurance plan number, license number.

TPO (Treatment, Payment, and Operations): HIPAA permits healthcare facilities to share PHI for treatment, payment or operations (coding, billing, risk, etc.) without authorization from the patient. However, The Health Information Management Department or the appropriate medical records department at any Mary Washington Healthcare entity are the ONLY departments authorized to release medical records.

Discussing PHI with Patient’s Friends and Family: HIPAA permits hospitals to share information that is directly relevant to the level of involvement of a family member, friend, or other person identified by the patient.

HIPAA Privacy Official and HIPAA Security Official: Manage the privacy and security standards, policies, and procedures, oversee education and training of the workforce, enforce the rules, and investigate potential violations.

Tips

- Do not look at PHI unless it is necessary to do your job.
- Use the least possible amount of PHI to perform your job.
- Be conscious of who else may be listening when you are speaking to patients and family members regarding PHI.
- Dispose of PHI by shredding; do not place PHI directly in trash.
- Do not discuss patient information or share information gained with friends, family, or coworkers.
- Do not discuss PHI with others who do not need the information to perform their jobs.
- Do not discuss patient information in public areas.
- Do not leave individuals without proper identification in secure areas. Ask if they are in need of assistance.
- Do not access or copy PHI, including your own, for any reason other than that which is necessary for the performance of duties.
- Do not leave patient records where unauthorized persons may view them.
- Do not permit any person to examine or make copies of any PHI without prior approval from supervisor.
- Do not use login identification to access PHI on behalf or for the benefit of any individual who does not have access to the system.
- Remove PHI from faxes, printers, and copy machines in a timely manner.
- Be aware of your location when discussing PHI over the phone.
- Gain patient information without prying, greet patients with “How may I help you?” rather than “What brings you in today?”
- Keep laptops and mobile devices secure at all times.
- ALWAYS wear your identification badge where it is visible to others.
- If you are not involved in the care of the patient or the family, remove yourself from confidential discussions.
- Knock and pause prior to entering a patient’s room.
- Do not answer media inquiries. Any release of information to the news media or general public is handled by System’s Public Relations and Marketing Department.

I understand that Mary Washington Healthcare and its related entities in which or for whom I work, volunteer or provide services, or with whom the entity for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the "System"), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' protected health information. Additionally, the System must assure the confidentiality of its human resources, fiscal, research, internal reporting, strategic planning information, HCAHPS/survey information, or any other information that contains Social Security numbers, health insurance claim numbers, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment / assignment at the System, 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 this Confidentiality and Security Agreement. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

1. I will only access information systems to review patient records or System information when I have a business need to know that information, as well as any necessary consent. By accessing a patient's record or System information, I am affirmatively representing to the System at the time of each access that I have the requisite business need to know that information and the System may rely on that representation in granting such access to me.
2. I will not disclose or discuss Confidential Information with others, including friends or family, who do not have a need to know it.
3. I will not in any way copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.
4. I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information in a public area even if the patient's name is not used.
5. I will not access my own medical information or the medical information of my family members for personal reasons.
6. 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.
7. I will practice good workstation security measures such as securing a terminal when I leave it unattended and positioning screens away from public view.
8. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved security standards.
9. 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.
10. I will never:
 - a. Disclose passwords, PINs, or access codes.
 - b. Use a terminal on which another individual has signed-on.
 - c. Use tools or techniques to break/exploit security measures.
11. I will notify Information Services if my password has been seen, disclosed, or otherwise compromised (540.741.1122).
12. If applicable, I will notify Information Services immediately if my SecurID® token is lost or stolen (540.741.1122).
13. I will report activity that violates this agreement, System privacy and security policies, or any other incident that could have any adverse impact on Confidential Information to the Privacy Officer via the Mary Washington Healthcare Values Line (1.800.442.8762).
14. If applicable, I will ensure that only appropriate personnel in my office will access the System's Confidential Information and accept full responsibility for the actions of my employees who may access System's Confidential Information.
15. 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 System.
16. Upon termination of my relationship with System, I will immediately return any documents or media containing Confidential Information.
17. I understand that I have no right to any ownership interest in any information accessed or created by me during and in the scope of my relationship with the System.
18. I understand that I should have no expectation of privacy when using System's information systems. The System may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.
19. I understand that access to the Internet, including Social Media applications, is provided to facilitate or improve the performance of assigned duties. I also understand that I am authorized to access only those sites that pertain to business and am not authorized to access sites for personal use as outlined within System's Social Media/Electronic Communication and Acceptable Use of Electronic Devices policies. I understand that Internet utilization including Social Media sites will be monitored and unauthorized or inappropriate use will be addressed in accordance with System's policies.
20. I understand that any violation of this Agreement, including unauthorized or inappropriate use that is in opposition to System's Mission, Vision, or Values, 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 System, in accordance with the System's policies.
21. I understand that the use and disclosure of Confidential Information is regulated by law, and that inappropriate use or disclosure may result in criminal penalties and/or civil liability.

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

Student/Intern/Observer Printed Name Signature

Date

Student/Intern/Observer Printed Name

Return to:
Career Development, 2300 Fall Hill Ave., Suite 205
Fredericksburg, VA 22401
(540)741-2426

As stated in the notification to the observer of their acceptance to an observational experience at MWHC, the following required elements have been met as indicated below.

I. Name/s of individual in an observation role and beginning date of the observation experience related to careers in healthcare:

Name: _____

Student email: _____

Student Phone Number: _____

Date/Time of observation experience: (list the start and end date) _____ - _____

Department of Observation: _____

Name of Preceptor: _____

2. Documentation

*(items A-E require signature of a licensed clinical practitioner who will be attesting to having these items on file **OR** the observer may attach a copy of the records to this document)*

- _____ a. Varicella titer indicating immunity or documentation of 2 doses
- _____ b. Proof of 2 MMR vaccines; or titers showing immunity status for rubella, rubeola, and mump (only if working in areas where contact with patients might occur)
- _____ c. Negative TB test (or TB symptom sheet if Observer has not been out of the country in the last year)
- _____ d. Current flu vaccination (if entering MWHC facility between October 1 and March 31(or if we are still in active flu season)
- _____ e. Proof of COVID vaccination (must wait two weeks after second dose is administered to be considered fully vaccinated)

SIGNED BY LICENSED CLINICAL PRACTITIONER:

By signing below are you attesting to having the items you initialed next to in part 2 on file.

Licensed Clinical Practitioner Print Name: _____

Licensed Clinical Practitioner Signature: _____

Phone: _____ Email Address: _____

I, the Preceptor, have agreed to allow the Observer (below) to shadow my duties and responsibilities at Mary Washington Healthcare. By signing this statement, I agree to the following:

- I understand that the observer is ONLY an observer and is NOT to engage in any hands-on patient care of any kind.
- I agree that while performing his/her observational experience, the observer will not be left alone in-patient care areas.
- I am not a member of the observer's family and I understand precepting a family member is not allowed at Mary Washington Healthcare.
- I agree that my primary role at Mary Washington Healthcare will take precedent over the observation experience. Should a situation arise in which my role with Mary Washington Healthcare does not allow for the observation experience to continue, I will inform the observer that the experience must temporarily end and resume at a more suitable time.
- When interacting with patients of Mary Washington Healthcare, I agree to properly introduce the observer as a clinical observation student and verbally gain the patient's permission for the observer to observe any exam or procedure I am performing.
- I agree to uphold the Mary Washington Healthcare Mission, Vision, and Values at all times and ensure that my actions during the observational experience exemplifies excellent, compassionate healthcare. Always.

Preceptor

Student

Signed: _____

Signed: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Department: _____

I, _____, have read and understand the material presented in the Mary Washington Healthcare Observational Experience Handbook. I understand that by signing I am agreeing to abide by all of the policies and procedures presented in this handbook with the knowledge that failing to do so may result in the loss of my observer privileges. By signing I am also stating I am considered an eligible individual for the observational experience program as detailed in the observational guidelines. Should I have questions regarding any of the policies outlined in this handbook, I will contact Career Development to obtain clarification.

Signature: _____ Date: _____

Printed Name: _____

Email: _____

Phone: _____