



Mary Washington Healthcare



Unpaid Internship Program Handbook For Students

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Welcome

The Mary Washington Healthcare Unpaid Internship Program provides an equal opportunity for all qualified individuals wishing to observe healthcare operations within Mary Washington Healthcare's system.

As you progress through your experience here at MWHC, we encourage you to be a reflective practitioner. While you are engaging in your internship and building hands-on experience, take a moment to reflect on the interactions between Associates, patients, and other supporting team members. We demonstrate integrity, compassion, accountability, responsibility, and excellence in everything that we do and continuously look for individuals who uphold and embrace MWHC values and culture.

Hopefully, this does not have to be a short-time experience for you. If this is a good fit, there could be a future employment opportunity for you with MWHC.



Definitions

Unpaid Internship Program: An experience in which a student is participating in a program of study at an accredited educational institution and wishes to complete a hands-on internship with a specific role, department, or function on site at Mary Washington Healthcare.

Student: One who is enrolled in a program of study at an accredited educational institution and intends to complete an internship that involves hands-on learning on site at one of Mary Washington Healthcare's facilities.

Facility: Mary Washington Healthcare and its subsidiaries interested in hosting student interns.

Educational Institution: The school which provides students with academic credit in a program and maintains responsibility for the administration of the program, including decisions which affect the progress of the student, such as grades, credits, and hours required.

Supervisor: A Mary Washington Healthcare professional who agrees to facilitate experience, oversee, and direct students while on site at one of Mary Washington Healthcare's facilities.

Faculty Liaison: An educational institution faculty liaison who provides direct supervision of students.

Affiliation Agreement: A legal agreement signed by Mary Washington Healthcare Administration and the participating educational institution. This document must be signed and agreed to by both parties prior to student commencing any experiential learning experience.

Eligibility

The Mary Washington Healthcare Unpaid Internship Program provides hands-on experience for students in accordance with the Unpaid MWHC Internship Program policy.

The Mary Washington Healthcare Unpaid Internship Program provides an equal opportunity to all qualified candidates to perform a work experience related to the student's program of study regardless of race, sexual orientation, creed, national origin, handicap, or age (other than minimum age requirement).

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

Be at least 18 years of age
Be enrolled in an accredited educational institution performing work related to the program of study
Have a supervisor who is willing and able to take on the responsibility of overseeing the intern
Carry health insurance for year-round coverage or be responsible for medical expenses incurred during the internship/program.

Application Guidelines

Once accepted for an internship, interested students must submit the required documentation referring to the checklist on the table of contents
Affiliation agreement signed by both the educational institution and MWHC
Student must have a supervisor who is willing and able to oversee the program
Student must have an educational institution appointed faculty liaison
Please understand we will do our best to help you secure an internship, but we cannot guarantee that we will have a manager available to accept your request

Pre-Placement Requirements

Before a student's internship program can begin, the following immunizations and supporting documents are required:

TB Screening

Influenza Vaccination & Covid 19 vaccine completed

Negative five-panel urine drug screen (to include amphetamines, barbiturates, benzodiazepines, cocaine, opiates, PCP)

Documentation of a criminal background check

***Please see the Documentation of Compliance in this packet for more specific information*

An affiliation agreement is a legal contract signed by Mary Washington Healthcare Executive Leadership and the participating educational institution. The agreement governs the requirements and responsibilities of each party regarding the educational experience.

Mary Washington Healthcare requires that educational institutions sign and act under the MWHC standard affiliation agreement. MWHC does not accept changes to the standard affiliation agreement and for an educational institution to participate with the educational experiences offered at MWHC, the agreement must be signed as presented.

MWHC reserves the right to alter this agreement at its sole discretion.



All students at Mary Washington Healthcare must adhere to the dress code while participating in their internship program. These guidelines will ensure that students are safe, comfortable, and presented in a manner that is professional. Mary Washington Healthcare reserves the right to dismiss any student 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.

Students are required to wear identification badges as provided by Mary Washington. This badge is to be worn visibly while on duty at no more than eight inches below the shoulder. This badge will allow students' to be addressed by name. Upon completion of the internship, the identification badge is to be returned to the hospital.

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

Integrity We are honest and ethical.	<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.
Compassion We are caring people caring for people.	<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.
Accountability We are each responsible for our behavior, the quality of our work, and the results we achieve.	<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.
Respect We treat all people with dignity.	<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.
Excellence We do our personal best in everything we do.	<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 : _____

Phone: _____

Email: _____

School Name: _____

Major/ Program of Study: _____

Student Signature: _____

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

Which Document of Compliance is right for you?

Answer the following questions:

- Will you be working in person with patients?
- Will you be working in a facility which patients frequent (aka the hospital or a care facility)?

If you answered **no** to both questions, you are to use 15 as your Document of Compliance

If you answered **yes** to *either* of the questions, you are to use 16 as your Document of Compliance

Any questions? Contact Career Development
careerdevelopment@mwhc.com

Sample Document of Compliance

Return to:

careerdevelopment@mwhc.com

(540)741-2426

Career Development, 2300 Fall Hill Ave., Suite 205 Fredericksburg, VA 22401

As stated in the affiliation agreement between Mary Washington Healthcare, Mary Washington Hospital, Inc., and/or Stafford Hospital, LLC and _____ (school/agency name & program of study), the school, as name above, will "require and certify" students have met the following required elements below:

1. Name of student and beginning due date of affiliation

Student Name: _____

Department of Assignment: _____

Supervisor (MWHC Associate) : _____

Major/ Program of Study: _____

Start Date of Internship: ____/____/____ End Date: ____/____/____

2. Documentation of: (please initial)

___ a. Negative TB screening

___ b. Current flu vaccination (if entering MWHC between October 1 and March 31) and COVID-19 vaccination

___ c. Criminal background check

___ d. Negative Urine Drug Screen (to include amphetamines, barbiturates, benzodiazepines, cocaine, opiates, PCP)

___ e. Copy of school/agency Certificate of Liability coverage as required in the affiliation agreement

___ f. Signed copy of Mary Washington Healthcare Confidentiality, Security Agreement, Code of Conduct, Handbook Policy, and Special Orientation Verification

___ g. Course curriculum/objectives

By signing below, school acknowledges they will provide proof of documentation upon request from Mary Washington Healthcare.

SIGNED BY SCHOOL/CONTACT AND/OR LICENSED CLINICAL PRACTITIONER:

School/Agency Contact(Print): _____

School/Agency Contact (Signature): _____ Phone: _____

Licensed Clinical Practitioner (Print Name): _____

Licensed Clinical Practitioner (Signature): _____ Phone: _____

****This form is for students who WILL NOT have contact with patients****

Sample Document of Compliance

Return to:
careerdevelopment@mwhc.com
 (540)741-2426
 (540)-741-2090 (Fax)

Career Development, 2300 Fall Hill Ave., Suite 205 Fredericksburg, VA 22401

As stated in the affiliation agreement between Mary Washington Healthcare, Mary Washington Hospital, Inc., and/or Stafford Hospital, LLC and _____ (school/agency name & program of study), the school, as name above, will “require and certify” students have met the following required elements below:

1. Name of student and beginning due date of affiliation

Student Name: _____

Department of Assignment: _____

Supervisor (MWHC Associate) : _____

Major/ Program of Study: _____

Start Date of Internship: ____/____/____

End Date: ____/____/____

2. Documentation of: (please initial)

___a.	Varicella titer indicating immunity or documentation of 2 vaccines	___g.	Healthcare Provider CPR Certification (if required by Mary Washington Healthcare department where student will affiliate, attach copy of card)
___b.	MMR (Measles, Mumps, Rubella) titer or documentation of 2 vaccines	___h.	Student identification badge
___c.	Hepatitis B (HBV) immunizations or signed letter of decline of hepatitis immunizations.	___i.	Current flu vaccination (if entering MWHC facility between October 1 and March 31) and COVID-19 vaccination
___d.	Negative TB test	___j.	Copy of school/agency Certificate of Liability coverage as required in the affiliation agreement.
___e.	Negative Urine Drug Screen (to include amphetamines, barbiturates, benzodiazepines, cocaine, opiates, PCP)	___k.	Signed copy of Mary Washington Healthcare Confidentiality and Security Agreement, Code of Conduct, Clinical handbook policy, and Orientation Verification.
___f.	Criminal background check	___l.	Copy of curriculum/ objectives for preceptorship/rotation

By signing below, school acknowledges they will provide proof of documentation upon request from Mary Washington Healthcare.

SIGNED BY SCHOOL/CONTACT AND/OR LICENSED CLINICAL PRACTITIONER:


School/Agency Contact(Print): _____

School/Agency Contact (Signature): _____ Phone: _____

Licensed Clinical Practitioner (Print Name): _____

Licensed Clinical Practitioner (Signature): _____ Phone: _____

This form is for students who WILL have contact with patients



Before a student may obtain a MWHC student badge, they must turn in a completed Preceptor Terms and Agreement form.

On the first day of their internship, the student will meet their supervisor at their designated department. The supervisor will take the student on a tour of the department. This will be the opportunity for the student to go over the different safety measures on the department floor and become acquainted with the team members. The student should introduce themselves to the team members and learn about the roles in the department. The student will present their preceptor with the Supervisor Terms and Agreement form (if it has not been turned in beforehand), after being completed, the student/supervisor may scan and email the completed form to careerdevelopment@mwhc.com. They will receive an email back within one business day advising the badge form for the student was sent to security.

Supervisor Terms and Agreement

The undersigned medical practice, physician, or other health care professional (“Supervisor”) has agreed to participate in Mary Washington Healthcare’s unpaid educational experience. Mary Washington Healthcare (the “System”) affiliates with certain educational institutions to provide a learning experience for students to achieve academic credit or awarded a certificate attesting to their competence and/or completion of the program. The supervisor acknowledges that he/she/they receives valuable benefits and considerations from being allowed by System to participate in this program and while making the following agreements in return. By signing this statement, I, the undersigned supervisor, acknowledges responsibility for overseeing and supervising the student named below, and agrees:

- To be familiar with the obligations of the educational institution and the System contained in the affiliation agreement, a copy of which is available upon request, and to abide by such of those obligations as they pertain to the student’s supervisor.
- To be familiar with the expectations and requirements of the educational institution or entity with which the student or trainee is associated, including any curriculum for the learning experience provided by the educational institution.
- That my primary role at Mary Washington Healthcare will take precedent over the educational experience. Should a situation arise in which my role with Mary Washington Healthcare does not allow for the experience to continue, I will inform the student that the experience must temporarily end and resume at a more suitable time.
- I agree to uphold the Mary Washington Healthcare Mission, Vision, and Values at all times during the unpaid internship while exemplifying excellent and compassionate healthcare.
- If I am (i) a medical practice, or (ii) a physician or other health care professional who is not an employee of the System, then I agree to maintain appropriate Workers’ Compensation coverage for employed personnel and professional malpractice liability insurance coverage with limits not less than the than the liability limit applicable to health care providers in effect from time to time under Virginia Code § 8.01-581.15, and \$5,100,000 per claim for each physician or other health care professional providing services under this Agreement, and to indemnify the System against any liability (including costs and attorney fees) arising out of actions or omissions relating to the provision of treatment to patients by the Student named below.

Form must be completed and returned before the second day of the unpaid internship. It is the student's responsibility to ensure this is completed and turned into the Career Development office.

Supervisor

Print Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

Department: _____

Student

Print Name: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

I, _____, have read and understand the material presented in the Mary Washington Healthcare Unpaid Internship Program 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 student privileges. I also am verifying that I am at least 18 years of age. Should I have questions regarding any of the policies outlined in this handbook, I will contact Career Development to obtain clarification.

Signature: _____ Date: _____

Institution: _____

Phone Number: _____

Email: _____

