TITLE: NP/PA & MEDICAL STUDENTS PRECEPTORSHIP POLICY

DIVISION: Physician Services

REVIEWED DATE: 6/14 REVIEWED BY: Jenny RedmanSchell, COO

NEXT REVIEW DATE: 6/18 APPROVED BY: Jenny RedmanSchell, COO

PURPOSE:
To provide for a coordinated clinical experience for NP/PA and medical students in ThedaCare Clinics

POLICY:
It is the policy of ThedaCare Physician Services that Nurse Practitioner, Physician Assistant & Medical Students desiring to utilize clinic facilities, as a portion of their training shall do so only under the direct supervision of a sponsor, who shall be a licensed in the State of Wisconsin.

*Exceptions: None

PROCEDURE:
A. NP, PA & Medical Student Preceptor Responsibilities
   1. The student shall be responsible for thorough completion of the ThedaCare Clinical Placement Form, including the Signed Statement of Sponsoring Physician, NP/PA (attached) and a Background Information Disclosure (BID) form.
   2. Applicants for NP/PA, or Medical Student preceptorships shall provide a health history, including vaccination or confirmed immunity against rubella, and a negative TB test from within the past 12 months.
   3. The student will submit school contact information to verify an affiliation agreement is in place. If an agreement is not in place, the Education Department will coordinate an agreement with the school.

B. Clinical Staff Member Responsibilities
   1. Clinical members wishing to provide clinical experience for students shall agree to personally supervise and accept responsibility for all professional activity performed by the student. Students shall not be granted authority for independent or unsupervised patient care activity. Patients receiving care from a student shall be fully informed and must give consent to the participation of students in their care.
   2. Students may order in the EMR under the supervision of their sponsor in the EMR. These orders will not be implemented until they have been co-signed in the EMR.
   3. “Student” documentation can not stand alone, billable services are based on the supervising provider documentation. In order to bill for a patient seen by a student
NP or PA documentation must include “Narrative by student NP/PA seen with and reviewed by clinical mentor and electronically signed by the clinical mentor.

4. Mentors who agree to serve as sponsor for a student shall be responsible for verifying that the student complies with the provisions of this policy.

C. Clinic Responsibility

1. The Clinic shall provide training to the student on the confidentiality policies within the organization. Any information is on a strictly need to know basis and termination of the education opportunity could occur for failure to comply. There will not be the ability to use patient information as part of any studies, or other coursework without the permission of the patient. If patient authorization is obtained, it shall be done in a fashion to protect their privacy. Orientation and HIPAA materials are available on www.thedacare.org. ThedaCare is notified when students complete the information.

2. The Clinic shall provide to the student information regarding hazardous materials, safety, and the infection control program.
Clinical Staff Member Responsibilities for NP, PA & Medical Students

1. Staff members wishing to provide clinical experience for students shall agree to personally supervise and accept responsibility for all professional activity performed by the student. Students shall not be granted authority for independent or unsupervised patient care activity. Patients receiving care from a student shall be fully informed and must give consent to the participation of students in their care.

2. Students may write orders in EMR under the supervision of their sponsor. These orders will not be implemented until they have been co-signed by the mentor.

3. Students shall document in the EMR, which must then be co-signed by their sponsor.

4. Clinicians who agree to serve as sponsor for a student shall be responsible for verifying that the student complies with the provisions of this policy.

Student Name

Statement of Sponsoring Mentor

I agree to sponsor the above student and to personally supervise and accept responsibility for all professional activity performed by them, and to be responsible for ensuring that they comply with the NP/PA and Medical Student Preceptorship Policy.

Sponsoring Physician (Print)

Signature of Sponsoring Physician    Date