



NORTHERN

REGIONAL HOSPITAL

Choose Well. Choose Northern.

Advanced Practice Provider Student Orientation Safety Review

Must be completed AND returned to Staff Development / Student Program at least four (4) weeks prior to anticipated start date along with all items listed within this packet.

Student Program
Ashley Hiatt
Onboarding Coordinator
studentprogram@wearenorthern.org
336-783-8471

Advanced Practice Provider Student Guidelines

Northern Regional Hospital is pleased to allow qualified students the opportunity to apply for a clinical experience with our Advanced Practice Providers located in our outpatient facilities. Students must be in good academic standing and faculty recommendation is required. Clinical experiences are dependent upon availability.

Northern Regional Hospital defines a clinical experience as required hours for an area of study that relates to a required course for a license or degree. The Student Program department, Director of Advanced Practice and the manager of the area in which the student will be completing their rotation, will handle approval for clinical experiences through an application and review process.

Requirements

1. Student Placement Request

This form must be submitted to the Student Program department to secure a clinical rotation. These can be found on our website www.choosenorthern.org. This needs to be filled out completely and submitted at least 6 weeks prior to the anticipated clinical rotation start date.

2. Affiliation Agreement

Prior to entry of students into Northern Regional facilities, a current affiliation agreement must be in place with the student's educational institution. The Student Program Onboarding Coordinator will begin the process of reaching out to your school to get this completed, based on the information provided on the Student Placement Request form that was previously submitted.

3. Student's Responsibilities

- a. Complete this Advanced Practice Provider Student Orientation Review packet.
 - i. Visit www.choosenorthern.org , select the Employee Login tab
 - ii. Click "See Downloads" button in the blue box titled Orientation and Annual Safety Review
 - iii. In the Advanced Practice Provider Students section, select "Orientation Presentation". You will use the answer sheet within this packet to record the answers from the PowerPoint
 - iv. Sign the Confidentiality Agreement and the Compliance & Code of Business Ethics.
 - v. Fill out the Student Profile sheet completely. This will be returned if all applicable spots are not filled in.
- b. APP Students must provide a **Criminal Background Check** that was completed within 12 months prior to the clinical start date. Student Program and Human Resources will review to determine whether the student is eligible for clinical rotation.
- c. APP Students must provide at least a **10-Panel Urine Drug Screen** that was completed within 30 days prior to the clinical start date. Student Program and Occupational Health will review to determine whether the student is eligible for clinical rotation.

- d. Student must provide a copy of the following information:
 - i. Varicella Vaccine (series of 2) or Positive Titer
 - ii. MMR Vaccine (series of 2) or Positive Titer
 - iii. Hep B Vaccine (series of 3) or Positive Titer
 - iv. Seasonal Flu Record for the current year (October 1st thru March 31st)
 - v. Seasonal COVID Vaccine Info for the current year
 - vi. TB Record – completed within the last 12 months – Must submit one of the following:
 - 1. QuantiFERON Test
 - 2. 2-Step TB Skin Test: This means they have the skin test placed and read twice within a month.
 - 3. Annual TB Skin Test: If they have record of their 2-Step initial skin placement test and all annual TB skin tests since, they may provide just 1 TB Skin Test.

Any immunizations or required tests needed by the student can be completed at Northern Occupation Health.

Costs for needed immunizations or required tests will be the responsibility of the student.

- 4. All required items must be submitted at least four (4) weeks prior to requested rotation date. Please email them directly to the Student Program department:
studentprogram@wearenorthern.org
- 5. Department Managers may allow or reject the student rotation or place further restrictions on the student at any time.
- 6. Students will need to always wear their school ID badge during their clinical rotation. If the school doesn't provide one, the student will need to let the Student Program department know.
- 7. Student's clinical rotation may be terminated by NRH at any time for any reason.
- 8. Faculty and Students are always expected to maintain a neat, well-groomed appearance. Allowed dress are school uniforms, scrub pants/nursing dress, or lab coat with the school's name and student designation readily visible. Casual clothes (jeans, leggings, shorts, skirts, etc.) are not to be worn in a health care environment.
- 9. No extreme body piercing (nose rings, etc.) or tattooing is allowed.
- 10. Artificial or acrylic nails are not permitted for students who encounter patients.
- 11. Shoes must be clean and polished. Shoes with open toe holes or holes on top of the shoes will not be allowed in clinical areas. Shoe material must be non-permeable.
- 12. Upon approval, a representative with Student Program will notify the student and/or school, along with the office/unit manager for the approved start date. Students are not allowed on campus before their approved start date.
- 13. The Student Program department will work with the school and/or student to set up scheduling as needed.
- 14. During the first day of rotation, the Day One Student Orientation Checklist must be completed and returned to the Student Program department. *This will be provided in the approval email sent by the Student Program representative.*

Self-Study Questionnaire Answer Sheet

Name	Date
Department	School / College / University

Customer Service

1. True False
2. True False
3. True False

Bloodborne Pathogens

1. a b c d
2. a b c d
3. a b c d
4. True False

Compliance & Code Business Ethics

1. True False
2. True False
3. True False
4. True False

Infection Control

1. a b c d
2. a b c d
3. a b c d

Computer Security

1. True False
2. True False

Fire Safety

1. a b c d
2. a b c d

Electrical Safety

1. a b c d
2. a b c d

Safety

1. a b c d
2. True False

Confidentiality Agreement

In consideration of new or continued association with Northern Regional Hospital, I agree that:

1. I may have contact with confidential (private) information about patients, employees, doctors and/or Northern Regional Hospital. I agree to access and use this information only as necessary to do my job at Northern Regional Hospital.
2. I will not discuss patient information with or around those who are not directly involved in the patient's care.
3. I will not leave confidential information (written or electronic) in view of those not permitted to see this information, except in emergencies.
4. Any requests for patient information from persons who are not directly involved in the patient's care should be sent to the appropriate nursing or other supervisor.
5. I understand that the use of my computer password and the electronic use of my ID badge are the same as my signature. I will not tell my computer password or lend my ID badge to anyone. I will not put my computer password where others may have access to it.
6. If I think someone else knows my password, I will stop using it. I will not try to learn or use another person's computer password. I will inform the Support Center immediately if I think that any person's password is being used improperly. I will use appropriate sign-off procedures at the end of my computer session to prevent others from using the system under my name.
7. I will not try to access information that I do not need to perform my duties. This includes accessing information about any patient, including fellow employee's, family members, or my own patient account information.
8. I will immediately tell NRH Security if my ID badge is lost or stolen. I will return my ID badge when my relationship with NRH ends.
9. I will not tell unauthorized persons any non-public information about Northern Regional Hospital or any of our vendors/business partners.
10. I understand that all software, documentation materials and computer files are the property of Northern Regional Hospital and are not mine.
11. I understand that if I do not follow Northern Regional Hospital confidentiality policies or this agreement that I am subject to disciplinary action, including termination of employment/relationship and criminal charges.
12. I have reviewed this agreement, and agree to follow the requirements of Northern Regional Hospital's confidentiality and information security policies and procedures.

Name (please print)

School/College/University

Signature

Date

Non-Hospital Employed Workers

Compliance and Code of Business Ethics

I have completed general education on the purpose, scope, and importance of The Northern Regional Hospital Health Compliance Plan. I pledge to adhere to the Code of Business Ethics and Compliance Plan. I understand that failure to comply with the Compliance Program may lead to disciplinary actions.

Date _____ **Signature** _____

STUDENT PROFILE

Complete the following information and include with Self-Study packet

All documentation and forms should be submitted at least 8 weeks prior to requested clinical dates.

STUDENT INFORMATION	
Date:	
Name: (First, Middle & Last)	
Address:	
Telephone #:	
Date of Birth:	
Email:	
Are you currently employed with NRH?	<input type="checkbox"/> Yes <input type="checkbox"/> No Department:
Have you ever been employed by NRH?	<input type="checkbox"/> Yes <input type="checkbox"/> No Department:
SCHOOL / COLLEGE	
Name:	
Program:	
Anticipated Graduation Date:	
Instructor/Faculty:	
Faculty email address:	
CLINICAL NEED	
Type:	<input type="checkbox"/> Family Medicine <input type="checkbox"/> Pediatrics <input type="checkbox"/> Cardiology <input type="checkbox"/> Urgent Care <input type="checkbox"/> Gastroenterology <input type="checkbox"/> Orthopedics <input type="checkbox"/> General Surgery <input type="checkbox"/> Urology <input type="checkbox"/> OB GYN
Total number of hours:	
Clinical Dates:	<input type="checkbox"/> Start Date <input type="checkbox"/> End Date
EMERGENCY CONTACT:	
Name:	
Relationship:	
Main Telephone:	
Secondary Telephone:	
Name:	
Relationship:	
Main Telephone:	
Secondary Telephone:	

Student Program Department
 Primary Contact
studentprogram@wearenorthern.org

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