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	NUMBER: QSP-OE-CE-0001	Revision Level: 3
FORMULATED: 06/30/2023	TITLE: Onboarding Clinical Students and Observation students to Clinical Areas	
REVISED: 3/26/24; 7/8/2024; 1/13/2026	APPROVAL: Kendra Keeney TITLE: Sr. Vice President & Chief Innovations Officer	
REVIEWED	SIGNATURE: on file	

This document contains information of a proprietary nature. Information contained herein shall be kept in confidence and divulged only to persons who by nature of their duties require access to such documentation.

Policy Statement:

The purpose of this policy is to outline guidelines for maintaining a safe environment and ensuring confidentiality during observational and clinical learning experiences provided to individuals who are not Self Regional Healthcare Team Members or affiliates.

Scope / Responsibility:

This policy applies to:

1. Students enrolled in accredited healthcare education programs completing required clinicals at Self Regional Healthcare, Edgefield County Hospital, Abbeville Area Medical Center, or any affiliated medical practice
2. High school or college students (minimum age 16) pursuing healthcare-focused degrees or requiring minimal hours to meet requirements for school admission
3. Potential team members shadowing prior to hire
4. Coordinated organizational tours
 - a. Example: AIM (Aspiring, Innovative Minds) Program

This policy does not include licensed healthcare professionals or other students who need observation hours with a specific provider. Example: Medical Scholars Program.

Licensed healthcare professionals/other students working with providers should reference policy QSP-MS-0036.

Medical Scholars can obtain information from Volunteer Services and through policy QSP-VOL-0002

Approval:

Clinical request approvals should be sent to the Clinical Education Department

Attachments:

- A. Student/Candidate Shadow Agreement
- B. SRH Employee Intern Confidentiality agreement
- C. Compliance Agreement
- D. Contact guide

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Actions / Tasks / Procedures:

1. Students enrolled in accredited healthcare education programs completing required clinicals at Self Regional Healthcare, Edgefield County Hospital, Abbeville Area Medical Center, or any affiliated medical practice.
 - a. Students' complete educational and orientation materials accessed via the Self Regional Healthcare external Orientation/Education website.
 - i. Students complete the required training packet and print/complete the following forms.
 1. SRH Employee-Intern Confidentiality Agreement (QSF-ADM-CCI-0001)
 2. Compliance Agreement (QSF-ADM-CCI-0002)
 3. ID Badge Request
 - a. Instructions: students put their graduation date as the expiration date on the badge forms. Do not check any boxes for permissions. This will be done by clinical education team members.
 4. Student Orientation Attestation Form (QSF-SE-0016)
 - b. Additional requirements: [must occur prior to any clinical rotations]
 - i. AHA BLS for Healthcare Provider
 - ii. Fit testing or proof of fit testing [must occur prior to any clinical rotations]
 - iii. Background checks, drug testing, and immunizations required may be maintained on external repositories such as Castle Branch, or other school/program affiliated databases. The documents must be available if requested, when needed for regulatory purposes.
 - iv. Immunizations
 1. PPD
 2. MMR
 3. Tdap
 4. Varicella
 5. Flu (during clinical facility designated season)

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2. Students/trainees seeking 12 hours or less of Observational experience/Job shadowing:

- A. Must be at least 16 years old to participate.
- B. Completion of the following elements of SRH orientation
 - o Student/Candidate Shadow Agreement (QSF-NA-0017)
 - o SRH Employee-Intern Confidentiality Agreement (QSF-ADM-CCI-0001)
 - o Compliance Agreement (QSF-ADM-CCI-0002)
- C. Students will be required to wear their school issued ID badge at all times.
- D. Forward all required documentation to the sponsor/clinical education prior to the observation date.
 - o It will be the responsibility of the sponsor to deliver all the required documentation to the Clinical Education Department

3. Student seeking 13-40 hours of Observational experience:

- A. Must be at least 18 years old to participate.
- B. Completion of the following elements of SRH orientation.
 - a) Student/Candidate Shadow Agreement (QSF-NA-0017)
 - b) SRH Employee-Intern Confidentiality Agreement (QSF-ADM-CCI-0001)
 - c) Compliance Agreement (QSF-ADM-CCI-0002)
 - d) Immunizations required.
 - o PPD
 - o MMR
 - o Tdap
 - o Varicella
 - o Flu (during clinical facility designated season)
- e) Observer agreement signed by sponsoring/responsible team member.
- f) Students are required to wear their school issued ID at all times.
- g) Forward all required documentation to the sponsor/clinical education prior to the observation date.
 - o It will be the responsibility of the sponsor to deliver all the required documentation to the Clinical Education Department

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4. Potential team members, prior to hire job shadowing

- a. Must be approved by the department manager.
- b. Completion of the following elements of SRH orientation
 - i. Student/Candidate Shadow Agreement (QSF-NA-0017)
 - ii. SRH Employee-Intern Confidentiality Agreement (QSF-ADM-CCI-0001)
 - iii. Compliance Agreement (QSF-ADM-CCI-0002)
- c. Must wear an identification badge; school issued or alternate if school ID not available.
- d. Forward all required documentation to the sponsor/clinical education prior to the observation date.
 - o It will be the responsibility of the sponsor to deliver all the required documentation to the Clinical Education Department

5. Coordinated Organizational Tour/ AIM program participation.

- a. Completion of the following elements of SRH orientation
 - i. Student/Candidate Shadow Agreement (QSF-NA-0017)
 - ii. SRH Employee-Intern Confidentiality Agreement (QSF-ADM-CCI-0001)
 - iii. Compliance Agreement (QSF-ADM-CCI-0002)
- b. Students are required to wear their school issued ID at all times.
- c. Prior to the Coordinated Organizational Tour/ AIM program participation:
 - i. School representative and clinical education student liaison [or designee] determine date and time of programming. Clinical education student liaison coordinates with participating departments.

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Definitions:

An **Observer** is not considered a Self Regional Healthcare Team Member and is visiting the hospital for the specific purpose of gaining knowledge about healthcare, health care processes and/or the functioning of the organization.

An **Observer** is not permitted, under any circumstances, to provide patient care, including, but not limited to:

- Taking a medical history.
- Conducting physical examinations.
- Diagnosing or treating patients' conditions.
- Ordering, preparing or administering drugs.
- Documenting patients' health records.
- Performing or assisting in surgical procedures.
- Obtaining consent
- Providing health care advice.



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STUDENT/CANDIDATE SHADOW AGREEMENT

As a condition of being granted authorization to shadow an employee of Self Regional Health (SRH), I, the undersigned, agree to comply with the following terms and conditions:

1. I agree to shadow an employee of SRH for a designated period of time.
2. SRH may terminate the shadow experience immediately or at any time at its sole discretion by providing notice to the student/candidate.
3. As part of the shadow experience, I will not touch, lift, or provide any patient care at any point in time. I further acknowledge that providing care to patients in violation of this agreement may result in civil liability, licensing sanctions or criminal penalties.
4. I will wear scrubs as appropriate and will return hospital supplied scrubs at the end of the shadow experience.
5. I will sign and abide by the confidentiality statement. I will not disclose or discuss patient identifiable information with any persons, except healthcare providers involved in the patient's care. I will follow these requirements before, during, and after the shadow experience has ended.
6. I will stay with the assigned SRH employee during observation of patient care activities and in the presence of patients or patient medical records.

I agree to participate in a shadow experience at SELF REGIONAL HEALTHCARE. I understand my participation will involve observation of patient care activities and discussions. I also understand this shadow experience will expose me to occupational hazards present in a healthcare workplace environment.

Signature: _____

Name (Please print): _____ Date: _____



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EMPLOYEE/INTERN CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Organizational information, including, but not limited to, financial, research, proprietary, patient, business, and/or employee information, from any source, whether written, oral or visually presented, and in any form, whether paper, electronic, video, etc., (collectively referred to as "Information") may be considered Confidential. The value and sensitivity of Information is protected by law and by the strict policies of Self Regional Healthcare and its wholly owned and/or controlled affiliates (collectively, "SRH"). The intent of these laws and policies is to assure that this Information will remain Confidential through its access, only to be used or disclosed as necessary to accomplish SRH's mission.

As a condition of being granted authorization to access any form of Confidential Information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My Password is equivalent to my LEGAL SIGNATURE and I will not disclose this Password to anyone or allow anyone to access any system using my Password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my Password, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as Confidential Information.
3. I will not attempt to learn or use another person's Password or access any online computer system using a Password other than my own.
4. I will comply with all policies and procedures and other rules of SRH relating to confidentiality of Information and Passwords.
5. If I have reason to believe that the confidentiality of my Password has been compromised, I will immediately change it and will notify the Help Desk of the Information Systems and Technology Department.
6. I will not access or request any Information for which I have no responsibility for under my job description.
7. I understand I am not allowed to access my own, any family member, or any person for whom I have a close emotional tie for any reasons through my password and/or through organizations computer systems.
8. I understand that I am not allowed to access PHI for team members, current or former, unless my job requires me to do so.
9. I will not disclose any Confidential Information unless required to do so in the official capacity of my employment or contract.
10. I understand that I have no right or ownership interest in any Confidential Information.
11. I will not leave a secured computer application unattended while I am signed in and logged on.
12. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
13. I agree not to use the Information in any way detrimental to SRH and will keep such Information Confidential.
14. I will not disclose Information that is considered proprietary, sensitive, or Confidential unless there is a need to know basis and, if so, will disclose only the minimum Information necessary for the purpose of the disclosure and only to parties with a legitimate need in performance of SRH's mission.
15. I agree that unauthorized disclosure of Confidential Information is prohibited indefinitely, even after termination of employment, business or other relationship between me and SRH.
16. I agree to reasonably limit my access and disclosure of Information and to use the minimum Information necessary to perform my job duties in accordance with the policies of SRH.
17. I will not send Confidential Information to any personal email account nor will I post Confidential Information to any social media or externally facing site.

I understand that as an employee/intern of SRH, I may come in contact with Information that is considered Confidential. I understand and agree that as a term and condition of my continued employment, I will hold all SRH Information in confidence. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, up to and including termination, legal action or both.

Signature: _____ Badge ID #: _____

Name (Please print): _____ Date: _____

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**AFFIRMATION OF UNDERSTANDING OF SELF REGIONAL HEALTHCARE'S
CORPORATE COMPLIANCE AND INTEGRITY PROGRAM**

I agree and understand that ethical behavior and compliance with all applicable state and federal regulations, applicable Self Regional Healthcare (SRH) Policies and the SRH Code of Conduct are expected of all SRH Team Members and agents, inclusive of its wholly-owned and/or controlled affiliates. I affirm and certify I have read and understand the Code of Conduct and have received educational training concerning SRH's Corporate Compliance and Integrity Program, and the application of all policies and procedures pertaining to my activities in my capacity as a Team Member of SRH. I also understand that it is my responsibility to comply with the SRH Corporate Compliance and Integrity Policies, my departmental compliance-related policies as they relate to my specific job tasks, and with the Code of Conduct, and I agree to abide by the same during the entire term of my employment with SRH.

I acknowledge that I have a duty to report any alleged or suspected violation of the law or SRH policies, or any federal or state healthcare requirements to my supervisor, the VP of Corporate Compliance and Integrity, or the confidential Corporate Compliance & Integrity Helpline. I understand that SRH shall not permit retaliation for any reports of violations.

Further, I certify that I have not been convicted of, or charged with, a criminal offense related to health care nor have I been listed by a federal agency as debarred, excluded or otherwise ineligible for participation in federally funded health care programs.

In accordance with SRH Human Resources Disciplinary Action Policy, I understand I am subject to disciplinary action, up to and including termination, for failure to comply with all applicable Federal and State laws and regulations, SRH policies, procedures and the Code of Conduct, including failure to report a suspected violation of any federal or state healthcare program requirement or a violation of SRH policy.

My signature acknowledges understanding of the above information and my agreement to comply fully with SRH's Corporate Compliance and Integrity Program, including its Policies and Code of Conduct, and with all applicable federal or state laws and regulations.

Please check the appropriate box:

I certify that this is my first review of SRH's Corporate Compliance and Integrity Program, including its Code of Conduct.

I certify that this is my annual review of SRH's Corporate Compliance and Integrity Program, including its Code of Conduct.

PRINT TEAM MEMBER NAME

TEAM MEMBER'S SIGNATURE AND DATE

DEPARTMENT

SUPERVISOR'S SIGNATURE AND DATE

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	Orientation	Name Badge	Compliance	Confidentiality	Shadow Agreement	Computer Access	Coordinating Department
CARE	X	X	X	X		X	CE
Career Center/HS Program	X	X	X	X			CE
CV Tech	X	X	X	X		X	Cardiology
Externs	X	X	X	X		X	CE
Greenwood Medical (all)	X		X	X			CE
MA- PTC	X	X	X	X		X	SMG
NP Requests	X	X	X	X		X	*Must find provider; CE onboarding
Nursing	X	X	X	X		X	CE
Observation ≤ 12 hours			X	X	X		CE
Observation ≥ 13 -40 hours			X	X	X		CE
PA Requests	X	X	X	X		X	*Must find provider; CE onboarding
PA Students (PC)	X	X	X	X		X	CE
Paramedics	X	X	X	X			CE
PCT (PTC)	X	X	X	X			CE
Pharmacy	X	X	X	X		X	Pharmacy
Phlebotomy PTC	X	X	X	X			CE
PT/OT/SLP	X	X	X	X		X	Rehab Services
Radiology	X	X	X	X		X	Radiology
Respiratory	X	X	X	X		X	Respiratory
Surgical Technology	X	X	X	X			OR
Village Career (all)	X		X	X		X	CE