Policy

Marshall University
Joan C. Edwards School of Medicine
Marshall Health, Inc.

Non-employee Presence in the Medical School and Practice Environments

Purpose:
1) To protect the primary educational environment for our medical students and other health science students formally affiliated with the School of Medicine (SOM) and its clinical practice corporation MARSHALL HEALTH
2) To preserve the relationship with our patients and the health care environment within which we practice so that we secure and defend protected health information (PHI) as required by governmental regulation and sound risk management policies.

Goals:

1) Establish categories of visiting students, faculty and other guests that may appropriately be present within the learning and clinical environments of the SOM and MARSHALL HEALTH.
2) Define the allowances, restrictions and requirements for all types of visiting or guest categories
3) Define which departments and areas of authority within the institution control, monitor and document the rules and regulations within this policy for each category of visiting person.

Scope: This policy governs all employees and faculty of the SOM, MARSHALL HEALTH and any guests operating within either entity.

I. Categories and Definitions

A. Visiting student is defined to include any of the following:
1. Visiting allopathic, osteopathic or podiatric medical students.
2. Visiting students of other allied health fields, such as, but not limited to medical assistant, medical records technology, nursing, physician’s assistant, physical and occupational therapy, advanced clinical psychiatry or social work, dentistry, pharmacy, public health, medical technician, etc.
3. Students who are internal to our university and whose departments have formal arrangements to observe, work or rotate through the SOM will be given first priority for any available slots for learning or observing opportunities.
4. The Dean of the SOM and Executive Director of MARSHALL HEALTH will set the limits on an ongoing basis surrounding which students from what programs and from what institutions can actually apply for and be considered for such opportunities.
5. This policy covers students as defined above regardless as to whether or not the experience to be gained during the visit is for a formal grade or credit.
B. A visiting faculty member is defined to include any of the following:
   1. A professor or instructor internal to the University System who is assigned
      short-term or longer to work within the SOM or MARSHALL HEALTH and
      may be exposed to clinical data, patients and/or protected health information
      (PHI).
   2. A professor or instructor external to the University System who is invited on
      campus to teach or work short-term or longer within the SOM or MARSHALL
      HEALTH and may be exposed to clinical data, patients and/or PHI.
C. A visiting resident or fellow is defined to include the following:
   A post-graduate trainee (PG-1 or higher) in allopathic, osteopathic or podiatric
   medicine who applies and is approved or is invited to officially train or work
   within the SOM and/or MARSHALL HEALTH and who may be exposed to
   clinical data, patients and/or PHI.
D. A volunteer is defined to include the following:
   A person who applies and registers to provide non-reimbursed services to a
   specified department(s) within the SOM or MARSHALL HEALTH and who
   may be exposed to clinical data, patients and/or PHI. The purpose of this type of
   activity must be to render services as directed or defined and not to simply
   “shadow” or do passive “on the job learning” or other types of experiential
   opportunity. Any department accepting or requesting a volunteer(s) in this
   category must clearly define the expectations of service/work.
E. A clinical observer role may be considered for an active Marshall University student
   who has a valid request to fulfill a “Capstone” requirement. These observer positions
   are not to be automatically granted. The application process must be completed, the
   sponsoring department must attest to the fact that the medical education of students
   and residents will not be affected, and the appropriate Dean’s office must approve.
   Clinical observer status is not allowed or sanctioned by the SOM or MARSHALL
   HEALTH under any other circumstances, unless approved by the SOM Dean or
   his/her designee.
F. Pre-medical Students participating in Clinical Shadowing Experiences is defined as
   a pre-medical student 16 years of age or older who observes a healthcare
   professional who provides care to patients. This may occur in varied clinical settings
   including hospitals, outpatient clinics, and long term care facilities. Observation
   occurs under the appropriate supervision of a licensed physician or other licensed
   health care professional. The pre-medical student will never engage in any activity
   that is considered the practice of medicine. Pre-Medical students will complete the
   identified protocol and submit to the coordinator of the Accelerated BS/MD Program
   for consideration into the shadowing program. Pre-Medical students must complete
   the requirements for the Clerkship/Observer Program. Requirements and forms can
   be found at http://cabellhuntington.org/employment/non-employee-orientation/.

G. An administrative intern is defined as a person enrolled in a Healthcare
   Administration field of study from Marshall University or another accredited
   higher education institution. This person may apply through MARSHALL
   HEALTH Administration for a structured internship or experience, as resources
   allow.
H. Vendors (e.g. pharmaceutical representatives, medical supply and device and
   software salespeople), as well as casual, intermittent visitors to the operation of the
   SOM and MARSHALL HEALTH are exempt from this policy, though they may
   fall under other School of Medicine University policy that defines these
relationships. Individual departments are encouraged to account for their presence and activity on a daily basis. However, if any vendor would have occasion to need or see, in the course of business, the PHI of the SOM and/or MARSHALL HEALTH, a business associate agreement may need to be signed and on file in the Office of Compliance and Risk Management.

II. Oversight and Control

A. The application, approval and oversight of the visiting student role will be handled by the office of the Associate Dean for Academic Affairs. Final authority regarding this role will be held by this Associate Dean subject only to appeal to the Dean of the SOM.

B. The application, approval and oversight of the visiting faculty role will be handled by the office of the Associate Dean for Clinical Affairs. Final authority regarding this role will be held by this Associate Dean subject only to appeal to the Dean of the SOM.

C. The application, approval and oversight of the visiting resident and fellow role will be handled by the offices of the Associate Dean for Graduate Medical Education and Associate Dean for External Affairs. Final authority regarding this role will be held by these Deans, subject only to appeal to the Dean of the SOM.

D. The application, approval and oversight of the volunteer role and any student in a Healthcare Administration field will be handled by the Office of Compliance and Risk Management, subject only to appeal to the Executive Director of MARSHALL HEALTH or the Dean of the SOM.

III. Regulatory Parameters

A. Under no circumstances is a person to be considered a candidate for a visiting status within the SOM and/or MARSHALL HEALTH if they are under the age of 16 years of age. The only exception to this is the category of volunteer, which can be extended down to the age of 14 years of age.

B. A sponsoring department must attest to the fact that allowing for the experience requested by the person in the visitor category will in no way detract from the required and expected experiences that must first be offered to our own medical students and trainees.

C. Any person who self-identifies or is identified as someone who comes under the visitor definitions described above must fill out a basic application form (Attachment A). The offices of approval and oversight, as describe in Section II above, may add more specialized application material, as deemed appropriate.

D. If a specific Department within the SOM or MARSHALL HEALTH is sponsoring a visitor, that application should be forwarded to the appropriate administrative office by the clinical Department Administrator (DA) or an appropriate administrator, if the application comes from a Basic Science Department.

E. If approved, that Department is responsible for obtaining all of the additional training and paperwork required to allow the process to occur, forwarding a copy of all paperwork to the administrative office giving oversight.

F. Basic requirements are as follows:
   1. If an applicant is in the student category, the student must present proof of immunization and tuberculosis skin-testing status at least equal to that
required of this institution’s own medical students. This proof may be waived if it is clear that the student’s work and/or learning environment does not involve significant patient or bloodborne environmental exposure risk.

2. Applicants in the student and resident or fellow category must present proof of medical liability coverage from their home or sponsoring institution.

3. Each student, resident or fellow must undergo a background check based on their classification that meets the current regulations of the institution.

4. All accepted applicants must sign a Workforce Confidentiality Form (Attachment B) and agree to our institutional privacy and confidentiality policies related to PHI.

5. All applicants must be able to produce evidence of federal Health Information Portability and Protection Act (HIPPA) training or the responsible department must make sure it is provided for them.

6. Applicants at risk for exposure to bloodborne pathogens (involved in any clinical care or custodial work in clinical care areas) must also either show proof of Occupational and Safety Health Administration (OSHA) training within the last 12 months or be provided such by the responsible department.

7. If a visitor is expected to remain within the organizations over 72 hours, an official time-limited name badge with picture identification must be obtained and used. At all times, however, the visitor must be clearly identified with some form of name tag.

8. If the privileges granted the visitor involves the use of secure electronic data requiring passwords, the sponsoring department must complete any documentation requirement set forth by the Department of Information Technology and Medical Informatics (DITMI) and show that the passwords are correctly canceled in a timely fashion when the visitor departs.

9. So long as paper medical records are created, any visitor who would be allowed to make an entry into a chart should have appropriate samples of signature and initials on file in the relevant Health Information Management (HIM) department.

10. Any visitor who is expected to spend more than one week on campus must be more completely oriented to include safety training, institutional emergency and fire plans, etc.

11. Visitors should be consistently identified as such to the clients and patients of the SOM and MARSHALL HEALTH, explaining, where appropriate, their role and involvement in the organization. This is particularly true of anyone granted the observer status through the Capstone experience exception. The sponsoring department and faculty member must guarantee that every time an observer is present in patient care or involved with PHI, whether in an ambulatory or acute-care setting, the presence of that observer (specifically cited by name) and the fact that the patient (or surrogate) gave permission for the visitor presence is documented in each record.
G. Questions surrounding this policy or the details of its requirements should contact the Dean’s Staff of the SOM or the Administration of MARSHALL HEALTH as outlined in Section II above.

Approved by MARSHALL HEALTH Board of Directors: September 18, 2007
Revised: July 28, 2015
APPLICATION for VISITOR STATUS

PART I: (to be filled out by Applicant)

1. Applicant Name: ________________________________

2. Requested Department: __________________________

3. Date: ________________________________

4. Requested date(s) of visitation: ________________________________

5. Category (Circle one):  student  resident or fellow  faculty
   volunteer  observer

6. Sponsoring or referring institution: ________________________________

7. Brief description of expected role and activities: ________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   Applicant Signature: ________________________________

PART II: (to be filled out by sponsoring department)

1. Faculty or staff member who will be immediately supervising visitor: __________

2. Vaccination and tuberculosis skin status verified (including Hep B): (yes) (no) (n/a)

3. Verification of medical liability coverage provided by referring institution: (yes) (no)
   (n/a)

4. Workforce Confidentiality Form reviewed and signed by applicant: (yes) (no)

5. HIPPA training verified or completed (yes) (no) (n/a) – attach documentation
6. OSHA training verified or completed (yes) (no) (n/a) – attach documentation

7: Picture badge obtained (yes) (no) (n/a)

8: Passwords authorized: (yes) (no) (n/a)
   If yes, specify which types of passwords: ____________________________

9. Applicant signature and initials on file in HIM: (yes) (no) (n/a)

10. Safety and other orientation provided: (yes) (no) (n/a)

Department Administrator Signature: ____________________________ Date: __________

“I certify that the experience being offered to this applicant in my department fully meets the requirements of the SOM/MARSHALL HEALTH Visitor Policy and in no manner detracts from the opportunities for learning or other types of experiences necessary for our own institution’s students and trainees.”

Department Chair or Designee Signature ____________________________ Date __________

“I certify that I will assure compliance with all the provisions of the SOM/MARSHALL HEALTH Visitor Policy as it applies to the observer role.”

Sponsoring Faculty Member Signature ______________ Date __________

DEPARTMENT ADMINISTRATOR

Pre-medical Students participating in Clinical Shadowing - Forward to Coordinator of Accelerated BS/MD Program

Student Application – Forward to Associate Dean of Student Affairs

Resident or Fellow Application – Forward to Associate Dean for External Affairs

Visiting Clinician or Clinical Faculty – Forward to Associate Dean for Clinical Affairs

Volunteer or Student/Intern in Healthcare Administration field – Forward to Office of Compliance and Risk Management

Approval by authorizing Dean’s Office or Corporate Administration ____________________________ Date __________

Cc: Requesting Department