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# **Health Professions Students Playbook**

## **Education and Training for the Next Generation**



# Health Professions Student Playbook

*This Playbook is a step-by-step resource guide and documentation manual for the health professions student training program at One Health.*

*Please contact the Operations Administrative Assistant with any questions or feedback.*

*Revision: 01*

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## Play 1: Introduction and Background

### Mission, vision, and goals:

One Health is committed to providing exceptional, high-quality student experiences designed to introduce the unique rewards and challenges of delivering community-based, integrated healthcare to rural populations. By hosting students from a wide variety of educational institutions and skillsets, our goals are to create a passion for rural healthcare and ultimately increase the number of healthcare professionals deciding to practice in rural areas. Interning, shadowing, or doing clinical rotations in a One Health clinic is a great alternative to doing student work in bigger, urban hospitals. We strive to give our students quality one-on-one mentoring and plenty of hands-on practice with a diverse base of patients. They will have the opportunity to develop a more rounded set of skills as they interface with a variety of integrated services (medical, dental, behavioral health, social services).

Our student program is designed to provide great experiences not only for students, but also for our providers and patients. Hosting students improves our providers' clinical skills and is often energizing for them to be able to interact with students who are excited to learn, leading to increased job satisfaction levels. Because students don't have as much administrative burden, they are often able to spend more time with each patient and give more dedicated attention to them, thereby also improving our patient experiences.

Through our student program, One Health also strives to cultivate good connections with healthcare professionals and educational institutions serving our region and create a pipeline for future job placement.

### About One Health

One Health began with a call to provide compassionate primary care to the underserved population of southeastern Montana. But we aim for much more than that. Our hope is to catalyze community transformation. We want to create a true culture of health, recognizing that medical care to treat sickness is only a small part of the story. The journey toward "whole health" is much more complex — it includes providing jobs, transforming the physical landscape, and empowering people to take charge of their own health and the health of their community.

With sites in Ashland, Chinook, Colstrip, Glendive, Hardin, Harlem, Lewistown, Miles City, and on the campus of the St. Labre Indian Catholic School, One Health provides patients with access to compassionate and holistic primary health care offering medical, dental, pharmacy, and behavioral health/substance abuse services.

We refer to our model of integrated healthcare as "Whole Community Care," acknowledging the need to promote healing at the level of both the individual and the entire community. We recognize the inseparable connections between physical and



The mission of One Health is to improve the wellbeing of everyone by providing accessible, quality healthcare for the whole community.

mental health and have championed an integrated approach to healthcare delivery. Our board of local community members provides locally responsive direction to ensure we remain true to the unique needs and opportunities present in our community.



## Documents, processes, and policies

One Health’s health professions student training documents and processes are housed on an encrypted server folder under POPS | HR Students + Volunteers + Vendors. This folder has restricted access available to Human Resources, the Vice President of Operations, and the Operations Administrative Assistant. All documents and processes are maintained by the Operations Administrative Assistant.

One Health currently does not have any written policies related to the health professions student training program, but those policies will be developed upon completion of this playbook. All policy documents related to the health professions student training program and any changes to such policies will be maintained by the Operations/Human Resources department, reviewed by the Executive Leadership Team, and approved by the Board of Directors. Approved policies will be housed along with other One Health policies in the complete Personnel Policies Handbook available to all employees on BambooHR and reviewed and signed off on annually by all employees.

## Partnership Approval and Communications with Schools

The designated school contact personnel will communicate with One Health's Operations Administrative Assistant regarding all applications, questions and requests. The Operations Administrative Assistant and Vice President of Operations review school request details to determine whether the organization will accept additional academic affiliations at that time, including regular updates on COVID 19 response and impact on student training.

In general, One Health will accept clinical students who are interested in Primary Care, Family Care, and Adult Medicine. If the student needs specific hours dedicated to specialty such as OB or Women's Health, the Operations Administrative Assistant refers them to specialty clinics in their area as we don't do enough specialty care to give them practical, hands-on experience.

### WWAMI Students

One Health may host students in the Washington, Wyoming, Alaska, Montana, and Idaho (WWAMI) Targeted Rural Underserved Track (TRUST) program. This program seeks to provide a continuous connection between rural underserved communities, medical education, and health professionals in our region. Qualified students are enrolled in a special curriculum through their medical school that connects them with rural/small city underserved communities in an effort to help meet the workforce needs of the region.

WWAMI TRUST students should work with their school program coordinator to set up their work with a One Health site, including: the pre-Foundation 1-2 week summer experience; the Rural Underserved Opportunities Program (RUOP) a one-month program during the summer months of the Foundation Phase; and the WWAMI Rural Integrated Training Experience (WRITE) during 18+ weeks of the Patient Care Phase of medical school training. More information about this program is located here:

<https://education.uwmedicine.org/somrural/programs/trust/>

## Determining the School Relationship

- All school requests are evaluated by the Vice President of Operations and the Operations Administrative Assistant.
- The designated school contact personnel will complete all necessary information within the affiliation agreement and will submit a signed copy to the Operations Administrative Assistant.
- The Vice President of Operations determines if One Health is interested in partnering. The decision to affiliate with a school or university may be based on the following:
  - Geography
  - Strategic partnership
  - Capacity for requested discipline
  - Willing and available preceptors
  - Capacity
  - Contributions to pipeline
  - Ability to accommodate COVID 19 restrictions, if any

## Initial communications with approved but not contracted school:

- School identifies the health professions track or program which they are seeking clinical rotations
- The school acknowledges that the request for placement as an educational site will be made by the academic program, not the individual student
- Operations Administrative Assistant requests a copy of the standard affiliation agreement for clinical rotations for review
- Upon receipt, the Operations Administrative Assistant will review the contract to assure the following criteria are met:
  - Start/end date
  - School assumes responsibility to assure infection control/immunization/health statement requirements are met
  - Termination procedure
  - Contact information
  - Liability insurance
  - Emergency process
  - Student's learning objectives (Very important to have these objectives on file to ensure appropriate response to supplemental learning opportunities. Operations Administrative Assistant will reach out to the appropriate department head if questions on objectives)
  - Confidentiality/privacy
- Organization will provide feedback; that the 1. Affiliation agreement is acceptable or 2. Requires revisions
- Once we have an acceptable affiliation agreement, both parties sign
- Operations Administrative Assistant ensures full execution of affiliation agreement and submits to the Vice President of Operations.

**Important Note:** if school contacts provider directly, the provider either refers the individual to the Operations Administrative Assistant or the provider will contact the Operations Administrative Assistant with all information.

## Communication Templates

### Letter to school/student if we don't have MOU in place

Hi \_\_\_\_\_,

I am the student coordinator for One Health, and we are excited to hear you have a student who is / you are / interested in completing clinicals with us. To get things rolling, please send us a Memorandum of Understanding(MOU), to serve as a contract between your institution and One Health. I along with our VP of Operations will review the MOU and send back any questions or our signed agreement. In the meantime, I have a few questions:

- Do you/Does the student have a preference for a particular provider to shadow and/or One Health clinic location (Ashland, Chinook, Glendive, Hardin, Lewistown, Miles City)?
- What dates are you looking at? (Include multiple dates/ranges if possible. This will allow us flexibility in meeting your request. Occasionally there are times when we are unable to meet requests due to the high volume of applicants requesting the same career interest or staff availability)
- Will the student need housing?
- What is the student's contact information?

Once I get the above information and a fully-executed MOU in place, I will confirm scheduling and send the student a packet to review and complete, including a form to allow access to our Electronic Health Records (EHR) system. I will need a copy of their immunizations, COVID vaccine and proof of PPD administered within the past year. If housing will be needed, I will have a housing contract for them to review and sign, as well.

I look forward to working with you and your student.



## **Play 2: Affiliation Agreement Management**

The organization and efficient management of established affiliation agreements is important to a quality health professions student training program. One Health's Operations Administrative Assistant is responsible for managing these functions, including:

- Management of affiliation agreements
- Development of a process, system and location for affiliation agreement storage, currently on protected electronic HR network: POPS | HR Students + Volunteers + Vendors
- Ensuring affiliation agreements are up to date, including with any COVID-19 restrictions, if applicable

### **Affiliation Agreement Templates (Appendix A)**

Affiliation Agreement Templates are housed on POPS | Students + Volunteers + Vendors | 123MOUs. See Appendix A for samples:

- STUDENT EDUCATION AFFILIATION AGREEMENT (Appendix A1)
- AFFILIATION AGREEMENT ADDENDUM (Appendix A2)

### **COVID-19 Restrictions, if applicable**

The COVID-19 pandemic has impacted health centers and academic institutions across the nation. In light of the ongoing, changing nature of this pandemic, as well as the continually-adjusting medical recommendations and legal requirements, One Health strives to keep all policies and procedures updated. With this in mind, One Health has designed the Operations Administrative Assistant with the responsibility of reviewing the contractual obligations associated with each partnership and recommending any adjustments necessary to the Vice President of Operations.

The Operations Administrative Assistant will:

- Review all active affiliation agreements associated with active students or incoming students working either on site or remotely during COVID 19 pandemic
- Determine areas for revisions or renegotiation based on contractual obligation and notify leadership
- Identify details of the contractual obligations per each affiliation agreement (e.g. number of slots, days/time, types of students) and notify leadership
- Develop effective communication to partners on determined need for renegotiation of affiliations (see play 3 on assessing capacity to determine when renegotiate is needed)

## Communication Templates

### Temporary Pause in Program Due to COVID

Dear *Enter Contact Name Here*

I hope this message finds you well. The health of our community, including staff, students and faculty, is our top priority at One Health. One Health is taking measures to ensure the safety of our community as well as those under our care. Since the beginning of the pandemic, our leadership team has been closely monitoring the ongoing Covid-19 outbreak to determine how we are going to provide services to our community and educate students in this new environment.

Following advice provided by the Center for Disease Control and Prevention, state and university experts in order to help prevent the spread of Coronavirus, we are not sure if we will be able to resume services by *enter date here*. Given the uncertainty of gradually reopening of our facilities with the progression of Covid-19, we unfortunately cannot commit to student placements for the *enter semester* semester at this time. One Health feels strongly about providing exceptional experiential learning rotations for our students, and we look forward to resuming placements when it is safe to do so at our facilities.

Our leadership team will continue to assess the situation over the coming days and weeks and provide updates to our academic partners if we will be able to provide placements this *enter semester*.

If you have any questions, please feel free to reach out to me at *enter email here*.

Sincerely,

### Mandatory Vaccination of All Students

Dear *Enter Contact Name Here*

I hope this message finds you well. The health of our community, including staff, students and faculty, is our top priority at One Health. One Health is taking measures to ensure the safety of our community as well as those under our care. Since the beginning of the pandemic, our leadership team has been closely monitoring the ongoing Covid-19 outbreak to determine how we are going to provide services to our community and educate students in this new environment.

Following the recently-upheld CMS healthcare worker COVID-19 vaccination mandate, One Health is requiring all staff and students be fully vaccinated against COVID-19, with exemptions allowed based on religious beliefs or recognized medical conditions. Please note that all students will be asked to provide their proof of vaccination or submit an exemption form prior to their first day at One Health.

If you have any questions, please feel free to reach out to me at *enter email here*.

Sincerely,

## Play 3: Student Capacity

The Operations Administrative Assistant is responsible for communicating with providers, the Medical Director, VP of Operations, and HR Director in order to maintain a current and up-to-date database of One Health clinical capacity for working with students (“Preceptor Capacity Report”).

## One Health Preceptor Capacity Report Template

| Lname, Fname | Job Title | Location | Specialty/Focus | Hire Date | Hrs/week | Hrs avail/week | # students /mo |
|--------------|-----------|----------|-----------------|-----------|----------|----------------|----------------|
|              |           |          |                 |           |          |                |                |
|              |           |          |                 |           |          |                |                |
|              |           |          |                 |           |          |                |                |
|              |           |          |                 |           |          |                |                |
|              |           |          |                 |           |          |                |                |

The Operations Administrative Assistant uses this information to not only respond to inquiries and requests, but to match up students with the most appropriate preceptor with the availability and necessary skills, continually communicating with both provider and Medical Director. If a willing preceptor is identified, the Operations Administrative Assistant does a secondary review for available space, day(s) of the week and time before formally matching the preceptor to the student.

## Capacity Review Process

One Health’s Preceptor Capacity Report is routinely reviewed in group by the Operations Administrative Assistant, Medical Director, VP Operations, and HR Director to provide feedback on current staff capacity, clinic needs, and organizational focus that will inform what type(s) of healthcare student requests One Health is able to consider. The HR Director will make any necessary recommendations for revisions/renegotiation to contractual obligations. Approval of clinical staff preceptor hours is at the discretion of the Medical Director.

To summarize, the responsibilities are as follows:

- Query providers on their interest in and capacity for preceptor work (Operations Administrative Assistant)
- Assess and approve One Health’s clinical staff on their availability to precept (Medical Director, VP Operations)
- Maintain the preceptor capacity report that outlines clinical staff available to precept (Operations Administrative Assistant)
- Review Preceptor Capacity Report in group for maintaining organizational goals and provider contractual obligations (Medical Director, VP Operations, HR Director)
- Communicate with available preceptors regarding their interest in accommodating a student (Operations Administrative Assistant)

- Assess secondary review for available space, day(s) of the week, and time once a preceptor is willing and able to precept (Operations Administrative Assistant)
- Match potential preceptors to students (Operations Administrative Assistant in conjunction with Medical Director, as needed)

## Matching Process

Once a preceptor(s) has/have been identified, the Operations Administrative Assistant uses the following process formalize the match:

- Sends school or student student-specific information request
- School or student provides student specific information and submits back to the Operations Administrative Assistant.
- Operations Administrative assistance confirms dates and capacity, before formally accepting student placement.
- Acceptance decision is made by Operations Administrative Assistant after discussion with Medical Director, as needed.
- Student acceptance is based on:
  - Student focus fit
  - Timing (hours per day/per year, internship hours or clinical rotation per semester)
  - Preceptor capacity/availability
  - Space available
  - Training (i.e. past experience for NPs)
  - Compliance with required vaccination policies
- Operations Administrative Assistant updates the student tracking database/calendar

## Student Information Request

The Operations Administrative Assistant is responsible for securing the necessary information from each student in order to confirm placement. This includes:

- Student's legal name & contact information
- Short bio, including brief outline of healthcare coursework taken and interest areas (*note: One Health typically does not accept students without any prior clinical experience*)
- Information about what program they are in, who will be overseeing student to find out if they need EHR access
- Dates of internship/shadow
- Housing needs, if any
- If the student is a WWAMI TRUST (Targeted Rural Underserved Track) student, a letter of good standing is secured from the school, along with evidence of professional liability.

## Notes on Scheduling

Students in the WWAMI program take precedence for scheduling. Other students may have their dates changed accordingly.

Nursing and MA (Medical Assistant) students are set up with the site directors in each location.

## Communication Templates

### Inter-Departmental Communication on Preceptor Availability:

Hi [Contact],

Hope all is well!

I wanted to touch base to see if you had finalized [Provider]'s schedule for [timeframe]. I am looking to identify potential preceptors for our student training program, and prior to moving forward I wanted to confirm their availability and capacity to work with students.

Thank you in advance!

### Preceptor Inquiry:

Hi [Provider],

I hope this finds you well!

As we head into end of [year], I'd like to start looking at our student placement capacity for spring [year]. I understand your time is valuable and appreciate your efforts and willingness to train the next generation of students.

Please let me know if you are expecting to have capacity to take on a student starting in January for our spring [year] cohort(s). Your consideration is greatly appreciated.

If you have any questions, let me know. Thank you!

### Preceptor Unavailable (to school contact):

Hi [Student Coordinator Contact],

Hope all is well!

Thank you for your inquiry to place [student] with [health center]. Unfortunately, [Provider] is unavailable to precept at this time due to scheduling conflicts. Should any other space open, I will be sure to connect with you. I appreciate your understanding in advance!

## **Preceptor Available (to school contact):**

Hi [Student Coordinator Contact],

Hope you're well!

I wanted to let you know some exciting news. [Provider, site, info] is available to take on a student for [semester]. I am looping him/her into this message to see if we could provide an expectation guideline for preceptors that she/he can follow. Please feel free to let me know a student placement that could work for them.

## **Information Request (to student)**

Hi [Student],

Thank you for your interest in doing a student internship/medical rotation/clinical shadow with One Health Location! In order for me to confirm your placement, please send me the following information:

- Your legal name & contact information
- Short bio, including brief outline of healthcare coursework taken and interest areas
- Dates of internship/shadow
- Housing needs, if any
- If you are a WWAMI TRUST (Targeted Rural Underserved Track) student, a letter of good standing and evidence of professional liability will be needed from your school.

Please let me know if you have any questions.

Thank you!

## **Letter of Acceptance (to student)**

Hi [Student],

Good news, acceptance, dates w/ provider, location. Housing info if necessary.  
Contingent upon receipt of signed shadow packet and immunization records – attached

Please let me know if you have any questions.

Thank you!

## **Play 4: Initiating Onboarding**

A quality student experience begins with effective communication from the initial point of contact. Upon acceptance of the student, the Operations Administrative Assistant continues to serve as the central hub of communication between students, schools, One Health providers, and key departments involved in the student training process. S/He will keep all relevant parties abreast on the details of the student placement as far in advance as possible in order to create an efficient and streamlined process.

The Operations Administrative Assistant sends:

- Request to Medical Director on provider availability and to let her know what her schedule looks like w/ other residents before reaching back out to student for schedule
- Alert to Site Director of the associated site
- Event to shared HR Calendar and updates the Student tracking spreadsheet
- Request for housing to Student Housing Coordinator, if necessary
- IT alert 30 days in advance when possible

## **Play 5: Onboarding Communication with Student**

The Operations Administrative Assistant is responsible for ensuring all onboarding paperwork is sent and returned complete prior to the student beginning placement. The Operations Administrative Assistant uses this information to update tracking sheets and electronically files the signed documents on the Students + Volunteers + Vendors protected folder on the network.

One Health does not currently run background checks on students, since the schools we partner with already conduct them as outlined in the MOUs. One Health does, however, ask the student to disclose any prior felony convictions as part of their participation agreement sent in the Student Packet.

## **Student Packet (Appendix B)**

Upon acceptance, students are routed a packet of information by the Operations Administrative Assistant. This packet contains general information, policies, and forms to be signed prior to start date. The packet contains:

- Volunteer and Job Shadow Guidelines and General Information
  - Welcome statement
  - Dress Code
  - Codes of Conduct
  - Supervision arrangements
- Participation Agreement – to be signed by student, agreeing to:
  - Dates and times, dress code & ID requirements
  - Fitness attestation
  - Compliance with policies and rules

- Hold Harmless
- Limitation of guarantees
- Conditions of removal/withdrawal
- Disclosure of felony conviction(s)
- Confidentiality Agreement – to be signed by student & HR
- Request for proof of current vaccinations, which may include PPD, MMR, Hep B, and COVID-19
- Request for copy of current BLS card, if Resident

Once the Student Packet is returned, the Operations Administrative Assistant sends the following:

- Electronic Health Records (EHR) Access request
  - NP, PA, Med Students, Trust, and Residents-EHR access needed
  - Shadow or PreMed Undergraduate-No EHR access needed
- Housing confirmation and information, if necessary
- Who to meet, where, and when on first day, including information about:
  - Picking up laptop (if needed) and temporary badge from HR
  - Medical students doing clinical rotations are required to have a photo ID badge, which will be created by HR on first day.

## Account set-ups

The Operations Administrative Assistant files and/or routes returned forms and information to the appropriate departments involved in getting the student set up to be able to work/volunteer at One Health.

Onboarding tasks to be completed in advance are as follows:

IT tasks:

- Athena account setup upon receipt of completed EHR form
- Other account setups, including email, Office, TEAMS
- Add to internal email distribution lists
- Passwords document for student
- Laptop setup for all but shadow students
- Blank programmed ID Badge/Key cards for residents
- Deliver laptop, passwords sheet, and key card to appropriate site HR Department

## One week prior to start

As the student's arrival date approaches, it is important to communicate with all associated parties to make sure all onboarding tasks are or will be complete, and that there have been no changes in schedule.

One week prior to the student's arrival, the Operations Administrative Assistant:



- Confirms Student Housing
- Sends welcome letter to student with instructions on what to do when they get to the site and attaching any info about other services and activities available in area. Includes info about One Health/FQHC, modeled after physician recruitment flyer. Follows up with the student to ensure all paperwork has been completed and any outstanding questions are answered
- For students who will be at the site for more than one day, prepares a welcome bag with small gift certificate to local food venue, pen, notebook, hand sanitizer, One Health mask, any local tourist-type brochures (Hardin site: Executive Assistant to CEO does this) – gives to HR
- Sends bio to site directors to hang in office so face is familiar
- Send reminders to Providers, Site Directors and HR that they will have a student the next week

## **Play 6: Completion of Training Prior to Arrival**

With the exception of WWAMI TRUST placements, all students accepted for placement at One Health have already received training on infection control, general OSHA/safety training, and basic clinical procedure training. Any other training is provided during the student’s onboarding period. One Health does not currently offer any training classes for students to take prior to their arrival.

Students do not have access to any One Health systems, software, or hardware until they arrive on site. At that time, if students need any training or assistance on our EHR software, they are instructed to contact one of our EHR Specialists to set up time for one-on-one training.

## **Play 7: Student Begins Placement On-Site vs. Virtual**

One Health’s clinical student placements are all in person. Even through the COVID-19 pandemic, we have been able to accommodate student placements by ensuring compliance with internal policies regarding vaccination, infection control, and PPE.

One Health may, from time to time, accommodate virtual non-clinical placements, such as health administrative student volunteers and/or interns working with our Strategic Innovation Group on special projects that do not require in-clinic presence.

## **Day 1 Orientation**

HR Department:

- Greets students upon arrival
- Hands them laptop and passwords sheet from IT
- Hardin: takes photo of residents and gives them badge; or gives them blank “Student” badge if not resident. Lewistown: no badges at all, they wear their student badge only.

- Advises of offboarding instructions – what to do w/ laptop and keys upon final day
- Alerts clinic/providers & site director when we're sending student to clinic

Clinical supervisor/mentor:

- Make sure student can log in, knows how to use Teams, and access Athena
- Orient students on company rules, safety regulations (including HIPAA regulations), our FQHC integrated model of healthcare.
- Give a tour of the facilities and introduce to staff

Operations Administrative Assistant:

- Verifies arrival of student with HR and at clinic
- Emails students a reminder of email addresses for troubleshooting any issues with EHR training and usage.
- Checks in with student and preceptor
- Checks in with each student about half-way through their training to make sure all is progressing as planned

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## Play 8: Student Documentation & Reporting

The Operations Administrative Assistant is responsible for updating information in One Health's Student and Preceptor tracking spreadsheets so that accurate data may be reported to leadership, staff, and the community about the great work One Health is doing to help prepare the next generation of health professionals who are interested in serving rural communities. This data may also be utilized by HR in future recruitment efforts for open positions that match student interest and skill levels.

The Operations Administrative Assistant:

- Compiles student documentation to ensure vital information is collected for reporting and tracking of students
- Ensures that all student files are compliant
- Tracks students currently completing placement within organization
- Meets with the Medical Director to seek input from providers
- Reports to the Vice President of Operations regularly to update on student specific information

The Vice President of Operations:

- Meets with the Medical Director to discuss student training successes, challenges, opportunities, and to set goals for coming year
- Reports to executive leadership/board

Executive Leadership/Board:

- Reviews metrics and goals
- Recommends strategic direction

## One Health Student Tracking Template

| Student Name | School | Rotation | # hrs needed | Date Start | Date End | Providers | Preceptor if needed |
|--------------|--------|----------|--------------|------------|----------|-----------|---------------------|
|              |        |          |              |            |          |           |                     |
|              |        |          |              |            |          |           |                     |
|              |        |          |              |            |          |           |                     |

## Play 9: Off-boarding

Good off-boarding of students is critical to maintaining a strong training program and sustaining ongoing relationships with students. Ensuring the collection of feedback is vital to evaluating our process and identifying process improvement measures.

- Site Directors ensure the following have been collected from the student and are returned or picked up by the IT department:
  - **ID badge**
  - **Laptop, if applicable**
  - **Any other equipment borrowed**
- The IT Department programs automatic shut-off of all key cards and accounts when they set up the student accounts, so no IT notification is needed, unless the student's end date is changed from original setup.
- Upon completion of each student assignment, the Operations Administrative Assistant emails the student a link to an online exit survey to gain insight on total student experience (formerly paper).
- The Operations Administrative Assistant organizes the exit survey feedback and includes summary data in the monthly Board report sent to the VP of Operations.
- The Operations Administrative Assistant compiles a year-end summary for the Board in Q1 of the following year to report out on the entire year's numbers, student satisfaction rates, and program highlights.

### Student Exit Survey Questions

The following survey questions, taken from the paper Clinical Practicum Student Eval (on POPS) have been moved online for more efficient collection of response and summary reporting. The Operations Admin Assistant emails each student a link to take this survey upon completion of their student experience with us. See: <https://sprw.io/stt-64b9c0>

1. Let's get started with your first and last name.
2. What were the approximate dates of your time with us?
3. At which site did you do the bulk of your student work? (multiple select)
4. With which department(s) did you primarily work? (multiple select)
5. Approximately how many hours did you spend with us?
6. How was the communication with One Health prior to starting your experience with us? (rating 1-5)
  - a. [if below a 3, Please let us know what we can do to improve our communication]
7. How was the onboarding paperwork? (rating 1-5)
  - a. [if below a 3, Please let us know what we can do to improve our onboarding packet]
8. How was the welcome/orientation you received?
  - a. [if below a 3, Please let us know what we can do to improve our orientation]
9. Please rate the following statements to reflect your overall learning experience at One Health. (rating 1-5)
  - a. Information was communicated in a clear and organized manner.

- b. Tasks were adequately demonstrated or explained.
  - c. I had what I needed to complete tasks/my job.
  - d. I was provided adequate time to practice skills.
  - e. I was provided an appropriate amount of supervision.
  - f. The culture of the site was positive.
  - g. I would recommend this rotation/learning experience to another student.
  - h. Overall, I received high quality of training and support.
10. Please rate the following statements to reflect your experience with the department you worked with.
- a. Demonstrated a willingness and availability to help students.
  - b. Displayed caring and respectful behaviors toward students, colleagues and other health care professionals.
  - c. Exhibited a professional attitude toward students and teaching.
  - d. Stressed teamwork and cooperation with colleagues and other health care professionals.
  - e. Overall, demonstrated effectiveness as teachers and role models.
11. Please list 2 areas where your skills or knowledge increased during this rotation/learning experience.
12. Do you have any other feedback for us?

## **Appendices**

**A1: Sample Education Affiliation Agreement**

**A2: Sample Affiliation Agreement Addendum**

**B: Student Packet**

DRAFT

# Student Education Affiliation Agreement

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This **Student Education Affiliation Agreement** (the “Agreement”) is by and between the Community Health Center, Inc., a 501(c)(3) tax-exempt nonprofit corporation organized and existing under the laws of the State of Connecticut (“CHC”) and [REDACTED] (“Educational Institution”). This Agreement shall be effective on the last signature date set forth below (“Effective Date”).

**WHEREAS**, the Educational Institution offers a program leading to awarding of a degree in a health profession discipline at the level of (check all that apply)  bachelors,  masters, or  terminal professional degree (DNP, MD, DDS, PharmD, PhD) degrees;

**WHEREAS**, the Educational Institution desires to make available external supervised clinical experience or other fieldwork experience and instruction to its students as part of their educational experience (hereinafter the “Students”); and

**WHEREAS**, CHC, in the interest of furthering the educational objectives of the Educational Institution and as part of its mission to train and educate the next generation of health care providers, desires to make its staff, patient services, and facilities available to the Students for such experience and instruction.

**NOW THEREFORE**, in consideration of the promises and the mutual covenants, agreements and undertakings hereinafter set forth, it is hereby AGREED:

1. **Term and Termination of Agreement.** This Agreement shall become effective only as of the date of signature by CHC’s authorized officials and the Educational Institution’s authorized officials or the date first written above, whichever is later, and shall continue in effect for three years until terminated, in accord with the termination provisions, by either the CHC or the Educational Institution. Either party may terminate this Agreement at any time without cause by giving thirty (30) days written notice to the other party. Additionally, CHC may terminate this Agreement immediately by providing oral or written notice to Educational Institution if CHC determines, in its sole discretion, that continued participation in this Agreement presents a risk to the health, safety or well-being of CHC’s patients or staff.

2. **Clinical or Fieldwork Experience.** CHC shall provide the opportunity for qualified Students of the Educational Institution to perform clinical work or fieldwork under the supervision of faculty provided by the Educational Institution or a preceptor to be provided and assigned by CHC in accordance with section 5 (Instruction and Supervision) of this Agreement (hereinafter the “Program”). CHC shall at all times retain authority and responsibility for the delivery of patient care. CHC offers the Program to provide clinical and/or fieldwork experience solely for the benefit of the Students. The Program does not displace regular

employees. Educational Institution shall inform Students that participation in the Program does not guarantee or entitle Students to employment at CHC.

3. **Planning of Educational Program.** The Educational Institution shall be responsible for the planning, implementation and execution of all aspects of the Student's educational program, including clinical or other fieldwork experience and instruction and requirements for matriculation, promotion and graduation.

4. **Philosophy and Objectives of the Clinical Program.** The Educational Institution will convey to CHC's staff information about the philosophy and objectives of the Program.

5. **Instruction and Supervision.** The Educational Institution shall assign provide specific faculty personnel who will coordinate the assignment, placement, and coordination of Students assigned to CHC ("Faculty"). Faculty shall collaborate with CHC to plan and implement individual Student assignments. Additionally, Faculty shall be solely responsible for assigning final course grades to the Students. Faculty may consult with CHC staff or Preceptors as appropriate in conducting evaluations of Student performance.

CHC shall be responsible for assigning Students to clinical areas and patients. CHC shall provide an individual preceptor who shall be responsible for planning and implementing individual Student assignments, and for evaluating Student performance in accordance with criteria developed by the Educational Institution ("Preceptor").

6. **Notification of Program Requirements.** The Educational Institution shall submit to CHC, at least thirty (30) days prior to commencement of the Program, a description of the types of clinical or fieldwork experiences needed, the dates during which such experiences will be needed, and the number of Students expected to participate in the Program. The Educational Institution shall inform CHC as soon as practicable of any changes in information previously provided to CHC regarding the Program. Certain CHC programs require that CHC interview and accept students prior to participating in the Program and CHC retains its right to deny participation in the Program if, in CHC's sole discretion, the Student does not meet CHC's requirements or expectations.

7. **Equipment and Use of Facilities.** CHC shall provide equipment and supplies necessary for Students' clinical assignments at CHC and suitable space for conferences connected with the Students' clinical or fieldwork instruction. All equipment shall remain fully the property of CHC and shall not be removed from Students' assigned CHC location at any time or under any circumstances.

8. **Orientation and In-service Training.** CHC shall provide orientation for any Educational Institution faculty regarding CHC, including policies, procedures, and rules with which Educational Institution's faculty and students must comply. When necessary or relevant, CHC shall also provide formal training on its electronic health record to assigned students, who shall not be allowed to start a clinical experience until completing the training. CHC shall also provide



on-site orientation to the site, organization, and safety. The Educational Institution shall provide and verify that it provided training to all participating Students on subject matters consistent with the placement needs. At a minimum, such training shall include but is not limited to CPR, HIPAA and OSHA.

9. **Compliance with CHC Rules.** The Educational Institution will instruct its Students and Faculty to comply with all rules and regulations of CHC. Upon CHC's request, the Educational Institution shall withdraw from the Program any Student or Faculty member who fails to comply with CHC's rules and regulations.

10. **Background Checks.** The Educational Institution shall advise its Students that they may be required to provide the Facility with evidence that they have completed a criminal background check or other type of background check to meet the Facility's requirements. The Facility may refuse to accept for participation in the Program any Student for whom satisfactory evidence of completion of such required checks has not been provided to CHC.

11. **Confidential Information.** All participating students must sign CHC's confidentiality statement before the student may begin his or her participation in the program. That statement is attached here as **Exhibit A**. When at CHC pursuant to this Agreement, Students and Faculty shall be considered members of CHC's workforce (as defined in 45 CFR §160.103) solely for the purpose of defining such individuals' roles in relation to using and disclosing protected health information at CHC in compliance with the Health Insurance Portability and Accountability Act and its regulations ("HIPAA").

12. **Withdrawal of Students from the Program.** The Educational Institution shall withdraw immediately a Student from the clinical or fieldwork area due to health, performance, or other reasons upon the request of CHC if CHC determines, in CHC's sole discretion, that such Student's continued participation in the clinical or fieldwork program is detrimental to the Student and/or CHC's operations, patients or staff.

13. **Emergency Medical Care.** CHC shall provide emergency medical care only to Students and/or Faculty who become ill or who are injured while on duty at CHC or arrange for transportation to an acute care facility. CHC shall not be responsible for the cost of emergency care. The Educational Institution and/or Student shall be responsible for the cost of such care.

14. **Insurance.** The Educational Institution shall maintain and provide for each Student comprehensive general liability and professional insurance in an amount not less than \$1 million per occurrence and \$3 million in the annual aggregate and shall provide evidence of such coverage to CHC upon request.

15. **Evaluations.** Appropriate CHC personnel shall meet at least once each year with the Educational Institution department head for the purpose of evaluating the Program. CHC Preceptors will complete student-specific evaluations as requested. CHC will contact all

Students with request for completion of a post-educational experience at CHC survey to provide feedback to CHC on the effectiveness of the Program.

16. **Student Education Records.** CHC acknowledges that Educational Institution grant it access to education records of Students in the course of performing its obligations pursuant to this Agreement. CHC acknowledges that such information is subject to the Family Educational Rights and Privacy Act (“FERPA”) and agrees that it will utilize such information only to perform the services required by this Agreement and for no other purpose. CHC further agrees that it will not disclose such information to any third party without the prior written consent of the student to whom such information relates.

17. **Students and Faculty Not Employees or Agents.** Both the Educational Institution and CHC acknowledge that neither Students nor Faculty will be considered employees or agents of CHC.

18. **Governing Law.** The validity, construction, performance and effect of this Agreement shall be governed by the laws of the State of Connecticut without regard to its principles of conflicts of laws, and any question arising under of this Agreement shall be construed or determined according to such laws, except to the extent preempted by federal law.

21. **Notices.** Any notice required to be given pursuant to the terms of this Agreement shall be in writing and shall be sent, postage prepaid, by certified mail, return receipt requested, to CHC or the Educational Institution at the address set forth below. The notice shall be effective on the date of delivery indicated on the return receipt.

*If to CHC:*

Attention: Margaret Flinter, Senior Vice President/Clinical Director  
Community Health Center, Inc.  
635 Main Street  
Middletown, CT 06457

*If to the Educational Institution:*

Attention:  
Institution Name:  
Street Address:  
City, State, Zip:

22. **Prohibition Against Assignment.** This Agreement may not be assigned by either party without the prior written consent of the other party.

23. **Accommodations for Persons with Disabilities.** In the event that a Student, a Faculty member or another Educational Institution employee requests accommodations for a disability beyond those accommodations that are currently available at CHC, and provided that the

Educational Institution determines that such accommodations should be provided, the Educational Institution shall be responsible for making any arrangements necessary to effectuate the additional accommodations.

24. **Worker’s Compensation.** The Educational Institution and Facility agree that the Facility is not responsible for any Workers Compensation or disability claim filed by a Student or Faculty.

26. **Immunizations.** The Educational Institution represents to CHC that it has been provided documentation by each Student and Faculty participating in the Program which indicates that the Student has had history of measles vaccine or blood titer indicating immunity, annual PPD test, hepatitis B vaccine or blood titer indicating immunity (or provided a written statement of refusal as required by Institution policy) and annual influenza vaccination. The Educational Institution understands that CHC may refuse to accept for participation in the Program any Student or Faculty for which evidence of completion of immunization requirements acceptable to CHC cannot be provided to CHC.

27. **Entire Agreement and Amendment.** This Agreement is the entire agreement between the parties and supersedes and rescinds all prior agreements relating to the subject matter hereof. This Agreement may be amended only in writing signed by both parties.

**IN WITNESS WHEREOF,** the parties here to have executed this Agreement as of the date first written above.

***Educational Institution:***

**Community Health Center, Inc.**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_



## AFFILIATION AGREEMENT ADDENDUM

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This Affiliation Agreement Addendum (“Addendum”) is made by and between Bighorn Valley Health Center, dba One Health, a 501(c)(3) tax-exempt nonprofit corporation organized and existing under the laws of the State of Montana (“One Health”) and [REDACTED] (“Educational Institution”). This Addendum is entered into on this [REDACTED] day of [REDACTED] 20[REDACTED] and is intended to be an addendum to and a part of the agreement signed by the parties on [REDACTED] (“Agreement”).

- Addendum Governs:** To the extent that there is any conflict between this Addendum and the Agreement or any of its attachments or exhibits, the terms of this Addendum shall govern.
- Immunizations.** The Educational Institution represents that each student and faculty member participating in the internship or externship program has provided documentation indicating that the student and/or faculty has had a history of measles vaccine or blood titer indicating immunity, annual PPD test, hepatitis B vaccine or blood titer indicating immunity (or provided a written statement of refusal as required by One Health policy) and an annual influenza vaccination. Further, the Educational Institution agrees to provide copies of such documentation upon One Health’s request. The Educational Institution understands that One Health may refuse to accept any student for whom there is no evidence of completion of immunization requirements acceptable to One Health.
- Notification of Program Requirements:** The Educational Institution shall submit to One Health, at least thirty (30) days prior to commencement of the internship or externship program, a description of the types of clinical or fieldwork experiences needed, the dates during which such experiences will be needed, and the number of students expected to participate in the program. The Educational Institution shall inform One Health as soon as practicable of any changes in information previously provided to One Health regarding the program. Certain One Health programs require that One Health interview and accept students prior to participating in the program and One Health retains its right to deny participation in the program if, in One Health’s sole discretion, the student does not meet One Health’s requirements or expectations.
- Termination of Agreement or Withdrawal of Students from the Program:** One Health may terminate the Agreement immediately by providing oral or written notice to Educational Institution if One Health determines, in its sole discretion, that continued participation in this Agreement presents a risk to the health, safety or well-being of One Health’s patients or staff. Additionally, the Educational Institution shall withdraw immediately a student or faculty from the clinical or fieldwork area due to health, performance, or other reasons upon the request of One Health if One Health determines, in One Health’s sole discretion, that such student’s or faculty’s continued participation in the clinical or fieldwork program is detrimental to the student, faculty, and/or One Health’s operations, patients or staff.
- Benefit of the Students/No Employment Relationship:** One Health offers the internship or externship program to provide clinical and/or fieldwork experience solely for the benefit of the students. The Program does not displace regular employees. Educational Institution shall inform students that participation in the internship or externship program does not guarantee or entitle

students to employment at One Health. Both the Educational Institution and One Health acknowledge that neither students nor faculty will be considered employees or agents of One Health.

6. **Assigning Grades:** Educational Institution shall be solely responsible for assigning final course grades to the Students.

7. **Orientation and In-Service Training:** One Health shall provide orientation for any Educational Institution faculty regarding One Health, including policies, procedures, rules and regulations with which Educational Institution's faculty and students must comply. When necessary or relevant, One Health shall also provide formal training on its electronic health record to assigned students, who shall not be allowed to start a clinical experience until completing the training. One Health shall also provide on-site orientation to the site, organization, and safety. The Educational Institution shall verify that it trained the student on subject matters consistent with the placement needs. At a minimum, such training shall include, but is not limited to, CPR, HIPAA and OSHA-specific training.

8. **Background Checks:** The Educational Institution shall advise its students that they may be required to provide One Health with evidence that they have completed a criminal background check or other type of background check to meet One Health's requirements. One Health may refuse to accept for participation in a program any student for whom satisfactory evidence of completion of such required checks has not been provided to One Health.

9. **Insurance/Responsibility for Conduct.** The Educational Institution shall provide comprehensive general liability and professional liability insurance for each participating student in an amount satisfactory to One Health and shall provide proof of such insurance upon request. The Educational Institution agrees to be responsible for the negligence of its faculty and students.

10. **Indemnification.** Each party hereto will defend, indemnify and hold harmless the other party, the other party's affiliates and their respective trustees, officers, directors, agents, contractors and employees from any and all third party claims, actions, demands, judgments, losses, costs, expenses, damages and liabilities (including reasonable attorneys' fees, court costs and other expenses of litigation), relating to acts or omissions of the other party and/or the other party's faculty, students, employees, agents, or contractors which relate in any way to this Agreement.

11. **Confidential Information:** All participating students must sign One Health's confidentiality statement before the student may begin his or her participation in the program. That statement is attached here as **Exhibit A**. When at One Health pursuant to this Agreement, students and faculty shall be considered members of One Health's workforce (as defined in 45 CFR §160.103) solely for the purpose of defining such individuals' roles in relation to using and disclosing protected health information at One Health in compliance with the Health Insurance Portability and Accountability Act and its regulations ("HIPAA").

12. **Compliance with One Health Rules:** The Educational Institution will instruct and ensure that its students and faculty comply with all policies, procedures, rules and regulations of One Health. Upon One Health's request, the Educational Institution shall withdraw from the program any student or faculty who fails to comply with One Health's policies, procedures, rules or regulations.

13. **Compliance with Law:** Both parties agree to comply with all applicable laws, ordinances, rules, regulations and orders of all governmental authorities having jurisdiction over the activities within the scope of this Agreement. In the event there is a change in the law that has a material effect on the legality of any provision of this Agreement, the parties agree to engage in good faith negotiations to address the change in the law. The party requesting good faith negotiations must provide written notice to the other party. After engaging in good faith negotiations, if the parties cannot agree to amend this Agreement to address the change in law within sixty (60) days of the notice, either party may terminate this Agreement without penalty by providing the other party thirty (30) days' written notice of termination.

14. **Emergency Medical Care:** One Health shall provide emergency medical care only to students and/or faculty who become ill or who are injured while on duty at One Health or arrange for transportation to an acute care facility. One Health shall not be responsible for the cost of emergency care. The Educational Institution, faculty and/or student shall be responsible for the cost of such care.

15. **Worker's Compensation:** The Educational Institution and One Health agree that One Health is not responsible for any Workers Compensation or disability claim filed by a student or faculty.

16. **Governing and Applicable Law:** This Agreement, notwithstanding any provisions therein to the contrary, is being delivered and is to be construed (both as to validity and performance), governed, and enforced in accordance with the laws of the State of Montana. Any suit, action, or other legal proceeding arising out of or related to this Agreement must be brought in a state or federal court located in Montana.

IN WITNESS WHEREOF, the parties hereto acknowledge this Addendum as executed and each of the undersigned hereby warrants that he/she has been and is, on the date of this Addendum, authorized to carry out and execute this Addendum.

| <b>ONE HEALTH</b> | <b>EDUCATIONAL INSTITUTION</b> |
|-------------------|--------------------------------|
| By: _____         | By: _____                      |
| Printed Name:     | Printed Name:                  |
| Title:            | Title:                         |
| Date:             | Date:                          |



## Volunteer, Student, and Job Shadow Packet

### Checklist:

*Please use the following checklist to ensure you have completed all requirements necessary before you participate in your volunteer or job shadow (participant) experience. All items must be returned to Human Resources prior to your first day or effective your first day.*

Please initial your understanding of each item below.

- \_\_\_\_\_ I have read and signed the Participation Agreement>
- \_\_\_\_\_ I have read and understand the policy provided regarding privacy.
- \_\_\_\_\_ I have read and understand HIPAA restrictions and guidelines.
- \_\_\_\_\_ I have read and agree to follow the guidelines of the Volunteer and Job Shadow program at One Health.
- \_\_\_\_\_ I am current on all vaccinations pertaining to my position per my school Standards. This can include PPD, MMR, and Hep B.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

***Caring for our communities, one person at a time.***

501 Main St  
Ashland MT 59003  
406-784-2346

419 Pennsylvania St  
Chinook, MT 59523  
406-357-2294

303 N. Harmon Ave  
Glendive, MT 59330  
406-815-5831

310 N. Center  
Hardin, MT 59034  
406-665-4103

406 1<sup>st</sup> Ave S  
Lewistown, MT 59457  
406-535-6545

305 S 4<sup>th</sup> St  
Miles City, MT 59301  
406-874-8700



## Volunteer, Job Shadow Guidelines, and General Information

### 1. Dress Code and Appearance

- a. The One Health dress code policy states that “One Health expects all employee to present a neat, clean and business-like appearance to all patients, visitors, the public, and other employees. Given the natures of work within a health care environment, open-toed shoes are not permitted. The Health Center will make reasonable accommodation for employee’s religious beliefs, cultural traditions, and/or health care concerns when they are consistent with business necessity of presenting a professional appearance or the public. “Participants must adhere to this policy standard.
  - i. The following are not acceptable:
    1. Jeans and/or pants with frayed bottoms
    2. Tank tops, spaghetti, straps, midriffs, or cleavage showing
    3. T-shirts with logos
    4. Open toed shoes
- b. Personal Hygiene will be maintained in a manner not offensive to fellow participants, employees, patients, or visitors.
- c. Hair will be neat and clean and will not interview with job tasks.
- d. Colognes, aftershaves, and perfumes are discouraged due to the public’s illnesses and allergies.
- e. Jewelry will not interfere with the job tasks.

### 2. Conduct

- a. Courtesy, consideration, promptness, and professionalism are expected when interacting with patients, the public, providers, and other staff members.
- b. It is important to project an attitude of friendliness, personal concern, and warmth.
- c. Remember to always act in a dignified and quiet manner. Be respectful and courteous. Unnecessary noise and loud conversation are unacceptable in the One Health workplace. Remember where you are regarding both volume and subject of your conversation.
- d. One Health is a smoke-free facility. Smoking is not permitted in/on any One Health buildings and on the grounds of affiliated property. Eating, drinking, and chewing gum should be confined to non-clinical workspaces and out of view of patients.
- e. Stay in your assigned area unless asked by a mentor to go elsewhere.
- f. Participant may not bring unassigned or unauthorized friends or family with them to sessions at One Health.
- g. Do not use profanity of any kinds and avoid slang and disparaging comments.
- h. Use of personal cell phones is to be minimized and limited to break times. Cell phones should be silenced during on-site visits.





- i. Alcohol and/or substance abuse will result in an immediate escort from One Health premises.

### 3. Supervision

- a. Each participant will be paired with a staff member and will follow the staff member during the entire experience.
- b. A participant will not be asked to function independently or sent around the facility unaccompanied. Stay at your assigned area unless asked by your mentor to go elsewhere within the facility.
- c. We ask that you use discretion when confronting any information or situation that could be disturbing to any patient, family, or yourself.
- d. The mentor will inform other staff of the participant's role and function.
- e. During their program, participants will not be granted technology passwords or security access privileges without express written consent of the CEO and only after documentation and training related to acceptable technology use.

### 4. Confidentiality

- a. The work that One Health performs on behalf of patients is strictly confidential and may not be communicated outside the company without the express written consent of the CEO. As the participant works, he or she may acquire medical and personal information concerning patients, fellow employees, or One Health operations. Such information is to be held strictly private and confidential.
- b. Care should be taken to discuss patient or organizational information only when necessary and appropriate in the context of patient care, and only within the confines of One Health facilities.
- c. A participant is not to read or open any patient, employee, or other type of health or financial records unless it is to carry out employment duties.
- d. Do NOT discuss confidential information in public areas of the office, over lunch, or away from the office except as required by your professional duties.
- e. Refer any criticisms of One Health or its staff to Human Resources, the CEO, or department supervisor.



Volunteer and Job Participation Agreement

This Participation Agreement is effective for \_\_\_\_\_, who is participating in a volunteer or job shadow program at One Health on \_\_\_\_\_, 20 \_\_\_\_ from \_\_\_\_\_ AM/PM to observe activities related to \_\_\_\_\_.

Job Shadow Activities: Participant will be responsible for transportation to and from One Health. Participant will report to the front desk at One Health at a pre-scheduled date and time. Participant agrees to wear appropriate attire, including badge identifying him/her as a visitor or job shadow participant of One Health.

Fitness: Participant shall provide evidence that participant is fit for observation of activities. Participant shall immediately notify One Health should any illness or other health condition arise that may limit participation on the observation activities.

Compliance with Policies and Rules: Participant shall abide by all applicable rules, policies, and instructions, whether verbal or written, while participating in job shadow activities. Participant shall review documents provided by One Health that will include information pertinent to the job shadow experience in which he/she will participate.

Release: Participant shall hold harmless One Health including all their affiliates, subsidiaries, employees, agents, and insurers, from all liability of whatsoever nature and from injuries, sickness, or other damages, physical as well as emotional, suffered by participant during the volunteer or job shadow activities.

Limitation: Participant understands that by signing this Agreement, he/she is not guaranteed participation in any volunteer or job shadow activities at One Health. Eligibility of participation shall be determined exclusively by One Health, in its sole discretion.

Withdrawal of Unsatisfactory Participant: One Health may immediately withdraw any participant from the volunteer or job shadow activities whose conduct, demeanor, or cooperation is unsatisfactory to One Health, at One Health's sole discretion.

Discretion of Felony Conviction: Participant is required to answer the following question:

Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

If yes, date of conviction \_\_\_\_\_

Nature of Offense \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Participant Signature



Confidentiality Agreement

As a One Health volunteer, or job shadow participant, I recognize that assuring confidentiality is an ethical, moral, and legal responsibility. Patients, employees, and business associates of One Health have the right to expect that confidential information of all kinds – medical, personnel, business, and financial (verbal, written, or computerized) – will be safeguarded. Such information may be accessed, used, and discussed by only those with an authorized need to know, and my not be released or disclosed except in accordance with One Health policies and agreements.

As a One Health participant, I recognize that I am obligated to follow One Health policies that protect confidentiality, including but not limited to, One Health’s Standards of Conduct, policies that address the release of confidential health care information and email usage, and the policy that protects confidentiality (P7). These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended, and new policies may be issued that protect the confidentiality of information, and I agree to follow new policies as they are issued. Furthermore, I understand that, under special circumstances, One Health will enter into agreements to share confidential business, financial, or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that violation of One Health policies and agreements that protect the confidentiality of information will result in immediate termination of this agreement and dismissal from the participation program.

If I have a question or concern about One Health policies and expectations regarding confidentiality, I will ask my One Health mentor, a member of the executive leadership, or Human Resources. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my mentor, One Health leadership, or Human Resources, in any manner identified in One Health’s Standards of Conduct (P7).

Participant Printed Name Date Department

Participant Signature Approved by: Site HR Department Date