IU Health Bloomington Hospital/Southern Indiana Physicians

CLINICAL/INTERN MANDATORY CHECKLIST

**Student or  Instructor**

**Legal Name** (First-Middle Initial-Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred Name for Namebadge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**University and School/Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**University Contact (name-phone-email):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IU Health Department/Unit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IU Health Contact and/or Preceptor Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Placement START and END Dates**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical/Intern Application Includes**:

1. Clinical Student Information
2. Health Screening Questions
3. “Non-Hospital Personnel Education In-service” Quiz
4. Agreement & Acknowledgement Form
5. Immunization Checklist (for school review)
6. Professional Image Policy

**SCHOOL APPROVAL:**

* I attest to having received and reviewed current and complete immunization, vaccination and TB test records as required by IU Health Bloomington/SIP and will provide copies of complete records immediately upon request of IU Health. Student has completed all program requirements per the Affiliation Agreement.

Authorized School Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed/Typed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*This checklist must be returned to IU Health Bloomington/SIP Student Placement Services***

***with the completed Clinical Application.***

***Badge will be issued after Student Placement approval.***

[**BLM-StudentPlacement@iuhealth.org**](mailto:BLM-StudentPlacement@iuhealth.org) / **Phone: 812.353.5527**

**Indiana University Health CLINICAL/INTERN**

**BLOOMINGTON HOSPITAL** STUDENT

**SOUTHERN INDIANA PHYSICIANS** PLACEMENT

APPLICATION

**2023-2024**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name (First-Middle Initial-Last): | | | |
| Current Address: | | | |
| City: | State: | Zip: | |
| Permanent Address (if different from current): | | | |
| City: | State: | Zip: | |
| Phone Number: | | |  |
| E-Mail Address: | | |  |
| University/College & School/ Program: | | |  |
| Date of Birth: | | | |
| In an emergency, notify (name & relationship): | | | |
| Emergency Contact Phone Number: | | | |

I am a current IU Health Team Member or IU Health non-employee.

If yes, IU Health Oracle/Person number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I may complete rotations at the same or other IU Health facility past

the end date listed on this application. If yes,

Program End Date/Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH SCREENING QUESTIONS**

Clinical/Intern Students and Instructors are required to meet the same health requirements as employees of IU Health Bloomington Hospital/SIP. Health requirements are established in response to current CDC and Indiana State Department of Health guidelines and requirements. The student’s school/sponsor is responsible for assuring that all health requirements have been met prior to the student beginning training at IU Health Bloomington Hospital/SIP. In the event of a regulatory survey of IU Health Bloomington Hospital/SIP, the school/sponsor of the student/instructor must immediately provide requested documentation to IU Health South Central Region Employee Health Services.

Individuals who respond “yes” to the following questions must be cleared by IU Health South Central Region Employee Health Services prior to beginning activities at IU Health Bloomington/SIP.

Must Circle (Yes or No) for each question:

1. I have traveled outside of the United States within the last 6 months. YES NO

**If YES, list dates and locations**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I have had contact with an individual with active tuberculosis within the last 12 weeks. YES NO

3. I have had contact with an individual with active case of chickenpox within the last 30 days. YES NO

4. I have had contact with an individual that has/had a communicable disease within the

last 30 days (i.e. SARS, Measles, etc.). YES NO

If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I currently have the following symptoms:

1. Persistent productive cough of 2 weeks or longer YES NO

2. Night sweats YES NO

3. Fever YES NO

4. Open skin lesions YES NO

Please list allergies:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individuals who respond YES to any question above must be cleared by IU Health South Central Region**

**Employee Health Services prior to beginning activities at IU Health Bloomington/SIP.  
Contact Student Placement Services for more information: 812.353.5527**

**“NON-HOSPITAL PERSONNEL EDUCATION IN-SERVICE” QUIZ**

Read the In-service document on website at: [iuhealth.org/professional-education/student-placement-services-bloomington](https://iuhealth.org/professional-education/student-placement-services-bloomington)

Highlight or underline correct answers.

**1. How do you report a fire?**

1. Dial 44 from within the hospital using a hospital phone or dial 911 for locations outside the main hospital.
2. Yell down hallways to alert staff and visitors.
3. Call the operator by dialing “0”.
4. Don’t worry. Someone else will do it.

**2. In the event that there is a power failure, which outlets are supplied with power from our emergency generators?**

1. All outlets have power C. The red outlets
2. All the outlets on the first and second floors D. The green outlets

**3. Blood borne pathogen standard precautions were developed to protect workers.**

1. True B. False

**4. Hand washing is the single most important thing you can do to prevent the spread of infection.**

1. True B. False

**5. You can enter an isolation room without wearing the identified personal protective equipment (PPE).**

1. True B. False

**6. Always wash your hands**

1. Before you eat
2. After using the toilet
3. After blowing your nose, sneezing, or coughing
4. After touching things that belong to another patient or a visitor
5. All of the above

**7. Multi Drug Resistant Organisms are easily cured by antibiotics.**

1. True B. False

**8.** **What are the IU Health Bloomington Standards of Assurance?**

1. Friendly, Accessible, Smart, Tested C. Trust, Excellence, Accountability, Mutual Respect
2. Quality, Communication, Environment, Accessible D. Timely, Effective, Accountable, Manageable

**9. Diversity is about valuing the similarities and differences among individuals. We can expect you to:**

1. Show respect
2. Implement the F.A.I.R. (feedback, assistance, inclusion, respect) approach
3. Be trustworthy
4. All of the above

**10. Who is responsible for the safety and security of all patients, visitors, and healthcare workers?**

1. Hospital Security and local police agencies C. All IU Health employees and non-employees
2. The Volunteers D. Environmental Services

**11. If something doesn’t look right, feel right or seem right, remove yourself from the situation and report it to**

**someone of authority.**

1. True B. False

**12. Accessing or disclosing patient information without a direct treatment relationship with the patient or for a valid**

**business reason is subject to disciplinary action, up to and including termination of employment or contract.**

1. True B. False

**13. It is okay to post patient pictures and/or information on social media sites.**

1. True B. False

**14. One of IU Health Bloomington’s strongest assets is a reputation for integrity and honesty.**

1. True B. False

**AGREEMENT & ACKNOWLEDGEMENT FORM**

**ETHICS – PROFESSIONALISM**

I understand, like staff, I cannot initiate telephone calls, write notes, or arrange social interactions with patients. I will clearly define boundaries of staff-patient relationships during chance meetings in the community. Any pre-existing relationships with patients are to be discussed with the Director of the Department. Should a discharged patient attempt to develop a personal relationship with me post-discharge, I will clearly define again the staff-patient relationship boundaries and report this to the Director, who will provide specific guidance for professional conduct. Violation of this policy is grounds for termination of my placement experience.

**CONFIDENTIALITY**

As a Non-Hospital Personnel/Visitor at IU Health Bloomington/SIP, I recognize the extreme importance of confidentiality with respect to information concerning patients, IU Health Bloomington/SIP operations, and employees / Human Resources. I acknowledge that I will adhere to the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and any other federal or state laws regarding confidentiality. **I understand that violations of confidentiality will result in disciplinary action up to and including termination of contract, association, or appointment. Disciplinary action may also include the imposition of fines and other legal action pursuant to HIPAA and other applicable state and federal laws.** I agree to report any violations of confidentiality that I become aware of to my supervisor, department director, member of the Senior Leadership Group, or the HIPAA Privacy Officer. I have read and understand the Privacy education provided in the Non-Hospital Personnel Education In-Service.

**HOLD HARMLESS**

The undersigned, being an adult, in return for being allowed to participate in certain IU Health activities agrees to assume the risks of participating in these activities and does herby agree to release, indemnify and hold harmless IU Health Bloomington/SIP, its employees, agents and representatives, from any and all damages of any nature whatsoever which the undersigned may suffer as a result of these activities such as being a passenger in an IU Health Bloomington/SIP vehicle, including an IU Health Bloomington Emergency Medical Transport Services emergency vehicle, owned or operated by IU Health Bloomington. The undersigned fully understands and assumes the risks involved in being a passenger in an IU Health Bloomington vehicle, including an Emergency Medical Transport Services emergency vehicle owned or operated by IU Health Bloomington, and assumes risk freely and voluntarily. These risks include an increased risk of injury and even death from being a passenger in a vehicle and/or in an emergency vehicle responding to an injury, accident or illness in an emergent fashion. This assumption of risk, release, indemnity and holds harmless is given by the undersigned in consideration of IU Health Bloomington granting permission to ride in an IU Health Bloomington vehicle, including an Emergency Medical Transport Services emergency vehicle, owned or operated by IU Health Bloomington for training, observation and evaluation purpose of benefit to the undersigned.

**READ THIS STATEMENT CAREFULLY**

All the information in this packet is true to the best of my knowledge and I understand this will become a part of my record. I also understand that any incorrect, incomplete, false or misleading statement or information by me herein will be considered possible cause for my dismissal from my placement experience. Furthermore, I understand that the Health Screening is not a physical examination. The hospital is not assuming responsibility for my continued medical care.

I have read and understand the preceding policies. I am aware that if I violate an IU Health Bloomington/SIP rule or regulation my placement as a non-hospital personnel or visitor may be terminated immediately. Additionally, if I do not meet the required Dress Code Policy required of me on days in which I am scheduled, I will not be allowed to complete my duties on that day. I will remember that the department may make special accommodations for my placement. Therefore, if something happens and I am not available during the time that I have been scheduled for, then I MUST notify the department and/or my assigned IU Health Bloomington/SIP contact. Rescheduling arrangements may be discussed at this time or later.

**CLINICAL/INTERN STUDENT, INSTRUCTOR NON-HOSPITAL PERSONNEL AGREEMENT**

I have read, acknowledged, and agree to abide by the following: check or highlight boxes and sign below

I will keep all Protected Health Information and Business Operations Information confidential.

I will follow all immunization, health, and safety standards.

I will remember that we live and practice in a diverse community and have studied the Diversity

Section included in the In-service document.

I will hold harmless IU Health Bloomington/SIP and its representatives from any damages

Obtained during my placement.

I will not use tobacco products or smoke on the IU Health Bloomington/SIP campus.

I will follow the Professional Image and Dress Code Guidelines as detailed in this application.

I have reviewed the National Patient Safety Goals included in the In-service document.

I will remember the Standards of Assurance (quality, communication, environment, accessible)

and will treat everyone that I encounter with respect.

**PLEASE READ CAREFULLY BEFORE SIGNING**

I have read and understand the In-service document and have completed the Student Placement Application to the best of my ability. I voluntarily authorize Indiana University Health Bloomington/SIP to make a thorough investigation of my eligibility for a clinical experience. I agree to meet all immunization requirements before beginning my placement. I understand that my placement may be terminated for any misinformation and/or omission of facts appearing on the application form, or for any violation of rules or regulations.

My signature below indicates that I agree and understand the information contained in this application, the In-service document, and agree to the items listed above in the Clinical/Intern Student, Instructor Non-Hospital Personnel Agreement.

**Signature**:        **Date**:

(Your typed legal name qualifies as an electronic signature.)

**\*\* Please submit completed application to your school instructor.**

**School instructor: please submit completed application by email to Student Placement Services:**

**e-mail:** [**BLM-StudentPlacement@iuhealth.org**](mailto:studentplacement_bloomington@iuhealth.org)

**QUESTIONS?**

**Please contact Student Placement Services at**

**812.353.5527 or** [**BLM-StudentPlacement@iuhealth.org**](mailto:BLM-StudentPlacement@iuhealth.org)

|  |  |
| --- | --- |
| **REQUIRED IMMUNITY, VACCINATION AND TB TESTING REQUIREMENTS**  **Submit immunization records to your school instructor.**  Non-Employees including clinical/intern students and faculty are required to meet the same health requirements as employees of IU Health Bloomington/SIP. Health requirements are established in response to current CDC and Indiana State Department of Health guidelines and requirements. Additional information is located in the Affiliation Agreement. Please ask your school instructor. | |
| **Hepatitis B** | * Documentation of completed 3 shot series   **OR**   * Documentation of positive Hepatitis B Surface Antibody blood test   **OR**   * Declination Form |
| **MMR Evidence of Immunity** | * Documentation of two (2) doses of MMR (measles, mumps, and rubella) separated by at least 28 days   **OR**   * Documentation of laboratory (blood test) evidence of measles, mumps and rubella immunity (Positive Rubeola IgG, Mumps IgG,   and Rubella IgG) |
| **Varicella (Chickenpox) Evidence of Immunity** | * Documentation of two (2) doses of Varicella vaccine given at least   28 days apart  **OR**   * Documentation of laboratory (blood test) evidence of immunity (Positive Varicella IgG) |
| **Tetanus, Diptheria, Pertussis (Tdap)** | * Documentation of one (1) dose of Tdap   Note: Tdap is a one-time vaccination.  Dtap vaccine cannot be accepted as the Tdap |
| **Tuberculosis (TST) TB Skin Testing** | * Documentation of 2-step TB skin testing with at least 1 TB test completed within 90 days before on-site start date. Record must include date and exact time of placement and date and exact time   of reading.  **OR**   * QuantiFERON, IGRA, or T-spot Blood Test completed within 90 days before on-site start date. |
| **Influenza** | * Required during the months of Sept. through April, (or when mandated by IU Health South Central Region Employee Health Services). Documentation must include: Date given, Manufacturer, Type of vaccination, Lot number, Expiration date, and Name and credentials of person who administered the vaccine.   **OR**   * School or IU Health approved medical or religious exemption. |
| **COVID Vaccination** | * Documentation including date given, manufacturer, type of vaccination and lot number. If a two-shot series (ex. Moderna, Pfizer) documentation of both shots is required.   **OR**   * School or IU Health approved medical or religious exemption. |

**PROFESSIONAL IMAGE**

As a clinical student you are required to follow the dress code set forth by Human Resources. In summary, you are required to wear your school uniform or dress in business casual attire. Items recommended include dress pants, khaki-type casual slacks, collared shirt, dress shirt, blouse, sweater, clean and comfortable closed-toe flat dress shoes with socks or hosiery. Items **NOT** allowed include jeans, shorts, sleeveless blouses, t-shirts, sweatshirts, sandals.

PROFESSIONAL IMAGE POLICY #: SCR HR-107: Below information has been condensed for the Student Placement Program. Full policy may be obtained by contacting [BLM-StudentPlacement@iuhealth.org](mailto:BLM-StudentPlacement@iuhealth.org).

All full-time, part-time, supplemental, and temporary team members, as well as students, volunteers, contractors, consultants, medical residents, agency personnel, team members from institutions and individuals providing services at an IU Health facility are covered by this policy.

It is incumbent on each individual who wears items with the IU Health logo (i.e. - identification badge, scrubs, logo wear, etc.) or conducts business and services on behalf of IU Health to maintain a professional image as defined by this policy. Team members and others can represent themselves when wearing the IU Health logo when at work, in the community, and even in personal/social settings – and should be mindful to conduct themselves accordingly.

This policy provides guidelines for the minimal acceptable standard for appearance and conduct which supports high quality, safe patient care. Departments may adopt department-specific guidelines within these parameters which support their specific patient care, safety requirements and/or business needs.

Identification Badges: Individuals should wear their identification badge at all times while on duty, except those team members restricted from wearing the badge while working in sterile environments. ID badges will be worn at shoulder height so they can be easily read. For infection control and safety reasons, name badges may not be worn on a lanyard or any other badge holder deemed unsanitary for the patient care environment.

Personal Hygiene:

* 1. Cosmetics: If worn, will be modest.
  2. Hair will be clean and neat. When providing direct patient care, hair longer than shoulder length will be contained so that it does not interfere with patient care. Facial hair will be neatly styled and groomed.
  3. Fragrance will be minimized and may be banned in patient care or other designated areas to avoid allergic reactions. Team members will refrain from smoking at any time while on duty.
  4. Jewelry: Earrings, ear gauges (no bigger than 10mm) and/or a small nose stud are acceptable (no septum or rings). No other visible pierced jewelry or body adornment. Team members providing direct patient care may not wear dangling jewelry (ex: bracelets, earrings and necklaces), and it may be banned in some areas to safeguard against injury.
  5. Hands and nails will be clean and well groomed. In certain areas, artificial nails may be banned consistent with infection control policy.
  6. Tattoos are permitted while on duty, however if their subject matter is deemed to be offensive, they must be covered.
  7. Personal protective equipment such as gowns, masks, head/foot coverings and other barriers will be removed after completion of task, before leaving the work area and before going to another patient.
  8. Undergarments will be worn and will be covered and not visible.

Individuals not designated to wear uniforms should be dressed in clean and neat attire. Attire guidelines for non-uniformed individuals include (but not limited to) dress shirts, ties, button-down blouses, blazers, sweaters, cardigans, skirts, dresses, collared polo shirts, IU Health logo shirts, khaki, corduroy, and cotton pants. Appropriate shoes for business will be worn in all areas; closed toe shoes and appropriate stockings/leg wear will be worn in patient care and food service areas at all times.

Sunglasses, head coverings, footwear, or other attire may be approved for wear with a medical or religious exception. If you have any questions or concerns about medical or religious exceptions, please follow up with your direct leader or consult Human Resources for further assistance.

Accountability: This policy has been established by IU Health and may be changed at any time to ensure it is accurate and relative to the current environment. Failure of any team member to adhere to this policy will be addressed under the Corrective Action policy of the applicable entity. In addition, team members who do not follow this policy may be sent home without pay to change their attire, provided that patient care is not compromised.