



Academic Services 2024-2025

Clinical Education Support Plan & Student Onboarding: Direct Patient-Care Students

Welcome and thank you for choosing Valley Health for your student clinical site! The following handbook has been prepared to assist you in the student onboarding process. Please read the handbook carefully and complete all onboarding steps.

If you have any questions or concerns, contact the Academic Services Coordinator at student@valleyhealthlink.com.

Valley Health Mission, Vision, Values & Philosophy

Our Mission

Serving our Community By Improving Health.

Our Vision

A healthy community where care is accessible, affordable and exceptional for all.

Our Values

- Compassion
- Integrity
- Collaboration
- Courage
- Innovation
- Excellence

Our Academic Services Philosophy

In collaboration with our community academic partners, we strive to provide a clinical learning environment for students in the surrounding region that supports and upholds the Valley Health mission, vision, and values.

The safety of patients, visitors, staff, physicians, students, observers, and faculty is of the utmost priority, requiring frequent review of available data and guidance from regulatory agencies. Findings may require changes to current policies, procedures, and/or the level of clinical student educational support capability.

Our Entities

Hampshire Memorial Hospital
363 Sunrise Boulevard
Romney, WV 26757
(304) 822-4561

Page Memorial Hospital
200 Memorial Drive
Luray, VA 22835
(540) 743-4561

Shenandoah Memorial Hospital
759 S Main Street
Woodstock, VA 22664
(540) 459-1100

War Memorial Hospital
1 Healthy Way
Berkeley Springs, WV 25411
(304) 258-1234

Warren Memorial Hospital
351 Valley Health Way
Front Royal, VA 22630
(540) 636-0300

Winchester Medical Center
1840 Amherst Street
Winchester, VA 22601
(540) 536-8000

Student Onboarding Checklist

Required Documentation for all Direct Patient-Care Students

- All documents on the Exxat portal.
- Results of initial 2-step TB skin test, QuantiFERON TB test (QTB), T-SPOT blood test, or negative chest x-ray
- Administration record of 2 dates of MMR vaccination or result of positive titer
- Administration record of 2 dates of Varicella vaccination or result of positive titer
- Administration record of 3 dates of Hepatitis B vaccination, result of positive titer, or signed declination form
- Administration record of adult dose Tdap
- Administration record of influenza vaccination (if rotation falls between October and April) or signed declination form
- Administration record of COVID-19 vaccination if applicable
- Results of a criminal background check (within previous 12 months) that includes state in which clinical rotation will be completed
- Results of a urine drug screen (within previous 12 months)
- Completed *Best Practice in Infection Control: Hand Hygiene/Donning and Doffing PPE* competency form (reviewed and verified by academic institution faculty or VH infection control trainer)

Professional Expectations

- Be prompt, wearing your ID badge and orange *STUDENT* badge buddy, and ready to learn.
- Abide by the Valley Health dress code, wearing professional clothing or school uniform.
- Wear closed toe shoes and have hair pulled back.
- Be respectful to patients, staff, physicians, and visitors. Concerns should be reported to instructional personnel.
- Respect the privacy of others; do not engage in gossip. Adhere to all confidentiality guidelines.
- Treat all interactions as an opportunity to serve the health of the community.
- Be mindful of AIDET practices
 - *Acknowledge*: Greet the person and make eye contact.
 - *Introduce*: State your name and role.
 - *Duration*: Inform the person of the estimated wait time or procedure duration.
 - *Explanation*: Explain what will happen next and why.
 - *Thank you*: Express gratitude for the person's time and cooperation.
- If possible, show the person to a destination; don't tell them.
- Maintain enthusiasm.
- Show compassion. Remember, people visit us in their time of need.
- Be accountable; if you see a problem, take the necessary steps to fix it.
- Respond to call lights immediately and provide follow-up with the appropriate team member.
- Create a blame-free environment; there is no "I" or "YOU" in team.
- Follow through when accepting a task assignment or follow up appropriately.
- Always refer to patients by their name, not their room number.
- Pick up litter and dispose of it appropriately.
- Be respectful of meeting areas; do not leave personal belongings in meeting areas.
- Prevent slips, trips and falls. If a problem exists, fix it.
- Identify hazards and report them to the proper department.
- Be familiar with and follow policies and procedures.
- Communicate effectively with all disciplines.
- Do not borrow or share IDs/passwords.

Student & Academic Partner Responsibilities

Definitions

Student: A person currently enrolled in a technical, certification, under-graduate, or graduate program pursuing education in an allied health field.

Observer: An individual interested in observing some aspect of health care for the purpose of career exploration or education. This may or may not be a requirement for an academic program or job. An observer does not provide direct care (hands-on) to patients. Experience is limited to observation only and occurs for a duration of 40 hours or less.

Faculty: A licensed professional employed by an academic institution for the purpose of instructing students who are enrolled in a technical, certification, under-graduate, or graduate program pursuing education in an allied health field entering a VH facility or environment of care.

Academic Partner: An affiliating academic institution, college, or university

VH Responsibilities

- VH will assure safe environments of care for patients, visitors, staff, physicians, students, observers, and faculty.
- VH Academic Services will provide oversight to student clinical education at all VH facilities including onboarding documentation; student placement, tracking and reporting, off-boarding, and addressing issues/concerns that may arise.
- When the setting of care allows, VH supports student clinical education progression with academic partner institutions.
- VH will provide disposable gloves as appropriate.
- VH will review exposures to COVID-19 on an individual basis using CDC guidelines to design and validate VH exposure protocol.

Academic Partner Responsibilities

- Academic partners will assure that students have submitted all required onboarding documentation and are cleared through the VH Academic Services Coordinator prior to entering and beginning clinical site rotations.
- Academic partners will assure that all students and faculty have appropriate personal protective equipment (PPE) which may include level 1 or 2 ear-loop masks, protective eyewear, and fit-tested N-95 masks.

Student & Faculty Responsibilities

- Submit completed onboarding documentation to student@valleyhealthlink.com in a timely fashion as instructed by the VH onboarding packet.
- Abide by all VH and academic institution policies and procedures.
- Contact the VH Academic Services Coordinator to obtain VH Student or Faculty ID # before the start of clinical rotation, although this should be provided as part of the onboarding clearance email.
- Arrive on-time and in the assigned location to be greeted by clinical faculty or VH employee/host/preceptor.
- Wear "professional" and/or business casual attire with closed-toe shoes.
- Wear photo ID and orange *STUDENT* badge buddy:
- If affiliated with an academic health professions' program, wear visible college/university photo identification (ID).
- If not affiliated with a health professions' program of study, wear high school photo ID or drivers' license.
- In the event, the student/observer has neither a college/university, high school photo ID, or drivers license, a written request may be made to the Safety office or VH entity designee to create a VH photo ID with applicable expiration date.
- All students/observers to wear orange *STUDENT* badge buddy (hang tag) behind photo ID available from the host unit or obtained from the host entity Academic Liaison.
- Student/observer is to return the orange *STUDENT* badge buddy to the host preceptor or Academic Liaison upon completion of the clinical rotation/observation.
- During VH clinical rotation/observation, personal cell phone use is limited to emergencies only. Under no circumstances shall photos or video be taken without written consent of patients and/or staff.
- Student/observer will remain in the company of the assigned VH employee/ host/preceptor or clinical faculty at all times.
- Student/observer is accountable for his/her actions; failure to follow the direction of assigned VH employee/ host/preceptor and/or clinical faculty or inappropriate behaviors could result in a loss of clinical rotation/observational privileges.
- Respond to confirmed student/faculty COVID-19 illness as follows:
- Student/faculty to be excluded from clinical sites and notify academic services coordinator until at least 5 full days have passed since symptoms first appeared (onset of symptoms is day 0) and/or date of positive test, whichever is last; may return on day 6 if resolution of fever without the use of fever-reducing medications 24 hours prior to return and improvement in respiratory symptoms (e.g., cough, shortness of breath); must mask for 10 full days from symptom onset in all areas of VH.

Access to VH Facilities

- **WMC:** Enter hospital via South Tower or from MOB-2 hall; security guard posted 0500-2000, otherwise, proxy access only.
- **HMH, WAR, PMH, SMH, WMH:** Enter ED entrance.
- **Cork Street:** Enter lower Cork Street entrance, closest to Stewart Street.
- **Other VH sites:** Confirm preferred entrance with department contact.

Student & Academic Partner Guidelines and Policies

Student/Faculty/Education Visitor Agreement

1. I understand and agree that I will be responsible for all arrangements and expenses (if applicable) related to housing, transportation, uniforms, or meals during education experiences. I agree I will be required to wear clothing meeting the Educational Institution's policy (if applicable) and as required by Healthcare Facility.
2. I understand that I am required to report illness and absence to the Educational Institution (if applicable) and Healthcare Facility. I will maintain health insurance or will assume financial responsibility for any medical treatment for illnesses or injuries I sustain going to or coming from Healthcare Facility, or in connection with my participation in my educational experience.
3. Upon completion of my education experience I will complete any evaluations relating to my education experience using the VH Non-Employee Online Student Education Evaluation requested by Healthcare Facility.
4. I will follow the instructions of Healthcare Facility staff (including but not limited to my supervisor) at all times. I agree to follow the instructions of the academic advisor designated by Educational Institution (if applicable). I will comply with policies and procedures governing current practices at Healthcare Facility. These may include, but are not limited to, policies and procedures regarding confidentiality, compliance, quality and risk management, safety, employment, hazardous materials, and universal precautions. I will comply with all applicable federal/state laws and regulations, including but not limited to laws and regulations regarding patient record confidentiality.
5. I acknowledge and agree that Healthcare Facility is not my employer and that, in connection with my educational experience, I will be working as a volunteer at Healthcare Facility without compensation (some exceptions may apply). I further acknowledge and agree that Healthcare Facility will provide no Workers' Compensation insurance or any other employment benefits (including but not limited to health insurance) of any kind to me in connection with my educational experience.
6. If enrolled in an academic program, I acknowledge that my experience will end at such time as I am no longer enrolled at Educational Institution, am no longer in good standing at Educational Institution, or am no longer enrolled in the program for which I have been granted access at Healthcare Facility.

7. I understand that, except for those situations where the law allows a release of information, prior approval from the patient or the surrogate decision maker must be obtained when providing information to anyone other than the persons giving patient care. I agree to comply with all standards of Healthcare Facility relating to patient privacy and confidentiality as applicable to members of Healthcare Facility's workforce. I understand that I may have my authorization for an education experience at Healthcare Facility revoked if I (i) read a patient record without permission; (ii) access the computer for anything other than approved business purposes; (iii) discuss confidential information with unauthorized persons within or outside Healthcare Facility; (iv) disclose Healthcare Facility financial information without authorization; (v) release information to any news media without authorization; and/or (vi) remove patient records from the Healthcare Facility. I understand and agree that Healthcare Facility may discontinue my education experience at any time, including, without limitation, circumstances in which I violate the terms of this Agreement.
8. I agree that I am not permitted, under any circumstances, to copy or otherwise take from Healthcare Facility individually identifiable health information (as defined under 45 C.F.R. Section 160.103). I understand that I may be permitted to take notes from patient records and patient interactions as long as the following conditions are met: a. The notes are required for my course of instruction; b. The notes do not contain any individually identifiable health information; and, c. Permission is obtained from my supervisor.
9. I further agree to execute any agreements that may be required pursuant to the HIPAA Privacy Regulations, and any confidentiality statements that may be required by Healthcare Facility. I understand that this Agreement is enforceable by Healthcare Facility.

Notice of Reportable Conditions

Student/Faculty/Education

Visitor In compliance with VH established policies governing employee/student health, you are asked to report the following conditions to Employee Occupational Health Services of the subsidiary in which you will be performing clinical rotations:

1. Acute diarrheal illness (severe) with other symptoms (i.e., fever, abdominal cramps, bleeding, etc), or diarrhea lasting longer than 24 hours.
2. Orofacial herpes simplex virus or herpetic whitlow.
3. Diagnosed streptococcal infection.
4. Skin lesions that are infected & draining, especially on exposed body parts.
5. Acute upper respiratory illness (URI) or severe influenza with a temperature above 100.4° F and/or purulent sputum.
6. Active infection with/or exposure to:
 - a. Hepatitis [jaundice]
 - b. Human immunodeficiency virus [HIV]
 - c. Measles (if you are not immune)
 - d. Mumps (if you are not immune)
 - e. Rubella (if you are not immune)

- f. Varicella zoster [chicken pox/shingles] virus (if you are not immune)
 - g. Tuberculosis
 - h. Conjunctivitis [pink eye]
 - i. COVID-19
 - j. Any communicable disease if unsure of immunity
7. Needle stick/sharps accident, parenteral/mucous membrane or non-intact skin exposure to patient's blood or body fluids containing visible blood.
 8. Diagnosed with a positive culture, which prevents or limits my ability to render patient care, I understand I will be referred to a physician of Valley Health's choice or a physician who will agree to follow the medical protocols recommended by the Infection Control Physician Director of this facility.

I understand that it is my responsibility to notify my instructor or Employee Occupational Health Services of any potential that I may have of infection with an infectious disease. I understand that this notification is to protect myself, patients, and other staff/student members. I understand when the Infection Control Department becomes aware that my test results have met the criteria for a reportable, communicable condition, as outlined in the Virginia Department of Health Regulations for Disease Reporting and Control, Infection Control will confidentially notify VH Employee Occupational Health Services.

If you have any questions pertaining to any of the above conditions, please contact your Educational Institution's Health Service.

Access and Confidentiality Agreement

As a student, faculty, or education visitor of Valley Health ("VH"), I may have access to what this agreement refers to as "confidential information". Confidential information includes, but is not limited to, individually identifiable information concerning patients, families, employees, volunteers, and physicians. It may also include financial information and other information relating to VH. I may learn of or have access to some or all of this confidential information through a computer system or through my education activities.

Confidential information is valuable and sensitive and is protected by federal and state laws and regulations as well as strict VH policies. As a student, faculty, or education visitor of VH, I understand that I must comply with these laws and policies governing confidential information. I also understand that the violation of these laws and policies will subject me to discipline, which might include but is not limited to termination of education rotation, and to potential legal liability.

Accordingly, as a condition of and in consideration of my access to confidential information, I agree and promise that:

1. I will use confidential information only as needed to perform my legitimate duties as a student, faculty, or education visitor of Valley Health. This means, among other things, that:
 - a. I will only access confidential information for which I have a need to know;
 - b. I will only disclose confidential information to employees, volunteers, physicians, and other persons who have a right and need to know;
 - c. I will only access and disclose confidential information in a manner which provides for privacy and security;
 - d. I will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my legitimate duties; AND
 - e. I will not misuse confidential information or carelessly care for confidential information.
2. I will safeguard and will not disclose my personal information, identification badge, or any other authorization I have that allows me to access confidential information. In addition, I will

accept responsibility for all activities undertaken using my identification badge, or other authorization.

3. I understand that my obligations under this Agreement will continue after I complete the education experience at VH. I also understand that my privileges hereunder are subject to periodic review, and that VH may at any time revoke my access to confidential information.
4. I understand that this Access and Confidentiality Agreement is identical with HR Policy 504, "Confidentiality". I understand that my education experience is contingent upon my adherence to the information stated above and my adherence to this policy. I further understand that my failure to comply with this Agreement or applicable laws and policies may result in discontinuation of my education experience at VH.
5. I understand that I have the right to report directly to The Joint Commission on Accreditation of Healthcare Organization, without fear of any disciplinary action or retaliation, any concerns about confidentiality and/or the quality and safety of care provided to patients by Valley Health.

Integrity & Ethics Hotline: 844-601-1872

Valley Health has established a toll free Integrity Hotline available to all members of the Valley Health team. Any employee, physician, student, faculty or education visitor may call the Integrity Hotline to ask questions concerning ethical or legal conduct or to report concerns anonymously. All reports are confidential and the staff of the Integrity Hotline will address all reasonable questions and concerns. Calls to the Integrity Hotline are not traced or recorded (unless the caller chooses to leave a message) and no caller will be subject to retaliation or reprisal for expressing his or her concerns in good faith.

The Integrity Hotline is not intended to replace the established communication channels, such as talking with a supervisory staff member, but provides an additional method of communicating when the caller is uncomfortable using other channels or needs additional assistance.

The Integrity Hotline is answered explaining our policy on the anonymity of the caller. All reports are anonymous through The Network's call center, which is staffed 24/7/365 with trained experts, or online using The Network's website. To report concerns online, go to www.VHShotline.ethicspoint.com or call the toll free number 1-844-601-1872.

We're committed to the highest standards of conduct and compliance. If at any time you feel we are not living up to that promise, don't keep it to yourself. Talk to the manager, director or supervisor. Use the Integrity and Ethics Hotline to report things that concern you and be heard.

Some of the issues you can address:

- Billing practices
- Patient privacy and confidentiality
- Discrimination or harassment
- Employee relations
- Safety and environmental concerns
- Violations of policies or procedures
- Other concerns about unethical, illegal, or inappropriate activities

The Integrity & Ethics Hotline is:

- Anonymous and confidential
- Accessible 24/7
- Easy to use
- Allows you to send and receive messages about your report

Communication Technology

All forms of communications technology provided by VHS are owned by VHS and are intended to be used primarily for VHS business purposes.

These technologies include telephone, internet, intranet, email and other communication tools such as computer software and hardware.

More specific information regarding Communications Technology is available through the Chief Information Officer.

Use of Electronic Devices for Personal Use

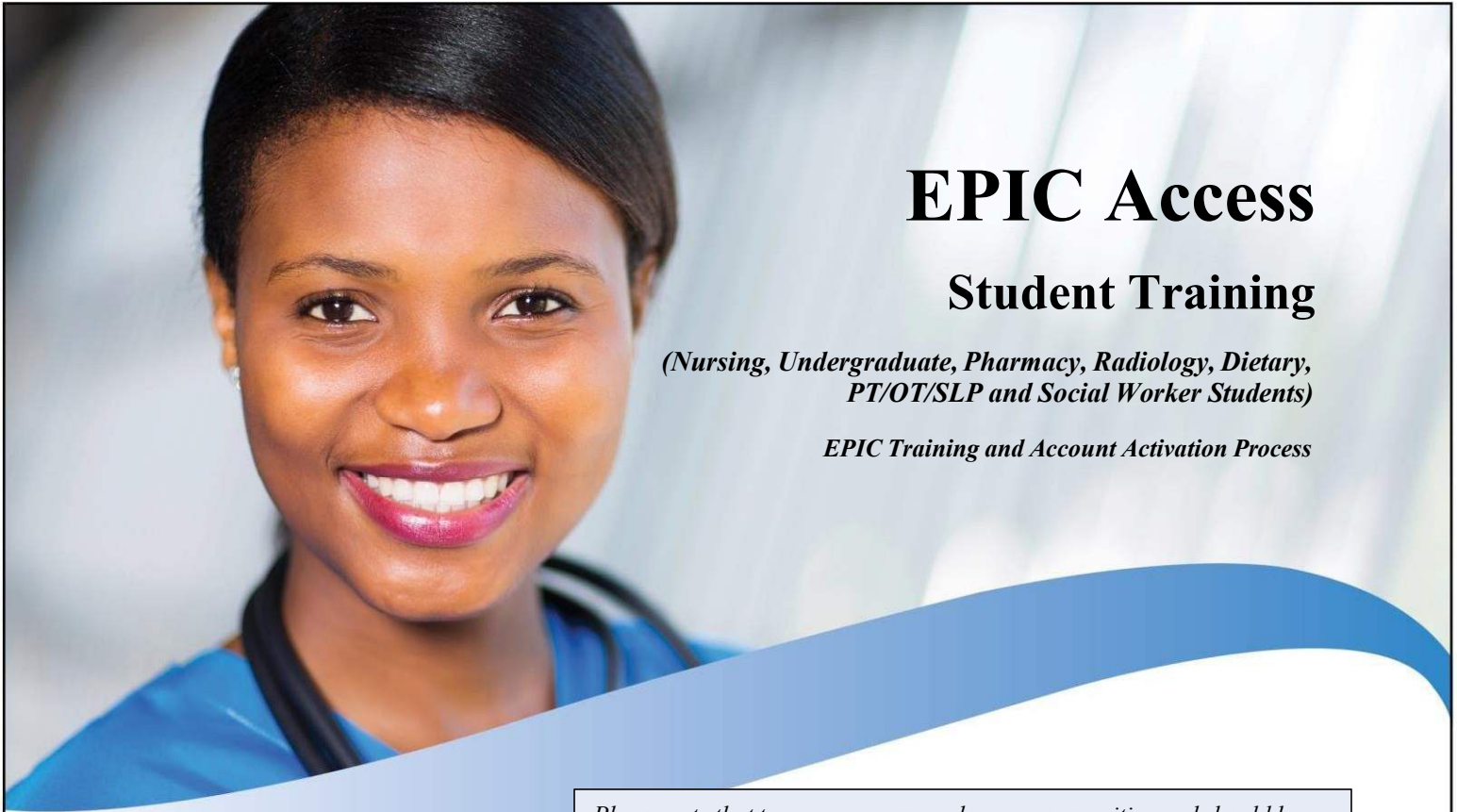
1. Use of personal cell phones, computers, pagers and electronic devices during work hours for personal business are prohibited.
2. Personal use should be limited to meal breaks and non-work hours.
3. Use of personal electronic devices for personal use or business use during work time may result in disciplinary action.
4. VHS recognizes that occasionally there may be times when personal communications must take place during work hours.
5. Such communications must be held to a minimum and be of short duration.

Use of Valley Health Owned Technology

1. Use of VHS owned communication technology for personal, non-business reasons, is discouraged.
 - a. In particular, the following personal use is restricted:
 - i. Obtaining, viewing or transmitting of obscene, degrading or derogatory material;
 - ii. Conducting personal business;
 - iii. Soliciting non-VHS business for personal gain;
 - iv. Soliciting for non-Valley Health supported charity organizations.
 - b. VHS recognizes that occasionally there may be times when personal communications must take place during work hours.
 - c. Such communications must be held to a minimum number and be of short duration.
 - d. Personal communications must not interfere with work responsibilities.
 - e. VHS tracks all long distance calls for billing purposes.

Interference with Bio-Medical Equipment

1. Employees may use portable telephone devices in designated areas only.
2. Signs are posted in each area where portable phone use is allowed.
3. Personal use should be limited to break times and non-work hours.



EPIC Access

Student Training

*(Nursing, Undergraduate, Pharmacy, Radiology, Dietary,
PT/OT/SLP and Social Worker Students)*

EPIC Training and Account Activation Process

Please note that temporary passwords are case sensitive and should be entered as written.

Network (Email/Citrix/Epic/HPF/OneContent)

User Id: xxxxxxxx

Pw: P@ssMMDDYY (BirthDate) (Example: P@ss021878)

- Request for Access (RFA) form completed and sent to Academic Services Coordinator. Coordinator will send to IS Security team for processing.
- IS Security team sets up the end-user with a VH Network/ Citrix account and sends them a confirmation email with their User ID and temporary password. (See example above.)
- This DOES NOT include end-users EPIC account access.
- Once Network account is set up, an automatic Task is assigned to the Epic Training Validation Team. They will send out an email notification to the end-user that includes a direct link to the required training and proficiency assessment that must be completed and passed with a score of 80% or better to acquire Epic Access.
- IMPORTANT NOTE: The User ID and temporary password must be updated to the end-users permanent password before training can be completed. This update can only be done onsite at a Valley Health Network computer. As training is not required before first day of arrival, end-user can complete the training upon first day of arrival.
- Epic Access will be granted within 2 business days of training completion during business hours. Access for users who complete training on-line after hours (including weekends and holidays) will be processed in the order they were completed with access activated within 2 business days.
- For emergency instances, end-user or manager can reach out to the Epic Training Team at: epictraining@valleyhealthlink.com



Healthier, together.