



Cook County Health Physician Assistant Student Packet



COOK COUNTY
HEALTH

PHYSICIAN ASSISTANT STUDENTS ONLY

Thank you for your interest in our physician assistant student rotation with Cook County Health. Rotations are available to qualified students based on current affiliation agreements with your institution. Confirm with your institutions clinical coordinator that there is a valid affiliation agreement with your school before moving forward with this packet. If your institution does not have a current affiliation agreement you cannot rotate at any Cook County Health locations.

To apply for a rotation, the following must be submitted: a completed application form, signed by institutions dean, department head, program coordinator or the institutions seal can be affixed to application and all other required documentation for our program.

If accepted, you must present documentation of the following:

Successful completion of all **three (3) Educational Modules**. If student does not receive an email certifying completion of these three modules, student must present a screen shot of last page of each module showing that they completed each module. Student must bring all three certifications with them on day orientation if their institution coordinator does not send documents prior to orientation date.

- *Infection Control Module*
- *Hand Hygiene Module*
- *Student Orientation Modules (must have a grade of 17 of 17)*

Health requirements

The Certificate of Compliance Health Form –Infection Control Screening Compliance Form/Guidelines must be completed in its entirety. Student must bring this document with them along with the supporting lab work. Please see attached handouts for details.

Please bring your valid school ID when you come to our office to check- in.

If institution coordinator has any question, they can call our office at 312.864.5100 or email mcelestin@cookcountyhhs.org.

No calls or emails from individual students will be responded too.

All communication with our office is handled through your institution's coordinator.

Students should not email individual documentation to CCH. All communications as it relates to onboarding process is handled through your institution coordinator and our office.

Sincerely,

Marie A Celestin



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
Cook County Health

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M. Hill Hammock
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Sidney A. Thomas, MSW

TO: Allied Health Programs Directors

FROM: Ratna Kanumury, MMSc, PA-C
Director of APP Services, CCH

RE: Orientation Requirements for Physician Assistant Students Prior to Starting a Rotation with Cook County Health

All students must be educated annually regarding their risk of exposure to blood borne and airborne pathogens and appropriate precautions to reduce these risks (also known as BSIS education, Body Substance Isolation System).

In addition, successful completion of an on-line student orientation module is necessary. *BSIS/Infection Control* Students rotating to Stroger Hospital are required to annually demonstrate satisfactory knowledge and understanding of the BSIS principles prior to starting a rotation at our institution.

All students are also required to annually review an orientation module that covers topics ranging from hospital safety to pain recognition and management. This is designed to familiarize incoming students with our hospital and some of the important policies and procedures. This can be accomplished most easily by reviewing the teaching/learning modules posted on our website: www.cookcountyhealth.org → **Education & Research** → **Educational Modules**.

The modules included are:

- Hand Hygiene Education
- Infection Control Module (1-3)
- Resident and Student Orientation Module (*must receive 100%*)

No one will be authorized to start a rotation without successful completion within the past 6 months. Please print out the last page of each module to demonstrate successful completion. You can access the educational modules through this link <http://cookcountyhealth.org/education-research/>

PHYSICIAN ASSISTANT STUDENTS ONLY

INSTRUCTIONS

Physician Assistant Students will **ONLY** be processed on **Every**

Tuesday Only - NO EXCEPTIONS

Available Time Slot

10:00 am-11:00 am

PRIOR TO ONBOARDING DATE

Institution coordinators must add to the master spreadsheet:

- 1) Student's name (s)
- 2) Rotation dates
- 3) Student's full name
- 4) Email address
- 5) Cell phone number

Student and the institution coordinator **MUST** contact preceptor directly prior to onboarding date letting them know the students name and rotation dates prior to 1st day of orientation as some departments have their own orientation that students must complete.

Cook County Health has instituted a new Visitor Management System that requires all visitors be registered for admittance into the Professional Building. In order for students to be registered institution coordinators must supply

- Student's full name
- Email address
- Cell phone number

All visitors entering the Professional Building must check-in at the Information Desk. Visitors will be issued a dedicated access badge that will be valid for the hour of their onboarding and they **MUST RETURN BADGE TO MARIE CELESTIN ON 9TH FLOOR ONCE THEY HAVE RECEIVED ID FROM HUMAN RESOURCES.**

ONBOARDING STEPS

Step 1:

All Physician Assistant students must complete in its entirety the attached packet, which can also be located on CCH Internet

<http://cookcountyhealth.org/education-research/>

It is the responsibility of the student and the institution to assure that student has a complete application packet on day of orientation. Use the APP Student Orientation

PHYSICIAN ASSISTANT STUDENTS ONLY

INSTRUCTIONS

Checklist that is included in this packet. Students who do not have complete application packet will not be processed.

Step 2:

Student must bring with them the completed packet, certifications stating they completed all three required educational modules and health requirements on the **Tuesday that they are to begin their rotation** if institution program coordinator did not email documentation prior to.

Marie A. Celestin • Cook County Health • 1950 W. Polk Street, 9th Floor • Suite 9816

Once student has presented a completed packet on the day of orientation the student will be given the following:

- ID Application Packet ---submit to HR
- Computer Access Form ---submit to HIS

Step 3:

Student must take the ID application packet the Tuesday of their first rotation to Human resources to obtain an ID. HR is currently processing ID badges on **Tuesday through Thursday from 8:00 am to 3:00 pm** at the following address:

Cook County Health • Professional Building • 1950 W. Polk Street, 8th Floor

Step 4:

Student will be given a CCH Computer Sign-On form to complete that day. This form must be turned into our HIS Department, which is located on the second floor of Stroger Hospital, room 2650.

Please note the following:

- Access to the EMR usually takes 24-48 hours.
- After obtaining an ID they may report to their clinical rotation
- **At the end of student's rotation, they must return their Cook County IDs back to me in my office – 1950 W. Polk Street, Suite 9816**
- Students **SHOULD NOT** email individual documentation to CCH or call. All communications as it relates to onboarding process is handled through institution's coordinator/representative and our office.

AFTER CLINICAL ROTATION

Once student has completed clinical rotation they must return CCH issued ID and complete the PA Rotation Evaluation Form attached in this packet to:

Marie A. Celestin • Cook County Health • 1950 W. Polk Street, 9th Floor • Suite 9816



PA Student Orientation Checklist

☐ Signed application form

Three Educational Modules (*online modules*)

- ☐ Infection Control Module Completion Confirmation Page
- ☐ Hand Hygiene Module Completion Confirmation Page
- ☐ Student Orientation Module Completion Confirmation Page

Health requirements

- ☐ Completed the Certificate of Compliance Health Form –Infection Control Screening Compliance Form
- ☐ Tuberculosis Screening
- ☐ Serology test results for Measles, Mumps, Rubella, Varicella, Hepatitis B Surface Antigen and Hepatitis B-Surface Antibody
- ☐ Influenza (Flu) Documentation
- ☐ Immunity to Rubella and Measles is required
- ☐ Laboratory results must be attached
- ☐ HIPPA/Fire/Safety Acknowledgement and Agreement Form
- ☐ Confidentiality Acknowledgement



Application for CCH Rotation
Physician Assistant Providers (PA Students)

PERSONAL INFO

Name: _____

Address: _____

Phone: _____

E-Mail Address: _____

SCHOOL INFO

School Name: _____

Address: _____

Phone: _____

Supervisor/Coordinator Name: _____

E-Mail Address: _____

Indicate your objectives for this experience. What are you expected to do (observe, participate in patient care, interview employees, etc)?

CCH APPROVAL:

Department Head

Date

☐ Approved

☐ Denied

Chair, Department of PER

Date

SENDING INSTITUTION'S APPROVAL:

The requested clinical experience is related to and is a required part of the student's educational program. Basic preparation for this experience has been provided the student through classroom instruction and laboratory practice.

Signature of Dean/Department Head

Date



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SUMMARY OF REQUIREMENTS ON THE NEW CERTIFICATE OF COMPLIANCE HEALTH FORM

On the next page, you will find CCH certificate of compliance health form. All students must meet the new requirements listed on the compliance form before starting a rotation any CCH location.

- Tuberculosis Screening - You will need the results of either of the following tests that have been completed within the past **3 months**:

⇒ *Interferon Gamma Release Assay (IGRA)* – often the Quantiferon-Gold is used

OR

⇒ *Tuberculin Skin Test (TST)* – Initial 2 step – which takes a minimum of 10 days to complete. Directions are: place the first TST and read 48-72 hours later. At least one week later, place a 2nd TST and read 48-72 hours later. Submit both test results. If you had a 2-step completed remotely, and annual TB testing afterwards, submit your TB test history.

⇒ *If IGRA or TST is positive*, a chest X-ray is required within 1 year of start date at Stroger or at the time a positive skin test was documented by an affiliated institution.

- Regardless of Immunization History, serology test results for Measles, Mumps, Rubella, Varicella, Hepatitis B Surface Antigen and Hepatitis B Surface Antibody are required.
- Immunity to Rubella and Measles is required.
- Proof of Influenza Vaccination within one of start date.

Please note that **laboratory results must be attached** to the certificate of compliance health form.



COOK COUNTY HEALTH
INFECTION CONTROL SCREENING COMPLIANCE FORM/GUIDELINES

Last Name	First Name	Date of Birth	Job Classification

Date	Institution/Agency	Contact	Phone

CCH Infection Control Policies apply to all personnel: Employees, Trainees, Contractors, Vendors, and Volunteers. You must provide documentation of designated health screenings and immunizations to comply with CCH policies and regulatory requirements. Annual updates are required. CCH will respond to CCH Infection Control and Public Health concerns and, if indicated, additional testing/treatment, or instructions to remain away from work may be required.

Other Academic Medical Center Screening: If you participate in an Annual Infection Control Screening Program at another institution, please forward screening documentation with this form. The information will be reviewed and we will notify you if further information is needed.

Test Result Documentation: Copies of all pertinent laboratory test results and radiological reports must be attached. Please check all sections for which you have provided documentation and complete the TB questionnaire.

☐ Influenza Vaccination: Vaccine program compliance is required for all personnel and documentation must be reviewed prior to work.

☐ Tuberculosis: Provide results of Interferon Gamma Release Assays (IGRA, e.g. Quantiferon) or Tuberculin Skin Tests. Test result should be from within the past 3 months, unless you are submitting documentation from Other Academic Medical Center Annual Screening.

Tuberculin Skin Tests (TST) can also be provided. A 2-step test is required.

If you have a history of a positive IGRA or TST, provide the documentation and a chest X result from within the past 6 months. *Annual Updates:* An IGRA or one TST result is required. Chest X-rays do not need to be repeated for individuals with a history of positive TST unless there is a change in health status. You can submit previous information for review and we will advise of any other needs.

1. Fever > 101.5 that lasted 7 days or longer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Cough that lasted more than 2 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Increased or excessive sweating at night?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Bloody sputum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Weight loss without dieting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- ☐ Measles: Provide proof of immunity by antibody titer.
- ☐ Mumps: Provide proof of immunity by antibody titer.
- ☐ Rubella: Provide proof of immunity by antibody titer.
- ☐ Varicella: Provide proof of immunity by antibody titer results – may be requested.
- ☐ Hepatitis B: Hepatitis B Antibody and Hepatitis B Antigen test results –may be requested.

Tetanus Diphtheria Pertussis Vaccine (Tdap) – 1 Tdap Booster Vaccine or Tetanus Booster within 10 years of previous Tetanus Vaccine is recommended.

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CONFIDENTIALITY ACKNOWLEDGEMENT

The Cook County Health and Hospitals System, doing business as Cook County Health (CCH) has an ethical and legal responsibility to protect the privacy of its patients and to maintain the confidentiality of protected health information (PHI). CCH workforce members, including but is not limited to employees, volunteers, interns, residents, and vendors must make every effort to prevent unauthorized use or disclosure of medical, personal, financial and other data pertaining to patients, employees, and hospital operations. Therefore, it is imperative that each individual with access to any such information be familiar with and adhere to the CCH HIPAA: Privacy Management policy, No. CC.012.01, and all other applicable CCH and departmental policies and procedures relating to the privacy, security and confidentiality of CCH and patient data. Under no circumstances shall any person access, release or disclose PHI, employee information, or information that is proprietary to CCH to anyone unless it falls within the performance of one's legitimate CCH duties. To ensure that all individuals with access to such information acknowledge their responsibility to protect the privacy and confidentiality of said information, please read the following statements and sign your acknowledgment below:

1. I acknowledge that all medical, financial, and personal information is confidential and protected against unauthorized viewing, discussion, and disclosure.
2. I further understand that all such information is privileged and confidential regardless of its format: electronic, written, overheard, or observed.
3. I agree to use the CCH computer-based information systems for the sole purpose of performing my legitimate job duties.
4. I agree NOT to use the CCH computer-based information systems to access information on myself, my family, or any other person outside the performance of my job duties.
5. I agree to follow all established policies and procedures in relation to changing, deleting, and destroying information in any form.
6. I understand that the passwords assigned to me to access CCH computer-based information systems are confidential, and may not be shared with anyone under any circumstance, nor will I allow any other individual to document under my login or password.
7. I understand that any actions I take in the CCH computer-based information systems are tagged with my unique identifier as established in my user profile, and such actions can be traced back to me. I further understand that I am solely responsible for all activity logged under my user name.
8. I acknowledge that my signature on this Confidentiality Agreement signifies I have read, understand, and am committed to its principles.
9. I understand that this signed and dated document will become a part of my permanent personnel record.

I understand that I may view, use, disclose, or copy information only as it relates to the performance of my duties. Any unauthorized viewing, discussion, or disclosure of this information is a violation of CCH policy and may be a violation of state and federal law. Any such violation may lead to my immediate termination and possible civil liability and/or criminal charges.

 Print Name

Department/Title

 Signature

Date

 Witness by – Signature

Date

PLEASE SELECT YOUR HOME LOCATION

☐ ACHN ☐ CERMAK ☐ CORE ☐ OAK FOREST ☐ PROVIDENT ☐ STROGER



HIPPA/FIRE/SAFETY ACKNOWLEDGEMENT AND AGREEMENT FORM

AGREEMENT FOR _____
(ROTATION/CLINICAL PROGRAM)

I, _____
(FIRST NAME / LAST NAME)

A, _____ STUDENT AT _____
(TYPE OF STUDENT) (INSTITUTION)

Upon approval by the department, I hereby agree to accept the position of student at Cook County Health location for the period starting _____ and ending _____.

I hereby agree to return by ID Badge to the Department of Medical Education and, if relevant, library books, at the end of my rotation. I further agree to abide by the rules and regulations of Cook County Health & Hospitals System while here on my rotation.

I affirm that I have received basic HIPAA training at my home institution.

Initial Here

I affirm that I have received basic fire safety training at my home institution.

Initial Here

I affirm that I reviewed, and agree to abide by the HIPPA and fire safety Materials provided to me by the Department of Medical Administration.

Initial Here

If I have a blood-borne pathogens exposure, I agree that it is my responsibility to report it to my clinical supervisor, and immediately report to Stroger's employee Health Service (*EHS 3rd Floor, Administration Building, 7:30 am – 4:00 pm*) or if after hours, to the Emergency Room. If EHS is closed at the time of exposure, I agree to report to EHS the following business today.

Initial Here

Signature: _____ Date: _____

Current Address: _____

Current Phone Number: _____



ROTATION EVALUATION FORM

Name _____

Phone Number _____ Pager/Cell _____

Rotation Dates _____ Specialty of Interest _____

Email _____

Please provide constructive feedback regarding your clinical preceptors during this rotation. This information is used to continuously improve the rotation for future students.

Preceptor Name _____

1. The information and clinical relevance of the material gained during this clinical rotation provided:
Value for future rotations. ***(Please select the choice that best describes your experience)***

A great learning experience and material was highly relevant to the skills required to gain during this rotation

An average learning experience and the material relevant to the skills required to gain during the rotation

A below average learning experience. I will need to seek out the information needed to gain for this rotation.

Comments:

2. I was able to interview patients, obtain histories, perform physicals, and document in the EMR.

A great learning experience and material was highly relevant to the skills required to gain during this rotation

An average learning experience and the material relevant to the skills required to gain during the rotation

A below average learning experience. I will need to seek out the information needed to gain for this rotation.

Comments:

3. The rotation met your needs for your specialty and was well organized.

Strongly agree

Agree

Indifferent

Disagree

Strongly disagree

4. How can I make this rotation better for future students?

Thank you for taking the time to complete the evaluation. We look forward to having the opportunity to working with you in the future. Please do not hesitate to contact us for questions 312.864.5100.