



Cook County Health Advanced Practice Provider Student Packet



COOK COUNTY
HEALTH

NURSE PRACTITIONER and PHYSICIAN ASSISTANT STUDENTS ONLY

Thank you for your interest in our Nurse Practitioner or 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 institution's 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, a complete application form must be submitted and signed by the institution's Dean, Department Head or Program Coordinator. The institution's seal can be affixed to the application and all other required documentation for our program, as well.

If accepted, you must present all elements of the APP Student Orientation Checklist to your clinical coordinator.

This includes:

1. Three (3) Educational Modules.

(Student must submit all three certifications prior to onboarding to their clinical coordinator)

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

If you do not receive a certifying email, present a screen shot of last completed page of each module

2. Health requirements

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

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

If the program or clinical coordinator has any questions, they can call my office at **(312) 864-2797** or email me at asikora@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's coordinator and our office.

CCH ALLIED HEALTH STUDENTS
(Nurse Practitioner & Physician Assistant)

PROCESSING INSTRUCTIONS

Step 1:

Complete the attached Allied Health Packet

<http://www.cookcountyhhs.org/educationresearch/current-students/>

Step 2:

Submit completed packet to your clinical coordinator, who will forward to Ms. Sylvia Wise, Medical Administration. Packets require 48-hour review before onboarding appointment.

Once packet has been processed and documents verified, student will be given a date to come in to complete the onboarding process (i.e., Complete computer form and get ID badge)

Step 3:

On the Onboarding date, the student will be given ID badge completion form to submit to Human Resources for an ID badge.

Step 4:

Student will be given a CCH Computer Sign-on form to complete that day. This form must be completed and returned to the onboarding coordinator during the onboarding process.

Step 5:

Student must contact our HIS department at 312-864-4957 (HELP) in 48 hours to receive their sign-on information.

Please note the following:

Access to the EMR usually takes 48 hours

After obtaining an ID, student may report to their clinical rotation.

CCH ADVANCED PRACTICE PROVIDER STUDENTS

INSTRUCTIONS

PRIOR TO ONBOARDING DATE

Institution coordinators must submit to the CCH Onboarding Coordinator:

- 1) Student's name (s)
- 2) Rotation dates
- 3) Hour timeframe the student will come to be processed

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.

All visitors entering Stroger Hospital must check-in at the Information Desk. Please inform the clerk, you are an Advance Practice Provider Student, here for onboarding with me (Sylvia Wise, my extension is 4-5565). I am located on the 5th floor, Suite 5620

ONBOARDING STEPS

Step 1:

All Advanced Practice Provider (APP) students must complete in its entirety the attached APP Packet.

It is the responsibility of the student and the institution to assure that the student has a completed application packet on day of onboarding. Use the APP Student Orientation Checklist that is included in this packet. Students who do not have a completed application packet will not be processed. Processing can take up to up 48 hours.

Step 2:

Once student has presented a completed packet prior to the day of onboarding, the student will be given the following:

- ID Application to sign and submit to HR
- Computer Access Form to sign

Step 3:

Student must take the ID application form to Human Resources to obtain an ID Badge 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 and return to the CCH Onboarding Coordinator.

Please note the following:

- Access to the EMR usually takes 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 – Stroger Hospital, 1969 West Ogden Avenue, 5th floor, Suite 5620**
- 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 APP Rotation Evaluation Form attached in this packet to:

Cook County Health □ Stroger Hospital □ 1969 West Ogden □ 5th floor □ Suite 5620



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Jay Bhatt, DO, MPH, MPA
Robert Currie
Raul Garza
Joseph M. Harrington
Robert G. Reiter, Jr.

Sam A Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Otis L. Story, Sr
Mia Webster Cross, MSN, RN

To: Physician Assistant and Nurse Practitioner

From: Ann Marie Sikora-Jackson PA-C

RE: **Onboarding requirements for the Physician Assistant and Nurse Practitioner Student**

Welcome to Cook County Health! We are excited to have you learn alongside us as we continue our 180-year mission to deliver integrated health services with dignity and respect to all patients, regardless of their ability to pay. Your interest in serving our community is a testament to the long-standing commitment Cook County has in training the best medical providers and in providing quality care. We hope you find your experience to be enriching and positive. As the healthcare system evolves, it is clear that Advanced Practice Providers will continue to play a very significant role in patient care. With over a 150 Advanced Practice Providers here, many whom are preceptors, we hope that the knowledge they impart to you on your rotations, whether in Emergency medicine, Family medicine, Radiology or Pediatrics, will give you the foundation and confidence you need as you move through your educational milestones.

Please look carefully through your packets and ensure that you are successfully completing all online student Education Modules. These modules cover a variety of topics from hospital safety to pain recognition and management. This is designed to familiarize incoming students with our hospital and some of our important policies and procedures. No one will be authorized to start a rotation without successful completion of these modules.

Modules :

- Hand Hygiene Education
- Infection control/BSIS
- Resident and Student Orientation Module

You can access the educational modules through this link:

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

Please fill out your surveys at the end of your rotations so we can continue our commitment to you, your programs and to training the best future workforce.

Thank you for your commitment and we are honored to be part of your educational journey,

Best,

Ann Sikora-Jackson PA-C



APP 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
- ☐ COVID 19 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
Nurse Practitioner and Physician Assistant Providers
(NP & 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



COOK COUNTY
HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Jay Bhatt, DO, MPH, MPA
Robert Currie
Raul Garza
Joseph M. Harrington
Robert G. Reiter, Jr.

Sam A Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Otis L. Story, Sr
Mia Webster Cross, MSN, RN

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 day of start date.
- Proof of COVID-19 Vaccination within one day 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.

☐ COVID-19 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.



Student Name

School Name

Rotation Start Date

Rotation End Date

I agree to produce proof of appropriate COVID vaccination before the start of my rotation and to complete the CCH COVID-19 Self Screening and/or temperature check at point of entry within CCH facility daily. In addition, I will adhere to all of the critical CCH protections such as four (4) per elevator car, mask wearing (even in the non-patient areas), protective eye wear when seeing patients and appropriate social distancing with the understanding there will be “zero tolerance”. I understand that if I am not compliant with these safeguards, I may be dismissed from the precepting program at Cook County Health.

COVID-19 Behavior	Student Initials	School Coord. Initials	CCH Staff Initials
Must wear a mask and practice social distancing at all times			
Must wear eye protection (and a mask) when seeing patients whose COVID status is unknown			
Must observe the CCH four (4) person limit on the elevators			
Must complete the CCH COVID-19 Self Screening and/or temperature check at CCH locations point of entry daily			
Must produce proof of appropriate COVID-19 vaccination			



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health



Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Robert Currie
Raul Garza
Ada Mary Gugenheim
Joseph M. Harrington
Karen E. Kim, MD, MS

Mike Koetting
David Ernesto Munar
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

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 acknowledgement 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 username.
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



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Robert Currie
Raul Garza
Ada Mary Gugenheim
Joseph M. Harrington
Karen E. Kim, MD, MS

Mike Koetting
David Ernesto Munar
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

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 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 (605 S Wolcott, Ste. 300, 8:00 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?
