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SYSTEM: Hospital Sisters Health System	MANUAL(S): Executive Manual
TITLE: Provider Students – Patient Care Activities Policy	ORIGINATING DEPARTMENT: Quality and Physician Relations
EFFECTIVE DATE: February 3, 2020	REVISION DATE(S): 11/7/22; 08/13/21
SUPERSEDES: New	
<small>* As required by CMS Regulation §482.12 A-0043 Conditions of Participation: Governing Body, the following hospitals and entities are included as HSHS entities: ILLINOIS: (1) HSHS St. John’s Hospital – Springfield (2) HSHS St. Mary’s Hospital – Decatur, (3) HSHS St. Francis Hospital – Litchfield, (4) HSHS Good Shepherd Hospital – Shelbyville, (5) HSHS St. Anthony’s Memorial Hospital – Effingham, (6) HSHS St. Joseph’s Hospital – Highland, (7) HSHS St. Joseph’s Hospital – Breese, (8) HSHS St. Elizabeth’s Hospital – O’Fallon, (9) HSHS Holy Family Hospital – Greenville, (10) HSHS Physician Enterprise (HSHS Medical Group – Illinois, Prairie Cardiovascular Consultants). WISCONSIN: (1) HSHS St. Vincent Hospital – Green Bay, (2) HSHS St. Mary’s Hospital Medical Center – Green Bay, (3) HSHS St. Clare Memorial Hospital – Oconto Falls, (4) HSHS St. Nicholas Hospital - Sheboygan, (5) HSHS Sacred Heart Hospital – Eau Claire, (6) HSHS St. Joseph’s Hospital – Chippewa Falls, (7) HME Home Medical, (8) Libertas Treatment Center – Green Bay and Marinette, (9) HSHS Physician Enterprise (HSHS Medical Group – Wisconsin).</small>	

I. POLICY:

Persons in medical based training programs, participating in patient care activities are required to adhere to the provisions of this policy. This policy applies to Provider Students who work with Attending Medical Staff Members and Sponsoring Medical Staff Members in the clinic, outpatient, and inpatient hospital setting.

II. PURPOSE:

1. To define who may participate.
2. To define extent of participation.
3. To define supervision or responsibility for the participants.
4. To define documentation required prior to participation.
5. To safeguard patient care and enhance graduate medical education.
6. To comply with regulatory standards.

III. SCOPE:

This policy is applicable to all HSHS hospitals*, Physicians’ Organizations, and operating entities including their employees, agents and medical staff, as well as employed practitioners of an HSHS partner and/or affiliate organization.

IV. DEFINITIONS:

1. “Provider Student” refers to:
 - a. A medical student enrolled in medical school to become a DO or MD. This is not an approved GME program. A medical student is never considered to be a Resident or Intern.
 - b. An Advanced Practice Clinician (APC) student enrolled in a medical program to become a PA, NP, CNM, CRNA or APRN. (May also be referred to as a Non-Physician Practitioner (NPP)).

- c. A dental student enrolled in dental school to become a DDS or DMD.
2. “Pre-Medical Students” refers to a person enrolled in an undergraduate pre-medical school program that is here for observation purposes only. They may not provide any patient care services or document in the electronic health record (EHR). As such, Pre-Medical Students are not included within this policy. See *Job Shadow Policy RC-42*.
3. “Attending Medical Staff Member” (Attending MSM) refers to a licensed practitioner who holds admitting and/or attending provider privileges at the hospital, consistent with the requirements delineated in the Hospital Medical Staff Bylaws. The Attending MSM may also be the Sponsoring MSM.
 - a. For hospital inpatients – the physician or other licensed practitioner with admitting privileges, who has primary responsibility for the patient’s care during the admission and who orders (or authenticates the order) for the services. This assignment can be changed, if care is being transferred to another physician.
 - b. For hospital outpatients – the physician or other licensed practitioner who orders (or authenticates the order) for the service.
 - c. Occasionally, education is provided by a licensed, independent practitioner from a discipline other than medicine (i.e., dentistry/oral surgery, etc.). Education standards and expectations are the same as for the Attending MSM.
4. “Sponsoring Medical Staff Member” (Sponsoring MSM) also referred to as “Teaching Physician,” means a physician, other than Resident or Intern, who assumes educational and supervisory responsibility for a Provider Student(s) while rotating at the hospital or clinic and involves the Provider Student in the care of his or her patients.
5. “Supervision” means all aspects of patient care are ultimately the responsibility of the Attending MSM or Sponsoring MSM, regardless of whether certain tasks have been delegated at the discretion of the Attending MSM or Sponsoring MSM, a Resident may assume the educational and/or supervisory role for a Provider Student.

V. GUIDELINES/PROCEDURES:

- A. Provider Student Approved Patient Care Activities (excluding Pre-Medical Students)
 1. HSHS frequently sponsors Provider Students for clinical rotations in various disciplines. This experience allows Provider Students to gradually learn the responsibilities necessary in providing patient care.
 2. Medicare does not pay for any service furnished by a Provider Student. Any contribution and participation of a Provider Student to the performance of a billable service (other than the review of systems and/or past family/social history, which are not separately billable but are taken as part of an E/M service – see *Section V.B.6.*) must be performed in the physical presence and personal supervision of the Attending MSM or Sponsoring MSM or physical presence of a Resident.
 3. APC Provider Students may work under another credentialed APC provider of same type. In this instance, the APC’s supervising/collaborating physician is the Sponsoring MSM.
 - a. APC Provider Students working under another credentialed APC provider of same type, are limited to performing only the services that their credentialed APC provider may independently perform. Therefore, if a credentialed APC provider may not, per Hospital Bylaws or policy, independently perform services such as H&P, consultation or discharge, then the APC Provider Student is also limited to the same scope of the service.
 4. All aspects of patient care are ultimately the responsibility of the Attending MSM or Sponsoring MSM, regardless of whether certain tasks have been delegated to the Provider Student.

B. Medical Record Documentation (as defined in *Hospital Policy, Medical Staff Bylaws and/or Medical Staff Rules and Regulations.*)

1. Documentation entered by the Provider Student must be signed/dated/timed and clearly identified as the individual's documentation.
2. Timelines for completion of medical record documentation are identified in *Hospital Policy, Medical Staff Bylaws and/or Medical Staff Rules and Regulations.*
3. Records, as defined below, will be 'signed with co-signature' by the Provider Student and remain in an editable status until the Attending MSM or Sponsoring MSM verifies, re-documents as necessary, and countersigns the document within the specified timeline.
4. Uses of copy and paste technology refer to *Use of Copy and Paste Technology in EMR HSHS policy (MR-01).*
5. Provider Students may not act as a scribe unless employed in that capacity by the facility.

Note Type	Purpose	Example Attestation
Provider Student Note Type - (The content of this medical student note is for educational purposes only and is not utilized to guide patient care.)	<ul style="list-style-type: none"> • Used for educational purposes only. • Not utilized for patient care. • NOT USED FOR PROFESSIONAL BILLING. • Not used by the hospital to assign DRG. 	<i>All Provider Student Note Types are educational therefore attestation is not required.</i>
Same Note Types as available to Attending MSM/Sponsoring MSM	<ul style="list-style-type: none"> • NOT used for professional billing unless it contains an evaluation and management component (see 6.a. below), • May be used by the hospital to assign DRG. 	[61413] - A student assisted with the documentation of this service. I saw and personally examined the patient and reviewed and verified all information documented by the student and made modifications to such information, when appropriate.

6. Evaluation and Management (E/M) Documentation: Includes history, physical exam, and/or medical decision making.
 - a. Provider Students may assess patients independently when deemed acceptable by the Attending MSM or Sponsoring MSM, to gather pertinent history and complete the physical exam, which is then presented to Attending MSM or Sponsoring MSM.
 - b. Provider Students may document services in the medical record. However, the Attending MSM or Sponsoring MSM must verify, in the medical record, all the Provider Student's documentation of findings, including history, physical exam and/or medical decision making. The Attending MSM or Sponsoring MSM must personally perform (or re-perform) the physical exam and medical decision-making activities but may verify the accuracy of any component documented by a Provider Student in the medical record, rather than re-documenting this work.
 - c. Notes will be 'signed with co-signature' by the Provider Student, which the Attending MSM or Sponsoring MSM will counter-sign.
 - d. The Attending MSM or Sponsoring MSM will add their attestation statement and/or their signature. See example attestation in the above chart.

C. Orders:

1. Patient Care Orders (excluding Home Health and Hospice):

- a. Provider Students may write orders in the medical record except for admission status orders; however, all orders will be pended and not viewable by others.
- b. Any order entered by a Provider Student in the medical record will be “signed with co-signature” by the Provider Student. Orders are not released or considered valid until signed by the Attending MSM or Sponsoring MSM.
- c. The Attending MSM or Sponsoring MSM must sign pended orders, finalize the order, and release it in the EHR to be acted upon.

2. Home Health and Hospice:

- a. Provider Students may *not* write orders, dictate orders by telephone, or give orders verbally.

VI. DISTRIBUTION:

Medical Staff Members

Originator: _____ *Michelle Smith* _____
Chief Performance Improvement Officer

Accountable Leader: _____ *Michelle Smith* _____
Chief Performance Improvement Officer

Administrative Approval: _____ *Damond Boatwright* _____
President & CEO