

UVA Medical Center Mentee Application & Agreement

Section 1: Application

This section is to be completed by the Mentee before submitting to the Sponsor for review and approval.

Full Name of Mentee	
Date of Birth	
Email address	
Phone Number	
Full Name of Sponsor	
Sponsor's Role/Title	
Sponsor's Contact Information	Email Address:
Date(s) of Requested <i>Please list approved dates in Section 2.B below.</i>	
Location(s) of Requested <i>Please list approved locations in Section 2.B below.</i>	
Briefly describe why you are applying for this mentee/learning experience at the Medical Center.	

Section 2: Agreement

This section is to be completed by the Mentee and Sponsor before the work-based learning experience begins. Sponsor shall review, complete and sign this agreement with the Mentee. Sponsor shall scan and send the completed application to Volunteer Services at volunteerservices@uvahealth.org. To comply with HIPAA regulations the agreement shall be retained for a period of 6 years after end of the calendar year.

A. Mentee Responsibilities

1. I agree to follow the directives of my Sponsor (or designee).
2. I agree to abide by the Medical Center's dress code, to dress neatly and with the awareness that I am a temporary representative of the Medical Center (no jeans, shorts, sweat clothes or T-shirts).
3. I agree to comply with the UVA Medical Center policies, including but not limited to those regarding Patient Privacy. I will not divulge any medical, financial, demographic, or other personal information about a patient or patient's family.
4. I understand that this experience is voluntary and does not constitute employment, medical education, or any other training or internship leading to academic credit, licensure or board certification.
5. I understand that I am only permitted to perform those tasks assigned to me by my Sponsor or designee. I am not permitted to participate in the provision of patient care or other patient support services, or engage in communications regarding patient care or other Medical Center matters with the patient.
6. I understand that I am only permitted to enter a patient's room, observe patient care, or review a patient's health information with the patient's consent and the approval of my Sponsor or designee.
7. I understand that failure to comply Medical Center policies and the requirements of this agreement shall result in termination of the mentee experience.
8. I understand that I am on Medical Center Property at my own risk and insurance coverage.
9. I agree to review the attached information regarding patient privacy and infection control.
10. I agree to complete all training modules assigned to me by my Sponsor (or designee).
11. I understand that I am required to comply with health screening and vaccinations requirements. I agree to provide my Sponsor with documentation of evidence of the screenings, vaccinations and/or tests required by the *Management of Observers and Mentees at the Medical Center Medical Center Policy*. I further agree to comply

*** Observers: Please complete the sections highlighted in green and read all of the accompanying information***

with any additional screenings, vaccinations and/or tests determined by the Medical Center Hospital Epidemiologist to be necessary for infection control and patient safety. I further understand that I am not permitted to apply for an exemption from these requirements.

12. I agree to postpone or reschedule my experience if I am sick, have a fever, or have been exposed to a contagious disease.

Signature Statement: By printing your name below, you are acknowledging that the information in the application is correct, and that you have read and agree to the responsibilities outlined in the agreement.

Print Name

Date:

B. Sponsor Responsibilities

In consideration of being given the opportunity to Sponsor a Mentee at the University of Virginia Medical Center:

1. I will ensure that the Mentee reviews the attached written information regarding Patient Privacy and Infection Control, as well as any other Medical Center policies relevant/applicable to the Mentee's experience at the Medical Center. I shall answer any questions the Mentee may have about this information.
2. I will provide instruction on Medical Center hand hygiene practices and standard precautions and notify them they must be performed while at the Medical Center facilities.
3. I understand that this experience is voluntary and does not constitute employment, medical education, or any other training or internship leading to academic credit, licensure or board certification.
4. I understand that that the Mentee is only to perform those tasks assigned by me or my designee.
5. I understand that the Mentee is not permitted to participate in the provision of patient care or other patient support services, or engage in communications regarding patient care or other Medical Center matters with the patient.
6. I understand that that Mentee is only permitted to enter a patient's room, observe patient care, or review a patient's health information with the patient's consent and my (or designee's) approval.
7. I understand that I must obtain a University ID and Computing ID from HIT by requesting a Medical Center network account. On the Mentee's first day, I must take the Mentee to ID Badge Services to acquire an identification badge. Upon completion or termination of the Mentee's experience, I am responsible for collecting the Mentee's ID badge and terminating the Mentee's network account.
8. I understand as that as the Sponsor that I must obtain a signed copy of the University's Electronic Access Agreement from the observer and attached to be retained with the Agreement.
9. I will instruct the Mentee to wear their ID Badge at all times during the mentee experience at Medical Center facilities
10. The Mentee shall not observe when they are sick, have a fever, or have been exposed to a contagious disease.
11. I have reviewed documented evidence that the Mentee has received all the screenings, vaccinations, and tests required by MCP 0315. Please see Health Screening, Test and Vaccination Table for more information/guidance.
12. I will make reasonable efforts to inform area leadership of the Mentee's presence if the Mentee's experience will take place outside the management scope/authority of my authority.

Approved Dates

Approved Location(s)

Signature Statement: By printing your name below, you are acknowledging that the information in the application is correct, and that you have read and agree to the responsibilities outlined in the Agreement.

Sponsor Name & Title

Date:

Patient Privacy Rules for Mentees

When a patient comes to the University of Virginia Medical Center, the Medical Center assumes an obligation to keep in confidence all that pertains to that patient. Information regarding the patient's **admission, diagnosis and treatment, as well as personal and financial affairs, is private**. Its confidentiality must be respected by all Mentees.

Access to patient information is on a need to know basis only. Mentees are allowed to view patient care at the Medical Center for purposes of the Mentee's learning experience, but may not themselves access patient information or read patients' charts. Any and all information you see or hear about patients during your experience is protected under Federal law and must be kept confidential and may not be shared with others. You may not access, remove, duplicate or use patient information for any purpose, or disclose it to others or on social media.

Use discretion. Be aware. During your experience, do not discuss patients in corridors, elevators, the cafeteria, or in any public area. Seek privacy as much as possible. If you have questions or concerns about a patient, ask your Sponsor.

Information in all possible forms is confidential, whether verbal, written, overheard, on the computer screen, or told to you by the patient.

Because of the pervasive nature of patient health information in the environment of care, **you are not permitted to take photographs or recordings** during your experience.

Infection Control Education

Infection Control Education is designed to help you understand how you can help protect yourself from potentially infectious exposure, such as bloodborne pathogens or contagious illness while observing at the Health System. Bloodborne pathogens are passed from person to person by blood, body fluids, or other potentially infectious materials. Bloodborne pathogens include viruses like hepatitis B, hepatitis C, and HIV, the virus that causes AIDS. As a Mentee, you will not be allowed to perform tasks that will bring you in contact with blood or body fluids so you are at extremely low risk for having an exposure to a bloodborne pathogen. Contagious illnesses, such as influenza, tuberculosis, and chicken pox may be transmitted through droplets in the air or contaminated surfaces. Adherence to standard precautions, such as wearing a mask or gloves and performing diligent hand hygiene when instructed to do so prevent the transmission of contagious illnesses,

As a Mentee you should not be at risk for these kinds of exposures. However, if you do accidentally have one of the above exposures or get blood or body fluids on your clothes, immediately ask for assistance from your Sponsor. The Sponsor should **report your exposure immediately PIC 1523**.

Standard Precautions

Standard Precautions are used to **prevent** health care workers, hospital staff and volunteers from coming in contact with blood or body fluids. Because no one can tell who may have a bloodborne pathogen, using Standard Precautions means you must consider all patients' blood, body fluids, mucous membranes and tissue to be infected. Following these precautions will help keep you safe while you observe.

- Do not eat, drink, apply cosmetics, lip balm or handle contact lenses in patient care areas.
- Do not perform CPR or participate in a Code at the Medical Center.
- Do not handle sharp instruments or glass containers that may be contaminated with blood, body fluids, or

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human tissue.

- Do not handle regulated medical waste containers that are in use.
- Do not handle patient specimens or put food or drink in refrigerators, freezers, or cabinets used to store patient specimens.
- Do not touch surfaces or objects that may be contaminated with blood or body fluids.
- Do not observe or get close to a procedure in which splash or spray of blood or body fluids may occur.
- Do not clean up blood or body fluid spills.
- Do not handle linen that is visibly soiled with blood or body fluids.

Hand Hygiene

Hand hygiene is widely recognized as the most important measure for the prevention of healthcare-acquired infections (HAI) and transmission of microorganisms including multidrug-resistant pathogens. As a Mentee you will not be involved in patient care or supportive services, and therefore should not be at risk for contamination or a need to glove. However, since you may have the opportunity to be in a patient care environment, it is important to understand these hand hygiene measures should your hands accidentally become dirty or contaminated.

If hands are not visibly soiled, use an alcohol-based hand rub or soap and water:

- Before entering and upon exiting any patient space, including but not limited to patient room, patient bed space or patient exam room
- Before putting on or taking off gloves

Washing hands with soap and water is necessary:

- When hands are visibly dirty or contaminated with blood and/or body fluids, secretions, excretions, and moist body substances
- Before eating and after using the restroom
- After caring for patients with green handwashing sign posted outside the room door

Gloves are not a substitute for hand hygiene. If hands are not cleaned, they can contaminate gloves, medical devices, patients and the environment with germs. In addition, there can be micro tears in gloves.

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Health Screening, Test and Vaccination Information Table

A letter from the Mentee’s health care provider (physician, nurse practitioner, physician assistant) confirming that the Mentee has received all required screenings, tests, and/or vaccinations is sufficient for verification.

Vaccination/Immunization List	
Vaccine/Immunization	Required Documentation Evidence
MMR (Measles/Rubeola, Mumps, Rubella)	<ul style="list-style-type: none"> • 2 Doses with Dates of Administration (mm/dd/yy) • OR Positive Titer with Date Completed
Varicella (Chickenpox)	<ul style="list-style-type: none"> • 2 Doses with Dates of Administration (mm/dd/yy) • OR Positive Titer with Date Completed
Hepatitis B	<ul style="list-style-type: none"> • 3 Doses with Dates of Administration • OR Positive Titer with Date Completed
TDAP	<ul style="list-style-type: none"> • 1 Dose with Date of Administration (within last 3-5 years)
Influenza (Seasonal)*	<ul style="list-style-type: none"> • 1 Dose with Date of Administration (Required during flu season) <p><i>*Flu season dates are determined by Albemarle County Public Health. Typically between October – April, but season subject to Public Health order</i></p>
Vaccine/Immunization	Recommended, but not Required
COVID	<ul style="list-style-type: none"> • 1 or 2 Doses with Date of Administration.

TB Screening	
TB Status/History	Required Documentation Evidence
Negative TB History (previously tested negative via TB Skin Test - TST or QFT)	<ul style="list-style-type: none"> • 2 TB Skin Tests (TST’s; also called PPD’s) - 1+ week apart <ul style="list-style-type: none"> ○ 1st TST within last year ○ 2nd TST within last 3 months • OR 1 TB Blood Test (QFT, T-Spot) in same calendar year
	AND Negative Symptom Review upon starting
Positive TB History (previously has tested positive via TST or QFT)	<ul style="list-style-type: none"> • Positive TST • OR Positive QFT
	AND Negative Chest X-ray within 6 months prior to start date
	AND Negative Symptom Review upon starting