

FERRIS STATE UNIVERSITY

MICHIGAN COLLEGE OF OPTOMETRY



Externship Manual

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FERRIS STATE UNIVERSITY

MICHIGAN COLLEGE OF OPTOMETRY

ATTESTATION - STUDENT

I hereby acknowledge that I have received a copy of the Externship Manual and I further acknowledge that I have read and understood its contents and will abide by the terms and conditions within.

Student Signature _____

Date _____

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ATTESTATION – SITE SUPERVISOR

I hereby acknowledge that I have received a copy of the Externship Manual and I further acknowledge that I have read and understood its contents and will abide by the terms and conditions within.

Site Supervisor Signature _____

Date _____

Site Name: _____

MISSION, GOALS, AND OBJECTIVES

Mission

To prepare students to become the best clinicians and representatives of the profession of optometry.

Goals and Objectives

Practice

The Goals and Objectives of the clinician, in both didactic and clinical education, are to deliver high quality eye and vision care to patients and communities.

1. Expand and elevate learning to where students can prepare for successful careers in optometry and the healthcare profession.
 - ⊖ Provide diverse clinical setting opportunities to students for best practices in patient care.
 - Engage students in active clinical decision making by using evidence based knowledge.
 - Provide students an opportunity to use scientific knowledge to foster a sense of critical analysis. This includes the understanding of the importance of research and the outcomes.
 - Provide students with practice management opportunities within various health care settings.

Ethics

2. Foster in the students ethical qualities and professional attitudes essential for the practice of optometry.

- Increasing responsibilities to foster development and ethical decision making in patient care.
- Guide student to appreciate and understand the importance of the doctor-patient relationship, effective communication skills and professionalism.
- Educate the student regarding the responsibilities and privileges of the optometric profession and the individual practitioner, as well as the rights of individual patients.
- Guide the student to understand and appreciate the ethical, social, regulatory, and economic factors affecting patients and the profession.
- Emphasize the importance of teamwork and effective communication among those involved in the improvement of ocular, systemic, and public health.

Skills

3. Assist the student in developing the skills and dedication for self-directed lifelong learning to achieve professional excellence.

- Develop student skills in critical analysis through use of independent and interactive learning experiences.

Public

4. To provide innovative and engaging educational programs that meet the ever changing needs of our students and the public.

- Each student will participate in sites that provide experience in secondary/tertiary care.

COURSE DESCRIPTION

Synopsis: The fourth year of the professional program at the Michigan College of Optometry (MCO) is dedicated to clinical education and consists of three required clinical rotations. Each rotation lasts for one academic semester (approximately 15 weeks).

- One required rotation is in a Veteran's Administration Medical Facility for ocular and systemic disease educational experience.
- Contact Lenses and Pediatrics experience will be required between 2 other rotations.
- Low Vision may be available at a VA rotation. If not available at the assigned VA rotation, then Low Vision is required at one of the two remaining rotations.
- Focus of each rotation will contain a primary care component.

The coordination and educational experience of this clinical program is managed by the Director of Externships, the Associate Dean of Student and Academic Affairs, and the external site supervisors at each location.

All questions, comments, or concerns are to be addressed to one of the contact numbers provided below.

Director of Externships
1124 South State Street, MCO 239
Big Rapids, MI 49307

231-591-2187

TERMINOLOGY AND DEFINITIONS

Director of Externships: The Director of Externships reports directly to the Dean of MCO and is responsible for the full implementation and management of the Externship Programs, with guidance from the Clinic Advisory Committee. The Director of Externships and the Clinical Advisory Committee develop externship procedures and policies.

Externship Site: An externship site is a clinical practice setting approved by MCO. Sites are evaluated and selected based on a series of criteria.

Institutional Sites: In most cases, these sites are a government facility (VA's), U.S. Military Base Hospital, Indian Health Service Hospital, or a co-management/referral hospital.

Private Practice Sites: The private practice is a doctor-run optometric practice. Private practices include optometrists, and could include other health care professionals as well.

Memorandum of Understanding (MOU)/ Affiliation Agreement: A document completed and signed by each externship site, outlining the educational and clinical care responsibilities of both the college and the site.

Site Supervisor: The individual responsible for the overall student experience during the rotation and is in direct contact with the Director of Externships' office. Their responsibilities include but are not exclusive to: coordination of student onboarding/orientation, coordination and oversight of clinical preceptors, communication/dissemination of information received from the university/Director of Externships to preceptors/students, reporting of misconduct or harassment of externs in any form, and student evaluation.

Preceptors: Licensed health care providers involved in the supervision and education of students in the clinical setting.

Extern: A student from MCO that is assigned a clinical rotation outside of the MCO building. If the student is assigned to the MCO University Eye Center, then they are referred to as "Interns".

Rotation Date Schedule: The yearly Rotation Date Schedule will be sent to all Site Directors from the Director of Externships. These dates include the start and end date of each rotation site for the Summer, Fall, and Spring semesters and the dates and times when the student evaluations are due.

GENERAL PROGRAM GUIDELINES

Externship Site Selection Process

Overview

The primary purpose of this process, and the responsibility of those charged with implementing this process, is to assign all eligible MCO students to Externship Sites using methods that are both fair and fulfill the requirements for graduation from the program.

Special considerations for placement beyond the process outlined below must be submitted in writing by the student to the Director of Externships by the date which the Site Selection Survey submission is due each year. These will be reviewed by the Director of Externships, and will only be considered in the case of unforeseeable and extenuating circumstances.

Procedure/Process:

1. Survey sent to all current site supervisors, determining interest and availability for placement (July, in the year prior to the academic year)
2. New sites submitted in the previous year are reviewed by the Director of Externships based on the needs of the program and their offerings as a practice. All applicants will be notified of the final decision for their site. (August, in the year prior to the academic year).
3. Alternate Sites are reviewed by a CAC ad hoc committee, and submitting students are notified of the committee's decision (August-September, in the year prior to the academic year) . See procedure below under **Alternate Sites.**
4. The Site Selection Process is reviewed with students. (September)
5. The MCO Affiliated External Clinic Sites website is updated with current information on all of the available externship sites for the upcoming
6. Site Selection Survey sent to students (Fall Third Year)
7. The Director of Externships attempts to match each student based on survey responses, graduation requirements, and site requirements. (Fall Third Year)
8. Results of the match are reviewed and audited by a subcommittee of the CAC. The subcommittee and the Director of Externships will finalize the placement. (Fall Third Year)
9. Assignments released to students. (Fall Third Year)
10. Swaps or placements to open sites may occur over a 1 week period under these conditions:
 - a. Need to still satisfy a VA and each of 5 experiences (PC / Health / CL / Peds / LV).
 - b. Must be done in same term or
 - i. A possible cross term swap involves exactly the same location over two terms.
 - Example: Student 1 has Fall Semester at Cherry Health and Spring Semester at Wyoming VA. Student 2 has Fall Semester at Wyoming VA and Spring Semester at Cherry Health. These two students can swap locations based on the same semesters affected.
 - c. Swap between 2 individuals only.
 - d. Must be by mutual consent, without coercion, between the affected individuals.
 - e. No lobbying to administration or faculty to coerce a solution.
 - f. Placements to "open" sites allowed only with approval of the Director of Externships.
 - i. In the case of multiple requests for placements to open sites, if there are more requests than available open spots, a roll of the die will determine the actual placement.
 - g. Administration reserves the right to make adjustments in special cases.
11. Assignments finalized. **Mid to Late October**
12. Site Supervisors informed about students placements. **Late October to Early November**

Proposed New Sites:

New Site approval is at the discretion of the Director of Externships upon consultation with the Clinical Advisory Committee (CAC). There is no guarantee that new site applications will be approved in any given year.

1. By July 1, students will inform the Director of Externship that they are interested in an new site.
2. Complete applications for new sites (New Site Proposals) are submitted to the Director of Externship no later than August 1 of the student's third professional year.
3. All students who submit a request will be considered by the Director of Externships and CAC sub-committee
4. Upon approval from the CAC sub-committee, students will be invited to an interview to discuss their new site request.
5. Final decisions made by the Director of Externships and the CAC sub-committee will notify the student of the decision.
6. Interns must agree to all rules regarding the alternate site.
7. No intern can be assigned to two alternative sites.
8. The alternate site must be equal or better than the high educational and clinical standards of the current sites.
9. The intern must develop all specifics of alternate site experience.
10. Alternate Site Proposals will include:
 - Letter to the Director of Externship/Assistant Dean stating reasons for seeking alternate site.
 - Curriculum Vitae of all doctors responsible for supervision of the intern at the alternate site.
 - Weekly schedules.
 - Description of mode of practice.
 - Employee Manual of Policies and Procedures, if available.
 - Completed External Site Survey Form and alternate site patient brochures.
- The proposed new site must agree to take additional students over future years and will be reviewed per ACOE and MCO guidelines.

Alternate clinical site selection proposals are considered and evaluated prior to the selection process for the MCO affiliated clinical sites in October. The Director of Externships will notify each intern as to the final status of their alternate site proposal no later than November 1.

IMPORTANT: Site Selections will be considered FINAL at the end of the selection process and declared as FINAL by an official notice by the Director of Externships. No changes are allowed.

Conflict of Interest Policy:

In an effort to establish educationally conducive, unbiased and fair externship experiences for Michigan College of Optometry students, a student is not allowed to choose an extern assignment if any of the following criteria apply:

- The student may not be related to anyone employed at the externship site
 - "Related" would include the following: grandparent, parent, aunt/uncle, first cousin, niece/nephew, child, spouse
- The student may not be or have been in a close personal relationship with anyone employed at the site
- The student may not have verbal/written employment agreement post-graduation at the site as of the beginning of the rotation

The examples cited above are not all inclusive. Determination of potential extenuating circumstances will be made on a case by case basis by the Director of Externships.

If any of the above conditions are present, students are required to disclose any current sites with which they have conflicts when they submit their selection survey. If a conflict arises after the selection process is complete, the student must notify the Director of Externships immediately so that adjustments can be made to placement. Failure to include the disclosure on the selection survey or, if appropriate, directly to the Director of Externships may result in disciplinary action up to failure of the clinical rotation.

Previous Employment Disclosure:

If a student wishes to rotate through a site that they have previously been employed, they must submit a disclosure to the Director of Externships in writing with the following information no less than 1 week prior to the opening of site selection:

- Doctors with whom they have worked directly
- Direct supervisor/evaluator of performance
- Description of roles/duties at the practice

The doctors at the site will be contacted and required to attest that the student will be performing activities appropriate of an extern.

Externship Introduction

An externship meeting is held in the fall semester of 3rd year. The Director of Externships will review the policy, procedures, and requirements for the fourth year clinical programs at that time.

Hours: A 40 hour clinic week is required for this course. These hours may not necessarily be 8:00 am-5:00 pm Monday through Friday, and will be scheduled at the discretion of your site supervisor.

Scope of Clinical Experiences:

Student exposure to main aspects of optometric care may include, primary care, contact lens, pediatrics, low vision, ocular disease, practice management, life-long learning activities, professional activities, etc. Every effort is made to provide students high quality and volume of patient encounters.

Liability Insurance: MCO provides professional liability insurance for students located at externship sites. Certificates of Insurance are provided July of each year to the sites, and the coverage follows the students as long as they are functioning within the MCO program. MCO's coverage does not substitute for insurance carried by practitioners.

Malpractice or other Liability Claims

As students, externs are always working under the professional license of their instructor, and under the auspices, rules, and policies of the Extern Rotation site, MCO, and Ferris State University. This allows the extern to perform all the normal functions afforded to that particular instructor and their assigned clinic rotation site.

However, this does not make the extern, personally, immune from legal actions which may be filed on behalf of the patients seeking awards for injury or any other legal claim. If the extern is named as a party in any lawsuit, the extern is instructed to contact the legal department at Ferris State University immediately without delay, at **231-591-3894**, before the extern responds or otherwise acts on the pending lawsuit.

The extern will also notify the Dean and the Director of Externships at MCO to alert them of these activities. Remember that litigation can occur for many years even after the extern graduates. If the damages allegedly occurred while the extern was a student, then the extern needs to contact the FSU legal department at the number above.

Program Changes

The College reserves the right to make changes to the Program at any time and for any reason, with or without notice, make cancellations, substitutions or changes in case of emergency or changed conditions or in the interest of the Program. It is the student's responsibility for all expenses, including housing, if participation in the program is terminated for any reason. The College is not liable for any loss whatsoever to program participants as a result of such changes.

COURSE OBJECTIVES

To the instructor's satisfaction, accomplish the following:

Demonstrate knowledge and accurately perform the skills required for the diagnosis, triage, management and /or treatment of common visual conditions and ocular diseases, including or resulting from:

- Refractive anomalies
 - Abnormalities of accommodation
 - Abnormalities of monocular or binocular vision skills
 - Oculomotor and visual sensory/perceptual dysfunctions
 - Ocular disease and trauma
 - Prior ocular surgery and /or laser intervention
 - Systemic disease
 - Environmental or occupational conditions
1. Demonstrate critical thinking skills by relating patient history and examination data to arrive at an appropriate assessment.
 2. Determine an appropriate and effective management plan for the patient based upon the assessment.
 3. Demonstrate the ability to prescribe and/or use ophthalmic materials, contact lenses, vision therapy, low vision systems, pharmaceuticals and non-invasive procedures to treat and manage common vision disorders and disease.
 4. Recognize the need for and initiate the coordination of care, including referral, for patients requiring specialty care.
 5. Demonstrate effective communication skills, both written and oral, with faculty, staff, and patients.
 6. Actively participate in grand rounds, record review, case presentations and asynchronous learning network (Web Seminar).
 7. Demonstrate ability to realistically self-assess competencies and limitations.
 8. Demonstrate the ability to access resources, including the use of information technology, and apply that information in making decisions about individual patient care and health care delivery.
 9. Demonstrate a professional ethic of honesty and integrity in all interactions with patients, colleagues and others.
 10. Exhibit awareness of ocular and systemic issues that can be influenced by proper screening and education for particular at risk patient populations.

ATTENDANCE POLICY:

All clinical externship activities are mandatory.

Site Supervisor Attendance

- In the event that the Site Supervisor is unable to be present, another preceptor should be assigned to the student to supervise temporarily
 - The temporary preceptor must be an individual who is credentialed by MCO
 - If the Site Supervisor is away from the site for greater than one week, they must contact the MCO Director of Externships to inform them of the change in assignment.
 - If a preceptor is not present, then the extern's activities must be restricted to support functions rather than patient care

Schedule

- Externs are expected to follow the Schedule for Rotation Dates, as distributed by the Director of Externships
 - Holidays within the semester are determined by the schedule of the externship site
- Externs and the Site Supervisor should work together to make appropriate arrangements for observation of religious holidays
- The site supervisor determines the extern's hours and days of the week
 - All clinical externship activities are mandatory
 - A minimum of 35 assigned hours and a maximum of 45 assigned hours must be followed
 - Assigned student activities should be limited to the weekdays (Monday to Friday); weekend days should be left open for the student unless they are required in order to make-up absences taken by the student during the week

Terms of Absences

- All absences (personal, professional, NBEO, etc.) must be approved by the Site Supervisor and the Director of Externships
 - Absences to be considered should be submitted in writing to the Site Supervisor and then Director of Externships via an Absence Request form (found in Canvas in the OPTM 411 course under the Externships & UEC Clinic Information and Resources module)
 - Absences must be submitted AT LEAST three weeks in advance
 - No absences will be approved in the first two weeks of each rotation (due to Site Orientation)
- Absences may be taken in allotments of one-half day to two days
- Students should be excused for the following in order to participate in the National Board of Examiners in Optometry (NBEO) examinations:
 - NBEO Part I: one day
 - NBEO Part II: one day
 - NBEO Part III: two days
- Externs are allowed a total of two personal days per rotation
- In the event of absence for illness, the student should follow the policies as are dictated by their externship site, notifying the Site Supervisor and Director of Externships of missed days

- Externship Site Supervisors have the autonomy to approve additional absences at your discretion for professional experiences such as professional meetings, residency interviews, job interviews, mission trips, etc.
- Leaves of Absence: if a student must be out of the office for an extended period for family or medical leave, they should contact their Site Supervisor and the Director of Externships to be considered for a Leave of Absence
 - The student will then receive an Incomplete grade for the course until the time off is made-up
- Absence Make-Up
 - Absences over the maximum per semester are required to be made up on a one to one basis
 - Professional absences (described above) are made up at the discretion of the Site Supervisor on a one to one basis
 - If a student has a combined number of absences (illness, professional, personal) that exceed five days, these additional missed days must be made up (excluding absences for taking NBEO examinations)
 - All absences should be made up at the same rotation site (if possible) or a site of equivalent experience, as determined by the Director of Externships

Disciplinary Action

- Failure to inform the Director of Externships of an upcoming absence will be reported to the MCO Associate Dean's office for disciplinary action
- Perceived abuse of the Attendance Policy may result in an Incomplete grade until the time missed is made up, at the discretion of the Director of Externships
- Failure to report to an externship site without an excused absence from the Site Supervisor and Director of Externships will be reviewed by the Director of Externships for an Incomplete or No Credit grade

EXTERN RESPONSIBILITIES AND POLICIES

- Each extern is responsible for contacting the site, at least 6 weeks in advance of rotation, to determine clinic times, dress, equipment needs, and any other requirements of the site (e.g. Physical exam, background, fingerprinting, etc.). Check the MCO/Extern website for orientation information, as well as contacting the site's Externship Supervisor.
- It is the responsibility of the extern to obtain appropriate housing for their site rotation.
- Required texts and/or equipment
- Externs should check with the Externship Supervisor to determine if any specific equipment or reading assignments are necessary.
- Additional Expenses - Cost for physical, blood work-up, fingerprinting or background checks that are required to participate in patient care activities are at the expense of the extern.

The student is expected to practice under the instruction and guidance of the Site Preceptor to the highest levels of clinical, moral and ethical conduct. The extern is considered a guest at the site. Courteous and professional conduct is expected to the site personnel, faculty and patients.

Dress Code/Decorum

The extern is expected to present a professional appearance while at the Externship site. This includes meeting the Site's dress requirements, (ie, clinic jacket, scrubs) as well as blending in with the site's style of practice. Failure to dress in a professional manner, as judged by the Site Supervisor, may result in the extern being excused from their clinical responsibilities for that day, resulting in the need to make-up the missed session.

Housing and Transportation

Students are responsible for transportation and housing while attending externship rotations. It is the responsibility of the extern to obtain appropriate housing at the off-campus sites, as well as make the necessary arrangements for transportation during the rotations. All travel and housing costs are at the extern's expense.

HIPAA and Confidentiality – Extern Responsibility

The student must comply with all State, Federal (HIPAA), and clinic policies about patient information. This would include any use of a patient's Protected Health Information (PHI) or Electronic Protected Health Information (ePHI) in methods prohibited by law; including copying, scanning, unencrypted emailing or disseminating names, birthdates, social security numbers, etc. Proper use of patient information for clinical educational uses requires that the extern make any Personally Identifiable patient information unusable, as defined by HIPAA regulation. Any patient information and use for research purposes must also be approved by the sponsoring institution's Institutional Review Board (IRB).

Further information on HIPAA Privacy and Security can be found in **Appendix A: Protected Health Information and Data Security** in this policy manual.

Unlawful Discrimination – Student Security:

No person shall, on the basis of race, religion, sex, age, disability or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity at

Michigan College of Optometry. The College is an Equal Opportunity Employer.

The College promotes an environment free from sexual harassment, and which includes the following in the policy:

- Prohibits unwelcome sexual advances, requests for sexual favors, and other verbal comments or physical contact of a sexual nature which constitute sexual harassment.

Prohibited conduct includes, but is not limited to: sexual flirtation, advances or proposition for sexual activity, continued or repeated verbal abuse of a sexual nature such as suggestive comments or sexually explicit jokes, sexually degrading language, remarks of a sexual nature, display of sexually demeaning objects and pictures, offensive physical contact; and actions indicating that benefits will be gained or lost based on response to sexual advances or any effort to exert influence by sexual coercion.

- The College prohibits any amorous relationship between faculty members and students. As with faculty members, Adjunct Clinical Faculty members are in a position to exercise power over a student, and an amorous relationship could have unintended adverse effects upon the educational atmosphere.

Extern Identity Protection

The extern should protect their identity if they believe they are working in a clinical situation they deem to be detrimental to their well-being. By revealing their full name, the extern should consider the consequences of being contacted by former patients. The extern should realize the consequences of having unrestricted access to their information on social networking internet sites or similar vehicles. Prudent access to an extern's information is their own responsibility; not the responsibility of the clinics, MCO, nor the University.

Loss of Material or Time

The extern is solely responsible for any loss of personal materials and time incurred while assigned to a particular rotation site. It is the extern's responsibility to recover any losses, if desired, incurred through actions such as theft, neglect, accident, etc. MCO, Ferris State University, and the Extern Rotation site, or any person assigned to provide services at such institutions, will not be responsible for recovering an extern's loss.

CLINIC GRADING

Clinic grading is Credit / No Credit based on the following:

- Final evaluations by site supervisor – the site supervisor will discuss the midterm and final grading with each of the student’s clinical preceptors at a site. They will then submit one grade that represents all preceptors’ opinions of the student’s performance.
- Patient Logs - Must be entered in a timely manner (within the month of service and up to date and accurate as of one week prior to the last day of clinic)

A final grade of **CREDIT** or **NO CREDIT** will be determined for each extern by the Director of Externships.

A final grade of **NO CREDIT** will be grounds for dismissal from the program.

A final grade of **INCOMPLETE** will be submitted if:

- Patient Logs are not completed and accurate as dictated above; if logs are still delinquent two weeks after final grades are due, this will be changed to **NO CREDIT**
- A preceptor has not completed their final evaluations when final grades are due to the university

The policies within the externship manual will not supersede Board of Trustee policy on student conduct and University disciplinary procedures.

Office of Student Conduct Office

<https://www.ferris.edu/HTMLS/administration/studentaffairs/judicial/homepage.htm>

Board of Trustees Policies

<https://www.ferris.edu/HTMLS/administration/Trustees/boardpolicy/>

STUDENT WORK FOR MEDICARE BILLING

Medicare has specific requirements for billing purposes that are different for a physician, resident, and a student. Under Medicare guidelines, all optometry student externs are classified as “Students” for billing purposes. According to the guidelines cited and referenced below, a “Student” cannot perform any billable elements by themselves or perform any decision making in the care of the Medicare patient. For billing Medicare services, the “Student” can contribute to the Review of Systems (ROS) and Past / Family / Social History (PFSH) only. The physician must “perform or re-perform” any billable element for Medicare patients other than the ROS and PFSH. This would include the HPI, exam elements, and clinical decision-making.

Each clinical rotation site must determine its own policies and procedures to comply with Federal guidelines. The Michigan College of Optometry and Ferris State University assume no liability for an extern site’s use of “Students” in their workflow and billing practices in the event of a Medicare audit or any other legal or government initiated action concerning the use of “Students” for Medicare purposes.

The following is an excerpt of the uses and definitions of a “Student” from the CMS document, page 7, found at:

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018-Transmittals-Items/R3971CP>

E/M Documentation Provided by Students

The Centers for Medicare & Medicaid Services (CMS) is revising the Medicare Claims Processing Manual, Chapter 12, Section 100.1.1, to update policy on Evaluation and Management (E/M) documentation to allow the teaching physician to verify in the medical record any student documentation of components of E/M services, rather than re-documenting the work. Students may document services in the medical record. However, the teaching physician must verify in the medical record all student documentation or findings, including history, physical exam and/or medical decision making. The teaching physician must personally perform (or re-perform) the physical exam and medical decision making activities of the E/M service being billed, but may verify any student documentation of them in the medical record, rather than re-documenting this work.

EXTERNSHIP SUPERVISOR RESPONSIBILITIES/POLICIES

Clinical curriculum development.

- Advise the extern of expectations and requirements of the site, as well as the expectations for their clinical performance.
- Be familiar with and adhering to established externship policies and procedures.

Evaluation of the extern/intern

- Submission of mid and final extern evaluations via Meditrek.
- Provide direct feedback to the extern as to technical, clinical and professional performance.
- Notify the Director of Externships within the first 3-5 weeks (or as appropriate) if the extern is failing or not meeting the expected standards of performance.
- Written and verbal feedback to the extern is important, as well as written and verbal notification to the Director of Externships.
- The Director of Externships will work in conjunction with the site supervisor on appropriate courses of action.

Task/Responsibility	Timeline	Comments
Director of Externship Office at MCO sends a letter to each rotation site	December	Information contains, student assigned to each location, rotation dates, copy of CPR, TB and Hep B, flu shots (if applicable), certification letter.
Rotation site sends student a welcome letter	6 weeks prior to rotation start date	Letter contains introduction to the practice, location, forms to complete prior to start, directions, etc.
VA ONLY sites: Fingerprinting	6 weeks prior to rotation start date	Students at a VA are required to be fingerprinted. This is required prior to starting at ANY VA location.
Walter Reed National Medical Hospital or Elgin Base (FL) ONLY: 2 step TB shot process	30 & 60 days prior to rotation start date	Must be done 30 & 60 days prior to rotation cannot be longer.

Task/Responsibility	Timeline	Comments
Student Orientation	1 st day of rotation	Spend time with student acclimating them to expectations, responsibilities and overall site operations.
Evaluations – Meditrek	Mid-term and Final	It is required that each site supervisor complete the Meditrek evaluation for students at their site within the semester.
Clinical Performance - includes absences, misconduct, other issue	Any time during the semester	Notify the Director of Externship programs immediately upon experiencing any issues with the student during their rotation.
Preceptors must be credentialed	Immediately	<ul style="list-style-type: none"> • A preceptor who is new to the rotation site • Notify the Director of Externship office for forms • Credentialed before supervising MCO externs.
Preceptor is away from site or no longer supervising a student	Immediately	<p>If a preceptor is absent or reassigns a student to another preceptor,</p> <ul style="list-style-type: none"> • Contact the MCO Director of Externships • The extern may be assigned to another practice for observation/educational experience. (However: this practice must also be MCO credentialed and the Director of Externships must be notified.) • The extern may be restricted to experiences not involving patient care • The extern may return to MCO to finish the semester.
No credentialed preceptor is on site (on any given day)	Immediately	<ul style="list-style-type: none"> • If the preceptor is not present, the extern's activities must be restricted to support functions rather than direct care. • The Site Supervisor may designate another preceptor to supervise temporarily

Site Supervisor Responsibilities

Attendance, professional behavior, clinical responsibilities

- Reporting any significant deviations from expected standards by the extern, which includes disciplinary action, deficiencies in performance, etc.
- Approves or denies the Absence Request Form of the student. Externs must report absences on the Extern Absence Request Form on the MCO/Extern site.
- Notify the Director of Externships of a change in supervisors or preceptors; submit the new information (credentialing application, curriculum vitae, and copy of current O.D. license) for review and approval of adjunct status.
- Notify the Director of Externships as soon as possible if any Clinical preceptor who will be absent for a 2 week or more period of time. MCO retains the authority to temporarily relocate the extern or accept the Extern Site's plan for continued education.
- Communicate with incoming new externs 6 – 8 weeks in advance.

APPENDIX A

Protected Health Information and Data Security

Every extern, preceptor, and staff person must take prudent steps to protect a patient's Protected Health Information (PHI), and Electronic Protected Health Information (e-PHI). Every clinic is governed by federal and state law, through the HIPAA Privacy and Security rules, to preserve a patient's identity and related health information. All clinics must also assure the protection of e-PHI when sharing data through secure Health Information Exchanges (HIE) by monitoring the software at each clinic, as well as the secure and encrypted communication with the HIE. It is the responsibility of each independent extern clinical rotation site to comply with these regulations. Ferris State University and the Michigan College of Optometry will not be responsible for each independent extern site's ability to comply with all Federal and State regulations.

According to Federal guidelines, the definition and compliance with the rule is stated (from: <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html#:~:text=The%20HIPAA%20Privacy%20Rule%20establishes,care%20providers%20that%20conduct%20certain>):

Protected Health Information. The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "protected health information (PHI)."¹²

"Individually identifiable health information" is information, including demographic data, that relates to:

- the individual's past, present or future physical or mental health or condition,
- the provision of health care to the individual, or
- the past, present, or future payment for the provision of health care to the individual,

and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual.¹³ Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number).

The Privacy Rule excludes from protected health information employment records that a covered entity maintains in its capacity as an employer and education and certain other records subject to, or defined in, the Family Educational Rights and Privacy Act, 20 U.S.C. §1232g.

De-Identified Health Information. There are no restrictions on the use or disclosure of de-identified health information.¹⁴ De-identified health information neither identifies nor provides a reasonable basis to identify an individual. There are two ways to de-identify information; either: (1) a formal determination by a qualified statistician; or (2) the removal of specified identifiers of the individual and of the individual's relatives, household members, and employers is required, and is adequate only if the covered entity has no actual knowledge that the remaining information could be used to identify the individual.¹⁵

Permitted Uses and Disclosures. A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization, for the following purposes or situations: (1) To the Individual (unless required for access or accounting of disclosures); (2) Treatment, Payment, and Health Care Operations; (3) Opportunity to Agree or Object; (4) Incident to an otherwise permitted use and disclosure; (5) Public Interest and Benefit Activities; and (6) Limited Data Set for the purposes of research, public health or health care operations.¹⁸ Covered entities may rely on professional ethics and best judgments in deciding which of these permissive uses and disclosures to make.

(1) To the Individual. A covered entity may disclose protected health information to the individual who is the subject of the information.

(2) Treatment, Payment, Health Care Operations. A covered entity may use and disclose protected health information for its own treatment, payment, and health care operations activities.¹⁹ A covered entity also may disclose protected health information for the treatment activities of any health care provider, the payment activities of another covered entity and of any health care provider, or the health care operations of another covered entity involving either quality or competency assurance activities or fraud and abuse detection and compliance activities, if both covered entities have or had a relationship with the individual and the protected health information pertains to the relationship. See additional guidance on [Treatment, Payment, & Health Care Operations](#).

Treatment is the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.²⁰

Payment encompasses activities of a health plan to obtain premiums, determine or fulfill responsibilities for coverage and provision of benefits, and furnish or obtain reimbursement for health care delivered to an individual²¹ and activities of a health care provider to obtain payment or be reimbursed for the provision of health care to an individual.

Health care operations are any of the following activities: (a) quality assessment and improvement activities, including case management and care coordination; (b) competency assurance activities, including provider or health plan performance evaluation, credentialing, and accreditation; (c) conducting or arranging for medical reviews, audits, or legal services, including fraud and abuse detection and compliance programs; (d) specified insurance functions, such as underwriting, risk rating, and reinsuring risk; (e) business planning, development, management, and administration; and (f) business management and general administrative activities of the entity, including but not limited to: de-identifying protected health information, creating a limited data set, and certain fundraising for the benefit of the covered entity.²²

(3) Uses and Disclosures with Opportunity to Agree or Object. Informal permission may be obtained by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, covered entities generally may make such uses and disclosures, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.

Facility Directories. It is a common practice in many health care facilities, such as hospitals, to maintain a directory of patient contact information. A covered health care provider may rely on an individual's informal permission to list in its facility directory the individual's name, general condition, religious affiliation, and location in the provider's facility.²⁵ The provider may then disclose the individual's condition and location in the facility to anyone asking for the individual by name, and also may disclose religious affiliation to clergy. Members of the clergy are not required to ask for the individual by name when inquiring about patient religious affiliation.

For Notification and Other Purposes. A covered entity also may rely on an individual's informal permission to disclose to the individual's family, relatives, or friends, or to other persons whom the individual identifies, protected health information directly relevant to that person's involvement in the individual's care or payment for care.²⁶ This provision, for example, allows a pharmacist to dispense filled prescriptions to a person acting on behalf of the patient. Similarly, a covered entity may rely on an individual's informal permission to use or disclose protected health information for the purpose of notifying (including identifying or locating) family members, personal representatives, or others responsible for the individual's care of the individual's location, general condition, or death. In addition,

protected health information may be disclosed for notification purposes to public or private entities authorized by law or charter to assist in disaster relief efforts.

(4) Incidental Use and Disclosure. The Privacy Rule does not require that every risk of an incidental use or disclosure of protected health information be eliminated. A use or disclosure of this information that occurs as a result of, or as “incident to,” an otherwise permitted use or disclosure is permitted as long as the covered entity has adopted reasonable safeguards as required by the Privacy Rule, and the information being shared was limited to the “minimum necessary,” as required by the Privacy Rule.²⁷

Research. “Research” is any systematic investigation designed to develop or contribute to generalizable knowledge.³⁷ The Privacy Rule permits a covered entity to use and disclose protected health information for research purposes, without an individual’s authorization, provided the covered entity obtains either: (1) documentation that an alteration or waiver of individuals’ authorization for the use or disclosure of protected health information about them for research purposes has been approved by an Institutional Review Board or Privacy Board; (2) representations from the researcher that the use or disclosure of the protected health information is solely to prepare a research protocol or for similar purpose preparatory to research, that the researcher will not remove any protected health information from the covered entity, and that protected health information for which access is sought is necessary for the research; or (3) representations from the researcher that the use or disclosure sought is solely for research on the protected health information of decedents, that the protected health information sought is necessary for the research, and, at the request of the covered entity, documentation of the death of the individuals about whom information is sought.³⁸ A covered entity also may use or disclose, without an individuals’ authorization, a limited data set of protected health information for research purposes (see discussion below).³⁹ See additional guidance on [Research](#) and [NIH's publication of "Protecting Personal Health Information in Research: Understanding the HIPAA Privacy Rule."](#)

(5) Public Interest and Benefit Activities. The Privacy Rule permits use and disclosure of protected health information, without an individual’s authorization or permission, for 12 national priority purposes.²⁸ These disclosures are permitted, although not required, by the Rule in recognition of the important uses made of health information outside of the health care context. Specific conditions or limitations apply to each public interest purpose, striking the balance between the individual privacy interest and the public interest need for this information.

Required by Law. Covered entities may use and disclose protected health information without individual authorization as required by law (including by statute, regulation, or court orders).²⁹

Public Health Activities. Covered entities may disclose protected health information to: (1) public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability and to public health or other government authorities authorized to receive reports of child abuse and neglect; (2) entities subject to FDA regulation regarding FDA regulated products or activities for purposes such as adverse event reporting, tracking of products, product recalls, and post-marketing surveillance; (3) individuals who may have contracted or been exposed to a communicable disease when notification is authorized by law; and (4) employers, regarding employees, when requested by employers, for information concerning a work-related illness or injury or workplace related medical surveillance, because such information is needed by the employer to comply with the Occupational Safety and Health Administration (OSHA), the Mine Safety and Health Administration (MSHA), or similar state law.³⁰ See additional guidance on [Public Health Activities](#) and [CDC's web pages on Public Health and HIPAA Guidance](#).

Victims of Abuse, Neglect or Domestic Violence. In certain circumstances, covered entities may disclose protected health information to appropriate government authorities regarding victims of abuse, neglect, or domestic violence.³¹

Health Oversight Activities. Covered entities may disclose protected health information to health oversight agencies (as defined in the Rule) for purposes of legally authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.³²

Judicial and Administrative Proceedings. Covered entities may disclose protected health information in a judicial or administrative proceeding if the request for the information is through an

order from a court or administrative tribunal. Such information may also be disclosed in response to a subpoena or other lawful process if certain assurances regarding notice to the individual or a protective order are provided.³³

Law Enforcement Purposes. Covered entities may disclose protected health information to law enforcement officials for law enforcement purposes under the following six circumstances, and subject to specified conditions: (1) as required by law (including court orders, court-ordered warrants, subpoenas) and administrative requests; (2) to identify or locate a suspect, fugitive, material witness, or missing person; (3) in response to a law enforcement official's request for information about a victim or suspected victim of a crime; (4) to alert law enforcement of a person's death, if the covered entity suspects that criminal activity caused the death; (5) when a covered entity believes that protected health information is evidence of a crime that occurred on its premises; and (6) by a covered health care provider in a medical emergency not occurring on its premises, when necessary to inform law enforcement about the commission and nature of a crime, the location of the crime or crime victims, and the perpetrator of the crime.³⁴

Decedents. Covered entities may disclose protected health information to funeral directors as needed, and to coroners or medical examiners to identify a deceased person, determine the cause of death, and perform other functions authorized by law.³⁵

Cadaveric Organ, Eye, or Tissue Donation. Covered entities may use or disclose protected health information to facilitate the donation and transplantation of cadaveric organs, eyes, and tissue.³⁶

(6) Limited Data Set. A limited data set is protected health information from which certain specified direct identifiers of individuals and their relatives, household members, and employers have been removed.⁴³ A limited data set may be used and disclosed for research, health care operations, and public health purposes, provided the recipient enters into a data use agreement promising specified safeguards for the protected health information within the limited data set.

To this end, MCO and the UEC will adopt at least the following practices in compliance with the rules:

- No spoken conversations about or to a patient within hearing distance of anyone not involved in that patient's care or billing. Discretion will be used at the front desk check-in and check-out counter. All discussions about identifiable patient health care shall only occur in the examination room or the attending room. All billing information shall only be discussed at the front desk or billing area.
- All clinicians must Log-Off their Eyecare software when leaving any room.
- All patient correspondence, such as referral letters and similar reports, must be done in the confines of MCO. No data will be copied and taken from the building for letter writing purposes.
- PHI that will be used for class reports or research, must be removed from the dataset, as defined by "Limited Data Set" above. This can include printing the exam elements, then removing the PHI.
- When generating reports from any software for class reports or research, all PHI and e-PHI must be removed.
- The use of portable memory devices is prohibited, unless specifically approved by the preceptor or the Assistant Dean. This reduces the chance of e-PHI loss and also protects our system from malicious software.
- All users of the EHR are assigned unique passwords only known to the user. This password is not to be shared with anyone. Only a designated system administrator has rights to reset any given password.

These are only a few on the many provisions that are required under HIPAA Privacy and Security Rules. A full accounting of all the provisions, known as *45 C.F.R. Part 160, Part 162, and Part 164* can be found at:

<https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/administrative/combined/hipaa-simplification-201303.pdf?language=es>

A full accounting of MCO's HIPAA compliance materials can be found in the MCO HIPAA Privacy and MCO Security Policy Manuals.