

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Health Services-Medical

**Policy Number:** HHS-HS-MED 1302

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**Policy Title:** Preceptor/Mentoring Program

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**Attachments:** Notice of Research, Data gathered and publication of gathered data, Code of Conduct for Medical Students, Student Confidentiality and Privacy of Patient

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**Date:** 3/2017

**Revised by:** Holly Hunter, Mark Bostrom / 1/2021

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**Approved by:**   
Jan Manary, Executive Director of HHS

**Date:**  
02/05/2021

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**Approved by:**  
Nicole Anderson, Commissioner of HHS



**Date:**  
2-10-2021

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**POLICY STATEMENT:** It is the policy of the Mille Lacs Band of Ojibwe Health and Human Services department to provide mentoring and act as preceptor to students entering, or already accepted, into an accredited medical program.

**PURPOSE:** The purpose of this policy is to create opportunities and access to careers in medicine, particularly among students of American Indian descent.

**PROCEDURE:**

**Medical Student Responsibilities:**

- Students wishing to participate in the mentorship program must contact the Clinic Administrator or Medical Director/CMO for approval to apply.
- Students must show proof of HIPAA training within twelve months of the assignment date. If student cannot show proof of such training, the HHS Quality and Compliance department will provide it prior to student contact with patients and/or personal health information.
- If deemed prudent by the Clinic Leadership, students will be provided with cultural training prior to contact with patients.
- Students must sign an agreement stating that no information gathered will be used for research purposes outside the clinic or reservation (attachment).
- Upon completion of the mentoring period, students will be asked to complete a survey of their experience. Survey results will be maintained by the Clinic Administrator.
- Students must provide proof of required immunizations or immunity (i.e., MMR, Varicella- or had chicken pox, TD, TB) prior to shadowing.
- Students must sign an agreement of confidentiality (attachment).
- Students must sign an agreement to adhere to a Code of Conduct (attachment).

**Physician- Medical Student agreement:**

- The mentoring physician shall establish how medical student will be introduced to patients (e.g. "this person is a student doctor")

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- During intake process, patient will be asked if they consent to student doctor presence (for observation of patient-physician interaction). Patient's wishes regarding presence of student doctor will be respected and noted in the medical record.

<b>Internal and/or External References</b>	
<b>Compliance - Posting Date</b>	2/10/2024
<b>Next Review - Due Date</b>	2/10/2024

**Notice of Research, Data Gathering and Publication of Data Gathered  
Mille Lacs Band of Ojibwe  
Department of Health and Human Services**

The Mille Lacs Band of Ojibwe Department of Health and Human Services welcomes the opportunity to proctor and mentor medical students. The sharing of information is of mutual benefit to all parties.

However, all research data gathered while participating in a mentor or proctor program remains the property of the Mille Lacs Band of Ojibwe Department of Health and Human Services. No data which is gathered and developed may be used in any written or oral publication, nor may it be shared with outside institutions. These may include, but are not limited to, universities, medical schools, private organizations, foundations or other non-profit organizations. Data gathered may not be used in research papers for university credit and may not be used to secure admission to any program, educational institution or medical research facility.

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**Signature of Student**

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**Printed Name**

**Date**

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**Signature of proctoring physician**

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**Printed Name**

**Date**

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**Signature of Medical Director**

**Date**

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# Student Confidentiality and Privacy of Patient Information

Dear Student,

As a student who is rotating in the Mille Lacs Band of Ojibwe (MLBO) Health Service setting, you have an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows health care providers to use and disclose patient information for certain reasons, such as treatment, but at times it is necessary for the patient to agree to have his/her information used or disclosed. Health care providers also must consider who has access to the information and how much they need to see. Allowing a student to observe an encounter between a provider and patient requires patient authorization. Failure to maintain the confidentiality of a patient's information as required by HIPAA is considered a violation of the law and may have serious consequences.

Some general guidelines include:

- Access patient information only under the direction and supervision of the health care provider you are shadowing.
- Share or discuss patient information only when necessary and only in locations where the confidentiality of that information can be maintained.
- Patient information should never be disclosed in any form of social media.
- Should you have questions or concerns, discuss them with the physician you are shadowing.

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## Acknowledgment

I have read and agree to complete HIPAA training pre-participation in the mentorship program with the Mille Lacs Band of Ojibwe Health Services Department. Or...

I have already received the HIPAA training within the last 12 months, I will provide a copy of my completed training certificate, or equivalent document to the MLBO Health Services Health Information Manager or Clinic Leadership.

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Signature of Medical Student

Date

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Print Name

# **Code of Conduct for Medical Students Participating in Mille Lacs Band of Ojibwe Shadowing Program**

**When shadowing a physician, I will:**

1. Arrive promptly
  2. Appreciate the limits of my role as an observer by not engaging in activities like, but not limited to, diagnosing diseases, administering medications, performing surgical procedures, suturing, providing medical advice or other tasks generally reserved for the trained health professional.
  3. Respect the patients' rights to refuse to have students present
  4. Treat all patients and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
  5. Maintain strict confidentiality and privacy about patient information
  6. Maintain honesty and integrity by being forthright in my interactions with patients, peers, physician supervisors and staff.
  7. Ensure patient safety by remaining at home if I am ill and will notify physician of my planned absence.
  8. Report concerns about patient safety to the physician who is being shadowed,
  9. Behave in an appropriate, professional and courteous manner at all times.
  10. Not initiate or accept patients' invitations to engage in social or social media relationship.
  11. Dress and act professionally
  12. Not abuse drugs or alcohol.
- Be aware of and follow the guidelines of my sponsoring institution and of the setting in which I am an observer

**I agree to follow the Code of Conduct described above:**

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Print Name

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Signature

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Date