

STATE OF MINNESOTA
MINNESOTA STATE COLLEGES AND UNIVERSITIES
MEMORANDUM OF AGREEMENT
BETWEEN
[INSERT NAME OF COLLEGE OR UNIVERSITY]
AND
MAYO CLINIC AMBULANCE

This Agreement is entered into between the State of Minnesota, acting through its Board of Trustees of the Minnesota State Colleges and Universities, on behalf of **[INSERT NAME OF COLLEGE OR UNIVERSITY]** (hereinafter **College/University**) and **Mayo Clinic Ambulance (Mayo Clinic)** located at 501 Sixth Ave NW, Rochester, MN 55901. The Agreement and any amendments and supplements or attachments shall thereto be interpreted pursuant to the Laws of the State of Minnesota.

WITNESSETH THAT:

WHEREAS, the **College/University** has established an Acute Care Paramedic program or Paramedicine program (paramedic) for qualified students preparing for and/or engaging in emergency medical services (EMS) careers; and

WHEREAS, the Board of Trustees of the Minnesota State Colleges and Universities is authorized by Minnesota Statutes, Chapter 136F to enter into Agreements regarding academic programs and has delegated this authority to the **College/University**; and

WHEREAS, **Mayo Clinic** has suitable clinical facilities for the educational needs of the EMS program(s) of the **College/University**; and

WHEREAS, it is in the general interest of **Mayo Clinic** to assist in educating persons to be qualified or better qualified EMS personnel; and

WHEREAS, the **College/University** and **Mayo Clinic** are desirous of cooperating to furnish a clinical experience program for students of EMS programs enrolled in the **College/University**.

NOW, THEREFORE, It is Mutually Agreed By and Between the Parties:

1.0. COLLEGE/UNIVERSITY RESPONSIBILITIES

- 1.1 The **College/University**, accredited by the Higher Learning Commission, is responsible for offering a paramedic program. The program is approved by the Minnesota EMS Regulatory Board.
- 1.2 Paramedic students will receive on-site supervision by **Mayo Clinic** staff. Faculty and staff of the **College/University** are expected to comply with contractual expectations for faculty in a supervisory role; however, it is understood that the **College/University** faculty will not be providing direct on-site supervision for paramedic students.

- 1.3 The **College/University** faculty will be responsible for scheduling student clinical experience program hours, reviewing student evaluations written by preceptors, and grading each student. The **College/University** faculty will attend the **Mayo Clinic** orientation for clinical experience instructors as deemed necessary by the **College/University** and **Mayo Clinic**.
- 1.4 The **College/University** will provide **Mayo Clinic** with objectives for the clinical experience program. Implementation of the objectives will be accomplished by the **College/University** in cooperation with the **Mayo Clinic** -designated representative.
- 1.5 The **College/University** will provide **Mayo Clinic** with a list of the students who are participating in the clinical experience program and the start and end dates of each student's participation in the program. In order to receive a balanced clinical experience, the student will travel to multiple sites. The **Mayo Clinic** -designated representative and a representative of the **College/University** will determine the student's schedule at each site jointly.
- 1.6 The **College/University** will provide its faculty and students a copy of the **Mayo Clinic** Standard Operating Guidelines (SOGs) that relate to the clinical experience program at **Mayo Clinic**. The **College/University** will provide to and obtain the written consent of each student on the current **Mayo Clinic** Student Agreement and Waiver of Liability (Attachment C), as well as the Confidentiality Agreement (Attachment E) . The College/University will inform Students that Mayo Clinic will not permit Students unwilling to comply with the Student Agreement and Waiver of Liability or Confidentiality Agreement to participate in the clinical experience program at **Mayo Clinic**. The **College/University** will furnish signed copies of the Student Agreement and Waiver of Liability, as well as the Confidentiality Agreement, to **Mayo Clinic** before any student is scheduled to participate in the clinical experience program.
- 1.7 The **College/University** will inform its faculty and the students who are participating in the clinical experience program that they are encouraged to carry their own health and disability insurance and are required to carry their own professional liability insurance if professional liability insurance is not provided by the **College/University**.
- 1.8 The **College/University** will maintain a record of students' health examinations and current immunizations to verify that no health problems exist which would jeopardize student or patient welfare and shall obtain student permission to submit data regarding their health status to **Mayo Clinic**. The health examination shall include an update of required immunizations, Mantoux test or chest x-ray and verification of immunity for rubeola and rubella. A list of those students with positive Mantoux or negative rubeola/rubella results will be provided to **Mayo Clinic**. Prior to scheduling any student in the clinical experience program, the College/University will have trained the student in universal precautions and respiratory protection (including fit testing).

The **College/University** agrees and represents that it will require all students and faculty to have completed not more than six months prior to participation in the training programs under this Agreement a criminal background study conducted in accordance with Minnesota Statutes Chapter 245C Human Services Background Studies as a pre-condition to participation in the clinical experience. **College/University** will not assign a student or faculty member to

Mayo Clinic if his/her background study documents ineligibility to have direct contact with **Mayo Clinic's** patients or residents under applicable law or regulations. If requested, **College/University** shall provide **Mayo Clinic** with documentation regarding the completion or results of the background study pursuant to the written consent of the subject.

2.0. MAYO CLINIC RESPONSIBILITIES

- 2.1 **Mayo Clinic** will maintain current licensure by the Minnesota EMS Regulatory Board.
- 2.2 **Mayo Clinic** is responsible for the safety and quality of care provided to its patients by the students who are participating in the clinical experience program at **Mayo Clinic**.
- 2.3 **Mayo Clinic** will provide the **College/University** with a copy of its SOGs that relate to the clinical experience program.
- 2.4 **Mayo Clinic** will permit the **College/University** faculty and students to use its patient care and patient service facilities for clinical instruction according to a mutually approved plan.
- 2.5 **Mayo Clinic** will allow a reasonable amount of **Mayo Clinic** staff time for orientation and joint conferences with **College/University** faculty, for planning with **College/University** faculty and for such other assistance as shall be mutually agreeable.
- 2.6 When available, physical space such as offices, conference rooms, and classrooms of **Mayo Clinic** may, upon advance request, be used by the **College/University** faculty and students who are participating in the clinical experience program.
- 2.7 The **College/University** faculty and students participating in the clinical experience program will be permitted to use **Mayo Clinic** library resources in accordance with **Mayo Clinic** policies.
- 2.8 **Mayo Clinic** assumes no responsibility for the cost of meals, uniforms, housing, parking or health care of **College/University** faculty and students who are participating in the clinical experience program. **Mayo Clinic** will permit **College/University** faculty and students who are participating in the clinical experience program to use any cafeteria on the same basis as employees of **Mayo Clinic**. **Mayo Clinic** will permit **College/University** faculty to use **Mayo Clinic** parking spaces under the same policies governing **Mayo Clinic** personnel.
- 2.9 **Mayo Clinic** recognizes that it is the policy of the **College/University** to prohibit discrimination and ensure equal opportunities in its educational programs, activities, and all aspects of employment for all individuals, regardless of race, color, creed, religion, gender, national origin, sexual orientation, veteran's status, marital status, age, disability, status with regard to public assistance, or inclusion in any group or class against which discrimination is prohibited by federal, state, or local laws and regulations. **Mayo Clinic** agrees to adhere to this policy in implementing this Agreement

3.0 MUTUAL RESPONSIBILITIES

- 3.1 The **College/University** and **Mayo Clinic** assume joint responsibility for the orientation of the **College/University** faculty to **Mayo Clinic** policies and

regulations before the **College/University** assigns its faculty to **Mayo Clinic**.

- 3.2 Personnel of the **College/University** and **Mayo Clinic** will communicate regarding planning, development, implementation and evaluation of the clinical experience program. The communication may include but not be limited to:
 - 3.2.1 Communication to familiarize **Mayo Clinic** personnel with the clinical experience program's philosophy, goals and curriculum;
 - 3.2.2 Communication to familiarize the **College/University** faculty with the **Mayo Clinic** philosophy, policy and program expectations.
 - 3.2.3 Communication to keep both parties and the parties' personnel who are assigned to the clinical experience program informed of changes in philosophy, policies and any new programs that are contemplated.
 - 3.2.4 Communication about jointly planning and sponsoring inservice or continuing education programs (if appropriate);
 - 3.2.5 Communication to identify areas of mutual need or concern.
 - 3.2.6 Communication to seek solutions to any problems which may arise in the clinical experience program; and
 - 3.2.7 Communication to facilitate evaluation procedures that may be required for approval or accreditation purposes or which might improve patient care or the **College/University's** paramedic curriculum.
- 3.3 **HIPAA**. Solely for the purposes of defining the students' and faculty roles in relation to the use and disclosure of the **Mayo Clinic's** protected health information, the **College/University** and faculty engaged in activities pursuant to this Agreement are members of the **Mayo Clinic** workforce, as that term is defined in 45 CFR 160.103. The **College/University** students and faculty are not, and shall not be construed to be, employees of **Mayo Clinic**.

The **College/University** shall cooperate with **Mayo Clinic** in complying with its obligations as a HIPAA covered entity, including, but not limited to, complying with its policies and procedures under the HIPAA Privacy Regulations, 45 CFR parts 160 and 164. Prior to placement at **Mayo Clinic**, the **College/University** shall instruct its students and faculty to comply with **Mayo Clinic's** policies and procedures governing the use and disclosure of individually identifiable health information.

4.0 EMERGENCY MEDICAL CARE AND INFECTIOUS DISEASE EXPOSURE

- 4.1 Any emergency medical care available at **Mayo Clinic** will be available to **College/University** students and faculty members. **College/University** students will be responsible for payment of charges attributable to their individual emergency medical care at either **Mayo Clinic** or the **College/University**. Any charges or expenses attributable to emergency medical care of a **College/University** faculty member at either **Mayo Clinic** or the **College/University** which are not paid by the **College/University** will be the responsibility of the **College/University** faculty member.

- 4.2 Any **College/University** student or faculty member who is injured or becomes ill while at **Mayo Clinic** shall immediately report the injury or illness to **Mayo Clinic** and receive treatment (if available) at **Mayo Clinic** as a private patient or obtain other appropriate treatment as he or she chooses. All hospital or other medical costs arising from such **College/University** student injury or illness shall be the sole responsibility of the student who received the treatment and not the responsibility of **Mayo Clinic** or the **College/University**. Any hospital or other medical costs arising from such **College/University** faculty member injury or illness shall, if not paid by the **College/University**, be the sole responsibility of the **College/University** faculty member who receives the treatment and not the responsibility of **Mayo Clinic** or the **College/University**.
- 4.3 **Mayo Clinic** shall follow, for **College/University** faculty and students exposed to an infectious disease at **Mayo Clinic** during the clinical experience program, the same policies and procedures which **Mayo Clinic** follows for its employees.
- 4.4 **College/University** faculty and students contracting an infectious disease during the period of time they are assigned to or participating in the clinical experiences program must report the fact to their **College/University** and to **Mayo Clinic**. Before returning to **Mayo Clinic**, such a **College/University** faculty member or student must submit proof of recovery to the **College/University** or **Mayo Clinic**, if requested.

5.0 **LIABILITY**

Each party agrees that it will be responsible for its own acts and the results thereof to the extent authorized by law and shall not be responsible for the acts of the other party and the results thereof. **The provisions of the Minnesota Tort Claims Act, Minnesota Statutes, Section 3.732 et seq., and other applicable law shall govern the College/University's liability.**

6.0 **TERM OF AGREEMENT**

This Agreement is effective on [INSERT MONTH, DAY, YEAR] or when fully executed, and shall remain in effect until [INSERT MONTH, DAY, YEAR.. **Not to exceed 5 years beyond effective date.**]. Either party may terminate this Agreement at any time, with or without cause, upon 90 days' written notice to the other party. Termination by **Mayo Clinic** shall not become effective with respect to students then participating in the clinical experience program.

7.0 **FINANCIAL CONSIDERATION**

- 7.1 The **College/University** and **Mayo Clinic** shall each bear their own costs associated with this Agreement and no payment is required by either the **College/University** or **Mayo Clinic** to the other party except **Mayo Clinic** shall pay the tuition and other educational fees of students it places in the clinical experience program.
- 7.2 **Mayo Clinic** is not required to reimburse the **College/University** faculty or students for any services rendered to **Mayo Clinic** or its patients pursuant to this Agreement.

8.0 **AMENDMENTS**

The parties agree there may be no modifications to this Agreement except in writing, executed with the same formalities as this instrument. The parties further agree that this contract may be modified upon mutual acceptance of both parties.

9.0 ASSIGNMENT

Neither the **College/University** nor **Mayo Clinic** shall assign or transfer any rights or obligations under this Agreement without the prior written consent of the other party.

10.0 STATE AUDIT

The books, records, documents, and accounting procedures and practices of **Mayo Clinic** relevant to this Agreement shall be subject to examination by the **College/University** and the Legislative Auditor.

11.0 VOTER REGISTRATION (When Applicable)

Mayo Clinic shall provide nonpartisan voter registration services and assistance, using forms provided by the **College/University**, to employees of **Mayo Clinic** and the public as required by Minnesota Statutes, 201.162.

12.0 AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

Mayo Clinic agrees that in fulfilling the duties of this Agreement, **Mayo Clinic** is responsible for complying with the Americans with Disabilities Act, 42 U.S.C. Chapter 12101, et seq., and any regulations promulgated to the Act. The **College/University** is not responsible for issues or challenges related to compliance with the ADA beyond its own routine use of facilities, services, or other areas covered by the ADA.

13.0 MINNESOTA DATA PRACTICES ACT

Mayo Clinic and the **College/University** must comply with the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, as it applies to all data provided by the College/University in accordance with this Agreement, and as it applies to all data, collected, received, stored, used, maintained or disseminated by **Mayo Clinic** in accordance with this Agreement. The civil remedies of Minnesota Statutes Section 13.08 apply to the release of the data referred to in this clause by either **Mayo Clinic** or the **College/University**. In the event that **Mayo Clinic** receives a request to release the data referred to in this clause, **Mayo Clinic** must immediately notify the College/University. The College/University will give **Mayo Clinic** instructions concerning the release of the data to the requesting party before the data is released.

The parties additionally acknowledge that the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and 34 C.F.R. 99, apply to the use and disclosure of education records that are created or maintained under this agreement. Mayo Clinic will provide original evaluations to the College/University and will not maintain copies of the evaluations.

14.0 INSURANCE

Each party, at its sole expense and at all times during the term of this Agreement, shall secure and maintain the following insurances (or comparable coverage under a program of self-insurance) covering itself and its employees who perform any work, duties or obligations in connection with this Agreement.

a. Commercial General Liability Insurance

The **College/University** will maintain Commercial General Liability insurance in conformance with the Tort Claims limits set forth in Minn. Stat. 3.736, subd. 4, with limits not less than \$500,000 per person and \$1,500,000 per occurrence for bodily injury and property damage.

Mayo Clinic will maintain Commercial General Liability insurance with limits not less than \$2,000,000 per occurrence and \$2,000,000 annual aggregate for bodily injury and property damage.

- b. **Commercial Automobile Liability Insurance:** **Mayo Clinic** will maintain insurance protecting it from claims which may arise from operations under this agreement for damages for bodily injury as well as from claims for property damage resulting from the ownership, operation, maintenance or use of all owned, hired, and non-owned autos. In the case of any work subcontracted, **Mayo Clinic** will require the subcontractor to maintain Commercial Automobile Liability insurance. Insurance **minimum** limits are \$2,000,000 – per occurrence Combined Single limit for Bodily Injury and Property Damage. In addition the following coverages should be included: Owned, Hired, and Non-owned Automobile.

c. **Professional Liability Insurance**

The **College/University** will maintain Professional Liability insurance for participating students (and faculty, if applicable) or cause any student participating in the program to maintain Professional Liability insurance, with limits not less than \$2,000,000 each claim and \$3,000,000 aggregate.

Mayo Clinic will maintain Professional Liability insurance covering itself and its employees, agents or assigns with limits not less than \$2,000,000 each claim and \$3,000,000 aggregate.

If insurance covered by claims-made policies is discontinued, then extended reporting period coverage must be obtained and evidence of such coverage shall be provided to the other party.

d. **Additional Conditions:**

An Umbrella or Excess Liability insurance policy may be used to supplement the Mayo Clinic policy limits to satisfy the full policy limits required by the Agreement.

Each party shall provide to the other party upon request certificates of insurance or self-insurance evidencing the required coverage.

If Mayo Clinic receives a cancellation notice from an insurance carrier affording coverage herein, Mayo Clinic agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless Mayo Clinic policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days' advance written notice to the University.

Each party, at its sole expense, shall provide and maintain workers' compensation insurance as such party may be required to obtain by law. The **College/University** is self-insured for Workers' Compensation purposes, and any such insurance extends only to employees of the **College/University**, not to students.

15.0 NO PARTNERSHIP CREATED

Nothing in this Agreement is intended or should be construed as creating a partnership or other form of joint venture between the **College/University** and **Mayo Clinic**. Nothing in this Agreement should be construed as requiring either party to refer patients to the other or to utilize the services of the other.

16.0 INTEGRATION

This instrument embodies the whole Agreement to the parties hereto. There are no promises, terms, conditions or obligations other than those contained herein. This contract shall supersede all previous communications, representations or agreements, either verbal or written, between the parties hereto.

17.0 INTERPRETATION AND SEVERABILITY

It is mutually understood and agreed that the laws of the State of Minnesota as to both interpretation and performance shall govern this contract.

It is understood and agreed by the parties hereto that if any part, term, or provision of this contract is by the Court held to be illegal or in conflict with any law of the State of Minnesota, the validity of the remaining portions or provisions shall not be affected and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular part, term or provision held to be invalid.

18.0 CONFIDENTIALITY

18.1 ***Duty to maintain confidentiality of information.*** In connection with these services, Mayo Clinic may disclose to the College/University certain business, technical or medical information, data, analysis, computer programs, documents or other information (Information), in writing or verbally, that each party considers proprietary or confidential. To the extent that it meets the definition of "Trade Secret Information" in Minnesota Statutes Section 13.37 subdivision 1(b), the College/University agrees to treat it as business and operations information. All other information disclosed by Mayo Clinic to College/University pursuant to this Agreement will be treated as required by the Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes Chapter 13 and section 13 of this Agreement. Mayo Clinic and College/University acknowledges, however, that classification of Confidential Information is governed by the MGDPA and not by the understanding of Mayo Clinic or College/University. The parties express acknowledge that under the Minnesota Government Data Practices Act, Minnesota Statutes Chapter 13, this Agreement is "public data."

19.0 OTHER PROVISIONS

The following attachments are incorporated herein by reference and may be changed from time to time throughout the term of this agreement, provided that reasonable notice of any changes is provided to the College/University, as determined solely by **Mayo Clinic**:

- 19.1 Attachment A, Mayo Clinic SOG for its employees.
- 19.2 Attachment B, Mayo Clinic SOG for students
- 19.3 Attachment C, Student Agreement and Waiver of Liability
- 19.4 Attachment D, List of procedures that may and may not be performed by students
- 19.5 Attachment E, Student Confidentiality Agreement

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed intending to be bound thereby,

APPROVED:

1. MAYO CLINIC AMBULANCE	2. MINNESOTA STATE COLLEGES AND UNIVERSITIES On behalf of [insert name of College/University]
By: Thomas Fennell	By (clinical coordinator)
Title: Regulatory Officer	Title
Date	Date

By (authorized signature)	By (College/University President or Designee)
Title	Title
Date	Date

	3. AS TO FORM AND EXECUTION
	By (authorized College/University signature)
	Title
	Date

Mayo Clinic Ambulance Contact Information:

Thomas Fennell
 Regulatory Officer
 501 Sixth Avenue NW
 Rochester, MN 55901
 Fennell.Thomas@mayo.edu

College/University Contact Information:

Contract Contact:

Education Business Services
 Mayo Clinic
 200 First Street SW
 Rochester, MN 55905
EduAffiliations@mayo.edu

Attachment A

[INSERT NAME OF COLLEGE/UNIVERSITY]/Mayo Clinic Ambulance Clinical Experience Program

Mayo Clinic Employee SOG

General Information:

- Student shift assignments will be coordinated by a team member(s) at each Mayo Clinic site. All scheduling and/or changes must be made through, and approved by the Mayo Clinic field preceptor and/or the Mayo Clinic site coordinator/clinical scheduler.
- Students are encouraged to have rest periods between shifts of a length equal to or greater than the shift just ended.
- The student is expected to arrive on time to the proper location.
- Upon arrival, reporting to the Supervisor, Team Captain or senior paramedic is required for shift assignment.
- A professional appearance is expected at all times during field experiences. The student should wear either the appropriate College/University uniform or white shirt and dark pants. The wearing of a nametag is expected at all times.
- Mayo Clinic will provide the student with a paramedic level preceptor to facilitate student clinical experiences.
- Mayo Clinic will not utilize students in place of Mayo Clinic EMT/Paramedic staff. The student is in each site to observe and participate in clinical care.

Personal Protective Equipment:

- Safety vest access - Mayo Clinic policy dictates that a safety vest must be worn at all motor vehicle accidents and other scenes where traffic is likely to be present. The field preceptor will ensure access to a vest upon beginning the shift, and will assure compliance with Mayo Clinic policy.
- Gloves, surgical mask, and protective eyewear are provided by Mayo Clinic and available for use by the student at no cost. The field preceptor will ensure access to this equipment upon the beginning of each shift. Unused personal protective equipment remains the property of Mayo Clinic.

Ethics:

- Students shall comply with ethical standards implied or specifically stated by the College/University or Mayo Clinic.
- Professionalism and patient confidentiality shall be maintained at all times.
- Mayo Clinic requires that patients, students, and team members (employees) be treated with respect at all times.
- Mayo Clinic is committed to providing a learning experience while maintaining high quality patient care.

Reporting:

- While obtaining clinical experience, students report to their assigned field preceptor or other medical crew members. Should issues arise, the supervisor or Team Captain shall be the next contact.

Clinical Observation Tools:

- Mayo Clinic employees shall complete evaluations of each student and forward to the appointed contact for the site. Forms vary by training institution.
- Mayo Clinic site coordinators shall forward evaluations to the College/University.

Documentation on Patient Care Records:

- Mayo Clinic does not allow documentation on patient clinical documents by students.
- Mayo Clinic recommends students practice documentation on a run record as provided by the College/University. This documentation must not include specific reference to patient name or information that could link the patient to the student's documentation.

Attachment B

[INSERT NAME OF COLLEGE/UNIVERSITY]/Mayo Clinic Ambulance Clinical Experience Program Student SOG

General Information:

1. Student shift assignments will be coordinated by a team member(s) at each Mayo Clinic site. All scheduling and/or changes must be made through, and approved by the Mayo Clinic field preceptor and/or the Mayo Clinic site coordinator/clinical scheduler.
2. Students are encouraged to have rest periods between shifts of a length equal to or greater than the shift just ended.
3. The student is expected to arrive on time to the proper location.
4. Upon arrival, reporting to the Supervisor, Team Captain or senior paramedic is required for shift assignment.
5. A professional appearance is expected at all times during field experiences. The student should wear either the appropriate College/University uniform or white shirt and dark pants. The wearing of a nametag is expected at all times.
6. Mayo Clinic will provide the student with a paramedic level preceptor to facilitate student clinical experiences.
7. Mayo Clinic will not utilize students in place of Mayo Clinic EMT/Paramedic staff. The student is in each site to observe and participate in clinical care.

Personal Protective Equipment:

1. Safety vest access - Mayo Clinic policy dictates that a safety vest must be worn at all motor vehicle accidents and other scenes where traffic is likely to be present. The field preceptor will ensure access to a vest upon beginning the shift, and will assure compliance with Mayo Clinic policy.
2. Gloves, surgical mask, and protective eyewear are provided by Mayo Clinic and available for use by the student at no cost. The field preceptor will ensure access to this equipment upon the beginning of each shift. Unused personal protective equipment remains the property of Mayo Clinic.

Ethics:

1. Students shall comply with ethical standards implied or specifically stated by the College/University or Mayo Clinic.
2. Professionalism and patient confidentiality shall be maintained at all times.
3. Mayo Clinic requires that patients, students, and team members (employees) be treated with respect at all times.

4. Mayo Clinic is committed to providing a learning experience while maintaining high quality patient care.

Reporting:

1. While obtaining clinical experience, students report to their assigned field preceptor or other medical crew members. Should issues arise, the supervisor or Team Captain shall be the next contact.

Clinical Observation Tools:

1. Mayo Clinic employees shall complete evaluations of each student and forward to the appointed contact for the site. Forms vary by training institution.
2. Mayo Clinic site coordinators shall forward evaluations to the College/University.

Documentation on Patient Care Records:

1. Mayo Clinic does not allow documentation on patient clinical documents by students.
2. Mayo Clinic recommends students practice documentation on a run record as provided by the College/University. This documentation must not include specific reference to patient name or information that could link the patient to the student's documentation.

I have received a copy of and have read the Student SOG required to perform my clinical experience at Mayo Clinic Ambulance. I understand my role as a student and agree to the guidelines set forth above.

Student Signature

Date

Student's Printed Name

Training Program

Attachment C

[INSERT NAME OF COLLEGE/UNIVERSITY] Mayo Clinic Ambulance Clinical Experience Program

Student Agreement and Waiver of Liability

I hereby apply to participate in the Mayo Clinic clinical experience program for paramedics. I understand that ambulance work can be hazardous. I understand that Mayo Clinic does not provide insurance for me for illness, injury, worker's compensation or actions or omissions by me toward others. If my sponsoring school does not provide professional liability insurance for me, I am required at my own expense to obtain and maintain such insurance for the amount of coverage dictated in the agreement between my sponsoring school and Mayo Clinic throughout the duration of my participation of this program. By my signature below, I agree to hold Mayo Clinic, its subsidiaries and parent companies and their officers and employees harmless for any illness, injury or death that I may sustain during the course of the clinical experience and for any damage, injury or death I may cause others, including the cost of defense.

Signature of Applicant _____ Date _____

Print Name _____ Telephone _____

Address _____

College/University _____ Graduation Date _____

Approved by Program Instructor _____ Date _____

Approved by Mayo Clinic Ambulance _____ Date _____

Attachment D

[INSERT NAME OF COLLEGE/UNIVERSITY]/Mayo Clinic Ambulance Clinical Experience Program

Patient Care Procedures that may or may not be performed by Students

Students of the College/University may perform all EMT and the following paramedic procedures while participating in the clinical experience program at the discretion of the supervising Mayo Clinic paramedic: obtaining IV access, drug administration (except those used in procedures listed below), endotracheal intubation and cardiac monitoring, defibrillation and pacing.

Students of the College/University will not be allowed to perform intraosseous infusion, chest decompression, nasal intubation or rapid sequence induction intubation.

Students may be terminated by Mayo Clinic from participating in the program for breach of patient confidentiality, breach of Mayo Clinic confidentiality, not meeting the standards established by Mayo Clinic and the College/University, failure to comply with Mayo Clinic or College/University policies, or for other appropriate reasons.

Attachment E

**[INSERT NAME OF COLLEGE/UNIVERSITY]/ Mayo Clinic Ambulance Clinical Experience
Program
Student Confidentiality Agreement**

To: Guests of Mayo Clinic Ambulance
From: Paul Drucker, Mayo Clinic Ambulance Senior Director
Tom Fennell, Mayo Clinic Ambulance Regulatory Officer
Re: Confidential Information

Welcome to Mayo Clinic Ambulance. You are here for a clinical training experience or other certification or accreditation purposes. We would like to call your attention to our position on confidentiality and patient privacy. All guests of Mayo Clinic Ambulance have an obligation to conduct themselves as professionals and hold in confidence all information concerning patients, employees, and business information. Confidential information includes all material, paper-based and electronic, related to the operation of Mayo Clinic Ambulance including but not limited to:

- Financial information
- Patient names and other identifying information
- Patient billing information
- Employee names and employment information
- Any discoveries, inventions, ideas, methods, or programs that have not been publicly disclosed
- Any information marked as "Confidential"

Guests must also refrain from revealing any confidential information concerning employee records or business operations. Any carelessness or thoughtlessness in this respect, leading to the release of such information, is not only wrong ethically, but may involve the individual and Mayo Clinic Ambulance legally.

Thank you for your cooperation in supporting our position on confidentiality. We hope you find value in your clinical training experience with Mayo Clinic Ambulance.

*I have heard or read the above statement, understand the contents and agree, unless authorized, not to **access, use or release** confidential information regarding patients, employees and business operations. I also understand that unauthorized access, use of release of any and all confidential information at Mayo Clinic Ambulance may be cause for immediate removal from the site and denial of future clinical, certification or accreditation purposes.*

Signature: _____ Date: _____

Print Name: _____ Affiliation _____