

Student Intake Packet Part 2

Southeast Washington



Dear Healthcare Student,

We are so excited to welcome you and for you to complete your clinical experience at our facility. Your student role requires additional training, as you will be utilizing EPIC and other platforms commonly used in practice.

Please see the following instructions below:

Step 1: Claim your Providence Student account

- a) Watch for an email that has been forwarded by our team or your school representative to you that says, "Access Letter" in the subject line.
- b) When you receive this email, follow the instructions within the body of the email to claim your account. If you have issues claiming your account, please call the IS help desk at: **844-922-7548**.
- c) Once you have successfully claimed your account proceed to step 2.
- d) For **medical students only** that need to access Citrix (Epic) remotely go to:
<https://citrixapps.providence.org>

Step 2: Complete EPIC Training

Note: You will log-in to the Epic Learning Resources link using your newly issued Providence account username and password. That should look like in most cases your username would be: *s.firstname.lastname* and then your password.

1. Click on this link: [Epic Learning Resources \(providence.org\)](https://epiclearningresources.providence.org)
2. Scroll down and click on your specific or most general role title (e.g., "medical student", "RN (ED)", etc.)
3. Once on the role specific explore page, click on the "New Learners" icon at the bottom right of the screen.
4. Once on the New Learners page, navigate to the page to read content
 - Click additional links to review further education materials and learning modules.

Step 3: Nursing Students Only:

Pyxis Training: <https://degreed.com/courses/pyxis-medstation-es-training-guide-for-students?d=40892485&inputtype=course&hosted=true&orgsso=providencehealth&inputType=Course> In addition, you will need to please sign the Automated Drug Dispensing Device Security & Use Agreement (Pyxis Agreement).

- For St. Mary students, please email completed Pyxis attestation to:
PSMMCStudents@providence.org
- For Kadlec students, please email completed Pyxis attestation to: AcademicServices@kadlec.org.

AUTOMATED DRUG DISPENSING DEVICE SECURITY & USE AGREEMENT

Employee Name: _____

I understand and agree that in the performance of my duties at Providence St. Mary Medical Center/Kadlec Regional Medical Center, I must hold information in confidence.

I understand that the use of another person's computer security code or password, or delegation of my code to another person, would be considered False Representation.

I understand that if there has been no activity with my User ID for 180 days or more, my access to the Automated Drug Dispensing Device may be terminated.

I agree to accurately input data into the Automated Drug Dispensing Device for all medications withdrawn, wasted, loaded, refilled and inventoried by me, including the correct quantity of the medication.

I agree to keep all medications removed from the Automated Drug Dispensing Device in my immediate control until administered, wasted, or returned.

I understand that I am responsible for any medication for which I act as a witness in the Automated Drug Dispensing Device.

I agree to identify and report any malfunctions of the Automated Drug Dispensing Device to the Pharmacy.

I agree to immediately report any discrepancies to my Supervisor.

I agree to appropriately resolve discrepancies before the end of my shift.

I agree to report any unresolved discrepancies to the Pharmacy as required per policy.

I understand that use of the Automated Drug Dispensing Devices and Medication Administration practices are routinely audited.

I attest that I have read, understand, and will abide by the policies governing the use of the Automated Drug Dispensing Devices including "Pyxis Utilization" and "Medication Administration and Disposition."

I am advised that failure to comply with these policies and regulations may result in disciplinary action, which could include release from employment. Violation of local, State, or United States Federal statutes may carry the additional consequence of prosecution under the law.

This is to acknowledge the responsibilities associated with my Automated Drug Dispensing Device security code. I understand that my User ID constitutes my signature and I will be responsible for all entries made under my User ID.

Signature of Pyxis User

Date

