Student Affiliations: Nursing, Therapies, Observational, Co-Operative

PURPOSE: To establish health, safety, and orientation requirements that must be met prior to a student’s clinical affiliation at the Hospital for Special Care (HSC).

POLICY: Prior to the commencement of a student’s clinical rotation, the following requirements must be in place. Failure to comply with these requirements will delay or cancel the student’s clinical practicum at the hospital.

REQUIREMENTS FOR AFFILIATION: ALL CLINICAL PERSONNEL:

1. A current contract must be executed between HSC and the school.

2. Written verification from the school indicates that current health records for instructors and students who will be at HSC are on file at the school (we do not require copies of health records with the exception of the influenza vaccine).

   Health records must include:

   a. proof of immunizations for measles, mumps, rubella (or history of disease);
   b. current year influenza vaccine (student must present signed Influenza Attestation Form prior to or on the first day of clinical)
   c. evidence of annual PPD testing.
   d. varicella status (history of disease or proof of immunity).
   e. documentation of Hepatitis B vaccine status.
   f. tetanus within 10 years
   g. physical indicating that the instructor/student is free of contagious disease and able to participate in a clinical setting

3. Documentation of blood borne pathogen education/completion of the Connecticut Hospital Association “Health and Safety Training” module.

4. Written verification from the school that instructor and students hold current CPR certification.

5. Written documentation that instructor and students are covered for malpractice insurance.

6. Dates of rotation including a list of names of instructor, if applicable, and students who will be present.

7. Description of the clinical objectives for the rotation. Refer to the Internship/Work-Study Program Policy for additional information (for this type of clinical affiliation).

8. Students who desire an affiliation without a school contract will be required to apply for participation as a volunteer.
Student Affiliations (cont.)

ORIENTATION:

1. All instructors and students must complete a mandatory orientation which will be arranged through Clinical Resources prior to the rotation. Topics to be covered by the hospital-specific orientation will include (but are not limited to):
   a. hospital mission, vision and philosophy.
   b. universal “standard” precautions and infection prevention and control practices.
   c. fire/safety procedures.
   d. emergency codes.
   e. hazard communication standard/MSDS.
   f. patient rights, confidentiality, corporate compliance, HIPAA.
   g. tour of pertinent areas of hospital.
   h. population-specific needs.
   i. pertinent hospital policies and procedures relevant to the rotation.

INSTRUCTOR ORIENTATION:

All new instructors must attend an additional orientation with Clinical Resources. Orientation will include:

1. equipment validation (only pertinent equipment).
2. documentation system, the medical records, care plans.
3. unit management and unit-specific structure standards, as appropriate
4. unit routine and assignment system
5. additional orientation requirements if students will be administering medications:
   5.1 Medication testing: Must meet same requirements for passing the hospital’s Medication Test as RN staff employed by the hospital.
   5.2 Orientation to the Medication Administration policies and procedures.
6. Instructors, who will be supervising students in IV therapy administration, must either take the Hospital for Special Care required IV Therapy Course, or if eligible, may challenge the IV Therapy Course. See “IV Therapy Protocol.”
7. Additional orientation may be scheduled for instructors if requested or deemed necessary by Clinical Resources.

ROLES & RESPONSIBILITIES OF INSTRUCTOR:

For nursing instructor who accompanies students:

The nursing instructor is ultimately accountable for care that students administer at HSC as part of their clinical experience. Students, under the supervision of the nursing instructor, will provide direct patient care while adhering to the clinical standards of that unit and policies of the hospital. The instructor will make student assignments in collaboration with the charge nurse/Clinical Coordinator (CC)/designee prior to the student’s arrival on the unit. The instructor will attend shift report or meet with the charge nurse/CC/designee to receive the necessary report on patient status prior to students beginning the shift. Assignments are subject to change depending on staffing, patient acuity and the discretion of staff.

Any standard nursing treatment may be performed by the students, provided he/she has satisfactorily performed that task previously under the supervision and guidance of the nursing instructor. Instructors, once they are validated in central line dressing care, may supervise students with sterile dressing changes on central lines.
Student Affiliations (cont.)

ROLES & RESPONSIBILITIES
OF INSTRUCTOR:
However, if this is a new task or one in which the student remains markedly uncomfortable in performing, the nursing instructor must be in attendance to teach the student.

MEDICATIONS:
The instructor must validate the student’s satisfactory performance in the administration of medications:

1. The instructor must provide direct supervision of students administering medications to patients.
2. Injectable, (e.g. subcutaneous, intradermal and intramuscular) medications are to be administered with the instructor at the bedside.
3. IV medications, piggybacks and routine IV solution changes through peripheral and central lines also require instructor to be at the bedside.
4. Time critical scheduled medications must be administered within a 30 minute timeframe of the scheduled time. If the instructor cannot be available within this timeframe to assist the student the nursing staff assigned will give the medication.

LIMITATIONS:
1. Instructors/Students may not hang blood or blood products.
2. Instructors/Students may not access central lines/portacaths
3. Instructors/Students may not initiate total parenteral nutrition (TPN).
4. Instructors/Students may not hold medication keys.

ADDITIONAL STUDENT
LIMITATIONS:
Students may not carry out the following activities due to lack of legal licensure status or the high risk nature of the activity:

a. Administration of I.V. push medications.
b. Add IV additives to main IV lines (KCL, Heparin, insulin, etc).
c. May not mix and hang inotropes or emergency medications, such as, Lidocaine, Dopamine, etc.
d. May not receive verbal orders/telephone orders.

Once the instructor has been oriented and validated in the following, the instructor may supervise students in:

a. tracheostomy (trach) care.
b. suctioning techniques.
c. changing of inner cannulas

Note: Students, should always be supervised by the instructor when changing tracheostomy ties and inner cannulas.

DOCUMENTATION
RESPONSIBILITIES:
All instructors must assure that the students document patient care appropriately, must cosign student notes and medication administration records.

ROLES AND
RESPONSIBILITIES
OF STAFF:
The staff of HSC is expected to serve as role models in the daily care of patients and retain responsibility for the actual care provided to HSC patients. A staff nurse will be assigned to the patients cared for by students and will serve as a resource for students with those patients.
Student Affiliations (cont.)

ROLES AND RESPONSIBILITIES OF STAFF:

a. The staff has the right to intervene or stop any student from performing any measure they feel inappropriate or potentially harmful to patients.
b. Staff is encouraged to assess the student’s competence with a procedure or patient care as needed. Feedback should be provided to the instructor related to students having difficulty.

EVALUATION:

Clinical Resources will follow up with instructors and students to complete an evaluation of their experiences at Hospital for Special Care. These evaluations will be used to improve future student experiences and will be kept confidential.

GRADUATE STUDENTS IN NURSING:

Graduate students may be placed at Hospital for Special Care for clinical practicum experience under the direction of a preceptor (usually a Master’s prepared nurse). The mandatory student orientation is required prior to the start of the practicum and may be provided by the preceptor. Graduate students must meet all requirements for clinical affiliation as outlined on page one of this document.

STUDENT OBSERVATIONS:

Students may be placed at HSC for observational experiences if a contract is in place with the school/university. The presence of an instructor is not required and the student does not provide hands-on care. The observational goals are reviewed with the student prior to the scheduled observations. Orientation and pre-requisites outlined on page 1 are required prior to beginning experience. Students without instructors will be assigned to a staff member as their resource during the observational experience.

NON-CLINICAL STUDENT:

The mandatory orientation is required prior to the beginning of the program. The requirements for affiliation as defined on page 1 will be met. These will be managed through Employee Development Services. Students are assigned to management or leadership staff member as their resource during the affiliation. Please refer to the Internship/Work-Study Program.

THERAPIES:

Each discipline will provide an environment appropriate to the learning needs of the student. Educational experiences will be designed to meet the objectives of the program and the student. Students will be supervised by a credentialed, appropriate, professional level therapist (i.e. physical therapist must supervise a student physical therapist or student physical therapist assistant, but physical therapist assistant can only supervise a physical therapy assistant.)

1. The college/university will be responsible for the following:

a. To send a contract and maintain communication throughout the affiliation.
b. To provide clinical instructor with academic program information, evaluation forms, along with number hours needed and with timeframe.
c. To supply written confirmation of student placement within a reasonable time frame.
d. To ensure that students are academically prepared for the clinical affiliation.
e. To ensure required medical documents are forwarded to hospital prior to agreed upon start date and meet requirements for affiliation as defined on page 1.
**Student Affiliations (cont.)**

**THERAPIES:**

2. The student will be responsible for the following:

   a. To familiarize himself/herself with student orientation materials on the hospital internet site.
   b. To meet expectations defined in hospital standards such as dress code, behavioral objectives and maintain level of professional skills as outlined.
   c. To work with clinical instructor to discuss or develop formal or informal learning objectives for affiliation based upon interest, skills, and needs.
   d. To complete requirements of the program as expected by college/university and the hospital.

2. The clinical coordinator for each therapy discipline will be responsible for the following:

   a. To confirm affiliation experiences agreed upon by school and hospital.
   b. To send updated hospital information to school and keep updated school program information on file as provided.
   c. To maintain and/or facilitate establishment of contracts.
   d. To model and facilitate professional conduct.
   e. To organize and provide orientation to hospital and business unit.
   f. To serve as a mediator for resolution of any concerns that may arise during the course of field work.

3. The clinical instructor is responsible for the following:

   a. To supervise and instruct students in learning experiences appropriate to the student’s ability and objectives.
   b. To demonstrate (assessment) evaluation and intervention skills pertinent to patient caseload.
   c. To act as a resource to the student.
   d. To provide written and verbal feedback of observation in a timely manner to assist in the development of clinical skills including assessment, intervention, patient/family education, teamwork, evaluation, treatment, patient/family teaching, and interdisciplinary communication.
   e. To co-sign all documentation entered into the medical record.
   f. To review final grade and evaluation with the student. Attain signature of student to acknowledge completion of all requirements.
   g. To arrange educational opportunities for the student learning experience appropriate to student ability and objectives.

**RESPONSIBILITIES:**

Vice President, Patient Care Services/CNO

**REFERENCES:**

Joint Commission on Accreditation of Health Care Organizations Standards.
HOSPITAL FOR SPECIAL CARE
ORIENTATION RECORD FOR OBSERVATIONAL AND GRADUATE STUDENTS

Date:__________   Name of Student:___________________________________

University/ School:__________________________________

A. The student has completed the online orientation and returned the following forms:

1. Orientation Form □
2. Student Information/Demographics Form □
3. HIPAA form □
4. Confidentiality Form □
5. Flu Vaccine Attestation Form □
6. Other Forms Required: (List Here)
   ____________________________________________________________________________
   ____________________________________________________________________________

B. Please attach a copy of liability insurance:________________________________________

C. Licensed Students:
   Please attach a copy of licensure:_______________________________________________
   (Type/Exp. Date) (Verify through the DPH website)

D. Please attach a copy of CPR certification:________________________________________
   (Not required for observational students) (Type/Exp. date)

E. Contract/Agreement Signed and in place. □

___________________________________________________________________________
Student Signature

___________________________________________________________________________
Preceptor/Clinical Resources Signature
HOSPITAL FOR SPECIAL CARE  
CLINICAL MANAGER/DESIGNEE EVALUATION OF INSTRUCTOR  

<table>
<thead>
<tr>
<th>Areas of Evaluation</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>OUTSTANDING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrates adherence to unit standards.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Seeks and uses resources appropriately.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Obtains report prior to beginning shift.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Collaborates with charge nurse/designee on patient assignments for students.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Appropriately supervises students.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Safely monitors student administration of medications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Appropriately uses equipment needed for patient interventions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Ensures students communicate with staff regarding patient condition/treatment plan.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is responsive to staff feedback regarding student performance.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:__________________________________________________________________________

__________________________________________________________
Signature Clinical Manager/Designee

Date:______________________________________________________
HOSPITAL FOR SPECIAL CARE

STUDENT EVALUATION OF CLINICAL EXPERIENCE

Dear Student: Please complete the following:

School:__________________________ Dates of Rotation: ________________ Year: __________

<table>
<thead>
<tr>
<th>Question</th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>ABOVE SATISFACTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the orientation provided at the beginning of your rotation satisfactory?</td>
<td>_______________</td>
<td>____________</td>
<td>_______________</td>
</tr>
<tr>
<td>2. Were the staff willing to assist you when needed?</td>
<td>_______________</td>
<td>____________</td>
<td>_______________</td>
</tr>
<tr>
<td>3. Did your instructor provide adequate supervision?</td>
<td>_______________</td>
<td>____________</td>
<td>_______________</td>
</tr>
<tr>
<td>4. Were the staff receptive to your questions?</td>
<td>_______________</td>
<td>____________</td>
<td>_______________</td>
</tr>
<tr>
<td>5. Were you able to attain your clinical goals during this rotation?</td>
<td>_______________</td>
<td>____________</td>
<td>_______________</td>
</tr>
<tr>
<td>6. In general, was your experience at Hospital for Special Care:</td>
<td>_______________</td>
<td>____________</td>
<td>_______________</td>
</tr>
</tbody>
</table>

Please comment on any unsatisfactory areas.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please comment on aspects of your rotation that you found helpful.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Thank you for your feedback!
HOSPITAL FOR SPECIAL CARE

INSTRUCTOR EVALUATION OF CLINICAL EXPERIENCE

Please complete the following:

University/School: __________________________
Dates of Rotation: __________________________
Your name: ________________________________

<table>
<thead>
<tr>
<th></th>
<th>UNSATISFACTORY</th>
<th>SATISFACTORY</th>
<th>ABOVE SATISFACTORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Was the student orientation adequate?</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>2.</td>
<td>Were you provided with enough information in preparation for the rotation?</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>3.</td>
<td>Did you have adequate space for pre and post conferences?</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>4.</td>
<td>Did you receive adequate assistance from the charge nurse/designee regarding student/patient assignments?</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>5.</td>
<td>Did the students receive adequate guidance/assistance from staff?</td>
<td>___________</td>
<td>___________</td>
</tr>
<tr>
<td>6.</td>
<td>Were the students able to attain their clinical goals during this rotation?</td>
<td>___________</td>
<td>___________</td>
</tr>
</tbody>
</table>

Please comment on any aspect of orientation or the clinical rotation that you feel could be improved in order to facilitate future rotations.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Please comment on aspects of this rotation that were positive:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Other comments:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Thank you for your feedback!
HOSPITAL FOR SPECIAL CARE

NURSING STUDENT AFFILIATION DOCUMENTATION CRITERIA

School: ________________________ Dates of Clinical Rotation: ____________________
Unit: ________________________

This form verifies that the following information is on record at your school:

1. Student health records are on file that include:
   a. proof of immunizations to measles, mumps, rubella (or history of disease)
   b. evidence of annual PPD testing
   c. proof of varicella titer or evidence of disease
   d. hepatitis B vaccine status
   e. evidence of bloodborne pathogen education

2. Current influenza vaccine (student must submit signed Attestation prior to or on the first clinical day at HSC)

3. Instructor and student current CPR status is on file.

4. Instructor’s current license is on file.

5. Instructors and students are covered either by individual/institutional liability/malpractice insurance.

I verify that the above is on file at our school.

___________________________________________
Name/Title

___________________________________________
Date

Please list or attach the names of instructors and students who will be present at Hospital for Special Care during the rotation.

___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

P:\website\career\Student Affiliations Nursing Therapies Observational Co-operative.doc Page 10
HOSPITAL FOR SPECIAL CARE

NURSING STUDENT AFFILIATION
DOCUMENTATION OF EDUCATIONAL PLANNING MEETING

School of Nursing: ____________________________

Name ____________________________ Location ____________________________

Date of Meeting: ____________________________

Present at Meeting:

1. ____________________________
   Name ____________________________ Title ____________________________

2. ____________________________
   Name ____________________________ Title ____________________________

3. ____________________________
   Name ____________________________ Title ____________________________

4. ____________________________
   Name ____________________________ Title ____________________________

The purpose of this meeting is to:

- Discuss the learning experiences available for nursing students at Hospital for Special Care.
- Hospital mission, values and patient population’s specific needs.
- Goals and objectives for the student experiences.
- Contract status.
- Hospital for Special Care Protocol for Student Affiliations.
- Student and instructor orientation needs.
- Dates of orientation.
- Parking arrangements, etc.
- Other issues may be discussed and if so, are indicated below.

Documentation of post rotation evaluation summary/suggestions:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________