

POLICY AND PROCEDURES

TITLE: STUDENT AFFILIATIONS: NURSING, THERAPIES, OBSERVATIONAL, CO-OPERATIVE		DOCUMENT TYPE: POLICY
ENTITY: HSC	CITATION: N/A	DEPARTMENT: PDP DEPT.
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POLICY MANUAL: CLINICAL POLICY MANUAL		

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 for the current year)
 - 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 safely 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. We require a comprehensive background check of each student and faculty and may refuse to accept for participation in the Programs any student or faculty for whom evidence of a satisfactory background check has not been provided. Written documentation that instructor and students are covered for professional liability 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).

Student Affiliations (cont.)

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

ORIENTATION:

1. All instructors and students must complete a mandatory orientation which will be arranged through Professional Development or discipline-specific representative 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 body substance precautions and infection prevention and control practices.
 - c. fire/safety procedures.
 - d. emergency codes.
 - e. hazard communication standard/SDS.
 - 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 Professional Development or discipline-specific representative. Orientation will include:

1. equipment validation (only pertinent equipment)
2. documentation system
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: Nursing Faculty administering medications 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. Nursing Instructors, who will be supervising students in IV therapy administration are oriented to IV therapy policies/procedures.
7. Additional orientation may be scheduled for instructors if requested or deemed necessary by Professional Development or discipline-specific representative.

ROLES & RESPONSIBILITIES OF INSTRUCTOR:

For clinical instructor who accompanies students:

The clinical 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)/, RT, designee prior to the student's arrival on the unit. The instructor will attend shift report or meet with the charge nurse/CC/, RT, 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 discipline-specific patient care may be performed by the students, provided he/she has satisfactorily performed that task previously under the supervision and guidance of the clinical instructor.

Student Affiliations (cont.)

However, if this is a new task or one in which the student remains markedly uncomfortable in performing, the clinical 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 all medications to patients.
2. Time critical scheduled medications must be administered timely as per hospital policy. 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 and/or licensed staff 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 licensed staff person 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:

Professional Development or discipline-specific representative will follow up with instructors and students to complete an evaluation of their experiences at Hospital for Special Care. These evaluations may 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 Human Resources. 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.
3. 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.
4. 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 of Nursing/CNO

REFERENCES:

Joint Commission on Accreditation of Health Care Organizations Standards.

HOSPITAL FOR SPECIAL CARE
ORIENTATION RECORD FOR OBSERVATIONAL AND GRADUATE STUDENTS
(Sample Form-Schools may also send a compliance letter)

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. Criminal Background Check
- 7. 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**

Instructor: _____

School: _____

Patient Care Unit: _____

Program: _____

Date of Rotation: _____

Dear Clinical Manager/Designee:

Please evaluate the instructor recently who supervised students on your patient care unit.

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

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: _____

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

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: _____

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

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

STUDENT AFFILIATION
DOCUMENTATION CRITERIA

(Sample form-Schools may also submit a compliance letter)

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)
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.
6. Criminal Background Checks

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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HOSPITAL FOR SPECIAL CARE
NURSING STUDENT AFFILIATION
DOCUMENTATION OF EDUCATIONAL PLANNING MEETING
(Optional)

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:
