

**DEPARTMENT OF NURSING
POLICY AND PROCEDURE**

SUBJECT: Faculty/Nursing Guidelines for Clinical Rotation at MWHC	ORIGINAL DATE: August 2005
DISTRIBUTION LIST: Department of Nursing	EFFECTIVE DATE: June 2012 REVIEWED BY: Dina Rosenthal, RN, MS, CCRN Clinical Nursing Instructor
APPROVED BY: <hr/> Susan Eckert, MSN, RN Senior Vice President of Nursing and Chief Nursing Executive	

I. Purpose:

To provide information and directives for the placement of unlicensed nursing students at the MedStar Washington Hospital Center clinical practice.

II. Policy Statement(s):

A. Educational programs seeking clinical experiences at MedStar Washington Hospital Center for nursing students must request student placements in writing the previous semester. Deadline for clinical requests are as follows:

1. Summer Requests – February 1
2. Fall Requests – May 1
3. Spring Requests – October 1

Response to your request will be provided within 30 days of the aforementioned deadline.

B. These letters should be forwarded to the Educational Liaison and indicate the nursing unit or specialty of choice, number of students, dates, days and times of preferred clinical experience. Instructors or coordinators are requested not to contact individual nursing managers directly for clinical arrangements.

C. Contractual agreements between MedStar Washington Hospital Center and the educational institutions must be in place prior to planning the student experience.

D. Clinical placement at MedStar Washington Hospital Center is always contingent upon hospital capacity to support nursing students.

E. Effective Spring 2010, schools must validate that all faculty and students have passed a background check.

III. System Mandatory Requirements

All of this information must be provided by the clinical coordinator prior to start of clinical rotation. Clinical coordinator identifies the instructor four weeks prior to the start of the semester, the coordinator sends the name and contact information to MWHC education liaison. Once all documentation has been received, faculty and students will be able to receive their MWHC ID Badges.

Requirement	Faculty	Student
<ul style="list-style-type: none"> • Copy of DC nursing license 	√	
<ul style="list-style-type: none"> • Point of care testing 	√	
<ul style="list-style-type: none"> • Pyxis access 	√	
<ul style="list-style-type: none"> • Fit testing Access 	√	
<ul style="list-style-type: none"> • Provide Confidentiality agreement (attachment B of contract) 	√	√
<ul style="list-style-type: none"> • Current BLS card 	√	√
<ul style="list-style-type: none"> • Background Check 	√	√
<ul style="list-style-type: none"> • Educational institutions must provide the WHC liaison with names and identifying numbers (i.e. last four of their social security number or student ID number) of faculty members and all students two weeks prior to the beginning of the student experience in order to secure MedConnect user ID and password 	√	√
<p>Health Requirements</p> <ul style="list-style-type: none"> • The university will have appropriate health requirement documentation on file for Faculty. 	√	
<ul style="list-style-type: none"> • PPD (renewed annually) evidence of a negative two step PPD required or a valid C-XRAY of PPD history is positive. 	√ on file	√
<ul style="list-style-type: none"> • Proof of immunity to Measles, mumps and German measles (Rubella) by providing documentation of two (2) MMR vaccines or two (2) measles and one (1) 	√ on file	√

rubella and one mumps.		
<ul style="list-style-type: none"> Evidence of a positive history of chicken pox (varicella) disease or documentation of immunization with two doses of chickenpox vaccine 	√ on file	√
<ul style="list-style-type: none"> Documentation of completion of Hepatitis B or if the individual declines the vaccine a signed statement of declination. 	√ on file	√
<ul style="list-style-type: none"> A normal physical examination performed within 12 months prior to start date (must be updated annually) 	√ on file	√
<ul style="list-style-type: none"> Documentation of the flu vaccine for current academic year. 	√ on file	√

IV. Orientation:

All elements of orientation will be scheduled by school's clinical coordinator. All requirements must be fulfilled prior to starting clinical rotation

Requirement	Faculty	Student
Sitel modules:	√	√
<ul style="list-style-type: none"> MWHC System Wide Mandatory's Annually MWHC Clinical Mandatory's as determined by the Department of education Annually 	√	√
Electronic Medical Record Documentation Training	√	
Eight hour class prior to beginning their experience.		
<ul style="list-style-type: none"> All Faculty are required to complete EMR training Students in independent practicum or who are providing documentation on their patients 		√
Orientation to the unit:	√	
<ul style="list-style-type: none"> Orientation completed by faculty in August or December. Faculty will provide students with an orientation to their unit prior to starting their clinical rotation 		√

V. Student Medication Administration with Clinical Instructor/Nursing Preceptor:

A. A student may administer saline to flush saline lock for peripheral IV devices using pre-filled saline syringes only under direct supervision of a registered nurse

- B. Level II, Level III and senior student may administer medications in solution for intravenous administration via auxiliary I.V. medication system or saline lock devices
- C. A student **may not** administer any controlled substance by direct intravenous push.
- D. A student **may not** administer oxytocin (pitocin) to undelivered patients
- E. Fractional dosage - All fractional dosages, including insulin, must be checked and verified by a registered nurse for each administration
- F. Controlled Substances – All controlled substances must be supervised and co-signed by a registered nurse. Students may not receive or sign for narcotics.
- G. Blood products - Students **may not** hang blood products
- H. Orders - All orders for medications must be taken off and signed by a nurse before a student may administer them. A student nurse may not take a verbal or telephone order under any circumstances

VI. Faculty Responsibility Related to Medication Administration:

- A. The nursing instructor or the RN caring for the patient must log on for each med task and student will document under preceptor/faculty's logon.
- B. Meds must be documented through the handhelds or the wireless is in downtime. If the medication barcode does not scan bypass the handheld and document directly on the Medication Administration Record on the computer.

VII. Nursing Procedures:

- A. Student may independently perform a nursing procedure after having demonstrated satisfactory performance under faculty or preceptor supervision.
- B. Faculty or preceptor supervision is always required for any invasive procedure performed by a nurse for example: Foley catheterizations, central line changes, suctioning, and Nasogastric tube placement.

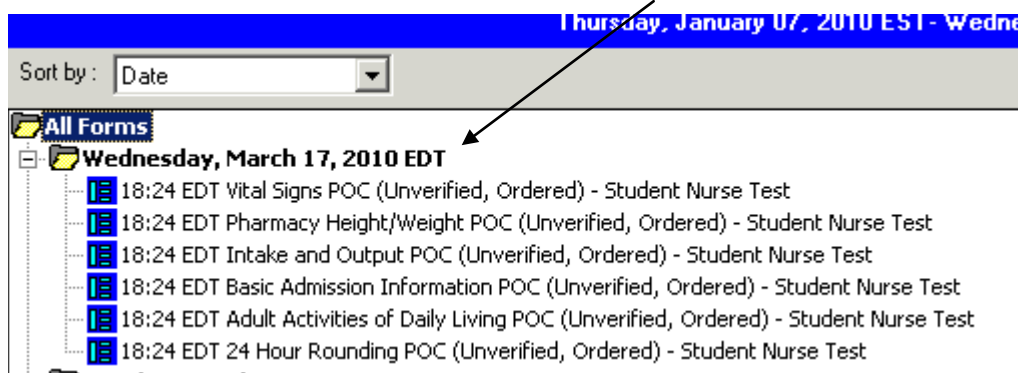
VIII. Documentation:

- A. All handwritten chart entries documented by students must be co-signed by a registered nurse preceptor or instructor.
- B. Following MedConnect training students will be able to log into MedConnect. Electronic documentation in MedConnect must be saved by the student and then signed by the instructor/preceptor.
- C. For medication administration using the handheld device, the instructor/ preceptor must use the witness function for all medication administration. The student will save and the instructor/preceptor will sign the administration.
- D. Students have limited access to the following electronic medical records
- E. Task types:
 1. **Patient Care:** Scheduled and PRN found in the Task List menu in PowerChart. (Assessments, vitals, etc.)
 2. Only two Patient Care tasks are undeterred under the student's logon. They are the Ongoing assessment under the scheduled tab and the Vital Signs POC under the PRN tab.
 3. Other tasks that are linked to a form are dithered and cannot be opened from within the task list. These tasks can be documented against by opening a form from the AdHoc folder.
 4. The student signs the form and it displays in form browser as unverified. The instructor will see the task as pending validation.

5. NOTE: This does not complete the scheduled task on the task list. The instructor must right click on the task and select Chart not done from the menu and select other as reason. In the comment field remark "Task documented through AdHoc." When the student signs (selects the green check mark in the upper left corner) any forms or medications (except from the hand held), these will become 'Pending Validation' tasks until the Instructor or RN caring for the patient validates them
6. **Medication Administration:** Bar Code Meds Administration (PPID) using the handheld and direct entry on the MAR in PowerChart.
7. **Specimen Collection :** Documented on the Handheld

When the student documents these forms from the WOW, they become Pending Validation tasks for the instructor or RN on the task list.

On the form browser they will display as Unverified.



On the task list of the instructor or RN.

Scheduled Patient Care		All PRN Tasks	All Continuous Tasks
Task retrieval completed			
Task Status	Scheduled Date and Time	Task Description	Order Details
Pending Validation	03/17/2010 18:24 EDT	Activities of Daily Living Adult POC	
Pending Validation	03/17/2010 18:24 EDT	Basic Admission POC	
Pending Validation	03/17/2010 18:24 EDT	Intake and Output POC	
Pending Validation	03/17/2010 18:24 EDT	Pharmacy Height/Weight POC	
Pending Validation	03/17/2010 18:24 EDT	Safety Checks POC	
Pending Validation	03/17/2010 18:24 EDT	Vital Signs POC	

Modifying or uncharting of I&O's is accessible to students.

IX. Unexpected Outcomes/Reportable Conditions:

- A. Student Accountability: The student is accountable to the nurse coordinator or designee as well as the instructor. An instructor is available when a student is assigned to a clinical area. If the instructor needs to leave the unit he/she must provide contact information to the unit management team, preferably a cell phone or pager.

- B. **Illness or Injury at MWHC:** Should a student become injured or ill while in the clinical area the instructor is to be notified. If necessary emergency care will be provided through the Emergency Department at the student's expense.

X. Management of Incident to Patient

When a student is involved in an incident to a patient, the instructor responsible for the student is to be notified. Coordinating with nursing management. An occurrence report needs to be completed at the time of the incidence either by the faculty or the precepting nurse.

XI. Collaborative Communication:

In the event that any party of MedStar Washington Hospital Center (MWHC) or School of Nursing (SON) has a concern or issue with the collaborative partner, the following steps should be taken.

- A. SON instructor/clinical instructor – If at any time a SON instructor/clinical instructor have concerns regarding nursing unit related aspects of a clinical experience; the SON representative should contact the unit director first. If the problem persists make an appointment with the MWHC nursing-student clinical experience coordinator and MWHC Director of Nursing Education. At the time of your appointment with MWHC clinical experience coordinator, you should bring a typewritten statement of the problem or grievance. The results of this meeting will be communicated with the Assistant Vice President of Quality, Safety and Education, the SON clinical coordinator and the SON dean. If still unresolved, make an appointment with the Assistant Vice President of Quality, Safety and Education.
- B. MWHC unit director – If at any time unit staff or unit management have concerns regarding SON instructor/clinical instructor and/or nursing students on their unit; the WHC unit director should contact the SON instructor/clinical instructor first. If the problem persists make an appointment with the MWHC nursing-student clinical experience coordinator and MWHC Director of Nursing Education. At the time of your appointment with MWHC clinical experience coordinator, you should bring a typewritten statement of the problem or grievance. The results of this meeting will be communicated with the Assistant Vice President of Quality, Safety and Education, the SON clinical coordinator and the SON dean. If still unresolved, make an appointment with the Assistant Vice President of Quality, Safety and Education.