**1.0 POLICY**

1.1 POLICY: MedStar policy dictates that all schools seeking placement of students within MedStar facilities establish a written affiliations agreement. These agreements are maintained by Union Memorial Hospital for MedStar North facilities. Individual facility/school agreements can be established outside of these MedStar auspices utilizing the facility specific agreement.

1.2 Skill Level: In accordance with the Maryland Nurse Practice Act, RNs will supervise and precept EMS, associate degree and baccalaureate degree students and Master’s prepared RNs will supervise and precept graduate students.

1.3 Scope of Practice: All faculty must identify themselves and their teaching institutions in all documentation. RNs who are employed by MedStar Franklin Square Medical Center (MFSMC) who also act in an adjunct faculty capacity supervising groups of students, will adhere to this policy when acting in the role of faculty.

1.4 The hospital retains ultimate responsibility for the care and well-being of the patient.

1.5 MFSMC nursing staff will retain full accountability for the care of the patient and are responsible for all decisions pertaining to patient care.

1.6 MFSMC nursing staff will retain full accountability for documentation of patient care.
1.7 The safety of patients, families and staff takes precedence over the scheduling of student experiences and MFSMC reserves the right to refuse students based on criminal background checks, the needs of the facility, and the number of available qualified preceptor.

2.0 DEFINITIONS

2.1 Clinical Rotation - group of students supervised by clinical faculty on-site
2.2 Student Practicum - student supervised by Nurse at MedStar Franklin Square Medical Center nursing staff. no clinical instructor on-site.
2.3 Senior Practicum - final clinical experience for undergraduate student.
2.4 Leadership Practicum - undergraduate student assigned to clinical or non-clinical nursing leader in the organization to gain leadership perspective.
2.5 Graduate Practicum - graduate student assigned to clinical or non-clinical advanced practice nurse to obtain needed experience in an advanced practice role.
2.6 Direct Supervision - Oversight of nursing student/s by a registered nurse who is present on the unit of care to observe, assess, evaluate, and direct all aspects of patient care delivered by the nursing student.
   2.6.1 For clinical rotations, the nurse faculty is accountable for providing direct supervision. Staff nurses may assist the faculty by providing direct supervision of students performing care for the nurse’s patients.

   2.6.2 For clinical practicum students, the MFSMC primary RN preceptor is accountable for providing direct supervision whenever patient care is provided by the student.

2.7 Preceptor - MFSMC staff RN who supervises the care or practice provided by a practicum student in either the clinical or non-clinical role.
2.8 Observational experience - Time spent with a nurse observing patient care. No patient care is provided by the student.

3.0 Procedure:

3.1 Neither the affiliating clinical faculty nor the student will personally contact physicians for change of orders. Calls to physicians regarding orders may be made by the MFSMC Charge nurse or primary nurse responsible for the patient’s care. Clinical faculty and students are not to sign off on or obtain new orders.
3.2 Affiliating clinical faculty and students are governed by the existing policies and procedures of MFSMC and MedStar. Required documentation will be provided by the clinical faculty prior to the first day of clinical experience. Documentation of student and faculty current influenza vaccination status or exemption for medical or religious reasons must be provided prior to students and faculty coming to the facility per Medstar policy.

3.3 Some units may require additional orientation and medication exam prior to faculty supervising students on the unit.

3.4 Clinical faculty are required to make an appointment to meet with the Clinical Coordinator prior to bringing students to the facility for the first time.
   3.4.1 The Clinical Coordinator will review the Clinical Faculty Orientation Manual with each new clinical faculty.
   3.4.2 Clinical faculty are responsible for reading the Clinical Faculty Orientation and Environment of Care Manuals, which review codes, infection control issues, general hospital policies, and National Patient Safety Goal processes.

3.5 Under the direct supervision of the clinical faculty or precepting MFSMC RN, nursing students may administer medications WITH THE FOLLOWING EXCEPTIONS:
   3.5.1 IV push medications, including central line flushes.
   3.5.2 Cardioactive medications (diltiazem, procainamide, dobutamine, etc.).
   3.5.3 Continuous medication infusion, including but not limited to heparin, oxytocin, dopamine, insulin and magnesium sulfate.
   3.5.4 Controlled substances for infants less than two years of age; Initiation of transfusion blood or blood products excluding Rhogam.
   3.5.5 Initiation, programming, and reprogramming patient-controlled analgesia (PCA) pumps.
   3.5.6 Any medications in the NICU unit.

3.6 Clinical faculty and students will NOT perform intravenous starts or phlebotomy unless they are employed by MFSMC and have completed the required competency verification for performing these skills.

3.7 Practicum students may perform nursing skills under the direct supervision and with the instruction of the precepting nurse. Skills include but are not limited to insertion of Foley catheters, discontinuing intravenous lines, and dressing changes.
3.8 Prior to administering any medications, the nursing student must demonstrate a clear understanding of the pharmokinetic properties of the medication, the Five Rights of Medication Administration, and the two patient identifier policy at MFSMC and appropriate use of the medication administration technologies.

3.9 Medications will be administered under the signature of the clinical faculty supervising the student or the MFSMC staff nurse precepting the practicum student. All medications will be signed off by the nurse faculty or MFSMC preceptor.

3.10 Access to the Pyxis medication station will be provided to the clinical faculty and this access is not to be shared with students.

3.11 Nursing students may document on the paper medical record and/or in the electronic medical record. All documentation must be reviewed and signed by the clinical faculty or the student’s MFSMC preceptor.

3.12 Students will SAVE their documentation to be signed by clinical faculty or preceptor after review.

3.13 For the purposes of tracking and auditing use of Med Connect and Peri-Birth, each student and faculty user must have a unique MedConnect and/or Peri-Birth username and password.

3.14 Prior to obtaining a user ID and password, the faculty must successfully complete the discipline specific super user training the faculty will provide the student training and are responsible for ensuring that each student documents correctly and appropriately in the medical record.

3.15 The school must provide a list of student and faculty names in Excel spreadsheet format, each student group in a separate Excel documents, with the required student and faculty specific information to the Clinical Coordinator at least five business days prior to the student's first day on the unit.

3.15.1 Student and faculty specific information will include name, non Medstar email, assigned unit, job title, University name, start date, end date, University ID

3.16 The Clinical Coordinator will complete the MFSMC Information Systems ASAP form for each school.

3.17 Student passwords will expire 1 week after the last day of the clinical rotation.

3.18 Students are required to obtain a negative Drug Screen and Criminal Background Check prior to coming to the facility. A negative Criminal Background Check indicates no felony convictions in the past 7 years: no conviction at any time for murder, felonious assault, kidnapping, rape/sexual assault, aggravated robbery, sexual crimes involving children, criminal mistreatment of children or vulnerable
adults, exploitation of vulnerable individuals (e.g. financial exploitation in an entrusted role); no Office of the Inspector General sanction; no encumbered license in a health related field. A student may be denied clinical placement if their background check indicates a history of other guilty pleas or convictions that raises concern about the student’s ability to perform in a safe, confidential, and trustworthy manner.

3.19 Requests from schools for clinical rotations and practicum should be made through the CB Bridges system. Practicum requests should come through school clinical coordinators.

3.20 Observational experiences will be arranged through the Clinical Coordinator.

4.0 Rules of Behavior: Students and/or nurse faculty who fail to adhere to the following behavioral guidelines may be asked to leave the premises for the remainder of the clinical day and/or may (as deemed appropriate) be removed for the remainder of the clinical rotation.

  4.1 Gross negligence of patient care
  4.2 Grossly improper administration preparation, and/or dispensing of medication and/or patient care.
  4.3 Improper release of confidential or privileged information. Rudeness or discourtesy to patients’ customers, or visitors. Rudeness or discourtesy to staff members.
  4.4 Failure to report accidents, injuries, or incidents involving patients, visitors, students, or staff members.
  4.5 Failure to report a personal accident, injury, or incident.
  4.6 Unauthorized use, removal, theft, or intentional damage to the property of a patient, visitor, staff member, or the organization.
  4.7 Violating fire, emergency, health, parking, safety, security, or smoking regulations.
  4.8 Entering an unauthorized area.
  4.9 Altering or falsifying hospital forms and/or medical records. Use of profanity.
  4.10 Failure or refusal to wear a school ID badge.
  4.11 Failure to adhere to the Smoke Free Campus regulations. Use of listening devices with headphones or earphones.
  4.12 Use of personal cell phones for texting or calls when in the hospital providing patient care (may be used during break and when off the patient care units).

5.0 Standards of Dress: Students and nurse faculty will adhere to the following dress code standards.

  5.1 Long hair should be worn up or tied back.
  5.2 Jewelry should not present a safety or health hazard or be disruptive to the patient, visitors, the student, or nurse faculty.
  5.3 Cosmetics are to be worn in moderation.
5.4 No artificial fingernails (gel or acrylic) or nail enhancements, including but not limited to, overlays, wraps, and tips, or attached decorations are allowed. Fingernail length cannot extend more than 1/4 inches beyond the fingertip.

5.5 The use of cologne, perfume, or after-shave is discouraged as it may cause respiratory problems for patients, visitors, or employees.

5.6 Student uniforms should appear neat and clean.

5.7 Students and nurse faculty should wear their school issued ID badge at chest height.

5.8 Tattoos will be covered.

5.9 Pins, rings, studs, or other items of adornment used in the nose, eyebrow, tongue, or in or around the lips will not be worn.

5.10 The chewing of gum is prohibited.

5.11 Hats or caps are permitted for religious or health reasons only.

6.0 Documentation: Required documentation will be completed and signed and includes but Not limited to:

6.1 Student Roster
6.2 Documentation Summary
6.3 New faculty need to provide an updated Resume or Curriculum Vitae.
6.4 Confidentiality Statement
6.5 User Confidentiality Agreement and Acknowledgement of Responsibilities
6.6 Safety, 6 Joint Commission, Infection Control Signature Sheet
6.7 Medication Administration Instructor/Student Signature Sheet
6.8 Code of Conduct Attestation
6.9 Assigned Site! education module certificates
6.10 Verification of Flu Vaccine
References


Maryland Board of Nursing (2008). Nurse Practice Act (Code of Maryland Regulations Title 8 and Title 10, Subtitles 27, 39. 53). Baltimore, MD.

