Infirmary Health Clinical Form

FACILITY:

School of Nursing:	
Instructor:	Contact number:
Dates students will be on the unit:	
Unit(s) students will be on:	Maximum # of students:
Days of the week:	Clinical hours:
Students' current clinical level:	
Clinical focus:	
New skills to be performed this semester:	
Current theory topics:	

Skills that students/instructors should not perform:

- Administer prn narcotics or controlled medications
- Administer blood or blood products
- Administer medications during an emergency code
- Administer any hazardous drugs of any route
- Clinical Students do not documents in the EMR
- Do not taker or enter physicians orders
- Do not sign as a witness to patients consent

FACILITY:

Infirmary Health Rotation Checklist

(For instructor use only; checklist does not need to be sent to Infirmary Health facility contact person)

<u>ALL REQUIRED PAPERWORK AND EDUCATION REQUIREMENTS</u> (must be completed and turned in to the Infirmary Health contact person every semester at least 2 weeks prior to clinical start date in order to obtain an appointment to get name badges and parking decals).

1. Infirmary Health Student Information Form (Excel spreadsheet)
 2. I Heard, Read and I Understood One form for each student in clinical group One form for instructor
3. Instructor Compliance Statement for each instructor
4. LifeCare/Epic Access Request Form
5. Clinical Rotation Schedule
6. Clinical Form
7. Medication Dispensing System Education (instructors only)
8. Obtain ID badges and parking permits at Employee Service Center
9. Complete Instructor and Student Evaluations at the end of clinical rotation

Infirmary Health Facilities - Contact Information

Listed below are the contact persons for nursing clinical assignments at each of the Infirmary Health facilities:

Infirmary LTAC Hospital

Stefanie Willis-Turner

Nursing School Partnership and Programs Director

Office: 251-435-7410 Fax: 251-435-7431

E-mail: Stefanie.Willis@InfirmaryHealth.org

J.L. Bedsole Rotary Rehab

Stefanie Willis-Turner

Nursing School Partnership and Programs Director

Office: 251-435-7410 Fax: 251-435-7431

E-mail: Stefanie.Willis@InfirmaryHealth.org

Mobile Infirmary

Stefanie Willis-Turner

Nursing School Partnership and Programs Director

Office: 251-435-7410 Fax: 251-435-7431

E-mail: Stefanie.Willis@InfirmaryHealth.org

North Baldwin Infirmary

Tiare Graves

Director of Education Office: 251-580-1766

E-mail: Tiare.Graves@InfirmaryHealth.org

Thomas Hospital

Phyllis Tate

Clinical Education and Diabetes Center Director

Office: 251-279-1702 Fax: 251-279-1701

E-mail: Phyllis.Tate@InfirmaryHealth.org

FACILITY:

Infirmary Health Student Evaluation of Clinical/Practium Experience

Name (optional):	onal):Onlege/School of Nursing:	
Course#:	Unit:	Quarter/Semester & Year:
		uality of student clinical experiences, please answer the following in this clinical rotation at an Infirmary Health facility.

	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Staff made me feel welcome					
2	Staff was open to questions					
3	Assistance was given as needed to access supplies and medications					
4	Nurses helped me to understand the patients and their needs					
5	Nurses were good role models for patient care					
	u were a practicum student please complete questions 6-9 and continue. U were NOT a practicum student please skip to question 10.					
6	My preceptor planned patient care assignments in consideration of my abilities and course objectives					
7	My preceptor served as a positive role model					
8	My preceptor had an up to date nursing knowledge base					
9	My preceptor helped me to organize my nursing care activities and set priorities					
10	Please identify by name, staff who you felt were positive role models. How	were they	positive	role mo	dels?	
11	Were there other activities on the unit that impacted your learning opportu	nities or ex	kperien(ces? Plea	se describ	e.
12	Would you recommend the unit as a future learning site for students? Why	or why not	:?			

Thank you for your time and thoughtful responses. Please submit the completed form to the hospital clinical coordinator.

Infirmary Health Instructor Evaluation of Clinical Experience

	11 17	FV.
FAL	ш	1 1:

Name (optional):	:College/School of Nursing:		
Course#: Unit:	_ Quarte	r/Semester & Year: _	
Have you had a prior clinical experience at IHS: Yes	No	Staff Nurse/Manager?	Instructor?
Have you had a previous experience on this unit: Yes	No	Staff Nurse/Manager	Instructor?
In our efforts to continuously improve the quality of s regarding your role as a nursing instructor this quarte	tudent cli er/semeste	nical experiences, please er at an IHS facility.	answer the following questions

	Question	Agree	Neutral	Disagree	N/A	
1	I didn't need any more orientation; I've had students on this unit before					
2	I was assisted in getting access in the hospital (ID badge, parking permit, EPIC LifeCare, Medication dispensing system)					
3	I met with the nurse manager or clinical coordinator to discuss expectations and working relationships with students					
4	Staff made me feel welcome and was helpful					
5	I felt comfortable asking questions					
6	The students and I had a place to put our belongings, and a place to meet and talk					
7	Unit personnel worked cooperatively with us					
8	Nurses were helpful in selecting patient assignments for students					
9	Nursing staff were supportive in sharing patient information and involving students in patient care					
10	Learning opportunities on the unit matched the needs of the students					
11	1 Please identify by name, staff who you felt were positive role models for the students					
12	Were there any other activities on the unit that impacted your students' learning opportunities or experiences? Please describe					
13	Do you have any recommendations that would be helpful for future instructors/faculty?					
14	Would you recommend this unit as a future learning site for students? Why or why not?					

Thank you for your time and thoughtful responses. Please submit the completed form to the hospital clinical coordinator.



Omnicell Rx Security End User

Last Name	First Name	NI#	Unit
Position: Nursing Instr	uctor		
You're NI# is going to be ic	ete the top portion including: Last na dentified as your primary access code The first time you access Omnicell Rx	e for the Omnicell Rx sy	stem. You will also
Note: This P.I.N. is confider	ntial. No one will be able to look it u	p for you.	
Please read the statement lollowing statement:	below and sign at the bottom to veri	ify that you have read a	nd understand the
and/or fingerprint will be track all of my transaction a time stamp and date. T Health system and/or the Enforcement Administrat	ess code for Omnicell Rx system is m my electronic signature for all transa- ns in the system and will be permane these records will be maintained and e specific facility. Records will be avaition (DEA) and the Department of Pro- n signature for controlled substance	actions in the system. It ently attached to those archived as per the po lable for inspection by ofessional Regulation ([will be used to transactions with olicies of Infirmary the Drug
I also understand that to to any other individual.	maintain the integrity of my electron	iic signature, I must not	give this password:
Signature		Date	
Requestor Signature	(IH Clinical Coordinator)	Date	
Scan and submit via email t	to:		

Revised 2/2023 #100511

MOBILE INFIRMARY: Stefanie.Willis@InfirmaryHealth.org **THOMAS HOSPITAL:** Phyllis.Tate@InfirmaryHealth.org

NORTH BALDWIN INFIRMARY: Tiare.Graves@InfirmaryHealth.org

Infirmary Health Practicum Request

The school practicum clinical coordinator should complete ONE form for all practicum rotation request per semester for any Infirmary Health Facility: Infirmary LTAC Hospital, J.L. Bedsole Rotary Rehab, Mobile Infirmary, North Baldwin Infirmary or Thomas Hospital. (ONE FORM PER UNIT)

Date of Request	Clinical First Day – Clinical Last Day
School/University	Course Name/Number
Requestor Name and Phone	Instructor Name and Phone
Requestor Email	Instructor Email

STUDENT NAME	STUDENT EMAIL	REQUIRED CLINICAL HOURS	UNIT REQUESTED	PRECEPTOR REQUESTED

Infirmary Health Clinical Rotation Requests

FACILITY:

Each clinical instructor should complete the following information when requesting a clinical rotation at any Infirmary Health Facility: J.L. Bedsole Rotary Rehab, Mobile Infirmary, North Baldwin Infirmary, Thomas Hospital or Infirmary Long Term Acute Care Hospital. (ONE FORM PER UNIT)

Date of Request	Clinical First Day – Clinical Last Day		
School/University	Course Name/Number		
Requestor Name and Phone	Instructor Name and Phone		
1	1		
2			
Requested Days of the Weeks (two choices)	Preferred Time of Day on Unit (two choices)		
	_ 1. 		
Total number of students per day Max 8 for Medical Surgical	2.—————————————————————————————————————		
Max 2 for Speciality Care Areas	Unit and Hospital Requested (two choices)		

Infirmary LTAC Hospital

Stefanie Willis-Turner

Nursing School Partnership and Programs Director

Office: 251-435-7410 Fax: 251-435-7431

E-mail: Stefanie.Willis@InfirmaryHealth.org

J.L. Bedsole Rotary Rehab

Stefanie Willis-Turner

Nursing School Partnership and Programs Director

Office: 251-435-7410 Fax: 251-435-7431

E-mail: Stefanie.Willis@InfirmaryHealth.org

Mobile Infirmary

Stefanie Willis-Turner

Nursing School Partnership and Programs Director

Office: 251-435-7410 Fax: 251-435-7431

E-mail: Stefanie.Willis@InfirmaryHealth.org

North Baldwin Infirmary

Tiare Graves

Director of Education Office: 251-580-1766

E-mail: Tiare.Graves@InfirmaryHealth.org

Thomas Hospital

Phyllis Tate

Clinical Education and Diabetes Center Director

Office: 251-279-1702 Fax: 251-279-1701

E-mail: Phyllis.Tate@InfirmaryHealth.org

I Heard and Read

During the course of the In	firmary Health student/instructor orientation,	FACILITY
I Heard and Read a prese		I Understood the presentation
	Mission, Vision and Values Corporate Compliance/Fraud & Abuse Patient Rights and Organizational Ethics Confidentiality of Patient Information/HIPPA/HII Infection Control Safety and Security/Safety Codes/Back Safety Quality Student/Instructor-Specific Information Facility Specific Procedures Instructor Student Orientation Manual	
Standards of Conduct. I ag	received and understood education on the Infirman gree to abide by the standards and understand tha y Health. In addition, I understand that I am obligandards.	t adherence to them is a condition of
Signature	Date	<u> </u>
risks of hazardous materials precautions for the handlin	nat there is information available in my department is and wastes routinely handled and used therein; the ig and use of such materials; potential risks associa he event of spills and leaks; and emergency aid an verexposure to them.	nat such information addresses ted with them; appropriate procedure
Signature	Date	2
confidentiality of system, e and state laws and regulati time. I will not attempt to opportunity to review the of Personnel Policy Manual. A termination. I further under	Pledge of Confidentiality th, that in my association with Infirmary Health, I an imployee, and patient in accordance with System pons including, without limitation, HIPAA, as the sar obtain data or information by any illegal, unethical complete Maintenance of Confidentiality Policy that Any breach of confidentiality may result in disciplinerstand and acknowledge that any unauthorized acrease me subject to civil and criminal penalties in according the confidential penalties in according to the confidential penalties acc	policies and all applicable federal me may be amended from time to , or unauthorized means. I have the t is available in the Infirmary Health ary actions up to and including cess and/or disclosure of patient
Signature	Date	e
I am a: ☐ Student ☐ Ins Name (please print)	structor	

Revised 2/2023 #100511

School/University _____

Contact number _____

Instructor Compliance

FACILITY:

I have reviewed the required information for Instructor Orientation to Infirmary Health. I understand that if I have questions I am to call the Infirmary Health contact person:

Infirmary LTAC Hospital – Stefanie Willis-Turner | 251-435-7410

J.L. Bedsole Rotary Rehab – Stefanie Willis-Turner | 251-435-7410

Mobile Infirmary – Stefanie Willis-Turner | 251-435-7410

North Baldwin Infirmary – Tiare Groves | 251-580-1766

Thomas Hospital – Phyllis Tate | 251-279-1702

School/Univ	versity	Date			
Instructor					
• • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • •	• • • • • •	• • • • • • •	• • •
1,	Dean or designee (print name)				
validate tha	t				
	Instructor (print name)				
is competer	nt to provide clinical supervision for students.				
Signature					
 Date					

NOTE: This form must be completed and on file with the Infirmary Health facility for each instructor utilizing Infirmary LTAC Hospital/J.L. Bedsole Rotary Rehab/Mobile Infirmary/North Baldwin Infirmary/Thomas Hospital as a clinical site.

Clinical Rotation

School:		Clinical Coordinator		
Clinical Instructor	Course	Month	Year	
Units/Departments Utilized				

Document the month, date and unit location of each student in the spaces provided.

	4W										
	4W 4										
	4W 4										
	/ 4W										
	4W										
7/28/08	4W										
7/21/08 7/28/08	4W										
7/4/08 7/14/08	4W										
7/4/08	4W										
80/08/9	4W										
6/16/08 6/23/08	4W										
6/16/08	4W										
80/6/9	OR										
6/2/08	4W										
Dates	Clinical Units										
Student's Phone	555-4554										
Student's Name	Suzy Nurse										

Revised 2-2023