

CLINICAL PLACEMENT GUIDELINES FOR NURSING STUDENTS

Infirmiry Health System (IHS) is delighted that each of you has chosen us to be a clinical site in the development of your students. We here at IHS value each of you and will strive to maintain solid and productive partnerships. We appreciate your patience, understanding, and assistance as we strive to meet the complex requirements of the ever changing healthcare environment. We appreciate any feedback and recommendations based on your experiences at IHS facilities. Our first and foremost focus is the safety of our patients, staff, and community. We look forward to another eventful year of continued collaboration.

The following guide, 'Clinical Placement Guidelines for Nursing Student', will serve as a resource for placement of faculty, nursing students, and practicum students in IHS facilities. If you have any questions or concerns regarding any sections of this manual please contact your designated hospital Clinical Coordinator.

Roles/Responsibilities of School/University Placement Coordinator/Faculty to the Clinical Site

1. Request all placements by established deadlines to appropriate hospital Clinical Coordinator.
2. Provide hospital Clinical Coordinator with a required documentation at least 2 weeks prior to clinical start date:
 - a. IHS Student Form (excel spreadsheet)
 - b. 'I heard' form for all students and instructors every semester
 - c. 'Instructor compliance' form for every instructor
 - d. 'EPIC/LifeCare Access' request form to obtain EPIC/LifeCare access for students and instructors
 - e. 'Influenza Vaccination Verification' form if student will be in the hospital during flu season
 - f. Clinical form
 - g. Clinical schedule
3. Verify that instructors and students have completed the required EPIC/LifeCare and Medication dispensing system education (instructors only) at least 2 weeks prior to clinical start date
4. Obtain instructor and nursing student ID badges and parking permits prior to clinical start date at the Employee Service Center or designated location
5. Ensure the return of instructor and student exit evaluations to appropriate hospital Clinical Coordinator

Faculty/Instructors of Student Clinical Rotation Groups

Prior to clinical the faculty instructor must:

1. Communicate with the Nurse Manager or team leader/charge nurse and provide: a. Clinical form b. Clinical schedule
2. Contact the unit Nurse Manager or team leader/charge nurse to participate in initial orientation to unit (new faculty) or to receive updates from the unit Nurse Manager (faculty who have previously led clinical experiences on the unit) including:
 - a. Familiarizing self with changes/routines
 - b. Spending time on the clinical unit with a staff RN (as needed)

Faculty/Instructors of Practicum Students who will be with Clinical Site Preceptors

1. Prior to the first clinical day of the quarter/ semester, the same information above must be communicated to the unit manager or team leader/charge nurse. The student will then work with their assigned preceptor to plan hours of attendance and ways to meet required course objectives.

2. The faculty and/or student is responsible for submitting the completed contract (signed agreement between student and preceptor) to the designated hospital clinical coordinator
3. Faculty are expected to maintain communication with preceptor and Unit Nurse Manager/Team Leader/Charge Nurse throughout the quarter/semester

Roles/Responsibilities of Unit Managers or Team Leaders/Charge Nurses at the Clinical Site

1. Work with hospital Clinical Coordinator to establish the unit as a placement site and designate unit staff as preceptors, if needed, in accordance with the criteria outlined below: a. Preceptor has completed the preceptor education nursing program
2. Communicate with School/University Placement Coordinator when placements arranged or with School/University Faculty or Students
3. Will receive syllabus, objectives, and days/times on unit or clinical placement area from school/college of nursing faculty
4. Provide unit orientation to nursing instructors and/or students.
5. Communicate any instructor/student issues to hospital Clinical Coordinator

Roles/Responsibilities of the hospital Clinical Coordinators

1. Ensure a current Clinical Education Affiliation Agreement with the school/university is on file. Agreements must be current and in place prior to the first day of any clinical experience.
2. Obtain clinical education placements for nursing students by working with unit managers and the school/university placement coordinator.
3. Once placements/preceptors have been agreed upon, the clinical site coordinator will:
 - a. Provide contact information for the unit manager, team leaders, and/or preceptor
 - b. Obtain EPIC/LifeCare and Medication dispensing system access for faculty and/or students
4. Collect faculty and student evaluations of clinical site and provide feedback to unit managers on a quarterly/annual basis.

CLINICAL ROTATION REQUIREMENTS

	APPLIES TO		NOTES
	STUDENT	FACULTY	
PARKING <i>Mobile Infirmary –</i> Employee Service Center 125B Mobile Infirmary Blvd 251-435-4920 <i>Thomas Hospital –</i> 312 S. Greeno Rd., Bldg. C, Suite A <i>North Baldwin Infirmary-</i> 251-580-1756	X	X	<ul style="list-style-type: none"> Obtain a new parking permit (hang tag) at the beginning of every semester Parking permit only valid for one semester Park in designated parking area (see parking map). Park only in area with power poles marked in red. Security officers routinely monitor parking areas Failure to park in designated area may result in loss of parking privileges
IDENTIFICATION (ID) BADGES <i>Mobile Infirmary –</i> Employee Service Center 125B Mobile Infirmary Blvd 251-435-4920 <i>Thomas Hospital –</i> 312 S. Greeno Rd., Bldg. C, Suite A <i>North Baldwin Infirmary-</i> 251-580-1756	X	X	<ul style="list-style-type: none"> Clearance to obtain ID is granted once the required paperwork and education requirements have been met A completed 'IHS Student Form' is required for the creation of ID badges All faculty and students must wear a IHS issued ID badge <ul style="list-style-type: none"> Badge must be worn face forward on upper chest during clinical or associated activities
REQUIRED PAPERWORK 1. IHS Student Form 2. I Heard Form 3. Instructor Compliance Form 4. EPIC/LifeCare Access Request Form 5. MDS User Agreement 6. Influenza Vaccination Verification Form 7. Clinical Form 8. Clinical Schedule 9. Student Evaluation 10. Instructor Evaluation	X X X X X	X X X X X X X X X	<ul style="list-style-type: none"> All required nursing forms are located on the IHS nursing student webpage at http://www.infirmaryhealth.org/nursing-students All required paperwork must be submitted to the designated hospital Clinical Coordinator <u>at least 2 weeks prior to clinical start date</u> Each document must be completed accurately and completely as directed Failure to complete the required paperwork accurately and completely may result in a delay of clinical start dates
REQUIRED EDUCATION 1. Nursing Orientation Manual 2. EPIC/LifeCare Education 3. Medication Dispensing System (MDS) Education	X X	X X X	<ul style="list-style-type: none"> Every student and instructor is required to read the nursing orientation manual available at http://www.infirmaryhealth.org/nursing-students every semester Every student is required to complete EPIC/Life Care education every semester. Every instructor is required to complete EPIC/LifeCare and MDS education every 2 years

QUICK REFERENCE GUIDE FOR DOCUMENTATION SUBMISSION

DOCUMENT	INSTRUCTIONS	SUBMISSION	PAGE
A. Clinical Rotation Request Form	<ul style="list-style-type: none"> An individual form is completed to request group clinical assignments at a specific IHS facility for one group of students for a specific semester 	March 15 for the following academic calendar year	5
B. Practicum Rotation Request Form	<ul style="list-style-type: none"> One form can be completed for all practicum rotation requests for the semester. 	March 15 for the following academic calendar year	6
C. IHS Student Form	<ul style="list-style-type: none"> The completion of this form is required in order to process ID badges and parking permits 	At least <u>2 weeks</u> prior to clinical start date	7
D. I Heard Form	<ul style="list-style-type: none"> This form must be completed for every student and instructors every semester after they have read the nursing orientation manual 	At least <u>2 weeks</u> prior to clinical start date	8
E. Instructor Compliance Form	<ul style="list-style-type: none"> This form must be completed by the Dean and/or designated school representative to validate faculty/instructor competency every semester 	At least <u>2 weeks</u> prior to clinical start date	9
F. Clinical Form	<ul style="list-style-type: none"> This form must be submitted to the Clinical Coordinator, Unit Manager/Team Leader, and posted on assigned clinical unit This form provides clear and concise communication to the nursing units regarding clinical rotation goals, objectives, and limitations 	At least <u>2 weeks</u> prior to clinical start date	10
G. Clinical Schedule	<ul style="list-style-type: none"> This form provides clear and concise communication to the nursing units regarding student's expectations and limitations and clinical rotation goals and objectives. 	At least <u>2 weeks</u> prior to clinical start date	11
H. Influenza Vaccination Verification Form	<ul style="list-style-type: none"> This form must be completed in order to verify influenza vaccination requirements have been met by students and instructors 	December 1st and then At least <u>2 weeks</u> prior to clinical start date	12
I. MDS User Agreement Form	<ul style="list-style-type: none"> This form is submitted to pharmacy in order to obtain instructor access for the MDS. 	At least <u>2 weeks</u> prior to clinical start date	13
J. Student Clinical Experience Evaluation Form	<ul style="list-style-type: none"> This form is a student's evaluation of their clinical experience at an IHS facility and will be used to improve the quality of clinical experiences. 	At the end of the clinical rotation	14
K. Instructor Clinical Experience Evaluation Form	<ul style="list-style-type: none"> This form is an instructor's evaluation of their clinical experience at an IHS facility and will be used to improve the quality of clinical experiences. 	At the end of the clinical rotation	15
L. LIFECARE Education	<ul style="list-style-type: none"> LIFECARE U education modules completed online via iLearn webstie 	Must be completed every 2 years by all instructors.	16
M. MDS Education	<ul style="list-style-type: none"> Accudose Rx (Mobile Infirmary) or Omnicell (Thomas Hospital) education modules completed online via iLearn website 	Must be completed ONCE by NEW instructors only	17

Please use current forms available at <http://www.infirmarhealth.org/nursing-students>

ATTACHMENT A

Clinical Rotation Request Form Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator to request nursing clinical rotations in which the clinical instructor has complete responsibility for the student.

Form Instructions:

1. Fill in all blanks
2. An individual form is to be used with:
 - a. Each request
 - b. Each separate clinical group

Submission Deadline:

- Primary deadline is **March 15** for the upcoming academic calendar year (Summer – Summer).
- Secondary deadline **June 1** for August –December clinical placement dates, **November 1** for January-April clinical placement dates, and **March 15** for May-August clinical placement dates.

Infirmiry Health System Clinical Rotation Request

Each clinical instructor should complete the following information when requesting a clinical rotation at any Infirmiry Health System facility: Mobile Infirmiry, Infirmiry Long Term Acute Care Hospital, Thomas Hospital, North Baldwin Infirmiry or Oakwood (ONE FORM PER UNIT).

March 1, 2015	June 1, 2015 - August 1, 2015
_____ Date of Request	_____ Clinical First Day – Clinical Last Day
University of Nursing Students	NUR 201
_____ School/University	_____ Course Name/Number
Nursing Coordinator Name 555-555-5555	Nursing Instructor Name 555-555-5555
_____ Requestor Name and Phone	_____ Instructor Name and Phone
nursingstudentcoordinator@email.com	nursingstudentinstructor@email.com
_____ Requestor Email	_____ Instructor Email
1. Monday	1. 0630-1500
2. Tuesday	2. 1500-2300
_____ Requested Days of the Week (two choices)	_____ Preferred Time and Day on Unit (two choices)
8	1. 3W
_____ Total number of students per day	2. 2W
	_____ Unit and Hospital Requested (two choices)

ATTACHMENT B

Practicum Rotation Request Form Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator to request placement/assignment for senior nursing/individual student who has chosen an IHS facility to complete their independent clinical practicum.

Form Instructions:

1. Fill in all blanks

Submission Deadline:

- Primary deadline is **March 15** for the upcoming academic calendar year (Summer – Summer).
- Secondary deadline **June 1** for August –December clinical placement dates, **November 1** for January-April clinical placement dates, and **March 15** for May-August clinical placement dates.

Infirmiry Health System Practicum Request

The school practicum clinical coordinator should complete ONE form for all practicum rotation requests per semester for any IHS facility: Mobile Infirmiry, Long Term Care Acute Care Hospital, Thomas Hospital, North Baldwin Infirmiry or Oakwood.

March 15, 2015

Date of Request

250 hours

Hours Required

University of Nursing Students

School/University

Nursing Instructor Name 555-555-5555

Requestor Name and Phone

nursinginstructor@email.com

Requestor Email

June 1, 2015

Clinical First Day – Clinical Last Day

August 1, 2015

NUR 300

Course Name/Number

Nursing instructor name 555-555-5555

Instructor Name and Phone

nursinginstructor@email.com

Instructor Email

STUDENT NAME	STUDENT EMAIL	IHS SN# (if known)	UNIT REQUESTED	PRECEPTOR REQUESTED (if applicable)
Nursing Student 1	nursingstudent1@email.com	IH Student ID	3W	Nursing Preceptor
Nursing Student 2	nursingstudent2@email.com	IH Student ID	2W	None
Nursing Student 3	nursingstudent3@email.com		CCU	None
Nursing Student 4	nursingstudent4@email.com		ED	Nursing Preceptor

ATTACHMENT C

IHS Student Form Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator in order to obtain nursing student and instructor ID badges and parking permits.

Form Instructions:

1. Fill in all blanks
2. All students and instructors listed on this form must have a corresponding 'I heard' form submitted
3. All instructors listed on this form must have a corresponding 'Instructor compliance' form submitted
4. Students should be listed first in alphabetical order, then instructors should be listed
5. **Instructors RN license # should be listed under the Student ID# section**
6. **The IH ID # - either student nurse# (SN#) or nursing instructor # (NI#) - should be included (if known)**

Submission Deadline:

- At least 2 weeks prior to the clinical start date



Infirmary Health System Student Information Form

The following students on this spreadsheet have completed the "I Heard / Read and I Understood" form correctly:

Please Select
YES

LASTNAME	FIRSTNAME	STUDENT ID #	HOME	CELL	EMAIL	MAKE	MODEL	TAGNUM
Student 1	Nursing	00000000	000-000-0000	111-111-1111	nursingstudent1@email.com	Impala	Chevrolet	0000000
Student 2	Nursing	11111111	222-222-2222	333-333-3333	nursingstudent2@email.com	Stratus	Dodge	1111111
Student 3	Nursing	22222222	444-444-4444	555-555-5555	nursingstudent3@email.com	Wrangler	Jeep	2222222
Student 4	Nursing	33333333	666-666-6666	777-777-7777	nursingstudent4@email.com	Maxima	Nissan	3333333
Instructor 1	Nursing	ABN License#	888-888-8888	999-999-9999	nursinginstructor1@email.com	3	Mazda	4444444
Instructor 2	Nursing	ABN License#	101-101-0101	11-121-1121	nursinginstructor2@email.com	4Runner	Toyota	5555555

SCHOOL	INSTRUCTOR	CONTACT NUMBER	COURSE	SEMESTER	COURSE_YEAR	FACILITY1	FACILITY2
University of Nursing Students	Nursing Instructor	000-000-0000	Adult Health I	Summer	2015	Mobile Infirmary Medical Center	Thomas Hospital
University of Nursing Students	Nursing Instructor	111-111-1111	Adult Health I	Summer	2015	Mobile Infirmary Medical Center	Thomas Hospital
University of Nursing Students	Nursing Instructor	222-222-2222	Adult Health I	Summer	2015	Mobile Infirmary Medical Center	Thomas Hospital
University of Nursing Students	Nursing Instructor	333-333-3333	Adult Health I	Summer	2015	Mobile Infirmary Medical Center	Thomas Hospital
University of Nursing Students	Nursing Instructor	444-444-4444	Adult Health I	Summer	2015	Mobile Infirmary Medical Center	Thomas Hospital
University of Nursing Students	Nursing Instructor	555-555-5555	Adult Health I	Summer	2015	Mobile Infirmary Medical Center	Thomas Hospital

FACILITY3

FIRSTDAY	LASTDAY	IH Student ID #
06/01/2015	08/01/2015	IH Student ID #
06/01/2015	08/01/2015	IH Student ID #
06/01/2015	08/01/2015	IH Student ID #
06/01/2015	08/01/2015	IH Student ID #
06/01/2015	08/01/2015	IH Student ID #
06/01/2015	08/01/2015	IH Student ID #

Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator to comply with the nursing orientation requirements of IHS for instructors and students.

Form Instructions:

1. Complete this form once the nursing orientation manual has been read and reviewed.
2. Fill in all blanks
3. **Check each block** (with a check mark) found before and after statement.
4. Sign and date all signature boxes.

Submission Deadline:

- At least 2 weeks prior to the clinical start date

I Heard and Read

During the course of the Infirmary Health student/instructor orientation,

I Heard and Read a presentation on: I Understood the presentation

<input checked="" type="checkbox"/>	Mission, Vision and Values	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Corporate Compliance/Fraud & Abuse	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Patient Rights and Organizational Ethics	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Confidentiality of Patient Information/HIPPA/HITECH	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Infection Control	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Safety and Security/Safety Codes/Back Safety	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Quality	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Student/Instructor-Specific Information	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Facility Specific Procedures	<input checked="" type="checkbox"/>

I acknowledge that I have received and understood education on the Infirmary Health Business and Professional Standards of Conduct. I agree to abide by the standards and understand that adherence to them is a condition of my affiliation with Infirmary Health. In addition, I understand that I am obligated to report any violations of non-compliance with these standards.

Signature Nursing student OR nursing instructor signature Date May 15, 2015

I have been made aware that there is information available in my department regarding the present and potential risks of hazardous materials and wastes routinely handled and used therein; that such information addresses precautions for the handling and use of such materials; potential risks associated with them; appropriate procedures that are to be followed in the event of spills and leaks; and emergency aid and/or first aid treatment in the event of an improper exposure or overexposure to them.

Signature Nursing student OR nursing instructor signature Date May 15, 2015

I acknowledge that I received the influenza vaccination for the current influenza season. Yes ☒ No ☐

I acknowledge that I DID NOT receive the influenza vaccination for the current influenza season and will be required to wear a mask when within 6 feet of a patient during the influenza season. Yes ☐ No ☒

Signature Nursing student OR nursing instructor signature Date May 15, 2015

Pledge of Confidentiality

I understand and agree with, that in my association with Infirmary Health, I am required to maintain the confidentiality of system, employee, and patient in accordance with System policies and all applicable federal and state laws and regulations including, without limitation, HIPAA, as the same may be amended from time to time. I will not attempt to obtain data or information by any illegal, unethical, or unauthorized means. I have the opportunity to review the complete Maintenance of Confidentiality Policy that is available in the Infirmary Health Personnel Policy Manual. Any breach of confidentiality may result in disciplinary actions up to and including termination. I further understand and acknowledge that any unauthorized access and/or disclosure of patient information (PHI) may leave me subject to civil and criminal penalties in accordance with applicable law and regulations.

Signature Nursing student OR nursing instructor signature Date May 15, 2015

I am a: ☒ Student ☐ Instructor

Name (please print) Nursing student name OR nursing instructor name

School/University University of Nursing Students

Contact number 251-555-5555

ATTACHMENT E
Instructor Compliance Form
Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator to comply with the nursing orientation requirements of IHS for instructors and students.

Form Instructions:

1. Completed by the Dean and/or designated school representative to validate faculty/instructor competency every semester
2. Fill in all blanks
3. Sign and date

Submission Deadline:

- At least 2 weeks prior to the clinical start date

Infirmiry Health System
Instructor Compliance

I have reviewed the required information for Instructor Orientation to Infirmiry Health System (IHS). I understand that if I have questions I am to call the IHS contact person:

Mobile Infirmiry – Claudia Reed (251-435-5133)
Infirmiry Long Term Acute Care Hospital – Cheryl McGowan (251-660-5550)
Thomas Hospital – Phyllis Tate (251-279-1702)
North Baldwin Infirmiry – Jo Ann Nix (251-580-1780)
Oakwood – Mary Przyborski (251-937-3501)

School/University University of Nursing Students Date 05/15/15

Instructor Nursing Instructor Name

.....

I, Dean of Nursing Program Name
Dean or designee (print name))
validate that Nursing Instructor Name
Instructor (print name)
is competent to provide clinical supervision for students.

Dean of Nursing School Signature
Signature
May 15, 2015
Date

NOTE: This form must be completed and on file with the IHS facility for each instructor utilizing Mobile Infirmiry/Infirmiry Long Term Acute Care Hospital/Thomas Hospital/North Baldwin/Oakwood as a clinical site.

Revised 06/2014

ATTACHMENT F
Clinical Form
Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator; Submit in person to Unit Manager/Team Leader, and post a copy on the designated unit. This form provides clear and concise communication to the nursing units regarding students' expectations and limitations, and clinical rotation goals and objectives.

Form Instructions:

1. Fill in all blanks
2. Provide detailed information regarding student expectations and limitations, and clinical rotation goals and objectives. Discuss this information with the Unit Manager/Team Leader.

Submission Deadline:

- At least 2 weeks prior to the clinical start date

Infirmiry Health System Clinical Form

School of Nursing: University of Nursing Students

Instructor: Nursing student Contact number: 555-555-5555

Dates students will be on the unit: June 1, 2015 - August 1, 2015

Unit(s) students will be: 3W Maximum # of students: 8

Days of the week: Monday Clinical hours: 0630-1500

Students' current clinical level: Adult Health I

Clinical focus: Professional nursing practice incorporating basic clinical nursing skills with a physical assessment, medication administration, and time management.

New skills to be performed this semester: IV therapy and medication administration

Current theory topics: Endocrine, Respiratory, Cardiac, Neurology, Musculoskeletal

Prior clinical settings including types of patient care: Fundamental skills in simulated setting

Skills that students may NEVER perform:

- Take verbal orders
- Hang blood / blood products
- Administer medication without clinical instructor's verification
- Additional: _____

ATTACHMENT G

Clinical Schedule Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator; Submit in person to Unit Manager/Team Leader, and post a copy on the designated unit. This form provides the dates/times the instructor/students will be on the designated unit(s).

Form Instructions:

1. Fill in all blanks
2. Provide schedule details to Unit Manager/ Team Leader.

Submission Deadline:

- At least 2 weeks prior to the clinical start date

STUDENT CLINICAL ROTATION SCHEDULE

School: University of Nursing Students Clinical Coordinator Nursing school coordinator name

Clinical Instructor Nursing Instructor Course NUR555 Month January Year 2018

Units/Departments Utilized 4W

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

Student's Name	Student's Phone #	Dates														
Nursing Student 1	123-4567	Clinical Units	4W	OR	4W	4W	4W	4W	4W	4W	4W	4W	4W	4W	4W	4W
		Clinical Units														
		Clinical Units														
		Clinical Units														
		Clinical Units														
		Clinical Units														
		Clinical Units														
		Clinical Units														
		Clinical Units														

ATTACHMENT H

Influenza Vaccination Verification Form

Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator in order to comply with the IHS influenza vaccination policy.

Form Instructions:

1. Fill in all blanks
2. List students first alphabetically, then follow with instructors alphabetically
3. Differentiate students from instructors by placing '(Instructor)' after instructor's name
4. ***Important**** - Complete the last section (highlighted in yellow) on page 2

Submission Deadline:

- For the fall semester, this form is due by December 1st
- For the spring semester, this form is due at least 2 weeks prior to clinical start date.

Infirmiry Health System Influenza Vaccination Verification Form

Annual influenza vaccination is required for all nursing students and instructors per the IHS influenza policy.

Influenza vaccination information must be received for the determined influenza season by December 1st. For students attending clinical after this date but still in the hospital during influenza season, influenza vaccination must be submitted with all other required documentation at least 2 weeks prior to the clinical start date.

School Name University of Nursing Students Instructor Nursing Instructor Name

Course Number NUR 201 Quarter/Semester Fall 2015

	INSTRUCTOR/STUDENT NAME	DATE OF INFLUENZA VACCINATION
1	Nursing Student 1	October 10, 2015
2	Nursing Student 2	October 5, 2015
3	Nursing Student 3	October 1, 2015
4	Nursing Student 4	October 15, 2015
5	Nursing Instructor 1 (Instructor)	September 28, 2015
6	Nursing Instructor 2 (Instructor)	September 20, 2015

1. Total # of instructors/students who attended clinicals at IHS during the influenza season	6
2. Total # of instructors/students who received an influenza vaccination during the influenza season	6
3. Total # of instructors/students who have a medical contraindication to the influenza vaccine	0
4. Total # of instructors/students who declined to receive the influenza vaccine	0
5. Total # of instructors/students with unknown vaccination status (or criteria not met for questions 2-4)	0

ATTACHMENT I
Medication Dispensing System (MDS) User Agreement
Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator. This form is submitted to pharmacy in order to obtain instructor access for the MDS. This must be completed only ONCE for NEW instructors.

Form Instructions:

1. Fill in all the blanks
2. Place nursing instructor# on form if known. If unknown, leave blank.
3. Place designated unit if known. If unknown, leave blank.
4. Select the 'CL Instructor' box and mark
5. Sign and date

Submission Deadline:

- At least 2 weeks prior to the clinical start date



Nursing Instructor Last Name	Nursing Instructor First Name	NIXXXXX	3West
Last Name	First Name	NI#	Unit

Position: ☒ Nursing Instructor

Instructions: Please complete the top portion including: Last name, First name, E#, Unit and position. You're NI# is going to be identified as your primary access code for the Omnicell Rx system. You will also have a pre assigned P.I.N. The first time you access Omnicell Rx you must change your P.I.N. to something only you know.

Note: This P.I.N. is confidential. No one will be able to look it up for you.

Please read the statement below and sign at the bottom to verify that you have read and understand the following statement:

- I understand that my access code for Omnicell Rx system is my NI# and in combination with my P.I.N. and/or fingerprint will be my electronic signature for all transactions in the system. It will be used to track all of my transactions in the system and will be permanently attached to those transactions with a time stamp and date. These records will be maintained and archived as per the policies of Infirmity Health system and/or the specific facility. Records will be available for inspection by the Drug Enforcement Administration (DEA) and the Department of Professional Regulation (DPR), as is presently done with my handwritten signature for controlled substance records.

I also understand that to maintain the integrity of my electronic signature, I must not give this password to any other individual.

Nursing Instructor Signature
Signature

05/15/2018
Date

IH Coordinator Signature
Requestor Signature (IH Clinical Coordinator)

05/15/2018
Date

ATTACHMENT J

Student Evaluation of Clinical Experience Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator. This form is a student's evaluation of their clinical experience at an IHS facility and will be used to improve the quality of clinical experiences.

Form Instructions:

1. Fill in all the blanks
2. The student can remain anonymous if they do not want to identify themselves
3. The section in blue pertains to only practicum students

Submission Deadline:

- Submit at the end of clinical rotation, no later than 2 weeks after the semester/quarter has ended

Infirmary Health System Student Evaluation of Clinical Experience						
Name (optional): <u>Nursing Student Name</u> College/School of Nursing: <u>University of Nursing Students</u>						
Course#: <u>NUR 201</u> Unit: <u>3W</u> Quarter/Semester & Year: <u>Summer 2015</u>						
IHS Facility: <u>Mobile Infirmary</u> <input checked="" type="checkbox"/> <u>LTAC</u> <input type="checkbox"/> <u>Thomas Hospital</u> <input type="checkbox"/> <u>North Baldwin Infirmary</u> <input type="checkbox"/> <u>Oakwood</u> <input type="checkbox"/>						
In our efforts to continuously improve the quality of student clinical experiences, please answer the following questions about your experience participating in this clinical rotation at an Infirmary Health System facility.						
	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	Staff made me feel welcome	✓				
	Example:					
2	Staff were open to questions	✓				
	Example:					
3	Assistance was given as needed to access supplies and medications	✓				
4	Nurses helped me to understand the patients and their needs	✓				
	Example:					
5	Nurses were good role models for patient care	✓				
	Example:					
If you were a practicum student please complete questions 6-9 and continue. If you 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 <u>name</u> , staff who you felt were positive role models. How were they positive role models? Nurse Judy Ransom was a great nurse who allowed me to perform various clinical skills.					
11	Were there other activities on the unit that impacted your learning opportunities or experiences? Please describe. The ability to listen to nursing handoff reports was a great tool in learning about my patients.					
12	Would you recommend the unit as a future learning site for students? Why or why not? I would definately recommend this unit. All the nurses were great and very helpful!					

ATTACHMENT K

Instructor Evaluation of Clinical Experience

Instructions and Example

Complete and **EMAIL** this form to the designated hospital Clinical Coordinator. This form is an instructor's evaluation of their clinical experience at an IHS facility and will be used to improve the quality of clinical experiences.

Form Instructions:

1. Fill in all the blanks

Submission Deadline:

- Submit at the end of clinical rotation, no later than 2 weeks after the semester/quarter has ended

Infirmary Health System Instructor Evaluation of Clinical Experience					
Name: <u>Nursing Instructor Name</u>		College/School of Nursing: <u>University of Nursing Students</u>			
Course#: <u>NUR 201</u>		Unit: <u>3W</u>	Quarter/Semester & Year: <u>Summer 2015</u>		
IHS Facility: <u>Mobile Infirmary</u> <input checked="" type="checkbox"/> <u>LTAC</u> <input type="checkbox"/> <u>Thomas Hospital</u> <input type="checkbox"/> <u>North Baldwin Infirmary</u> <input type="checkbox"/> <u>Oakwood</u> <input type="checkbox"/>					
Have you had a prior clinical experience at IHS: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Staff Nurse/Manager? <input type="checkbox"/> Instructor? <input checked="" type="checkbox"/>					
Have you had a previous experience on this unit: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Staff Nurse/Manager? <input type="checkbox"/> Instructor? <input checked="" type="checkbox"/>					
In our efforts to continuously improve the quality of student clinical experiences, please answer the following questions regarding your role as a nursing instructor this quarter/semester at an IHS facility.					
	Question	Agree	Neutral	Disagree	N/A
1	I didn't need any more orientation; I've had students on this unit before	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I was assisted in getting access in the hospital (ID badge, parking permit, EPIC LifeCare, Medication dispensing system)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I met with the nurse manager to discuss expectations and working relationships with students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Staff made me feel welcome and was helpful	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I felt comfortable asking questions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The students and I had a place to put our belongings, and a place to meet and talk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Unit personnel worked cooperatively with us	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Nurses were helpful in selecting patient assignments for students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Nursing staff were supportive in sharing patient information and involving students in patient care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Learning opportunities on the unit matched the needs of the students	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Students were offered off-unit learning opportunities such as going to diagnostic tests, etc. with their patient	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	How can orientation be improved? All of orientation should be accessible on-line.				
13	Please identify by <u>name</u> , staff who you felt were positive role models for the students Judy Jones, RN was a great role model for the students.				
14	Were there any other activities on the unit that impacted your students' learning opportunities or experiences? <u>Please describe</u> There were multiple clinical opportunities for all of the students. They learned a lot.				
15	Do you have any recommendations that would be helpful for future instructors/faculty? The ability to document in more areas of the EMR.				
16	Would you recommend this unit as a future learning site for students? Why or why not? Yes, I would definitely recommend this situation since there are so many learning opportunities.				

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

ATTACHMENT L
LIFECARE U education modules via iLearn
Instructions and Example

Nursing instructors and students have access to the patient's electronic medical record (EMR). Nursing students have view-only access of the patient's charts. Practicum nursing students have the capability to document in the patient's charts with preceptor co-sign.

Students are required to complete LIFECARE U education every semester. Nursing instructors can document vital signs, BGs, I&Os, and medications administered with nursing students. Nursing instructors will be required to complete LIFECARE U education every year.

All nursing instructors and students receive an email (example below) with a weblink to the iLearn website. Access to the LIFECARE U modules via iLearn is also available via the IHS nursing student website at <http://www.infirmarhealth.org/nursing-students>. It is imperative that a correct and valid email address is submitted on the 'IHS Student Information Form' to receive an activation email.

Example Email

Re: User Account Created

Your user account has been created in iLearn - Infirmar Health's IT Training Portal. You can log on here: <https://ilearn.infirmarhealth.org/gm/workplace-1.54.1>

User ID: IH Student ID or Instructor ID Number

Password: XXXXXXXXXX

Please refer to the *LifeCare U Instructions* for details regarding access to the LIFECARE U modules to be completed by (1) nursing students, (2) practicum nursing students, and (3) nursing instructors.

Once the LIFECARE U education modules have been completed, students will be able to access EPIC LIFECARE in the clinical environment. In order to login to EPIC LIFECARE, students must enter their user ID number (*student nurse#*) available on the back of their ID badges (sample below) and the default password. Nursing instructors must enter their nursing instructor number (NI#) as their user ID. User ID and password are lower-case sensitive. They will be prompted to change their password after entering the default password.

ATTACHMENT M
MDS Education via iLearn
Instructions and Example

Nursing instructors have access to the Medication Dispensing System (MDS). New instructors must complete the MDS education modules on iLearn in order to obtain access in the clinical environment.

Nursing instructors can access the MDS education modules by selecting the iLearn activation email link and completing the required MDS education modules.

- Mobile Infirmary/LTACH – Omnicell
- Thomas Hospital – Omnicell

Please refer to the *LifeCare U Instructions* available at <http://www.infirmarhealth.org/nursing-students> for details regarding access to the MDS education modules.

All education requirements will be tracked by the designated hospital clinical coordinator. Failure to complete the required education modules can result in a delay and/or forfeiture of clinical dates.

For any questions or concerns regarding clinical placement guidelines, please contact your designated hospital clinical coordinator.