

Undergraduate Schools of Nursing Guide

- I. Affiliation Agreement: A signed Affiliation Agreement must be current and on file at the school and at Community Health Network before students can begin their clinical experiences. Please consult your school if uncertain.

- II. Request for Placement: To request a clinical experience at any of our facilities, your school's clinical coordinator must request the placement online at:
<https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>
 - a. This form is used to request both Group and Individual (Capstone/Leadership) experiences.
 - b. Timeline for requests and placements is as follows:
 - i. **Winter/Spring Terms (starts and ends between January 1 and May 31)**
 1. Request Form Opens: **September 1**
 2. Request Form Closes: **October 1**
 3. Schools Notified of Placements: **Early November**
 - ii. **Summer Term (starts and ends between May 1 and August 31)**
 1. Request Form Opens: **February 1**
 2. Request Form Closes: **March 1**
 3. Schools Notified of Placements: **Early April**
 - iii. **Fall Term (starts and ends between August 1 and December 31)**
 1. Request Form Opens: **April 1**
 2. Request Form Closes: **May 1**
 3. Schools Notified of Placements: **Early June**

- III. Health Requirements
 - a. In accordance with the affiliation agreement, proof of the following must be on file at the school before students are accepted at Community:
 - i. Results of negative PPD, negative QuantiFERON gold blood test, or chest x-ray report indicating negative finding for active tuberculosis within 12 months of projected completion date of the clinical experience
 - ii. Immunization or natural history of mumps, rubeola, rubella, and varicella
 - iii. Hepatitis B immunization or documentation showing the individual has been informed of the risk of Hepatitis B and declined immunization
 - iv. Current (yearly) influenza vaccination
 - b. If requested, evidence of the above requirements must be provided to Community Health Network within 24 hours of request.

- IV. Appearance Standards
 - a. Students
 - i. Appropriate school uniforms must be worn at all times when on site, including but not limited to clinical experiences, observation experiences, orientation, training, pre-clinical patient research, and pre- or post-conferences.
 - ii. Attire must be clean and in good condition.
 - iii. School-issued nametags must be clean, in good condition, and easily visible on the upper chest area.

- iv. Students must wear a Community-issued student badge on the upper right chest.
 - v. For patient safety, fingernails must be clean, trimmed to natural appearance, and not visible from the palm side of an open hand. Artificial nails are prohibited in patient care areas.
 - vi. Head coverings may be worn only for religious reasons.
 - vii. Hair must be clean and a natural color and length. Hair that is shoulder-length or longer must be pulled back and secured.
 - viii. Facial piercings are limited to ears only.
 - ix. Dangling earrings and necklaces are prohibited in patient care areas.
 - x. Tattoos must not be visible.
- b. Faculty must adhere to the same standards as the students with the following exceptions:
- i. May wear either a school uniform OR navy scrub pants and navy or white scrub top
 - ii. Must wear school ID badge and Community-issued faculty badge
 - iii. May wear lab coat (optional)

V. Faculty Orientation

- a. New to Community Health Network: Faculty who are new to Community and oversee a group of students on site are required to complete an orientation to Community Health Network and the unit as outlined below:
- i. Network Orientation, Faculty Epic Training, and required elearning modules
 1. Must be completed at least two weeks prior to student start date.
 2. Register by calling the Clinical Placement Coordinator at 317-355-4176 or emailing at SKinner@eCommunity.com.
 3. This network orientation does not need to be repeated when returning
 - ii. Unit Orientation Requirements for non-Behavioral Health sites (for Behavioral Health sites, see the “Behavioral Health Placements” section in this guide)
 1. At least two weeks prior to your first day with students on the unit, contact the unit’s manager and educator (contact information provided by Clinical Placement Coordinator) to schedule unit orientation.
 2. Meet with manager and/or educator to review and complete:
 - a. *Faculty Unit Orientation Checkoff* (see Appendix A)
 - b. *Student Unit Orientation Checklist* (see Appendix B)
 3. Shadow an RN on the unit for a **minimum of four hours** to complete the *Faculty Unit Orientation Checkoff* to ensure you are familiar with the unit and safe patient care on the unit, including:
 - a. Bedside report
 - b. High risk skills
 - c. Patient safety and outcomes initiatives
 - d. Medication administration and assessments
 - e. Documentation

4. Send completed and signed *Faculty Unit Orientation Checkoff* to Clinical Placement Coordinator: SKinner@eCommunity.com
- b. New to Unit, but Returning to Community Health Network: Faculty who have brought students to Community but on a different unit in previous courses are only required to complete unit orientation as follows:
 - i. At least two weeks prior to your first day with students on the unit, contact the unit's manager and educator (contact information provided by Clinical Placement Coordinator) to schedule unit orientation.
 - ii. Meet with manager and/or educator to review and complete:
 1. *Faculty Unit Orientation Checkoff*
 2. *Student Unit Orientation Checklist*
 - iii. Shadow an RN on the unit for a **minimum of two hours** to complete the *Faculty Unit Orientation Checkoff* to ensure you are familiar with the unit and safe patient care on the unit, including:
 1. Bedside report
 2. High risk skills
 3. Patient safety and outcomes initiatives
 4. Medication administration and assessment with at least one patient
 - iv. Send completed and signed *Faculty Unit Orientation Checkoff* to Clinical Placement Coordinator: SKinner@eCommunity.com
- c. Returning to Community Health Network and Same Unit: Faculty who have brought students to the same unit in previous courses are only required to meet with the manager and/or educator at least two weeks prior to your first day with students on the unit to discuss schedule and changes to requirements and unit updates.

VI. Student Orientation

- a. Students must complete Epic training and required elearning modules prior to their first clinical experience at Community Health Network. The elearning modules are PREREQUISITES for attending Epic training. Instructions will be sent with students' computer access (see Section IX).
- b. Students must receive unit orientation from the faculty. This may occur on the same day as Epic training or the first day of the clinical experience. Faculty will use the *Student Unit Orientation Checklist* for this orientation, and it must be signed by all students in the group and returned within 24 hours to the Clinical Placement Coordinator: SKinner@eCommunity.com.

VII. Culture of Patient Safety and Red Rules: In our effort at Community Health Network to provide safe care to our patients, Community Health Network employees have undergone extensive education on creating a culture of patient safety. An important step toward creating a culture of safety is reducing human errors that lead to events of harm to patients. Patients put themselves in our care and they trust us not to harm them. A culture of safety is a shared value that PATIENT SAFETY IS FIRST in everything we do. We have "Red rules" of care. A Red rule is an act that could result in serious harm to patient or employee if not performed correctly each and every time. One "Red Rule" is the mandatory use of two patient identifiers.

- VIII. Patient Care by Nursing Students: Please review the policy titled “Affiliating Schools of Nursing – Patient Care” on the Schools of Nursing page under the Resources section at <https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>. This policy provides guidelines for students and faculty about student supervision by faculty and the provision of care.
- IX. Patient Care Documentation and Computer Access
- a. Request for Access and Training: If faculty and/or students plan to access the medical record and/or document care in the medical record, they must have their own faculty/student access and attend training on the use of our electronic medical record (EMR).
 - i. Computer Access Request: The Computer Access Request Form can be found under the Resources section at <https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>. Complete the request form with all students and faculty information required and send to Jill Abel (JAbel@eCommunity.com) AT LEAST three weeks prior to scheduled computer training session. (For clinical rotations that will occur at Community Hospital Anderson, send the Access Request form to Trina Howes: THowes@ecommunity.com.) Login information will be sent via secure email to the clinical faculty prior to training. The login information will be accompanied by instructions for resetting the temporary password and accessing required elearnings.
 1. Faculty and students who are also employees must have a separate faculty/student login.
 2. Schools must request access before the start of each term, even for faculty/students who have been to Community Health Network before.
 - ii. Computer Training: Faculty/students who have not been to Community Health Network for a clinical experience before are required to complete a four-hour EMR training and elearning on either Epic Clin Doc (inpatient application) or Epic Stork (maternity application). Faculty complete this during faculty orientation but still must be present with their clinical group for student training.
 1. Students who have been to Community Health Network for a clinical experience during their nursing education program do not need to repeat this training, unless they are going to a perioperative or ED setting for an individual (capstone/immersion) experience, in which case they will need additional computer training on area-specific applications. Contact the Clinical Placement Coordinator at least three weeks prior to the start date of the individual experience to schedule these additional trainings.
 2. Students’ training will be scheduled based on the date/time requested by the school’s clinical coordinator.
- X. Medication Administration

- a. Policy: Please review the “Medication Preparation, Administration, and Documentation” policy. This can be found on PolicyStat by logging into Community Health Network’s intranet. Click on Tools>PolicyStat. (Change the location to your clinical site before searching for a policy.)
- b. Omnicell Access
 - i. All medication is dispensed by the Omnicell on each unit.
 - ii. Only faculty will have access to the Omnicell and medication room. Students must have faculty supervision to be in the medication rooms.
 - iii. Students may only administer medications with direct faculty supervision.

XI. Procedure Area Observation Experiences

- a. Procedure areas (OR, Cath Lab, etc) offer two types of clinical experiences:
 - i. Precepted (i.e. Capstone/Intensive/Leadership): Complete the request at <https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>. Click “Individual” on the first page of the request.
 - ii. Group Observation (one student from an approved clinical group to observe in the procedure area). These are only scheduled prior to a group’s clinical rotation starts. Schools may schedule an observation as follows: Complete the request on the Schools of Nursing page at <https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>. Click “Group” on the first page of the request. Under “Request Information,” answer “Does this course require an observation experience?” by clicking “yes” and entering details of the observation request.
- b. Preparing Your Students: Information to give to your students prior to their procedure area observation experience
 - i. It is important to eat a balanced breakfast prior to the observational experience.
 - ii. Students should sit down if they feel dizzy or lightheaded. Attempting to leave the room may result in a syncopal episode and injury.
 - iii. Do not wear perfume, aftershave, or scented lotions.
 - iv. Students must wear school-issued and Community-issued identification at all times.
 - v. Leave valuables at home if possible. Jewelry and watches are not permitted in the surgical suite.
 - vi. Strict aseptic technique is of utmost importance in the surgical suite. Students should keep unnecessary movements to a minimum in order to reduce risk of contamination of the sterile field.
 - vii. Students will be provided with scrubs, hats, and shoe covers upon arrival to their experience. Personal clothing that extends beyond the scrub attire must be removed prior to donning surgical scrubs.
 - viii. Students must bring with them the name and phone number for his/her clinical instructor and the name and phone number of an emergency contact.

XII. Expectations of Clinical Faculty

- a. Attend EMR training with the students in assigned group (if applicable).
- b. Provide students with hospital and unit orientation by completing all items on the *Student Unit Orientation Checklist* on or before the first day of the clinical rotation.
- c. Complete the Clinical Rotation Information Form (available at <https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>) and submit it to the unit's director, manager, and/or educator prior to the first day of the clinical rotation.
- d. Coordinate the daily student assignment with the Patient Care Coordinator (PCC) or charge nurse prior to the start of each shift. Work with the PCC or charge nurse to determine which patients may be cared for by students versus which patient charts may be reviewed for educational purposes but are not appropriate for students in patient care.
 - i. Decisions by the PCC, charge nurse, or unit manager of whether a patient is appropriate for a student assignment are final.
 - ii. Faculty must remain cognizant of what information in the EMR is the minimum needed for educational purposes and are not to review charts that are not identified with the PCC or charge nurse per this section.
 - iii. Student patient assignments must be posted in the unit's agreed-upon location.
- e. Be visible on the clinical unit and engage with students and staff. (Off-site faculty, such as capstone or DEU, must provide cell phone and/or pager number to unit leadership.)
- f. Ensure student compliance with the "Affiliating Schools of Nursing – Patient Care" policy. According to the policy, the instructor is responsible for supervising all patient care by students.
- g. Validate and cosign all student documentation prior to the end of each shift and before the student leaves the clinical site. (In a capstone/immersion setting, the preceptor will cosign documentation.)
- h. Consult with the staff RN for
 - i. Questions about patient care
 - ii. Abnormal lab values, vital signs, or assessment findings
 - iii. Concerns with medication administration
- i. Be aware of the following expectations of staff RNs:
 - i. They should be open for questions from students
 - ii. They may assist students with critical thinking issues or questions
 - iii. They must periodically review documentation completed by nursing students
 - iv. They maintain ultimate responsibility for patient care
- j. For instructor-led clinical groups, the RNs are not responsible for your students. Faculty maintain responsibility for all student actions and behavior.

XIII. Identification and Access Badges

- a. At all Community Health Network sites: All faculty and students must wear school-issued identification badge and Community-issued identification badge on upper chest area.

- b. Badge Request
 - i. Complete the Badge Request Form on the Schools of Nursing page at: <https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>
 - ii. Send the completed form to Jill Abel (JAbel@eCommunity.com) at least three weeks before the first day of your clinical rotation. (For clinical rotations that will occur at Community Hospital Anderson, send to Trina Howes at THowes@ecommunity.com.)
 - iii. For the safety of our patients, only the course faculty or clinical instructor may check out and pick up badges.
 - c. Badge Return
 - i. All badges must be returned at the end of the clinical rotation
 - ii. Badges may be returned to the badge drop boxes in the education centers at Community Hospital North, Community Hospital East, or Community Hospital South, or by contacting Jill for other return options.
 - iii. A \$25 fee will be charged per lost or damaged badge.
- XIV. Conference Room Reservations
- a. Clinical conferences must be conducted in HIPAA-compliant spaces, such as conference rooms, and not in the cafeteria, lobby, or other public-accessed areas.
 - b. To find a location for your clinical conferences, please consult with the unit manager or educator for best locations. If you need assistance scheduling a room, please contact Jill Abel (JAbel@eCommunity.com). Room space is limited and may require flexibility in location and time. Provide the following information in your request:
 - i. School
 - ii. Location/unit of clinical placement
 - iii. Dates you need a room (list all of them)
 - iv. Time of day
 - v. Length of meeting
 - vi. Number of people
 - vii. Special requests
 - viii. Name of room, if you have one in mind
- XV. Parking for Faculty and Students (Note: Do not use the valet at any location.)
- a. Community Hospital East
 - i. Enter the parking garage from 13th Street. Park in the top level of the garage.
 - ii. No pass or fee required
 - b. Community Hospital South
 - i. North lot behind surgery center in white-lined spaces only
 - ii. Parking pass not required.
 - c. Community Hospital North/Heart & Vascular
 - i. Lots east of Behavioral Health Pavilion or across the street from the ED
 - ii. No pass or fee required
 - iii. DO NOT park in the garage, ED lot, or professional (7250) building lot.
 - d. Community Howard Regional Hospital

- i. Southeast employee lot in white-lined spaces only
- ii. No pass or fee required

XVI. Behavioral Health Placements

a. Behavioral Health Placement Process

- i. Student placements in Behavioral Health follow the same request process as other areas of Community Health Network and are considered by the Clinical Placement Coordinator
- ii. Students may be placed in the following Behavioral Health clinical settings:
 1. Behavioral Health North Pavilion: one group of up to 10 students at a time, with one or two students on each unit at a time
 2. Howard Inpatient Behavioral Health (Ground North East): number of students will depend on census; discuss with leadership before each shift
 3. No placements at Fairbanks Recovery at this time

b. Behavioral Health Faculty Orientation

- i. Instead of contacting unit leadership (manager and educator), you are connected with the Behavioral Health nursing director and administrative assistant.
- ii. They will coordinate your orientation in Behavioral Health and connect you with the House Supervisor (for those placed in the North Pavilion)
- iii. Please arrive for each clinical day at least 30 minutes before your students so you can:
 1. Connect with the House Supervisor to assign students to units
 2. Meet your students in the entryway to help them enter the building

c. Behavioral Health Faculty and Student Safety

- i. Do not wear any dangling jewelry, lanyards, necklaces, or other items with strings
- ii. If a patient becomes aggravated and escalates to aggression, all faculty and students need to move away from the area of the incident and allow our AVADE-trained staff to address the situation

d. Behavioral Health Clinical Experience Expectations

- i. The focus of a Behavioral Health clinical experience is to **observe** inpatient mental health care and **engage in therapeutic communication**.
- ii. If a patient needs assistance with something, let the staff know. The staff will invite you to help when appropriate. Do not assist patients without the supervision of trained staff.
- iii. Students and faculty are not to administer medications in the Behavioral Health setting.
- iv. When passing through a doorway, stay with the door until it closes behind you to reduce the risk of elopement.
- v. If students have any questions about their clinical experience, they should ask their clinical instructor.
- vi. Epic is used in Behavioral Health only for informational purposes for education need-to-know only. Any technical or Epic problems should be



addressed with the Service Center by calling 317-621-7777. Please do not ask unit staff for assistance with technical issues.

Appendix A

SON Clinical Instructor Unit Orientation Competency

Clinical Instructors who are bringing students to a Community Health Network (CHNw) facility for the first time are required to attend a unit orientation for a minimum of 4 hours. This orientation consists of meeting with the unit manager to discuss objectives/expectations, touring the unit, accessing Pyxis, and shadowing an RN on the unit. The following competency tool must be completed and signed by both the unit RN and clinical instructor and on file in the Nursing Academic Development office before the clinical instructor may bring students to a CHNw facility. **Once complete, please send to SKinner@eCommunity.com.**

Competency or Orientation Item	Unit RN Initials	Instructor Initials
Meet with unit manager: expectations and objectives (dress code, assignments, etc.)		
Check Omnicell access (if issues, unit RN to help contact pharmacy to troubleshoot)		
Review all items on "Instructor and Student Orientation Checklist"		
Review "Medication Preparation, Administration, and Documentation" policy		
Administer medications with unit RN supervision		
Learn pump interoperability with Epic		
Review bed and bed alarm operation (students may only operate with supervision)		
Attend bedside change of shift report		
Attend unit safety huddle		
Check Epic access		
Check badge access for all student and faculty badges		
Find location for pre and post conference		
Participate in interdisciplinary round (if applicable)		
Access policies in PolicyStat at the Point of Care		

Time In: _____ Time Out: _____ Total Time on Unit: _____

Unit RN: By signing this form, you are stating that you have reviewed each item on the list above and believe the named clinical instructor is competent in each of these competency areas.

 Unit RN Signature

 Unit RN Printed Name

 Date

Clinical Instructor: By signing this form, you are stating that you feel confident with the items on this list and are comfortable teaching students on this unit.

 Clinical Instructor Signature

 Clinical Instructor Printed Name

 Date

Appendix B

Student Unit Orientation Checklist

School:	Instructor:
Clinical Dates:	Hospital:
Dept/Unit:	

List of Subjects to be Covered with Students by Instructor or Capstone Preceptor

The content below is not meant to be all inclusive but is a minimal, starting point in the initial orientation to the unit/department for nursing students doing clinicals on/in that unit/department. Unit orientation must be completed prior to patient care contact. The instructor/capstone preceptor will provide the orientation, sign, obtain student signatures and file this document. The school of nursing must be able to produce the document upon request.

TOPIC/CONTENT	Done	Comments
Tour of unit/dept		
Safe/secure locations for personal items		
Pre/post conference location		
Student assignment process		
Communication expectations with team lead or primary RN		
Introduction of key personnel (titles/roles)		
Unit/dept visitation policy/restrictions		
Emergency phone numbers		
Red Rule: 2 patient identifiers		
Location of code cart and/or AED		
Identification of patient code status		
Location of fire pull stations, fire extinguishers, emergency exits, gas shutoffs		
Emergency code system (hospital designation and student expectation): <ul style="list-style-type: none"> ▪ Rapid Response Team ▪ Sudden death ▪ Bomb threat ▪ Terrorist ▪ Weather ▪ Fire ▪ Disaster ▪ Missing Person (adult and/or infant/child) ▪ Aggressive Management 		
Infection Control: <ul style="list-style-type: none"> ▪ Location of and use of personal protective equipment ▪ Standard precautions ▪ Isolation categories and signage ▪ Hand hygiene 		

TOPIC/CONTENT	Done	Comments
<ul style="list-style-type: none"> ▪ Exposure to blood borne pathogens 		
Fall prevention measures		
Location of eye wash station		
Waste and linen handling (infectious, medication, etc.)		
What to do in case of student injury		
Reporting unexpected events, incidents, medical errors		
Patient room orientation: <ul style="list-style-type: none"> ▪ Call light ▪ Urgent/emergency lights ▪ Use of patient bed ▪ Emergency equipment (manual resuscitator, mouth-mask device) ▪ Assistive devices (e.g., gait belt, lifts, etc.) ▪ Sharps containers 		
Procedure for passing trays and recording intake		
Securing equipment and supplies		
Medication administration procedure		
Use of IV pump		
<ul style="list-style-type: none"> ▪ Documentation process and expectations ▪ Use of hospital approved abbreviations ▪ Patient plan of care ▪ Patient information restrictions 		
High risk patients (e.g., fall, suicide, etc.)		
Accessing hospital policies, resources and references		
Other:		

