Clinical Affiliation with Schools of Nursing Standards

I. **Purpose:** To outline the standards applicable to schools of nursing who affiliate with The Children’s Mercy Hospital (CMH).

II. **Policy:**

A. **Contract**
   1. A contract using the Children’s Mercy Hospital model student affiliation contract will exist between The Children’s Mercy Hospital and affiliated nursing schools whose students receive clinical experience at CMH. Negotiation of contract content should take place prior to the start of the fiscal year and new contracts should be signed or renewed by June 30th.
   2. Contracts for Joint Appointments define the terms and conditions for the participation of CMH nurses who provide instruction for nursing students in clinical rotations at CMH. The contractor (School) agrees to pay the subcontractor (CMH) for teaching obligations at CMH. This contract is submitted to the Nursing School Clinical Manager for negotiation, to the Executive Vice President/Co-COO for approval, to the President, Chief Executive Officer and the Vice President/General Counsel for signature.
   3. CMH reserves the right to deny student placements to schools that do not comply with CMH policies.
   4. Affiliating schools of nursing must submit proof of malpractice insurance/coverage for instructors and students to the Nursing School Clinical Manager.
   5. All students of affiliating schools will have criminal background checks/mental health checks (schools responsibility).

B. **Licensure and Certification:**
   1. All affiliated nursing instructors will have a current Missouri or Kansas professional nursing license (or temporary work permit).
   2. Instructors will ensure that all RN and LPN nursing students who affiliate with CMH for clinical experience are in compliance with CMH licensure requirements. See [Nursing License Policy](#).
   3. All affiliating nursing school instructors and students must possess a current American Heart Association Basic Life Support Healthcare Provider card. Verification of affirmation will be maintained by the affiliating school of nursing.
   4. Students who have their clinical rotation at Children’s Mercy Home Care will have a valid driver’s license and car insurance.
   5. Schools which sign an addendum to their contract will maintain documentation of licensure and health history. Documentation will be made available upon request. All other schools will submit voided copies of professional licenses, copies of BLS affirmation cards and completed Faculty/Student Health History Records.

C. **Students participating in patient care areas must have documentation of:**
   1. Completion of one of the following to assess for TB exposure:
      a. Upon admission must present a TB screen less than 12 months old. If most current TB screen is over 12 months old, one new TB screen is required. If TB screen has never been completed, a 2-step TB screen must be completed.
      b. Upon admission must present documentation of a TB titer less than 12 months old
(Interferon-Gamma-Release Assays (IGRAs) – Blood Tests for TB latent infection). Two TB skin tests within 12 months of each other and the last test (or titer) given no earlier than 6 months prior to the beginning of the rotation or TB titer (Interferon-Gamma-Release Assays) no earlier than 6 months prior to the beginning of the rotation.

   c. NOTE: if the student has not been tested in the last five years:
   i. If the first tuberculin skin test (TST) is positive as evidenced by 10 mm of induration or greater, — the student has latent TB infection.
   ii. If the first TST is negative, give second TST 1-3 weeks later
   iii. If the second TST is positive as evidenced by 10 mm of induration or greater, — the student has latent TB infection.
   iv. If the second TST is negative — uninfected at baseline
   v. NOTE: Chest x-ray may not take the place of TB screening.
   vi. NOTE: Persons with positive TB screenings, must provide a copy of a chest x-ray performed after the positive screening. They may not participate if they have any signs or symptoms of active TB disease within the month preceding the positive TB screening. Signs and symptoms of active TB disease include: fever of no known cause, loss of appetite, unexplained weight loss, malaise, unexplained chronic cough lasting two weeks or greater, productive cough, chest pain related to the lungs, night sweats. There is no currently no CDC recommendation for periodic chest x-rays for persons with positive TB screenings.
   vii. NOTE: TB screen results (date, type, result) no more than one year from the last day of the clinical rotation. Students must be in compliance for the entirety of the rotation.

2. Measles/mumps — for students born on or after 1/1/57, provide adequate documentation of physician diagnosed disease, laboratory evidence of immunity or proof of two vaccinations.

3. Varicella (Chickenpox) — proof of two vaccination or, proof of serological immunity as evidenced by a positive varicella IGG titer.
   NOTE: Persons aged >13 years without evidence of varicella immunity should receive two 0.5-mL doses of single-antigen varicella vaccine administered subcutaneously, 4-8 weeks apart. If >8 weeks elapse after the first dose, the second dose may be administered without restarting the schedule. Only single-antigen varicella vaccine may be used for vaccination of persons in this age group. MMRV is not licensed for use among persons aged >13 years.
   NOTE: If a student has contact with a patient who breaks out with varicella within forty-eight (48) hours of contact, the Infection Prevention and Control Department will notify Occupational Health and the school will be notified as soon as possible.

4. Hepatitis B (immunization and/or titer is recommended by the CDC; can waive, if documented)

5. Rubella — for students born on or after 1/1/57, provide laboratory evidence of immunity or documentation of adequate vaccination.

6. Tetanus-Diphtheria-Acellular Pertussis — after the initial series, the booster given at 10 years should be Tetanus, diphtheria and acellular pertussis (Tdap). Irrespective of when the last TD vaccine was received, a student must have received a dose of (Tdap) as an adult. Tdap vaccine became available in 2005.
7. Influenza — proof of current season influenza vaccination during the flu season, according to current CDC guidelines and vaccine availability. If a student wishes to request accommodation for a medical contraindication to receiving influenza vaccine or has a sincerely held religious belief that prohibits the use of vaccines, an appropriate accommodation form must be completed, approved by a designated hospital representative, and on file (see Appendix E for a sample form). Students with an approved request for accommodation must wear a mask when in any area of patient contact.

D. Students will be tested for color blindness if performing POC testing. Status will be documented and maintained on file by the affiliating school of nursing.

E. If the instructor or student has a blood or high risk body fluid exposure (refer to CMH Exposure Control Plan), refer to the Occupational Health Policy, “Evaluation Post HIV Exposure” section, “Process Steps for Evaluation and Referral following Occupational Exposure to Blood and/or Body Fluid for a Non-Employee.”

F. If the instructor or student suffers an injury, the injury is reported to the department or unit supervisor. The instructor must complete an Injury/Illness report and deliver it to the Occupational Health Office as soon as possible. An Incident Report must be completed and forwarded to Legal Affairs. An injury to an instructor or student is not compensable by CMH Worker’s Compensation and the instructor or student will be responsible for the cost of any care or lost work time.

G. Students and instructors must review and be responsible for understanding the content in the Clinical Orientation Manual (www.mokanplacement.org). Verification will be documented and maintained by the affiliating school of nursing. Students must also be oriented to CMH hospital specific procedures such as:
   - Documentation processes
   - Emergency Procedures
   - Dress Code
   - Safety Procedure

H. Undergraduate Placement
   1. The hospital will negotiate with each school for clinical assignments on an annual basis.
   2. The following guidelines will be used in negotiating placement:
      a. The clinical coordinators will submit requests using grids provided in the MOKAN Placement website, www.mokanplacement.org
      b. The MOKAN Placement website includes student unit capacities for inpatient and outpatient units. The unit capacities are defined as the maximum number of students the unit can accommodate at any given time. These unit capacities will be used for planning and requesting clinical experiences. The quota for each unit will not be exceeded without permission of the Unit Director/Education Coordinator.
      c. Students should spend at least two clinical weeks in the same inpatient area and rotate to no more than two different units during a 6-8 week period.
   3. Once clinical schedules are finalized, changes will not be made unless a request is submitted and approved via MOKAN.
   4. The clinical coordinator/instructor will complete the Affiliated Nursing School Assignment Schedule form prior to the start date of the clinical experience and send it to the Nursing School Clinical Manager.

I. Graduate Students, Undergraduate Leadership/Management Students, Capstone Students
   1. Placement of Leadership/Management Students and Capstone Students will be coordinated between the instructor, the Unit Director/Unit Education Coordinator and the Nursing School Clinical Manager.
   2. Clinical goals and objectives will be reviewed with the preceptor prior to the clinical experience.
3. Capstone students will be expected to follow the guidelines set forth by their school. CMH permits Capstone students to perform procedures under the direction/supervision of their preceptor with the exception of: narcotic verification and counts, independent acceptance of orders from a physician/APRN/PA, and independent administration of blood products or blood verification. Determination of the student’s ability to perform procedures, not listed above, will be based on the preceptor’s discretion of readiness.

4. Graduate students will submit a completed RN Master’s Student Placement Request Form to the Nursing School Clinical Manager 3 months prior to the clinical experience start date.

J. Instructor Orientation

1. Didactic orientation is suggested for all new instructors. Orientation classes will be scheduled at the beginning of the fall semesters.
   a. All new instructors will take the Medication Calculation Test. A score of 100% is considered the minimum level of competency. The instructor who does not score 100% will have two additional opportunities to score 100%. Until the instructor achieves the minimum competency level, he/she will not be authorized to supervise students administering medications.
   b. Clinical Instructors who have passed the Medication Calculation Test may be given temporary access to the automated dispensing machine during their clinicals.

2. Clinical orientation is required prior to supervising clinical undergraduate students on a unit. The instructor should contact the Unit Director/Education Coordinator to arrange clinical orientation hours.
   a. The instructor will be required to give at least eight (8) hours of patient care with a unit preceptor. It will be determined by the Unit Director/Education Coordinator, with input from both the CMH preceptor and the instructor, whether additional clinical orientation hours are needed.
      1. Instructors who work in patient care units at Children’s Mercy Hospital will have their clinical orientation needs evaluated on a case-by-case basis.
   b. An orientation competency validation tool will be utilized. Instructors who plan to supervise skills that require competency validation at CMH must be validated at CMH or provide acceptable certification/verification before their students may perform the procedure.
      1. Instructors are oriented to the electronic health record during their unit orientation. Instructor and student sign-ons will be provided.

3. Instructors who do not need clinical orientation (i.e. instructor has supervised students at CMH within past year) will contact the Unit Director/Education Coordinator of their assigned unit(s) to review changes in documentation requirements, patient care needs, policies/procedures, etc. prior to the start date of the clinical experience.

4. Instructors who have students assigned to Children’s Mercy Hospital preceptors or as observation only do not need clinical orientation. Instructors should meet with each preceptor/Nurse Manager to discuss student goals and objectives, unit orientation, etc. prior to the start date of the clinical experience.

K. Instructor Responsibilities

1. The instructor will consult with the Charge Nurse before making patient assignments.
   a. Assignments should be made before the clinical experience to provide adequate student preparation. Assignments will be approved by the Charge Nurse and written on the unit’s student assignment sheet.
   b. The number and type of patients available to students at any given time may vary and limit the number of student assignments available.
2. The clinical instructor will be in the hospital and readily available to students during clinical time. (Exception: observation students and students assigned to a CMH preceptor.)
   a. The instructor will inform the Charge Nurse when he/she will be off the unit and how he/she can be contacted.
   b. While the instructor is off the unit, the student will not be permitted to administer medications or perform procedures.
   c. If an instructor is not present in the hospital, students may be withdrawn until instructor supervision is available.

3. A maximum of seven (7) students will be supervised at a given time. (Exception: this number does not include observation experiences and students assigned to CMH preceptors.)

4. Instructors will orient students to their assigned unit and assure their preparation for practice at the beginning of each clinical day.

5. Instructors will attend inpatient unit report or obtain report from the Charge Nurse or designee on patients assigned to students.

6. Instructors or CMH preceptors will directly supervise students performing procedures or administering medications, unless delegation of this task has been pre-arranged between the instructor and the RN, and the instructor is on the unit. (Exceptions: activities of daily living and vital signs.)
   a. The staff nurse assigned to the patient will be informed at the start of each clinical day which procedures will or will not be performed by the student and which medications will or will not be administered by the student.

7. The instructor will notify the clinical area when a student will be absent.

8. When a student needs to be reached in case of an emergency, the CMH Staffing Office or Patient Care Services will contact the student’s instructor. The instructor will be responsible for contacting the student.

9. Instructors will evaluate their experiences at CMH at the end of each clinical rotation or semester.

L. Student Responsibilities
1. Students will be encouraged to ask questions of their instructor/CMH preceptor so that their learning needs can be met.
2. The student will research the patient’s medical record and plan patient care prior to the inpatient clinical experience.
   a. Students may come to the unit to obtain assignments during hours determined by the unit’s Unit Director/Education Coordinator.
   b. Patient records, cannot be photocopied; computer records cannot be printed.
   c. The unit conference room should be used for reviewing charts - avoid the main desk area.
3. Students will wear a lab coat, uniform or scrubs with a school/name identification when in patient care areas. Dress will comply with the Personal Appearance Policy.
4. An Incident Report will be completed for any incident involving a patient assigned to a student. It may be completed by the student, the instructor or the staff nurse assigned to the patient. The incident will be discussed with the unit’s Charge Nurse or the staff nurse assigned to the patient before the Incident Report is completed and before the student documents the facts related to the incident in the patient’s medical record.
5. If a student will be absent he/she should notify their instructor.
6. Students will evaluate their experiences at CMH at the end of their clinical rotation.
7. Students are expected to follow the guidelines outlined in the Technology Position Statement.

M. Staff Responsibilities
1. The Charge Nurse will assist the instructor in assigning patients to students.
2. The Charge Nurse may give the instructor that has passed the Medication Calculation Test temporary access to automated dispensing machine at the beginning of the clinical day.

3. Staff nurses will monitor patients assigned to students.
   a. The student and the staff nurse assigned to the patient will assess the patient. If the student’s assessment is incomplete, the staff nurse will discuss this with the student and the instructor.
   b. The staff nurse should not share their electronic sign-on with students. The students should receive a sign-on from their instructor.

4. Staff nurses are encouraged to talk directly to the students about unprofessional behavior, as they are serving as their role models. If this behavior continues, the staff nurse should address the issue with the instructor. If staff has safety issue concerns related to the student or instructor, it should be addressed with their Unit Director/Education Coordinator. If necessary, the Nursing School Clinical Manager should be notified.

5. Staff nurses will communicate with the instructor about the strengths and weaknesses of the students with whom they work.

6. Unit Director/Education Coordinator will evaluate instructors/students at the end of each clinical rotation.

M. CMH retains the right to have students and faculty members withdrawn from the Hospital if withdrawal is felt to be in the best interest of the Hospital.

III. References: Guidelines for Educational Participation at CMH
     Guidelines for Nursing License Policy
     Guidelines for Exposure Control Plan
     Guidelines for Personal Appearance Policy
     Guidelines for Corporate Compliance Plan
     Guidelines for Confidentiality
     Guidelines for Release of Information
     Guidelines for Patient Rights – Our Promise to You
     Guidelines for Patient Responsibilities

IV. Author: Cheri Hunt, RN, MHA, NEA-BC
     Reviewers: Becky Paulsen, RN MS, CPN
                 Deb Rivera, RN
                 Cindy Olson-Burgess, RN, CIC
                 Michele Fix, RN, MSN, NE-BC
                 Bonnie Tecza, RN, MSN, CPN
                 Kathy Bradley, MSN, RN, CNOR

V. Approval:
   Nursing Practice Council: 3/88, 10/90, 8/94, 9/96, 1/99, 01/02, 07/05, 07/08, 07/09, 02/12
   Inpatient Nurse Managers: 02/02, 07/05

Cheri Hunt, RN, MHA, NEA-BC  Date
Chief Nursing Officer/Vice President of Patient Care Services

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