

Harbor City Hospital-South Bay Medical Center - Medical Center Wide - Policies & Procedures

Department: Medical Center Wide – 4000's	Old Policy Number: ED5301, ED5304, MC4069, MC4071, MC4073	On-Line Number: MCW 4070.00
Section: Education / Competencies	Effective Date: 9/98	Page: 1 of 11
Title: College Affiliating Guidelines: Affiliating College and Medical Center Accountabilities	Review / Revision Date: 8/99, 11/99, 8/00, 7/01, 10/02,10/05, 1/07	
Accountable Department or Committees: Tri Central Staff Education Approved by: Medical Executive Committee	<input checked="" type="radio"/> Med Center-Wide <input type="radio"/> Department-specific	<input type="radio"/> Clinical <input checked="" type="radio"/> Non-clinical

REFERENCE:

OSHA; PF4.1; AMH, 1997; EC1.2

PURPOSE:

To establish a standardized process for the coordination of student affiliation throughout the Tri-Central Service Area to collaborate with appropriate leaders resulting in effective clinical learning experiences for students.

POLICY:

1. Scheduling college/school/university students is the responsibility of department administrators or clinical directors for their respective departments.
2. The directors of Accreditation and Licensure Departments at each medical center will manage verification of contracts with affiliate programs.
3. Verification of compliance with health screening requirements will be managed by department administrators (or their designees) of each medical center's Employee Health Department. Records of compliance will be maintained therein.
4. Under no circumstance will arrangements for student affiliations be undertaken by students and Kaiser staff members/physicians. Faculty must initiate requests for student placement.

PROCEDURE:

1. Affiliation Contracts
 - a. A current authorized contract between Kaiser Permanente and college/school/university (which includes the area of study) must be in place prior to the establishment/implementation of any student affiliation. A listing of current contracts will be maintained by each medical center's director of Accreditation and Licensure Department.
 - b. Each medical center and college/school/university will comply with all contractual stipulations and will provide student and faculty data as needed to verify contract compliance.
 - c. Initiation of a request for establishment of an affiliation contract will be forwarded by medical centers' directors of accreditation and licensure to a representative of the Kaiser Permanente Regional Contract Office. The directors of accreditation and licensure will forward a packet of required documents to the college/school/university for completion; documents will be forwarded onto KP Regional Contract Office for approval.
2. Affiliation Coordination
 - a. Initial affiliations will be coordinated by the directors of accreditation and licensure.
 - b. All other affiliations will be coordinated by department administrators or clinical directors.
 - i. Colleges/schools/universities will submit a Request for Affiliating Schedule Form (ATTACHMENT A) to the department administrator or clinical director.
 - ii. Medical center's director of accreditation and licensure will be notified of the request by the department.
 - iii. Administrator/clinical director to determine contract status.
 - o *The department administrator/clinical director will indicate approval of a clinical rotation on the Request for Affiliating Schedule which is then forwarded to the medical center's director of accreditation and licensure. The director of accreditation and licensure will notify the requestor of rotation approval and the health screening information that needs to be submitted.
 - o A Verification of Requirements form is sent to all instructors (see ATTACHMENT D) and must be returned to facility director/DA prior to student rotations.
 - o Yearly calendars of approved clinical rotations for each department/unit will be maintained by the department administrator/clinical director.
 - c. Pre/post-conference room scheduling must be requested by school facility two (2) months prior to start of the clinical rotation. It is the instructor's responsibility to secure a conference room.
 - d. Prior to the start of a rotation, the department administrator/clinical director will be provided with a course outline and objectives for each clinical area where students will be assigned.
 - e. With each new group of students, or for single students such as NPs or PAs, the school must submit a completed Student Affiliation Roster (ATTACHMENT B) which lists student names, addresses, phone numbers and an emergency contact person. This list is to be submitted to the department administrator/clinical director with confirming copies to

the directors of accreditation and licensure at least two (2) weeks prior to commencement of rotation. The name, phone number and BRN and/or appropriate license number, as appropriate, of the responsible instructor(s) must also be included.

3. Health Screening
 - a. Student health screening information will be forwarded to the directors of employee health at least four (4) weeks before the start of the rotation. Employee health staff will evaluate the information and give clearance for the instructor and/or students to begin the clinical rotation.
 - b. All students and instructors are required by hospital licensure requirements to be free of communicable disease (Hepatitis B, mumps, varicella-zoster, rubella, rubeola, tuberculosis). If a student declines Hepatitis B vaccine, there must be a signed letter of declination on file. If the student is in the process of completing the series, the student must present evidence of immunization process.
 - c. Compliance with contractual language regarding immunizations and health screening must be documented and on file at the college and at the facility prior to entry into the clinical area.
 - d. Instructors and/or students not in compliance with the contract language regarding health screening will not be allowed to participate in the clinical experience. Employee health staff will notify the instructor and director of accreditation and licensure as well as the department administrator or clinical director as appropriate.
4. Badges
 - a. Instructors and students must wear appropriate school identification name badges and Kaiser Permanente badges when in the medical centers.
 - i. At the Baldwin Park and South Bay facilities and associated MOBs, the instructor will contact the medical center's director of accreditation and licensure, or designee, to obtain one badge per instructor and student prior to the beginning of the rotation. At the Bellflower facility and associated MOBs, the instructor will contact the Security Department and obtain one badge per instructor and student.
 - b. The Security Department and director of accreditation and licensure are to be notified immediately in the event of loss or theft of any badge.
 - c. It is the instructor's responsibility to collect and return all badges to the director of accreditation and licensure/Security Department on the last day of the rotation. Failure to return ALL badges may result in discontinuance of future affiliations.
 - d. If a single student has been clinically affiliating with Kaiser Permanente, he/she must return badge on the last day.

INSTRUCTOR ACCOUNTABILITIES

1. Instructors must possess clinical competence in the services they are teaching.
2. Instructors must have a current California registered nurse license or other licensure, as appropriate, and be a certified Basic Life Support provider, as appropriate. Documentation of both will be kept on file at the college **and** by the department administrator/clinical director prior to entry into the clinical area.
3. The maximum number of students accepted in an instructor's group is 12; however, a smaller number may be established by the department administrator/clinical director due to space and/or availability of clinical experiences or other regulatory stipulations.
4. In the event an instructor is absent, a qualified substitute who meets all the requirements must be on duty to supervise the students. If this is not possible, the clinical experience will be cancelled for the day and the students not allowed in the hospital.
5. If instructors are not on site, their immediate availability in case of urgent need must be established.
6. Instructor /Student Orientation:
 - a. Orientation of the instructor to the Tri-Central experience must precede student entry into the clinical setting so that both student and instructor will be able to function within the parameters of policies, procedures, and standards that govern the Kaiser Permanente Medical Centers. Orientation may be accomplished by instructor attendance at NEO and conveying pertinent information to students, or by instructor and student participation in reading/studying designated self-study modules and submitting completed "Orientation to Medical Center Confirmation Forms" (Attachment E) to department administrator or director. Should the NEO experience be selected, arrangements to do so may be made with Tri-Central Staff Education Department: 562-622-4116.
 - b. The instructor will, in turn, orient students. The student medical center orientation will consist of, but not be limited to, the following information:
 - i. Facility/unit tour
 - ii. Medical center's infection control and life safety policies, unit protocols. Students will review the SAFE newspaper and complete the post-test. The corrected post-tests will be returned to the department administrator/clinical director no later than the first day of the rotation.
 - iii. Patient care documentation system
 - o Review appropriate documentation system via policies and procedures.

- o Self-learning modules may be utilized and are available for the documentation system; they may be secured from the clinical director
- o Student nurses will sign their names followed by S.N.
- c. Orientation to the clinical unit will be coordinated directly with the appropriate department administrator /clinical director. All instructors are to make appointments to do so prior to student entry.
- d. Prior to rotations, instructors are responsible for defining scope of student practice, level of capabilities, and limitations to department administrators or designees.
- e. Prior to the end of the clinical rotation, students will be asked to complete evaluations of their clinical experience. Instructor will return these to the program facilitator who in turn will forward copies to the affiliating department administrator/clinical director and nurse executives/AMCAs.
- f. A single student who is not part of a group affiliation and whose instructor covers several facilities simultaneously or who is not locally based, must attend the NEO experience or complete self-study modules and "Orientation to Medical Center Confirmation Form(s)" prior to clinical rotations.

PATIENT CARE AREAS GUIDELINES

1. Student/Patient Assignment
 - a. Inpatient student/patient assignments shall be made prior to the student reporting on duty to ensure adequate student preparation. The instructor shall consult with department administrator/clinical director and/or assistant department administrator/ assistant clinical director of the unit as needed for additional patient information, which could enhance the learning process.
 - b. Students shall not be given patient assignments beyond their estimated capabilities.
2. Treatment & Medication Administration
 - a. Procedures including administration of medications shall be taught and supervised by the instructor.
 - b. Instructors/preceptors must be in the immediate vicinity when a student is giving medication after competence has been documented.
 - c. Instructors/preceptors must always directly supervise IV medication administration by nursing students.
 - d. Instructors/preceptors must co-sign with nursing students for all narcotics on the appropriate controlled substance forms.
 - e. An instructor, desiring three (3) or four (4) students to observe a special procedure, must be present at the procedure. The instructor should obtain the patient's and physician's/provider's approval prior to observation.
3. Intravenous Therapy
 - a. Instructors/preceptors must always directly supervise IV and IV medication preparation and administration.
 - b. Students may perform venipunctures during rotations if they have had didactic content.
 - c. Students, with instructor/preceptor supervision, may discontinue intravenous therapy as ordered.
 - d. Students may flush heparin locks after administration of IV piggybacks with direct supervision of the instructor/preceptor.
 - e. Students may **not** initiate and/or discontinue blood or KCL rider.
 - f. Students caring for patients receiving blood or KCL:
 - i. Will follow protocols established in the organization's policies and procedures.
 - ii. May provide direct patient care including vital signs.
 - iii. Must be aware of the potential for and signs and symptoms of a transfusion reaction.
 - g. Students may not initiate or discontinue blood or blood products unless they are in a senior preceptor ship program with a Kaiser Permanente staff RN preceptor.
 - h. Students caring for patients receiving blood: will follow established protocols; may provide direct care including vital signs; and, must be aware of potential for transfusion reactions.
4. Documentation
 - a. Charting for basic nursing students must be reviewed daily by the instructor for spelling, appropriateness and accuracy.
 - b. All departments/nursing units utilize the metric system (includes linear and volume measurements, weights, temperatures, and medications). Therefore, all charting is to be done in metrics unless the medication is written in the apothecary system; it will be charted as such.
 - c. Military time will be used.
 - d. All charting will be done in black ink only.
 - e. Students are to sign their name followed by "SN" or other designation, after each chart entry. The preceptor responsible for the care of the patient will read and validate the student's entries and co-sign with preceptor's name and title.
5. Uniform Policy
 - a. Instructors will ensure that the appearance of their students is in accordance with Patient Care Policy:

- i. Uniform clean and pressed.
 - ii. Hair off the collar.
 - iii. Shoes are clean – no open toes, no clogs.
 - iv. Sweaters may be worn when necessary. Patient gowns are not to be used
- b. Kaiser Permanente nametags must be worn above the waist and visible at all times.
- c. Individual unit guidelines for scrubs are followed per policy and procedure.
6. Educational Conferences
 - a. All students are welcome and encouraged to attend educational conferences/in-service programs.
 - b. Notification of appropriate conference facilitator to be notified by instructor when large numbers of students will be attending scheduled sessions.
7. Unusual Occurrences
 - a. All incidents must be reported immediately to the department administrator/clinical director and/or assistant department administrator/clinical director and documented on an Unusual Occurrence Report.
 - b. Once the student has completed the form, the instructor, if on premises, must add pertinent information and sign.
 - c. The report is submitted to the department administrator/clinical director.
 - d. The department administrator/clinical director will forward details of student incidents that involve initiation of an UOR to the medical center assistant administrator.

STUDENT RELATED POLICIES

1. Telephone Numbers
 - a. A current telephone number for each instructor is required and is submitted to unit administrator(s).
 - b. Instructors must submit names and telephone numbers of students in their clinical lab to the department administrator/clinical director on their first day of each rotation. Additionally, instructor's name, telephone number, professional certification/license number and expiration date are simultaneously requested. (See ATTACHMENT A: "Student Affiliation Roster").
2. Student Sick Calls are to be placed to affiliate instructor who, in turn, notifies the appropriate department administrator.
3. Student Injuries on Duty
 - a. Must be reported immediately to the department administrator/clinical director.
 - b. A Supervisor's Report of Injury Form and Unusual Occurrence Report must be completed and cosigned by the instructor/preceptor.
4. Evaluation of students' clinical performance is the responsibility of the instructor. Department personnel will not be involved in this process except for verbal consultation.
5. Health Science Library
 - a. Students are welcome and encouraged to use the resources in the health sciences libraries.
 - b. Students must wear school/Kaiser identification whenever in the Library.
 - c. Photocopying services for library materials only (no class notes or papers) are limited.
6. Reviewing charts in the Medical Records Department
 - a. Students may review charts during departmental operating hours in the Medical Records Department.
 - b. Students must obtain written authorization from the instructor by completing Permit to Review Hospital Record Form (See ATTACHMENT C).
 - c. Students will need to present picture identification and wear college/facility nametag when reviewing charts.
 - d. No photocopying of patient chart will be allowed.

STUDENT ACCOUNTABILITIES

1. Student Orientation
 - a. Instructors are responsible for orienting students to the medical center as well as to the individual patient care areas.
 - b. Students are to be familiarized with policies and procedures which govern patient care in the hospitals, medical office buildings, or clinics. Policies and procedures are accessible in every patient care area.
 - c. Submits a list of patient's seen and medical record numbers to preceptor upon completion of clinical rotations (NP, PA, and CNM students only). Retains list for two years.
2. Patient Care Areas
 - a. Instructors and students must be aware of and comply with the Patient's Bill of Rights, Patient's Rights and Responsibilities. Discussions between instructors and students that involve the disclosure of specific patient medical information must be done in a manner that protects the privacy and confidentiality.
 - b. Loud speech is unacceptable in any area. Emphasis is to be placed on the "quiet" nature of patient care areas.
 - c. Breaks – Lunch
 - i. Students must take breaks and lunches within time frame stated by the preceptors.

- ii. All breaks and lunches are to be assigned and noted on the assignment sheet.
- iii. Meals and breaks are to be taken in the cafeteria or staff lounge. Food is not allowed on the patient care areas.
- d. Reporting
 - i. When students must report off duty for breaks, lunches or end shift/scheduled hours, a patient status report is given to their preceptors.
 - ii. Students must report significant observations requiring immediate interventions to their preceptors in a timely manner.

MEDICAL CENTER /MEDICAL OFFICE BUILDING/CLINIC ENVIRONMENT

1. Equipment and supplies are provided for the care and benefit of the patients and may not be used for personal needs. They may not be removed from the hospital premises.
2. Students will follow facility-parking policies.

ATTACHMENT A

KASIER PERMANENTE MEDICAL CENTER
REQUEST FOR AFFILIATING SCHEDULE
STUDENT EXPERIENCE

Timeframe requested FALL SPRING SUMMER
 Conference Room Request is forwarded directly to the Conference Room Scheduling Center/Academic Affairs
 Bellflower: _____ South Bay: _____ Baldwin Park: _____
 One clinical request per form

NAME OF SCHOOL: _____
 NAME OF PROGRAM: _____
 CHAIRPERSON SIGNATURE: _____

Requesting type of unit meet objectives: _____ Course Number: _____
 Level of experience (Semester/quarter in program): _____ Number of students: _____
 Instructor/student ratio: _____

DAY	S	M	Tu	W	Th	F	Sa
Hours							
# of Students							

Instructor(s)	Phone	Comments

Start Date: _____ Completion Date: _____
 Expected Absences: _____
 (Vacations, examination, holidays, etc.)

Affiliating Schedule approved: _____
 Department Administrator's / Clinical Director's signature Date

Affiliating Schedule NOT approved: _____
 Department Administrator's / Clinical Director's signature Date
 KAISER PERMANENTE HOSPITAL
 MEDICAL CENTER EDUCATION DEPARTMENT

ATTACHMENT B

STUDENT AFFILIATION ROSTER

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This form must be completed and submitted to the Department Administrator/Clinical Director by the end of the first clinical day.

Affiliating School: _____

Assigned Clinical Areas: _____

Affiliating Dates: From: _____ To: _____

INSTRUCTOR INFORMATION

Name: _____ Home Phone #: _____

Address: _____ Emergency Contact Name: _____

_____ Emergency Contact Phone #: _____

California BRN #: _____ Expiration Date: _____

STUDENT INFORMATION

Name: _____ Home Phone #: _____

Address: _____ Emergency Contact Name: _____

_____ Emergency Contact Phone #: _____

1.

Office Use Only Badge #	

2.

Office Use Only Badge #	

3.

Office Use Only Badge #	

4.

Office Use Only Badge #	

5.

Office Use Only Badge #	

6.

Office Use Only	
Badge #	

7.

Office Use Only	
Badge #	

8.

Office Use Only	
Badge #	

9.

Office Use Only	
Badge #	

10.

Office Use Only	
Badge #	

11.

Office Use Only	
Badge #	

12.

Office Use Only	
Badge #	

BLS certification and health records for students and instructors are maintained on file at the affiliating college and at the facility.


BLS Instructor Certification Expiration Date: _____

Instructor _____ received _____ student identification badges for use in the approved clinical areas _____
Badge #s: _____

ATTACHMENT C

PERMIT TO REVIEW HOSPITAL RECORDS

SCHOOL: _____

STUDENT:  _____

RECORD TO BE REVIEWED: _____

PATIENT NAME: _____

MEDICAL RECORD NUMBER: _____

INSTRUCTOR: _____
Signature)

DATE: _____

NOTE: Indiscriminate or unauthorized review, use or disclosure of patient information is prohibited.

1. One permission slip per record.
2. Student must have student name tag.
3. The same record may not be reviewed by more than one student.
4. The record will not be removed from the department.
5. Notes may be taken. No portion of any record may be photocopied.

ATTACHMENT D

Southern California Kaiser Permanente
Verification of Requirements

Student Name: _____

The following requirements must be met for each clinical rotation. Please submit this verification of requirements form to the department administrator or clinical director. **(at South Bay, form is to be sent to the Human Resources Department).**

All personnel (faculty and students) with patient contact are required to verify health screening/immunization compliance:

- MMR screening
- Varicella titer
- Hepatitis-B screening. If the student declines the vaccine, there must be a signed letter to declination on file with the school.
- Evidence of a negative mantoux or chest x-ray.

Other requirements:

- CPR (BLS level C)
- Current CA nursing license (NP students)
- Be able to perform a complete history and physical (NP students)
- KP identification badge

The academic institution is responsible for providing a general orientation to include:

- Injury or illness prevention
- Confidentiality (patient rights) students will complete a confidentiality statement that will be kept on file. (KP will provide.)
- Dress code: lab coat
- Universal precautions
- Needle safety

Verify proof of insurance:

- Workers' compensation/health
- Comprehensive general liability with coverage as specified in contract
- Individual student professional liability

School: _____ Instructor's Work Phone: _____

Instructor: _____ Instructor's Home Phone: _____

Preceptor Name: _____ Preceptor Phone: _____

Program: _____

Clinical Dates: From: _____

Clinical Days/Time: To be individually arranged between student and preceptor.

I certify that students in this rotation have completed the following requirements, and that supporting documentation for verification purposes is maintained at this academic institution.

<input type="checkbox"/> Current school contract with Kaiser Permanente	<input type="checkbox"/> CPR training
<input type="checkbox"/> MMR screening	<input type="checkbox"/> General orientation
<input type="checkbox"/> Varicella titer	<input type="checkbox"/> Worker's compensation/health insurance
<input type="checkbox"/> Hepatitis B screening	<input type="checkbox"/> Comprehensive general liability insurance with coverage as specified in contract
<input type="checkbox"/> Evidence of a negative mantoux or chest x-ray	<input type="checkbox"/> Professional liability insurance

Signature of Instructor or Designee: _____ Date: _____

ATTACHMENT E

KAISER PERMANENTE
KAISER PERMANENTE MEDICAL CENTERS
TRICENTRAL SERVICE AREA
BALDWIN PARK, BELLFLOWER, SOUTH BAY

ORIENTATION TO MEDICAL CENTERS CONFIRMATION FORM

Instructor: _____

School: _____

Scheduled Dates of Rotation: _____

Names of Students Associated with Above Dates

1: _____ 7: _____

2: _____ 8: _____

3: _____ 9: _____

4: _____ 10: _____

5: _____ 11: _____

6: _____ 12: _____

I confirm that the following self study modules have been distributed to and studied by the students listed above: Infection Control, Safety, Physical Medicine/Ergonomics, Social Services/Abuse Reporting, and Risk Management.

Instructor's Signature

Date

Return form to your clinical director or department administrator

(Instructor's Confirmation of NEO Subjects.doc)