

UW Medicine | VALLEY MEDICAL CENTER

DEPARTMENT OF PATIENT CARE SERVICES PROFESSIONAL DEVELOPMENT AND EDUCATION GUIDELINES FOR STUDENT EXPERIENCES

POLICY STATEMENT:

The School Affiliation Program at Valley Medical Center seeks to provide an instructive and productive learning environment for students in both clinical and non-clinical academic programs. By partnering with various colleges and universities and aiming to support the needs of their respective programs, Valley Medical Center strives to provide meaningful learning experiences. The program supports departments throughout the VMC network in order to place participants in a coordinated, standardized fashion that meets the needs of the participant, the department, and the organization, while establishing a channel for recruitment.

POLICY:

The policy of VMC is to 1) standardize the process for establishing and renewing educational affiliation agreements amongst academic institutions, 2) streamline the process in which student learning experiences are arranged, 3) outline the requirements necessary for onboarding students and faculty, and 4) establish guidelines and expectations for the faculty, preceptors, students during the course of their designated time at VMC.

1. Contract Process: Development and Renewal

- a. VMC Student Placement Coordinator receives request for student placement.
 - i. VMC Student Placement Coordinator identifies if a current Education Affiliation Agreement (EAA) contract exists between the VMC organization and the educational establishment
 1. If there is no EAA established, the Student Placement Coordinator will initiate the process of establishing an EAA contract with the requesting institution.
 - a. A signed and completed EAA between VMC and the affiliating institution must be submitted to VMC prior to accepting any students on site. Exceptions or changes to the contract language will be reviewed by in-house legal counsel prior to final signing of the contract.
 - ii. VMC Student Placement Coordinator will be responsible for maintaining the EAAs and following up on any contracts requiring renewal.
 1. Renewal
 - a. Should an academic institution require renewal of their EAA contract with the VMC organization, they will inform the VMC Student Placement Coordinator of their intent to renew. The VMC Student Placement Coordinator will then oversee the re-establishment of an updated "Education Affiliation Agreement" contract.

2. Arranging Student Learning Experiences

- a. The Student Placement Coordinator is responsible for facilitating the scheduling of student placements and communicating this information to the department managers.
 - i. Student-unit ratios and available placement sites may change depending on the needs of individual patient care areas and the medical center.
 - ii. Every effort will be made to accommodate the number of students assigned to a specific department. However, the department's staffing and in-house precepting needs will always be prioritized.
- b. Clinical Placements Northwest (CPNW)-affiliated educational entities

- i. The CPNW Clinical Placement Coordinator will annually work with the VMC Student Placement Coordinator to determine what capacity VMC holds for hosting clinical nursing students. Once the CPNW Clinical Coordinator provides this information to the associated educational entities, a finalized clinical grid for the upcoming school year will be returned to the VMC Student Placement Coordinator with details on each school's student placement assignments at respective VMC clinical areas.
 - ii. The CPNW Clinical Placement Coordinator will remain in communication with the VMC Student Placement Coordinator for any requests for changes on the finalized clinical grid. The VMC Student Placement Coordinator will likewise communicate with the CPNW Clinical Placement Coordinator if there are any changes in a department's ability to host students for academic rotations.
 - iii. Prior to each educational quarter/semester, each educational clinical placement coordinator is responsible for ensuring that:
 - 1. The "Mandatory Requirements" form is completed and submitted to the VMC Student Placement Coordinator
 - 2. All VMC site requirements as listed on the CPNW website are completed
 - 3. Instructor(s) and student(s) complete their online CPNW passport
 - a. CPNW passports include:
 - i. Completion of Immunization and Health Status Requirements per current VMC Employee Health standards
 - ii. Washington State criminal history reviewed and approved
 - iii. All students and faculty practicing in the clinical area must have a current healthcare provider Basic Life Support (BLS) certification accredited by the American Heart Association.
 - iv. Completion of e-learning modules
 - b. All requirements and forms must be completed and submitted to the VMC Student Placement Coordinator prior to their first scheduled clinical day.
- c. Non CPNW-affiliated educational entities
 - i. The respective educational clinical placement coordinator will contact the VMC Student Placement Coordinator to submit requests for student placement. ALL VMC placements must be initiated by the affiliated school.
 - 1. A "Student Placement Request" form should be completed by the educational clinical placement coordinator and submitted to the VMC Student Placement Coordinator.
 - 2. Requests are reviewed by the VMC Student Placement Coordinator, taking into consideration the department census, skill mix, other programs affiliating at the same time, and presence of medical center projects that might restrict student placements. Requests are reviewed with the appropriate manager.
 - 3. The VMC Student Placement Coordinator will either confirm or deny placement requests with the educational clinical placement coordinator.
 - a. If confirmed, the educational clinical placement coordinator ensures that:
 - i. Instructor(s) complete their requirements and signs the "Instructor/Student Program Checklist" form.
 - 1. All requirements and forms must be completed and submitted to the VMC Student Placement Coordinator prior to their first scheduled clinical day.
 - ii. All prerequisites have been met:
 - 1. Completion of Immunization and Health Status Requirements per current VMC Employee Health standards
 - 2. Washington State criminal history reviewed and approved
 - 3. All students and faculty practicing in the clinical area must have a current healthcare provider Basic Life Support (BLS) certification accredited by the American Heart Association.
 - 4. Completion of e-learning modules

3. Faculty and Student Orientation Requirements

- c. Student and faculty must be adequately oriented to the safety policies of VMC.
 - i. All students will be provided with documents that are required for review prior to beginning their on-site rotation at VMC. These documents include, but are not limited to, the “Guidelines for Student Experiences” and “Student Orientation Manual.”
 - 1. Upon completion of review, they will be required to complete signed attestations of review for each document.
 - a. These forms must be completed and returned to the VMC Student Placement Coordinator prior to their first scheduled day on-site.
 - 2. The clinical instructor and/or educational clinical placement coordinator will be responsible for ensuring that all applicable students attend Electronic Health Record (EHR) training that is pre-scheduled by the VMC Student Placement Coordinator. All students for whom this is applicable must complete EHR training prior to their first scheduled day on-site.
 - ii. Student schedules and contact information must be submitted to the VMC Student Placement Coordinator prior to their first scheduled day on-site.

3. Faculty/Student Expectations

- a. Identification
 - i. Students and faculty will always wear their designated school identification badges while on site.
 - ii. Students will wear the designated uniform of their school unless the learning experience designates otherwise.
 - iii. Faculty will direct students to identify themselves as students to patients, family, and/or community members prior to rendering patient care or services.
- b. Attendance
 - i. Nursing
 - 1. Students in clinical cohorts will not be allowed to report to their assigned clinical department until a faculty member is present on site and readily available to students and staff. If the clinical faculty will be late to arrive, the students will be expected to wait for the instructor in a public area outside the department.
 - a. Students in clinical cohorts must have an on-site faculty member present to validate their clinical skills and supervise. Student in clinical practicum do not require an on-site faculty member’s presence during their clinical rotation.
 - b. If the clinical faculty has an unplanned absence, they will notify the students that there will either be a substitute clinical instructor provided by their affiliated school or that the learning experience will be canceled for the day. They will then notify the VMC Student Placement Coordinator of the change.
 - 2. Practicum students are expected to remain in communication with their VMC staff preceptor regarding scheduling. In the event that the VMC staff preceptor must cancel their shift, the VMC staff preceptor must contact their practicum student. It is the responsibility of the practicum student to contact the unit/clinic lead to determine if there is a substitute preceptor available. In the event that a substitute is not available, the student will be required to reach out to their instructor to determine how to reschedule.
 - 3. Students will be expected to identify themselves to the clinical department lead, i.e., charge nurse, as well as their clinical preceptor, at the start of their assigned clinical shift.
 - ii. Non-nursing
 - 1. If a student has an unplanned absence, they will notify their preceptor and/or designated faculty instructor as soon as they are able. It is the responsibility of the faculty instructor to determine how the student will make up their missed hours.
 - 2. In the event that the VMC staff preceptor must cancel their shift, the VMC staff preceptor must contact their assigned student. It is the responsibility of the student to contact the unit/clinic lead to determine if there is a substitute preceptor available. In the event that a substitute is not available, the student will be required to reach out to their instructor to determine how to reschedule.
 - 3. Students will be expected to identify themselves to their department lead as well as their VMC staff

- preceptor at the start of their assigned shift.
- c. Faculty and students are responsible for abiding by VMC policies.
 - i. Performance
 1. Should a student's performance not meet VMC standards, this feedback will be relayed to the department/clinic lead. That respective lead will contact the VMC Student Placement Coordinator, who will contact their school instructor.
 - a. If the student's performance does not improve, the VMC Student Placement Coordinator holds the right to terminate the student's educational experience at Valley Medical Center.
 - d. All faculty will provide the VMC Student Placement Coordinator with their students' course objectives. The VMC Student Placement Coordinator will provide these course objectives to the leadership of each involved area of rotations.

DEFINITIONS:

Preceptor: A VMC staff employee that is assigned to supervise a student during their rotation or internship.

Practicum student: A student in the final term of their educational program.

Nursing student: A student that is enrolled in an academic nursing program.

CPNW: Clinical Placements Northwest; an organization that helps establish partnerships between educational programs and major healthcare systems through standardizing the clinical placement process.

Clinical cohort: Any undergraduate nursing student group that has not yet reached their final practicum rotation

RESPONSIBILITIES:

Student Placement Coordinator: facilitates student placements between the VMC organization and its educational affiliations. This role is held by either the VMC Professional Development Specialist or a Human Resources representative depending on the student specialty.

Clinical Placement Coordinator: facilitates educational affiliation agreement coordination and student placements with medical organizations

Nursing Student Guidelines

1. Role of VMC-Employed Nurse Preceptors

- a. VMC staff nurse preceptors are responsible for orienting students to the location of online policies, procedures, and other reference materials as needed.
- b. Preceptors retain accountability for patient care. Their decisions regarding any aspect of their patients' care takes precedence over those of students and clinical faculty.
- c. VMC staff nurse preceptors or clinical faculty must co-sign documentation as needed, including but not limited to: documentation of care, procedures, and education provided. If student charting appears incorrect, the staff nurse is responsible for contacting the student or clinical faculty to correct the documentation. The staff nurse is responsible for the accuracy and completeness of all documentation.

2. Role of Nursing Students in the Patient Care Area

- a. All students are expected to attend start-of-shift huddle briefing unless otherwise indicated by their clinical faculty. They will also inform their preceptor of the timeframe in which they are expected to complete their respective shift.
- b. VMC staff nurse preceptors will review with their student nurses at the start of the shift. Discussion will include their patients' care plans and medications/skills to be administered/practiced by the student nurse.
- c. Clinical instructors and/or VMC staff nurse preceptors should observe/assist students with designated skills according to their clinical course objectives. Instructors and department managers should collaboratively and carefully define limitations of students based on their clinical experience and patient population in the department.
- d. Nursing skills will be performed within school and VMC guidelines and under the appropriate supervision of the faculty member and/or preceptor.
 - i. Students should seek out clinical opportunities based on clinical course objectives. Instructors should specify those to be pursued and limitations on student activities.
 - ii. The first time a student performs designated activities, the clinical instructor and/or VMC staff nurse preceptor will observe. On subsequent occasions, the instructor will designate the student for independent, VMC staff-assisted, or instructor-assisted performance.
- e. Electronic Medical Record (EMR) security and access
 - i. **Nursing students will have access to the patient's medication administration record (MAR) in the EMR**
 1. Students who pass medications will follow VMC procedures and be familiar with the indications for use, nursing implications, expected side effects, and precautions for use of any and all medications administered.
 2. All students can retrieve and administer non-controlled medications at VMC. The action must be co-signed by their VMC preceptor or clinical instructor.
 3. Students may not retrieve controlled medications from Pyxis. Students may administer controlled medications with the supervision and co-sign of the VMC preceptor or clinical instructor.
 4. **All students who administer controlled medications will document their preceptor's first and last name (who pulled the controlled medication from Pyxis) as a comment in the medication administration window.**
 - ii. Nursing students who obtain patient blood glucose levels via point of care testing will document the action under the instructor's or primary staff nurses' or preceptor's log-in. The nurse responsible for observing the student during the performance of this skill will log into the glucometer and observe the nursing student following VMC procedures for point of care testing.
 - iii. Nursing students will have the ability to document **with a co-sign** in:
 1. Flowsheets
 2. Care plan
 3. Patient education
 4. Notes
 - iv. Nursing student access is otherwise standard, such as having access to Chart Review, Results Review, reports, etc.
- f. Keep the VMC staff nurse preceptor informed of patient status. Students should regularly report to their preceptor and clinical instructor during the course of their shift to ask questions, seek observation when needed to

validate/perform various skills, attain assistance with providing care, and convey any changes in patient condition/planned patient care in a timely fashion.

- i. Students are primarily under the supervision of their clinical faculty and need to first turn to that individual for questions and guidance on nursing procedures. Clinical faculty and students are expected to use hospital resources to comply with standards of patient care.
- g. Students will notify their preceptors on each occasion they will be away from the unit.
- h. Students will review documentation and patient care completed with their preceptors at the end of the shift's clinical experience.
- i. Further guidelines for patient education, medications, IV therapy, emergencies, and documentation are addressed in the Table: "Nursing Student Supervision Guidelines" below.
- j. Quality Assurance and Improvement
 - i. If clinical faculty or a student has a concern about the quality of care rendered, or there is concern about a staff members' interaction with a student, they will address the issue as soon as possible with either the department manager and/or VMC Student Placement Coordinator.
 - ii. Student issues, including near misses, will be reported immediately to their preceptor and escalated as appropriate.
 - iii. Faculty and students who have suggestions for improving their learning experiences are encouraged to contact the VMC Student Placement Coordinator.
 - iv. Clinical faculty and students are encouraged to provide feedback to the VMC Student Placement Coordinator at the end of the clinical rotation.

Nursing Student Supervision Guidelines

Independent Skills

- Vital signs (completed per unit protocol), including post-operative vital signs
- Personal care (bath, shower, oral care, hair care, massage)
- Feeding patients with awareness of aspiration precautions
- Bed making/linen replacements
- Assessing safety of physical environment
- Ambulating, positioning
- Active and passive range of motion
- Weight measurement
- Initiate calling of Code Blue, Rapid Response Team, and initiate BLS
- Patient education: environmental safety

Clinical Instructor or Assigned VMC RN Supervised Skills

- Head-to-toe physical assessment requires co-signature of clinical instructor or licensed RN, including all screenings, Braden scale, and fall risk assessment
- Fresh post-op initial physical assessment
- Administration of medications of any kind (oral, topical, inhaled, otic, optic, rectal, injectable (subcutaneous, intradermal, intramuscular, intravenous) must be with the clinical instructor or licensed RN
- Intravenous administration (IV tubing changes, administering IV fluid or IV piggybacks, IV pump rate changes, clearing pump totals, stopping the pump, and IV flushing) must be with licensed nurses or clinical instructor.
- **Monitoring** per protocol: IV Titrated Medicated Drips/Infusions
- **Monitoring** per protocol: Patient Controlled Analgesia (PCA)
- **Monitoring** per protocol: Patient Controlled Epidural Analgesia (PCEA)
- Participation in semi-complex/complex or invasive procedures (i.e. complex dressing change)
- Tube feedings
- Oxygenation set-up
- Stool/urine specimen collection
- Suctioning (oral or tracheal)
- Tracheostomy care
- Set up and monitoring of chest tubes

- Nasogastric tube insertion and care
- Retention catheter insertion and care
- Admitting, transferring, or discharging a patient
- Positioning/repositioning fresh post-op patient
- Patient education: medications, diet, disease management, discharge planning

Point of care testing for blood glucose levels

Supervised 1:1 by VMC staff RN preceptor or clinical instructor, only if student has had training completed in academic program

- IV starts
- Phlebotomy

Student Restricted Skills (Observational skills only)

- Paging/texting/calling MD
- Obtaining medical orders: verbal or written (includes verification of written orders on chart)
- Administering chemotherapy in any form
- **Managing** Patient Controlled Epidural Analgesia (PCEA) or Patient Controlled Analgesia (PCA)
- Setting up or changing rate of infusion, changing solutions, changing alarm settings, possessing PCA keys
- Administering intravenous paralytics or titrated medication drips/infusions
- Witnessing the waste of a controlled medication
- Collection of arterial blood gas
- Administering blood products (student can monitor blood product transfusion)
- Witnessing any legal document (i.e. consent)
- Receiving critical lab values from Laboratory
- Altering alarm settings (i.e. changing alarm parameters or discontinuing audible alarms)
- **Any procedure which requires special certification and training**

Non-Nursing Student Guidelines

1. **The following guidelines apply to all students and affiliating agencies, with the exception of:**
 - a. Graduate medical education students and residents as well as nurse practitioner students, who are governed under additional guidelines of the Family Medicine Residency Program.
2. **Certified Nursing Assistant (CNA) students**
 - a. Students are primarily under the supervision of their clinical faculty and need to first turn to that individual for questions and guidance on procedures. Clinical faculty and students are expected to use hospital resources to comply with standards for patient care.
 - b. Staff nurses retain accountability for patient care, and their decision regarding any aspect of their patients' care takes precedence over those of students and clinical faculty.
 - c. The following behaviors are expected from students and clinical faculty:
 - i. Review plan of care with primary staff nurses and precepting Patient Care Assistant at beginning of shift.
 - ii. Notify staff nurse and/or precepting Patient Care Assistant on each occasion student will be away from the unit
 - iii. Review documentation and patient care completed with staff nurse and/or precepting Patient Care Assistant at the end of the clinical experience.
 - d. Notify primary staff nurse of significant variances in planned patient care that may occur, or of any matter that may be of importance to patient outcomes, in a timely manner.
3. **Respiratory Care Practitioner (RCP) Students**
 - a. Electronic Medical Record (EMR) security and access
 - b. Students will have access to the patient's medication administration record (MAR) in the EMR
 - i. Students who pass medications will follow VMC procedures and be familiar with the indications for use, nursing implications, expected side effects, and precautions for use of any and all medications administered.
 - ii. All students can retrieve and administer non-controlled medications at VMC. The action must be co-signed by their VMC preceptor or clinical instructor.
 - iii. Students may not retrieve controlled medications from Pyxis. Students may administer controlled medications with the supervision and co-sign of the VMC preceptor or clinical instructor.
 - **All students who administer controlled medications will document their preceptor's first and last name (who pulled the controlled medication from Pyxis) as a comment in the medication administration window.**
4. **Students of other disciplines**
 - a. School instructors will be available to contact if/when a clinic/departmental lead needs to contact them regarding the student. Students are primarily under the supervision of their clinic/departmental lead and need to first turn to that individual for questions and guidance on procedures.
 - b. Students will report to their assigned clinic/departmental area with a school competency skills list for their clinic/departmental lead. The list is due on the first day of internship.
 - i. Students should seek out opportunities based on course objectives. Instructors should specify those to be pursued and limitations on student activities.
 - ii. Ongoing assessment of the student by VMC staff and/or clinic/departmental lead will be done to determine the development of skills needed to perform in their respective discipline.
 - c. Under no circumstances should a student ever take a physician order verbally or over the telephone.
5. **Considerations**
 - a. If a student has a concern about the quality of care/procedure rendered, or there is concern about a staff members' interaction with a student, they will address the issue as soon as possible with either the department manager and/or VMC Student Placement Coordinator.
 - b. Faculty and students who have suggestions for improving their learning experiences are encouraged to contact the VMC Student Placement Coordinator.
 - c. Faculty and students are encouraged to provide feedback to the VMC Student Placement Coordinator at the end of the clinical rotation.

POLICY-SPECIFIC RELATED DOCUMENTS: "Student Orientation Manual"

POLICY INFORMATION PANEL:

If this policy is printed, it may be out of date: go to [SharePoint](#) for the latest copy

pg. 8 of 9

Title: Guidelines for student experiences and observations	
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Attestation for Completion of Student Guidelines Review

I certify that I have read and agree to follow Valley Medical Center's Student Guidelines policy presented to me on _____ day of _____ (month), 20____.

Printed Name: _____

Role: _____

Signature: _____

Date: _____