Checklist for Nursing Instructors Preparing Students for Capstone/Leadership Experience

The following checklist is to assist you in preparation for sending Capstone/Leadership students to North Memorial

Prior to Student Arrival – Please ensure the below listed items have been done prior to sending students to North Memorial for their clinical experience.

_____ Background Clearance – Students attending out-of-state nursing schools have obtained the appropriate background clearance and are eligible to have direct contact with patients. (see pages 6-10 of this checklist) Minnesota background clearance is required.

_____ Health Requirements – Immunizations – Students are in compliance with North Memorial health policies. (see page 4 of this checklist)

_____ MN Nursing License Requirements for Faculty – Associated faculty from out-of-state nursing schools must have a current unencumbered Minnesota registered nurse license and current registration in Minnesota. This MN statute pertains to the Nursing Department Dean or Chair, and any nursing faculty overseeing the student(s) clinical experience at North Memorial, regardless of whether they will be on-site with their student(s). The following information must be sent to Lou Ann Setter, in Professional Practice, Development and Education, at LouAnn.Setter@NorthMemorial.com. Once received, it will be verified with the State of Minnesota.
- Full name (first, middle initial, last)
- MN Nursing Licensure Number
- MN License Expiration Date

_____ Orientation for Students and Faculty to North Memorial – Students have reviewed North Memorial orientation materials

Note: Current North Memorial orientation materials are available on the TCCP website: See Student/Faculty Prep.

_____ Epic Access

_____ Students have reviewed Epic training materials

Note: In July 2015, your program was sent an e-mail message with updated Epic training materials, an Epic test & answer key, and the IT Acknowledgment and Consent form. If you do not have these materials, contact the Center for Clinical Excellence at 763-581-4745.

_____ Students have tested out on Epic training materials

IT Acknowledgement and Consent Form

_____ The following has been done:
- Student’s Epic test score has been placed on the IT Acknowledgement and Consent Form
- Student has signed the form
- The student’s full name has been printed in large letters at the top of the form prior to faxing. Note: This is important as some faxed forms received by the IT department are difficult to read.
- The form has been faxed to 763-520-4322
**Service-now Request**

Three weeks prior to start of clinical experience – A Service-now request has been submitted to North Memorial. The Service-now request provides information enabling the North Memorial IT Department to set up student(s) with Epic access – (https://northmemorial.service-now.com/navpage.do)

**Note:** Even after the IT Department has set up a student with Epic access, that access will not be “activated” until the IT Acknowledgement and Consent form has been faxed.

**Student Epic Access # (S#) and Login Information**

The individual at the school responsible for submitting the Service-now request will receive the student’s Epic access number and Epic login information from the IT Department.

You will receive an e-mail notification from North Memorial IT telling you the Service-now request is complete. Go into the completed Service-now request where you will see the student’s assigned S#.

**Prior to Student Start Date:** It is critical to give each student his/her personal Epic access number (S#) and login information prior to the start of the clinical experience. The IT Service Desk is not able to provide login information to students. The temporary password that should be provided to student’s is: S# + last name + first initial of first name (e.g. S00000doej)

**Contact has been made with North Memorial Nurse Manager**

A Nurse Manager contact list has been posted on the TCCP page: See Faculty Prep

**Note:** The Nurse Manager will select a mentor for your student. It is important to make contact with the Nurse Manager a few weeks prior to the start of the clinical experience to ensure all details/questions are addressed.

**Center for Clinical Excellence: Academic Liaison**

The following information has been e-mailed to LouAnn.Setter@northmemorial.com
- List of student name(s)
- Faculty/Instructor name and contact information
- School name
- Start and end date of clinical rotation
- Nursing Unit for Clinical rotation
- Student’s graduation date

**Forms to be submitted to North Memorial Prior to the First Day of Clinical Experience**

**Submit signed copy of Student Standard Work – Student Nurse Specific Tasks**

This document is to be signed by both the student and faculty member and can be sent electronically to Lou Ann Setter, Professional Practice, Development and Education Department. Louann.setter@northmemorial.com

This document can be found on the TCCP website – See Faculty Prep

**Submit signed copy of Student Nurse Role Position Description**

This document is to be signed by the student only and can be sent electronically to Lou Ann Setter, Professional Practice, Development and Education Department. Louann.setter@northmemorial.com

This document can be found on the TCCP website – See Faculty Prep
North Memorial ID Badge Office – The following information has been e-mailed to IDBadgeRequests@northmemorial.com (ID Badge Office Phone #763-581-2289)

- List of student name(s)
- Faculty/Instructor name and contact information
- School name
- Start and end date of clinical rotation
- Nursing unit for clinical rotation

North Memorial Student ID Badge - Students have been informed a North Memorial student ID badge is required and that the ID badge must be turned into the ID Badge Office at the completion of their clinical rotation.

ID Badge Office Hours are posted on the TCCP website – See Student/Faculty Prep The ID Badge Office Phone number is 763-581-2289

Parking – Students have been given parking information

Note: Your students will work the same hours as their mentors, even if that means overnights and/or off-shifts. Depending upon their shift, students have two different parking options:

Parking during the day:
Students should park at the Terrace Mall and take the shuttle bus up to the Hospital. Students can wait in the glass bus shelter located in the parking lot or, if the weather is bad, students may wish to wait inside the entrance of the North Memorial Outpatient Center. Shuttle bus pick-up times are every 15 minutes between 5:15 a.m. and 5:15 p.m.

Parking on evening or night shifts:
If students will be working the evening and/or night shift, students should contact the North Memorial Safety and Security Department and make arrangements to park in the parking ramp. The phone number for the Safety and Security Office is: 763-581-2160.

What Students should bring on their first day:

The Unit Safety Checklist for Students and On-Site Faculty
Upon arrival, the student’s mentor will review the checklist with student, have student sign, interoffice mail to Lou Ann Setter in the Center for Clinical Excellence (see document included on page 5 of this checklist).

The student’s personal Epic access number (S#) - login information assigned by the North Memorial IT Department
Note: The North Memorial IT Service Desk extension is 54321 or 12580. This number should be called if the student is unable to access Epic with their personal Epic access number. Remember, the temporary password for all student’s is: S# + last name + first initial of first name (e.g. S00000doej)

What Students should know before arrival:

Where to park

The North Memorial Student ID Badge must be turned in at the end of the clinical experience
Immunization requirements for students coming to North Memorial Health Care for clinical experience:

- rubella and rubeola immunity
- negative tuberculin test (mantoux) within the last 12 months or if history of positive mantoux, a negative chest x-ray within the last 12 months. (Should a student convert to a positive mantoux during his/her clinical experience, the COLLEGE must immediately report test result to FACILITY’S Employee Health).
- inoculation for tetanus within the last ten years
- annual influenza vaccine administered during the CDC identified flu season which runs October 1 – March 31 (written declination signed by a medical doctor accepted only in cases of medical contraindications).
- completed Hepatitis B series (or written declination)
- history of chicken pox (varicella) after the student's first birthday
Please return this completed document to:

Professional Practice, Development and Education

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I have reviewed the following required North Memorial Student Orientation materials:

North Memorial Orientation: Student Faculty Clinical Experiences Power Point

☐ Student  ☐ On-Site Faculty  Signature:_____________________________

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The below checklist was designed to assist students and their department managers (or designees) or a practicing faculty member on site in reviewing important department information, safety expectations, and unit specific routines.

<table>
<thead>
<tr>
<th>WORK IN TEAMS FOR SAFETY AND REMARKABLE PATIENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Socialization to the Unit/Department</td>
</tr>
<tr>
<td>• Introductions and work assignments</td>
</tr>
<tr>
<td>• Breaks</td>
</tr>
<tr>
<td>• Personal Appearance</td>
</tr>
<tr>
<td>2. Expectations for collaboration and team work</td>
</tr>
<tr>
<td>3. Work assignment process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATE EFFECTIVELY FOR SAFETY AND REMARKABLE PATIENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Handoff process</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MANAGE SAFETY RISKS FOR REMARKABLE PATIENT CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency Management</td>
</tr>
<tr>
<td>• Location of emergency equipment (e.g. crash cart)</td>
</tr>
<tr>
<td>2. Life Safety</td>
</tr>
<tr>
<td>• Location of fire extinguishers</td>
</tr>
<tr>
<td>• Location of pull stations</td>
</tr>
<tr>
<td>• Annunciator panel (Indicates which room’s smoke detector has been activated. Annunciator panels are located on some main hospital nursing units, not on Atrium units)</td>
</tr>
<tr>
<td>• Equipment for evacuation</td>
</tr>
<tr>
<td>3. Infection Control Issues</td>
</tr>
<tr>
<td>• Importance of hand washing</td>
</tr>
<tr>
<td>• Cleaning of equipment</td>
</tr>
<tr>
<td>• Contact precautions</td>
</tr>
<tr>
<td>4. Ergonomic issues</td>
</tr>
<tr>
<td>• Special equipment (e.g. lift equipment)</td>
</tr>
<tr>
<td>5. Hazardous Substances/Waste specific to the department</td>
</tr>
<tr>
<td>6. Role in reducing security risks</td>
</tr>
<tr>
<td>• Management of patient valuables</td>
</tr>
<tr>
<td>• Storage of personal valuables in the department/unit (e.g. purse)</td>
</tr>
<tr>
<td>7. Patient/Customer Identification Process 2 IDs (name and date of birth)</td>
</tr>
<tr>
<td>8. Preventing Patient/Customer Harm (e.g. fall prevention, etc.)</td>
</tr>
</tbody>
</table>

All of the above items have been reviewed:

Manager/Supervisor or Designee Signature:_____________________________

☐ Student  ☐ On-Site Faculty  Signature:_____________________________
Dear Student:

A criminal background check is required prior to the start of your educational/clinical experience. The following information must be completed and sent to North Memorial Human Resources as soon as possible.

**Instructions:**

Privacy Notice (see page 2-3 of this document)
- Read Notice

Disclosure Form (see page 4 of this document)
- Print a Copy of Form
- Read
- Sign and Date Form

Student Information Form (see page 5 of this document)
- Complete Entire Form (*Print Clearly*)

Please return the following to North Memorial Human Resources:

1) **A signed and dated Disclosure Form**

2) **A completed Student Information Form**

Background check(s) will be processed only after both forms are received by North Memorial Human Resources

Mail both forms to:
North Memorial Health Care
ATTN: Human Resources
3300 Oakdale Ave N
Robbinsdale, MN  55422

or
Fax to Human Resources Department @ 763-581-2979
BACKGROUND STUDY PRIVACY NOTICE

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

1. **Purpose and intended use of the information:** Minnesota Statutes, section 144.057, requires the Minnesota Department of Human Services (DHS) to conduct background studies on individuals who have direct contact with patients and residents in hospitals, boarding care homes, outpatient surgical centers, nursing homes, home care agencies, residential care homes, board and lodging establishments registered to provide supportive or health supervision services, individuals employed by supplemental nursing services agencies, and controlling persons of a supplemental nursing services agency; and all other employees in nursing homes. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

2. **Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

3. **Known consequences that may arise from supplying the information:** Individuals who have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with (and, where applicable, access to) persons receiving services. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not have disqualifying characteristics will not be disqualified.

4. **Known consequences that will arise from refusing to supply the requested information:** Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact with (and, where applicable, access to) persons receiving services.

5. **Identification of other agencies or entities authorized to receive this information:** The information you provide will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the Minnesota Department of Corrections, the Office of the Attorney General, non-licensed personal care provider organizations, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The
information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

6a. If CURRENT background study results in a disqualification that is set aside upon reconsideration: If you are disqualified as a result of your background study, and you request reconsideration and your disqualification is set aside for the program/agency that initiated the current background study, subsequent background studies initiated by other programs/agency may result in the disqualification being set aside for other programs/agency when the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiates the subsequent background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiates the subsequent background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

6b. If a PREVIOUS background study resulted in disqualification that was set aside: If you were the subject of a previous background study which resulted in your disqualification, and your disqualification was set aside upon reconsideration, DHS will review the information in your record in connection with your current background study and determine whether the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiated the current background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiated the current background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)
Student Experience

Disclosure, Authorization and Release Regarding Obtaining Consumer and/or Investigative Reports

In considering your application for an student experience or in making other student experience-related decisions during your student experience with North Memorial Health Care, North Memorial Health Care may request that a consumer reporting agency prepare consumer reports or investigative consumer reports ("investigative report") regarding you. In addition, North Memorial Health Care may independently conduct background checks on you. The consumer reports, investigative reports and/or background checks may include, but not be limited to, information regarding your background, character, reputation, criminal history, employment history, education, medical and professional licensing, training, motor vehicle records, references and credit history and standing.

By signing below, you consent to North Memorial Health Care's obtaining one or more consumer reports and/or investigative consumer reports on you and further consent to North Memorial Health Care's independently conducting one or more background checks on you. Such reports or checks may be obtained or conducted in connection with your application for a student experience and from time to time thereafter during your student experience with North Memorial Health Care. This information may be used in connection with deciding whether to make you an offer of a student experience, withdraw an offer of a student experience, terminate your student experience, or making other decisions directly affecting your student experience with North Memorial Health Care. Your failure or refusal to consent may be considered by North Memorial Health Care in evaluating your application for a student experience or in making other student experience-related decisions during your student experience with North Memorial Health Care.

"A Summary of Your Rights Under the Fair Credit Reporting Act" is enclosed for your information. You are also hereby advised of your right to receive a copy of any consumer report and/or investigative report obtained by North Memorial Health Care. By checking the box found on the bottom of this form, you may request at no expense a copy of any consumer or investigative report, should one be prepared. By your signature below, you are acknowledging that to request the report you must check the box found below.

By signing below, I hereby consent and authorize North Memorial Health Care to obtain consumer reports and/or consumer investigative reports and/or conduct background checks on me from time to time for purposes of making placement and other student experience-related decisions about me. I hereby authorize Verified Credentials to prepare the consumer reports and/or consumer investigative reports. I authorize all persons, entities, educational institutions, credit bureaus and law enforcement agencies to release information regarding me to Verified Credentials and/or North Memorial Health Care without restriction or qualification. By signing below, I release North Memorial Health Care, Verified Credentials and all persons and entities that supply information in connection with such reports/checks, from any and all liability relating to or arising from such consumer reports and/or consumer investigative reports and/or background checks. I acknowledge that I have read this entire document and understand the same. This consent and authorization shall be effective unless I expressly revoke it in writing and send such revocation to North Memorial Health Care's Human Resources Department.

Date

Applicant

☐ I wish to receive a copy of any consumer and/or investigative report requested by North Memorial.

Date

Applicant
Incomplete forms cannot be processed (all fields are mandatory)

Contact HR: 763-581-2970 or 763-581-2977 with questions concerning this form

<table>
<thead>
<tr>
<th>Student Name (First, Middle, Last):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Must have complete middle name - a middle initial is not adequate</td>
<td></td>
</tr>
<tr>
<td>If no middle name: Indicate “NA”</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Minnesota Driver’s License or State ID No.:</td>
<td></td>
</tr>
<tr>
<td>Social Security #:</td>
<td></td>
</tr>
<tr>
<td>Phone #(s):</td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td></td>
</tr>
<tr>
<td>Home Address Street:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td></td>
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<tr>
<td>Other First Names Used:</td>
<td></td>
</tr>
<tr>
<td>Other Last Names Used (including maiden name):</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information needed by Human Resources:

Student’s School: ____________________________________________________________

Student’s Degree Program: _________________________________________________

Start Date for Educational Experience: _______________________________________

End Date for Clinical Experience: ___________________________________________

North Memorial Contact Name and/or Department for Clinical/Educational Experience:
____________________________________________________________________

For Human Resources Use Only:

Date Manager notified of background check results: _________________________