

RN Mentored Clinicals Maple Grove Hospital FBC

Welcome

Maple Grove Hospital welcomes students from a wide variety of schools and disciplines for educational/clinical experience. Our goal is to provide a culture of learning wherein each student can meet his/her educational objectives. We value the opportunity to mentor students and our partnership with schools to produce the next generation of professionals.

This manual will support school faculty and MGH Team members who will be working with students in a hands-on, direct educational/clinical experience at Maple Grove Hospital

Student	
Student S#	
RN Mentor	
Unit	
Unit Educator	
School	
Faculty Resource	
Faculty Resource	
Phone	
Faculty Resource	
Email	

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1. EDUCATION/CLINICAL AFFILIATION AGREEMENT (CONTRACT)

A Master Affiliation Agreement is required for all student hands-on, direct
educational/clinical experiences. It states that North Memorial Health Care and the
school mutually agree to guidelines of the experience.
YES, Maple Grove Hospital Education Department has confirmed that a current
agreement is in place and includes Maple Grove Hospital as a site for the clinical
experience.
☐ NO, there is not a current agreement. Contact the Education Coordinator at Maple
Grove Hospital.
Note: Students on-site without a signed agreement must be placed in a hands-off,
observation only observational experience. See "Observational Experience."

Amendments/Addendums to Affiliation Agreements

Amendments and Addendums to Affiliation Agreements must be processed through Professional Practice, Development and Education at North Memorial.

2. PROGRAM LETTER OF AGREEMENT

A Program Letter of Agreement (PLS) is required between the school and Maple Grove Hospital. This agreement covers a maximum of 1 year. This process ensures that Maple Grove Hospital and the school has approved students at MGH specifically. (Affiliation agreements do not specify that students have been accepted into a student program at Maple Grove Hospital as the agreement is broader and covers all of North Memorial Health Care affiliates.)

Yes, Maple Grove Hospital Education Department has confirmed there is a signed PLA covering the time period that the student(s) will be in the facility, signe by MGH CNO.	d
☐ No, there is not a current PLA in place. Please contact the MGH Education Department	



This Program Letter of Agreement ("PLA") is entered into between Maple Grove Hospital and ("School") as of the <u>(date)</u> , pursuant to the Clinica Experience Agreement entered into between the parties.		
	and this PLA the parties agree that the School will ("Program") at Maple Grove Hospital ("Site").	
2. This agreement will be in effect for the time fr	ame beginning through	
The maximum number of students from the Pro sites will be worked out with the individual sit		
The ratio of faculty to students will be as follows: available onsite for consultation while students.	and the on-site availability of instructors shall be Faculty are provided by the school and are s are present.	
5. No monies will be exchanged between the Sch	ool and the Site.	
 In the event of termination of this agreement on behalf of Maple Grove Hospital, the site will make every reasonable effort to provide for program completion of enrolled students. 		
 This PLA is subject to the <u>Clinical Experience</u> Agreement and any terms that conflict with the Clinical Experience Agreement are void, and serves as an addendum to the larger North Memorial Health Care and Maple Grove Hospital affiliation agreement. 		
Agreed to by:		
MAPLE GROVE HOSPITAL	SCHOOL	
Wendy Ulferts	Print Name	
VP Patient Care/CNO Maple Grove Hospital	Title	
Signature	Signature	

Return form to: Maple Grove Hospital Education Department

3. MENTOR AGREEMENT

The purpose of the MGH mentor agreement is to insure the mentor understands and accepts the commitment to the school/student. There may be additional agreements required by the school.



RN CLINICAL MENTOR AGREEMENT

Mento	itions of Mentorship: or responsibilities:			
1.	I will facilitate a minimum ofhour observation. Approximately hour observation of leadership and working or	s for the student will b	oe dedicated to	
2.	applicable) I understand that the student will be under experience.	er my supervision thro	oughout the	
 I understand that the faculty member will have the primary responsibility for the student's clinical learning experience and will serve as a liaison between the 				
4.	school and MGH. I will arrange for the department Educator for the student to observe leaders in the		owing opportunities	
5.	I will support the following student leader department Educator and Manager): a. Leadership Project:	rship project (arranged	d by the	
5.	department Educator and Manager):	rship project (arrange	d by the	
	department Educator and Manager): a. Leadership Project: b. Hours to complete project:			
6.	department Educator and Manager): a. Leadership Project:	etion, as requested by the responsibilities ar	y the school faculty.	
6. 7.	department Educator and Manager): a. Leadership Project: b. Hours to complete project: I will complete an evaluation after complete have read, understand, and agree with	etion, as requested by the responsibilities ar laple Grove Hospital.	y the school faculty.	
6. 7. Mento Crede	department Educator and Manager): a. Leadership Project: b. Hours to complete project: I will complete an evaluation after complete have read, understand, and agree with in the RN Mentored Clinical Manual for Nor Name:	etion, as requested by the responsibilities ar laple Grove Hospital.	y the school faculty. nd policies outlined	

4. BACKGROUND CLEARANCE

Maple Grove Hospital requires that students have obtained a State and National background clearance that includes an OIG Report and are eligible to have direct contact with customers/patients.

It is the responsibility of the school to ensure that the required background checks are complete prior to arrival at Maple Grove Hospital. The school will not assign a student or faculty member if his/her background study documents ineligibility to have direct contact with patients under applicable law or regulation.

Fingerprints and a photograph are required to obtain the Minnesota background clearance.
Yes, a State and National background check is complete.
☐ No, a background check has not been completed OR the background check resulted in concerns – contact Maple Grove Hospital Education Department.

5. **HEALTH REQUIRMENTS**

Immunizations:

It is the responsibility of the school to ensure that students and faculty are in compliance with Maple Grove Hospital's immunization requirements:

- Rubella and rubeola immunity
- Negative tuberculin (Mantoux) within the last 12 months or if history of positive Mantoux, a negative chest x-ray with in the last 12 months (Should a student convert to a positive Mantoux during the clinical experience, the college/university must immediately report test result to Maple Grove Hospital's Team Member Health center)
- Inoculation for tetanus within the last 10 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

School must be able to provide evidence of student and faculty immunizations if

required by an internal or external audit.
☐Yes, Health Requirements are complete as verified by the faculty contact.
☐No, Health Requirements are not complete – please contact the MGH Education Department
6. FACULTY/MENTOR COLLABORATION RN mentor must contact School faculty to obtain objectives and confirm that Background, Health requirements, and documentation has been completed by the student.
Faculty contacted (date)

7. DOCUMENTATION REQUIREMENTS

Students and faculty must review the following documents prior to EACH clinical experience. Documents are available through *The Clinical Coordination Partnership* (TCCP) <a href="https://clinicalcoordination.org/clinical-prep/maple-grove-hospital-student-prep/maple-grove-hospi

Packet 1:

- Assessment and Documentation Policy
- Student Nurse Shift Guidelines
- Scope of Practice for Student Nurse Policy
- Student Nurse Job Description
- Assessment and Documentation Guidelines for the student clinical department(s)
 - MSCC ICC Assessment and Documentation Guidelines
 - Postpartum Assessment and Documentation Guidelines
 - ECC Assessment and Documentation Guidelines
 - Labor Assessment and Documentation Guidelines
 - NICU assessment and Documentation Guidelines

Packet 2:

- Health Information Confidentiality and Security Policy
- Health Information Access and Disclosure Policies
- Computer Network and Internet Usage Policy
- Abbreviations in the Medical Record Policy
- Abbreviations in the Medical Record Attachment

Packet 2:

Required Learning Packet for the current year

ATTESTATIONS

The following attestations must be signed and returned to the MGH Education Off	ice
at least 3 weeks prior to the start of the clinical experience:	

Scope of Practice/Job Description Acknowledgement form (attests to
completion of Packet 1)
Policy Acknowledgement (attests to completion of Packet 2)
Required Learning Receipt (attest to completion of the Required Learning for
the current year)

Scope of Practice/Job Description Acknowledgement Form

I have read the Student Nurse Position Description and the Scope of Practice for Student Nurse Policy.

I have also reviewed the Student Nurse Shift Guideline, and the Assessment and Documentation Policy with the attachment for the appropriate unit ("F" for Postpartum and "C" for MSCC/ICC). I understand that this standard list is generalized for my role and that there may be variations based on patient, staff and unit needs.

My signature indicates that I can meet the functional demands of the job and that I understand and will practice within the Student Scope of Practice for Student Nurses.

Student Name:	S#:	-
Student Signature:	Date:	-
I am not in a faculty led clinical group. By chethat I have read the documents listed, but under being directly supervised by an RN preceptor and	erstand that the scope may vary due to the nat	

Please sign and submit this form to the MGH Education office at least 3 weeks prior to 1st shift.

Policy Acknowledgement Form

I have read the following Policies and agree to abide by the guidelines:

- Computer Network and Internet Usage Policy
- Health Information Access and Disclosure Policy
- Health Information Confidentiality and Security Policy
- Abbreviations in the Medical Record Policy and attachment

Student Name:	S#:	
Student Signature:	Date:	

Please sign and submit the signed form MGH Education Office at least 3 weeks prior to 1st shift.



RECEIPT FOR REQUIRED LEARNING PACKET 2019

Regarding information in the Required Learning Packet, I:

- Understand the information
- Am responsible for working safely, and
- Know who to contact to obtain more information or to report unsafe conditions

In addition, I understand that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time.

Please sign and date this receipt and return it to Maple Grove Education Department or fax to 763-581-1405

Signature:	Date:
Print Name:	
S#:	-
School Name:	_

8. CLINICAL LEADERSHIP POLICY



POLICY AND PROCEDURE

Clinical Leadership Experience for Nursing Programs

> Effective Date: 09/05/2018 BUSINESS CONFIDENTIAL

	Approved By: MGH Director Team

SCOPE

Maple Grove Hospital

PURPOSE

The following guidelines define expectations for all participants in a nursing academic clinical experience in order to:

- Provide nursing experiences for undergraduate and graduate nursing students
- 2. Assure safe, quality patient care according to North Memorial standards of Nursing Practice

POLICY

- A student affiliation agreement with the academic institution must be on file in Professional Practice, Development and Education at North Memorial Medical Center which includes Maple Grove Hospital before any clinical experience can begin.
- All undergraduate nursing students must have a faculty member on site to oversee the learning experience or be assigned a Maple Grove Hospital RN Mentor and be designated as a Capstone student.
- 3. Patient care is provided by a student must be supervised by a Maple Grove Hospital RN.
- All graduate nursing students must be assigned an RN with advanced education to oversee the learning experience.
- For all nursing student related problem resolution, nursing unit leadership and the faculty will work to resolve issues that arise as quickly as possible. Issues that are not resolved at the unit or are complex are escalated to the Manager of the unit.

PROCEDURE

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- Expectation/Guidelines at Maple Grove Hospital:
 - a. Provide faculty with orientation materials related to organizational and regulatory body requirements specific to safety, infection control, privacy, etc.
 - b. Facilitate the educational access to the facility
- 2. Expectation/Guidelines of the Unit Manager:
 - Support students' clinical experience by collaborating with faculty prior to supervised clinical experience to share the following:
 - i. Unit philosophy and routines
 - ii. Opportunity for faculty to shadow a clinical RN
 - b. Ensure that the standards of nursing practice are met during the clinical experience
- Expectation/Guidelines of the Assigned Staff RN:
 - Supervise the care students are providing to their assigned patients versus delegating care to students
 - Uses a thoughtful decision-making process in determining what the student may do for the patient.
 - c. Identifies care that is safe for students to perform

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Clinical Leadership Experience for Nursing Programs Effective Date: 09/05/2018

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- d. Determines the level of supervision needed (e.g. at the elbow, in the room, down the hall in proximity to the care area, etc)
- e. Criteria for determining level of supervision includes:
 - i. Potential for harm
 - ii. Complexity of tasks/intervention
 - iii. Degree of problem solving required
 - iv. Unpredictability of outcomes
 - v. Level of patient/family interaction required
- f. Provides clear communication to the student and faculty about the patient's plan of care, changes in condition, documentation expectations, and medication needs
- g. Promotes student experiences by doing the following:
 - i. Discussing with the student the plan of care for each patient
 - Knowing the student's skill level and limitations (e.g. ability to pass medications, provide treatments)
 - Including the student in any relevant procedure and interdisciplinary and family meetings
- 4. Expectation/Guidelines for School of Nursing:
 - a. Contacts the Education Coordinator at Maple Grove Hospital with all clinical requests
 - Facilitates contractual agreements with North Memorial and Maple Grove Hospital and communicates relevant contract information to the faculty coming to Maple Grove Hospital
 - c. Ensures students are current with required background checks, immunizations, and certifications and provides documentation if requested by Maple Grove Hospital
 - d. Provides information outlining what students can and cannot do during clinical experiences
 - e. Supports faculty for unit and organizational orientation
 - f. Supports clinical starting times that coincide with unit shift start times
 - g. Considers full shift versus half shift clinicals (negotiable with specific unit)
 - h. Supports faculty/Maple Grove Hospital meetings for sharing feedback
 - i. Provides specific guidelines for communication with faculty and co-assigned staff
 - Assures a procedure is in place notifying the unit and students if the instructor is absent for planned clinical shifts
 - k. Ensures that faculty is current with MN RN license, CPR, MN background check, immunization and provide Maple Grove with a list of current instructors with credentials if requested
- 5. Expectations/Guidelines for School of Nursing Faculty:
 - a. Schedules meeting with unit nurse manager prior to start of clinical rotation experience
 - b. Completes Maple Grove Hospital Unit Orientation Checklist with the students
 - Checks out student badges from the Security Desk and returns them at the end of each shift
 - d. Oversees the clinical experience and patient care provided by students
 - e. Instructor availability for clinical observation and supervision of clinical care is dependent on the goals and objectives of the clinical experience, the experience of the student and the competency level of the student
- 6. Expectations/Guidelines for Undergraduate Nursing Students:
 - a. Provides care/treatments only as directed and supervised by the RN mentor and faculty
 - b. Follows the directions of the RN mentor and faculty

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- c. Reviews and follow policy and procedures prior to performing patient interventions. Students are expected to be prepared for their clinical experiences
- Are prepared to administer medications safely to patients and review the medication policy of Maple Grove Hospital
- e. Seeks assistance from Faculty or assigned clinical RN mentor when necessary
- f. Provides patient care according to the patient's plan of care and under the direction of the assigned Maple Grove Hospital RN mentor
- g. Participates in change of shift reporting using the SBAR method. Report concerns to the RN immediately
- Completes all documentation and returns badge to the faculty member before leaving the unit
- Reports any infectious disease exposure to faculty, assigned clinical mentor, and charge RN
- Are responsible for maintaining their own health status including immunizations as defined in the academic contract.
- k. Activates an undergraduate student may NOT perform:
 - i. Administer blood and blood products
 - ii. Program a PCA pump
 - iii. Manage an epidural infusion, tubing, or pump setting
 - iv. Interpret EKG or fetal monitoring
 - v. Take verbal or telephone orders
 - vi. Verify informed consent
 - vii. Advance the plan of care
 - viii. Supervise or Delegate to unlicensed assistive personnel independently
 - ix. Administer IV push or infusion medications
 - x. Administer IV Medications via Port-A-Cath
 - xi. Titrate IV medication drips or pumps
 - xii. Initiate or hang TPN or Lipids
 - xiii. Perform Central Line Tubing Change
 - xiv. Discontinue Central Lines
 - xv. Perform blood line draws
 - xvi. Place foley catheters
 - xvii. Manage Passey Muir (tracheostomy speaking valves)
 - xviii. Remove any type of Wound Drain (Penroe, JP, Duval, etc)
 - xix. Independently perform comprehensive assessment or re-assessment (eMDS for Medicare or Medicaid)
 - xx. Initiate a plan of care (may contribute)
- 7. Expectations/Guidelines related to undergraduate Capstone Experiences:
 - a. Responsibilities of Senior or Capstone Students:
 - Collaborates with the preceptor to determine work schedule
 - Student is to plan scheduled work days that do not conflict with other students assigned to unit
 - iii. Present goals and objectives to preceptor prior to the clinical experience
 - iv. Actively seeks assistance from preceptor when seeking/acting on new clinical experiences
 - b. Characteristics of the Mentor

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Clinical Leadership Experience for Nursing
Programs

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- An experienced RN, employed by the hospital, who assumes joint teaching responsibility with a faculty instructor when a clinical instructor is not present in the setting
- ii. A practicing expert RN who demonstrates a deep level of expertise in a clinical area of care
- Works with nursing students in clinical and leadership areas and acts as role model, teacher, and evaluator for the student
- c. Responsibilities of a Mentor:
 - Collaborates with the course instructor and student to plan for clinical learning activities to meet learning objectives
 - ii. Provides direct oversight to all clinical learning experiences for the student
 - iii. Provides a consistent one-on-one relationship for effective learning
 - iv. Allows and encourages the student to build on acquired knowledge/skill base to integrate this into safe, competent nursing practice
 - Demonstrates knowledge and uses appropriate resources to incorporate principles and concepts relevant to nursing process
 - Maintains responsibility for the care of the assigned patients while allowing the student to assume as much responsibility in the care of the patient as appropriate
 - Provides objective, timely information to the course instructor regarding process of student's ability to meet course objectives.
- d. Instructor responsibilities with the precepted student
 - Meets with the student and mentor on an ongoing basis to evaluate the learning objectives of the course
 - Provides clinical evaluation of students in order to assure comprehensive formative and summative evaluation processes
- 8. Expectations/Guidelines specific to Graduate Nursing Students:
 - a. School of Nursing Faculty:
 - Collaborate with graduate nursing student to identify a Maple Grove Hospital employed advanced degree RN
 - Supports students' clinical experience by collaborating with faculty employed advanced degree RN
 - Reviews expectations for the EHR access and assure student access on the first day of experience
 - iv. ERH access for advanced practicing nursing students will be consistent with that of the Maple Grove Hospital Advanced Practice RN
 - Reviews the student course objective and provide experiences to meet those objectives
 - b. Graduate Nursing Student:
 - i. Complete review of all standards identified for that role
 - Review course objective with Maple Grove Hospital Advanced degree RN and seek assistance when necessary

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DEFINITIONS

Student Nurse: A nurse student is an individual enrolled in an academic nursing program with a clinical affiliation agreement and signed PLA with Maple Grove Hospital

RN Mentor: A Maple Grove Hospital RN Team member on the unit that is responsible for the student activities while on the unit.

Clinical Experience: A clinical experience takes place within a defined period of time.

Capstone Student Experience: A student in their senior or last semester, seeking a clinical experience with a mentor. Frequently in a focused area chosen by the student where the student wishes to receive additional education prior to graduate

TABLE OF REVISIONS

Date	Description of Change(s)

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9. SCOPE OF PRACTICE

Please review the Scope of Practice for Student Nurse Policy



Scope of Practice for Student Nurse Effective Date: 09/05/2018





Document Owner: VP Patient Care and CNO	,	Approved By: MGH Director Team

SCOPE

All units at Maple Grove Hospital hosting Faculty-Led Student Nurses.

PURPOSE

Minnesota Statute, section 148.271, provides that students enrolled in a Board of Registered Nurses approved pre-licensure nursing program may practice nursing in Minnesota under the supervision of an instructor. Minnesota Rule 6301.0100 subpart 11 defines faculty as the director and other individuals designated by the controlling body as having ongoing responsibility for teaching or evaluating student learning in the program. Additionally, Minnesota Rule 6301.1700 subpart 1 specifies that whenever a program uses a clinical setting to meet requirements, registered professional nurse faculty members must be responsible for determining clinical learning activities and for guiding and evaluating students in that setting.

The purpose of this policy is to define the scope of practice for Student Nurse as established by Maple Grove Hospital according to clinical affiliation agreement between Maple Grove Hospital and education institution, maintain optimal customer safety, adequate student supervision, clinical staff support to provide student supervision, and provide clear communication with the education institution contracting with Maple Grove Hospital for the affiliation experience.

POLICY

Student Responsibilities

- A current, authorized Clinical Affiliation Agreement between Maple Grove Hospital and the education institution must be in place prior to the establishment/implementation of any student clinical rotation/placement. A Program Letter of Agreement (PLA) must be signed with each educational institution.
- Must hold current certification in American Heart Association Basic Life Support (BLS) and be able to apply BLS knowledge in an emergency as needed.
- Students and faculty shall comply with all Maple Grove Hospital established policies and procedures at all times.
- All required training must be completed and submitted via TCCP passport or to the Maple Grove Hospital education office prior to the first clinical day. Students may not participate in clinical experiences until all requirements are complete.
- School uniform must be worn (including Student ID Badge) at all times while on Maple Grove Hospital property, unless surgical scrubs have been issued by the department (e.g. Labor and Delivery, Operating Room).
- Maintain customer confidentiality standards according to HIPAA regulations. Students may not remotely
 access, photocopy, or print from the electronic health record any customer specific information.
 Students may not remove any identifiable customer specific information from Maple Grove Hospital
- 7. Act in a professional manner when preparing for and/or providing customer care.

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Scope of Practice for Student Nurse Effective Date: 09/05/2018 BUSINESS CONFIDENTIAL

- 8. The education facility is responsible for assuring that students are prepared to carry out assigned responsibilities commensurate with their course objectives. The education institution is also responsible for verifying competence by evaluation in a skills lab or comparable setting before assigning such responsibilities in the Maple Grove Hospital clinical setting.
- During a clinical rotation, students practice under the supervision and direction of the clinical faculty
 identified by the education institution and with the co-assigned Maple Grove Hospital RN team member.
 During a preceptorship or Dedicated Education Unit Rotation, the student functions under the direction
 and supervision of the co-assigned Maple Grove Hospital RN team member.
- Must introduce self to customer indicating you are a student working with RN staff to provide care.
- 11. Complete required documentation for customer assignments. Review initial documentation into the electronic medical record with either clinical faculty or co-assigned Maple Grove Hospital RN team member. Co-assigned Maple Grove Hospital RN team member must complete own separate documentation or write a comment that their assessment was identical to the student nurse assessment.
- 12. Immediately report customer change to the co-assigned Maple Grove Hospital RN or department customer care facilitator (PCF) if change in customer condition, or if any problem occurs with the customer, family, a Maple Grove Hospital team member, or equipment.
- 13. Must report off to the co-assigned Maple Grove Hospital RN team member or PCF RN when leaving the unit for any reason, and at the end of the shift.
- Must immediately report to unit PCF or co-assigned Maple Grove Hospital RN team member medication error or other adverse event.
- Comply with Maple Grove Hospital Electronic Event Reporting System process by collaborating with cosign RN to complete safety-first report as needed
- 16. If a student is injured during the clinical experience, clinical faculty must be notified and student should report to the Emergency Care Center immediately.
- Maple Grove Hospital education department is responsible for maintaining information regarding current nursing school affiliations.
- 18. Maple Grove Hospital education will coordinate the placement of nursing student faculty-led groups and placement of students 1:1 with a Maple Grove Hospital RN team member.
- 19. Maple Grove Education will maintain student records of required onboarding documentation.

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POLICY AND PROCEDURE

Scope of Practice for Student Nurse

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Limitations to Student Nurse Scope of Practice

Student practice limitations are based on school/semester policy, Maple Grove Hospital policy, Maple Grove Hospital departmental standards, and the Board of Registered Nursing regulations. Additional restrictions may apply from a clinical unit or specialty area for the safety and well-being of the customer.

DEFINITIONS

Student Nurse: A nurse student is an individual enrolled in an academic nursing program with a clinical affiliation agreement and signed PLA with Maple Grove Hospital

Clinical Experience: A clinical experience takes place within a defined period of time.

Direct Supervision: The clinical faculty or co-assigned Maple Grove Hospital RN team member is physically present in the room to supervise the activity of the student nurse. The Student nurse will administer medications as per Student Nurse Scope of Practice Guidelines under direct supervision of the co-assigned Maple Grove Hospital RN or clinical faculty. The Maple Grove Hospital RN or clinical faculty will be responsible for accurate documentation of the medication administration.

Indirect Supervision: The clinical faculty is not physically present in the room to supervise the activity of the student nurse, but is available/physically present within the clinical unit of practice. It is understood by Maple Grove Hospital that each student has been observed by the clinical faculty for competency prior to an activity being performed with indirect supervision.

RN Mentorship: One-on-one time with Maple Grove Hospital RN mentor. Typically occurs in senior year of nursing school. School faculty not present daily. Maple Grove Hospital RN serves as the mentor.



POLICY AND PROCEDURE

Scope of Practice for Student Nurse
Effective Date: 09/05/2018
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Skill Guidelines for RN Student Clinical Experiences

Clinical Skill		May NOT be Performed	May be performed under Direct RN Supervision	May be performed under Indirect RN Supervision
Medica	tion Administration			
1.	Adult and Pediatric PO non-narcotic			
	medication administration		F/M	
2.	Adult and Pediatric medication administration by IM,			
	SQ, SL, enteral, inhaled, vaginal, rectal, and/or topical route	es	F/M	
3.	Adult and Pediatric medication administration that require			
	Special monitoring (see Medication Administration policy)	F/M		
4.	Chemotherapeutic agents, IV cardiac altering agents, IV ins	sulin,		
	blood/blood products, IV Bolus, IV anticoagulants,	F/M		
	and sedation medication			
5.	IV Bolus	F	M	
6.	IV Controlled Stubstances and IV Push	F	M	
7.	Administration of TPN/Lipids/Hyperaliminia	F/M		
8.	Anticoagulants SQ (including Heparin, Lovenox)	F	M	
9.	Administration of intrathecal medication	F/M		
Centra	Lines (Triple Lumen Caths, PICC, Midline, etc.)			
1.	Hang Initial Solution	F/M		
2.	Administer IVPB into currently infusing Central Line	F/M		
3.	Change Central Line dressing	F/M		
4.	Flush Central Line	F/M		
5.	Blood Draws	F/M		
6.	Change Tubing	F/M		
7.	Discontinue Central Lines	F/M		
Implan	ted Vascular Devices (e.g. Mediports)			
1.	Access vascular device with Huber needle	F/M		
2.	De-access vascular device with Huber needle	F/M		
3.	Hang Initial Solution	F/M		
4.	Administer IVPB into currently infusing IV line	F/M		
5.	Flush line	F/M		
6.	Blood Draw	F/M		
7.	Change tubing	F/M		
Dialysi	s Catheter/AV Fistula			
1.	Access vascular device	F/M		
2.	Flush line	F/M		
3.	Assess patency of AV fistula (thrills, bruits)			F/M

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POLICY AND PROCEDURE

Scope of Practice for Student Nurse
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F/M

Clinical Skill		May NOT be Performed	May be performed under Direct RN Supervision	May be performed under Indirect RN Supervision
Periph	eral IV's		Supervision	Supervision
1.	Hang Solution	F	М	
2.	Change rate	F	M	
3.	Change Dressing	F	M	
4.	Initial Flush line	F	M	
	a. Subsequent Flushes	F	M	
5.	Change Tubing	F	M	
PCA/E	pidural Pumps			
1.	Change medication cassette	F/M		
2.	Program, manage or verify pump settings	F/M		
Utilize	Therapeutic Principles of Nutrition			
1.	Administer Enteral Feedings	F/M		
2.	Weight and body measurements/documentation		F/M	
Blood	Blood Product Transfusion			
1.	Set up tubing	F/M		
2.	Co-sign/Second RN signature	F/M		
3.	Spike Blood/Blood product	F/M		
4.	Assess and monitor per protocol including vital signs		F/M	
Physic	ian Orders			
1.	Receive verbal orders	F/M		
2.	Receive telephone orders	F/M		
3.	Initiate Order Set	F/M		
4.	Verify/Release orders in EMR	F/M		
Wound	I and Skin Care			
1.	Perform initial admission head to toe assessment		F/M	
2.	Perform non-sterile dressing changes		F/M	

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3. Measure wounds and document in EMR

4. Remove any type of Wound Drain (Penrose, JP, Duval, etc.)



POLICY AND PROCEDURE

Scope of Practice for Student Nurse
Effective Date: 09/05/2018
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Clinical Skill		May NOT be Performed	May be performed under Direct RN Supervision	May be performed under Indirect RN Supervision
Perfori	m Therapeutic Respiratory Procedures			
1.	Perform nasopharyngeal suctioning	F	M	
2.	Perform tracheostomy suctioning	F	М	
3.	Introduce oropharyngeal airway	F	M	
4.	Care of chest tubes	F	M	
5.	Assessment of secretions			F/M
6.	Perform tracheostomy dressing change and site care		F/M	
7.	Supervise coughing/deep breathing exercises			F/M
8.	Initiate/titrate/discontinue oxygen therapy		F/M	
Utilize	Therapeutic Principles of Elimination			
1.	Insert, irrigate, first removal of indwelling catheters	F/M		
2.	Insert, irrigate, remove rectal catheters	F/M		
3.	Perform continuous and intermittent bladder irrigations	F/M		
4.	Perform ostomy cares		F/M	
5.	Administer enema		F/M	
6.	Perform bladder scan			F/M
Mainta	in Immobilization and Support			
1.	Casts	F	М	
2.	Traction	F	M	
3.	Splints	F	М	
4.	Slings		F/M	
5.	Binders		F/M	
6.	Anti-embolism stockings		F/M	
7.	Sequential Compression System		F/M	
Mobilit	у			
1.	Ambulate customer with and without assistive devices			F/M
2.	Passive and active range of motion			F/M
3.	Transfers to and from bed, stretcher, wheelchair, chair			F/M
Monito	ring			
	Interpret EKG or fetal monitoring	F/M		

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2. Discontinue/remove EKG or fetal monitoring



POLICY AND PROCEDURE

Scope of Practice for Student Nurse Effective Date: 09/05/2018

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Skill Guidelines for RN Student Clinical Experiences (continued)

Clinical Skill		May NOT be Performed	May be performed under Direct RN Supervision	May be performed under Indirect RN Supervision
oint o	of Care Testing			
1.	Obtain Whole Blood Glucose	F/M		
2.	Perform pH testing with nitrazine paper	F/M		
3.	Perform Hemochrom	F/M		
4.	Perform urine dipstick	F/M		
EMR D	ocumentation (All pending documentation is to b	be reviewed by clinical facul	ty at end of every clinic	cal rotation)
1.	Documentation of administration of medications	F/M		
2.	Fluid Balance (intake & output)			F/M
3.	Customer Assessments			F/M
4.	PEEP Rounds minimally every 2 hours (even hours)			F/M
5.	Vital Signs			F/M
6.	Customer Education			F/M
7.	Customer Belongings		F/M	
Care a	nd Treatment			
1.	Respond to call lights			F/M
2.	Toileting/bathing/pericare			F/M
3.	Reposition customers			F/M
4.	Update Whiteboard			F/M
5.	Advance Plan of Care	F/M		
6.	Initial Fall risk assessment and implementation		F/M	
	of fall prevention Precautions			
	a. Ongoing assessment of fall prevention precaut	tions		F/M
7.	Order supplies	F/M		
8.	Complete linen change			F/M
9.	Post mortem care		F/M	
Comm	unication			
1.	Collaboration with physician on customer needs			F/M
2.	Collaborate with unlicensed assistive personnel			F/M
3.	Provide admission report	F	M	
4.	Provide hand off and change of shift report		F/M	
5.	Transport: Complete ticket to ride	F	M	
6.	Report to requesting facility	F	M	

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POLICY AND PROCEDURE

Scope of Practice for Student Nurse Effective Date: 09/05/2018

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Skill Guidelines for RN Student Clinical Experiences (continued)

Clinical	Skill	May NOT be Performed	May be performed under Direct RN Supervision	May be performed under Indirect RN Supervision
Labora	tory Specimens			
1.	Collect, complete, label, and deliver laboratory specimens		F/M	
Restra	ints			
1.	Initiate, discontinue, remove soft restraints	F/M		
2.	Initiate, discontinue, remove twice as tough restraints	F/M		
3.	Document in restraint flow sheet	F/M		
Partici	pation in Rapid Response/Code Blue			
1.	Initiate Rapid Response/Code Blue			F/M
2.	Obtain crash cart			F/M
3.	Perform chest compressions			F/M

F = Faculty Led M = RN Mentorship

TABLE OF REVISIONS

INDEE OF ICE	TABLE OF RETIDIONS					
Date	Description of Change(s)					
7/2019	Updated to align with RN Mentorships					

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inutes x 2, Q 1 hour

rvices provided.

10. Assessment, Interdisciplinary - ATT - A- ECC Assessment and **Documentation Guidelines**

POLICY AND PROCEDURE Assessment, Interdisciplinary - Att - F - Post Partum Assessment and

Documentation Guidelines Effective Date: 01/05/2017

Reviewed by: PP/PEDS Manager, FBC Perinatal RN Nav-Neonatal, FBC Nurse Clinician	0800 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000) 1200 (1000)	OB/NEWBORN FLOWSHEET (SYSTEMS REVIEW)	x • Initial Assessment and V • ID band check on admiss	x • Chart exact time of call, y	Do not use "Continue to	x • Must be documented ev	x x • Chart precise start time or	Pain assessment with all x 2, Q 4 hours until 24 ho x x x x y Q 4 hours until 24 ho y x x x x x x x x y Q 4 hours until 24 ho x x x x x x x x x x x x x x x x x x
Approved by: -Neonatal, FBC Nurse Clinician Dir, Wmns & Childrens			Initial Assessment and Vital signs on both Mother and Baby on admission to PP within 1 hour ID band check on admission, document in Newborn Flowsheet	Chart exact time of call, value & action. SBAR note if MD notified.	chainf with rot of realities in any results questionable. Do not use "Continue to Monitor" unless provider aware.	Must be documented even if MD is on unit: provider, reason, time, action.	Chart precise start time of event/procedure otherwise.	Pain assessment with all frequent vitals: Vaginal Birth: On admission to unit, Q.4 hours x.2 then every shift (8hrs), Cesarean Birth: Q.30 min x z, Q.4 hours until 24 hours postop then every shift (8hrs), for medication is given for pain, pain will be reassessed within 2 hours after of intervention in accordance with the care, treatment, and serv After meds chart "reassessment", otherwise for routine "shift observations."

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Comments/Tips:		Pain assessment with all frequent vital signs assessment: every 30 minutes x4, every 4 hours x2, every 8 hours until discharge. If medication is given for pain, pain will be reassessed within 2 hours after of intervention in accordance with the care, treatment, and services provided. (If infant asleep after intervention, "appears sleeping" is acceptable as reassessment)				Need to be documented with each assessment. A "normal" assessment does not preclude need to chart breath sounds.	Document GI issue and effect of meds given (nausea, vomiting, diarrhea) Document if patient requires peri cares greater than 2x/shift Document bowel sounds x 4 quadrants for Post-op patients with each vitals check				
End of Shift						•	• • •				
Immediately During Shift /Event											
(0090) 001	/IEW			/IEW]		VIEW					
2000 (2500) 2000 (5500)	S REV			×	×	×	×				
2000 (2500) 7600 (7800) 7500 (7400)	TEM		×	×	×	×	×				
0800 (1400)	(SYS		×	×	×	×	×				
	OB/NEWBORN FLOWSHEET (SYSTEMS REVIEW)	Pain Newborn-FLACC scale		Cardiovascular	DVT Prophylaxis	Pulmonary &Anterior/Posterior Breath Sounds	Gastrointestinal				

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Comments/Tips:		 Foley catheters are exceptions if they meet the criteria listed (urgency, dysuria, etc.) Document foley insertion once (at time it is placed) 	 Chart gait with every assessment or PRN (changes) remembering "unsteady" is an exception Chart Motor Movt each frequent vitals check with postoperative patients until full movt has been documented 		 Document color, temp, moisture, appearance (if intact) with every assessment Document incision assessment with each frequent vitals check 	Initial assessment on admission to PP.	• If risk for injury score is 1-4, implement Fall Prevention Interventions	 If Hendrich score is 5 or greater, implement Fall Prevention Interventions Initial Falls Assessment & Risk for Injury to be done within 12 hours of arrival If a patient falls while in the hospital, remember to update the Hendrich score 	Interventions to be documented every 8 hours	Document Isolation type/Infection Risk to reflect acuity
Immediately During Shift /Event End of Shift	(M									
2400 (0000)	REVIE		_	_	,	_			_	_
2000 (2200)	EMS F	×	×	×	×	×	×	×	×	×
1200 (1400)	SYSTE	×	×	×	X	×	×	×	×	×
(0001) 0080	EET (S	×	×	×	×	×	×	×	×	×
	OB/NEWBORN FLOWSHEET (SYSTEMS REVIEW	Genitourinary	Musculoskeletal	Braden Scale	Integumentary	Head to Toe Skin	Risk for Injury	Hendrich II- Falls	Safety Intervention	Infection Risk

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0800 (1000) 1200 (1400) 1200 (1800) 2400 (0200) 2400 (0600) 0	FLOWSHEET	xx xx xx xx xx xx xx x	Business Conridering Enternal Distribution Only Printed copies are for reference only. Please refer to the electronic copy for the latest version.
	VASCULAR ACCESS FLOWSHEET	IV Sites Vascular Access	Page 4 of 7

Comments/Tips:		Add up all IV Fluids/total pumps and documents volumes. Chart "real time" and remember PCA's.		Document in "real time" throughout shift (voiding, emesis, stool). Strict I & O with Postoperative foley placed Document 2 voids (with amounts) post foley removal if adequate output Document 2 voids after admission to postpartum (vaginal delivery)	Newborn: Latch score (if breastfeeding) every 8 hours	Drains/Foley's emptied every at the end of the shift.		Document time service called $\&$ arrived for each interpreter use.		Risk A (SBA)/Risk B (Post-op, PCA use, assistive device)/Risk C (confused, CIWA, Dementia, restraints) or anytime there is a change in status
End of Shift		2300		*	•			•		•
Immediately During Shift /Event		2300		×		2300		Х		
2400 (0500)		1500		x x		1500			X	×
2000 (2200) (1200) 1600 (1800)				××		Н	SHEE		X	×
(0000 (1400)	į,	700		x x		200	FLOW		Х	×
	IV MAR FLOWSHEET		I/O FLOWSHEET			Drains/Foleys	PATIENT CARES/ADL'S FLOWSHEET			

1200 (1400)	2400 (0500) 2000 (2500) (1200) 1600 (1800)	400 (0600) Immediately	During Shift /Event	Comments/Tips: End of Shift
VITALS OB FLOWSHEET	1			
x Vital Signs Mother	×	*	*	 Unless ordered differently by provider. *Immediately if any change in condition. Follow Post op routines: Q.15 min x 8, Q.30 min x 2, Q.1 hr x 2, Q.4 hrs until 24 hours postop (VS within 2 hours of discharge) Vaginal delivery: Q.15 min x 8, on admission to PP, Q.4 hr x 2, q 8 hrs until discharge (VS within 2 hours of discharge) For BP chart cuff site, patient position and method (auto, manual).
VITALS NEWBORN FLOWSHEET				
Vital Signs Newborn				 Term infant: every 30 minutes x 4 (recovery), on admission to postpartum and then every 4 hours x2 and every 8 hours until discharge Late preterm infants: less than 37 weeks (includes O2 sat and then every 30 minutes x4 (recovery), every one hour x2, every three to four hours with feeding until discharge (O2 sat checks every 4 hours x3 and then daily), (sats to remain > 92%) Mother GBS+ vitals every 4 hours until discharge after recovery vitals. Notify MD with any abnormal values. All newborns: vitals within two hours of discharge.
Weight	×	H		Newborn weights daily
Orthostatic VS			×	• •

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CARE PLANS	1200 (1400) 0800 (1000)	T 600 (TS 00)	400 (0000)	yləteibəmmi	During Shift /Event End of Shift	Comments/Tips:
PP/Newborn	×	×	×		×	 Initiate within 4 hours and individualize to your patient Prioritize & document goals every shift in a care plan progress note Goals/interventions need to be resolved or addressed before discharge
PROGRESS NOTES				- 1		
PP/Newborn					×	 Admission to Postpartum/Normal Newborn, change in status, transfer, discharge, provider notification, panic/critical lab notification and action taken. (SBAR format).

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Date	Description of Change(s)
11/7/16	Updated pain under OB/Newborn flowsheet (systems review) according to the Pain Policy from 10/2016.

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11. EPIC ACCESS

The School is responsible for setting up EPIC access for the students and Omnicell access for the instructors. There will be a "Student Requester" trained at each school by North Memorial IT who is responsible for using Service-Now to enter the students and faculty. If the school does not have the EPIC training materials, an EPIC assessment/test, answer key, and the IT acknowledgement and consent form, contact MGH Education office.

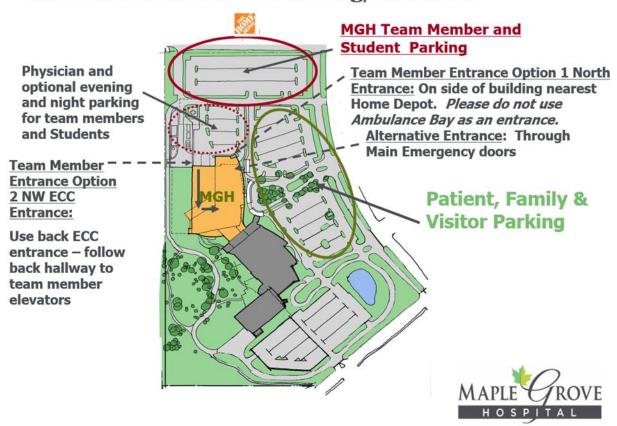
The Student Requester is
☐ The "student requester" submits a Service-Now request to North Memorial IT at least
4 weeks prior to the start of the experience.
☐ The IT Acknowledgement and Consent form, with the student's test score and
signature, faxed to North Memorial Health's IT department
☐ The student has been assigned an S# and has been given the number prior to the
start of the clinical experience
12. STUDENT INFORMATION
The following student information must be provided to the MGH Education Office at
least 6 weeks prior to the student arrival
Student Name
Student Phone Number
☐ Student Email Address
Faculty/Instructor Name
Faculty/Instructor Phone Number
Faculty/Instructor Email address
Contact person at the school who can answer questions/ provide clarification
School name
☐ Start and end date of rotation
Unit for clinical rotation
Graduation date for each student
13. EDUCATOR RESPONSIBILITIES
The unit Educator will:
Contact the Student to coordinate the student schedule with the RN Mentor Schedule
Forward the current policies regarding Scope of Practice and Assessment and
Documentation Guidelines Policies to the student to insure the student has the most
recent versions.
Schedule all observation of other units/leaders

☐If a Leadership Opportunity is part of the experience, select projects and coordination completion.
14. APPROVALS for the unit of the rotation. Verify approval for any observations of other staff during the rotation and determine a leadership project, if required as part of the rotation.
The Unit Manager was contacted on (date) The following observations have been approved and will be arranged for the student. The educator in the department has been contacted to make the arrangements:
A leadership project was selected and approved by the manager:
Hours to complete project:
15. ORIENTATION If possible, student should attend NEW HIRE ORIENTATION and CLINICAL CORE. Educator will notify HR and Clinical Core Coordinators of the students scheduled dates. If orientation attendance cannot be arranged, contact the Educator to arrange an individual orientation.
New Hire Orientation date: Clinical Core date:
16. FIRST DAY OF STUDENT CLINICALS Unit Educator has arranged a tentative schedule with the student and communicated to the RN Mentor, Staffing Office, and Student. Summary:

17. PARKING

Parking is available in the MGH lot closest to the Home Depot. Please refrain from parking in the visitor lots

MGH Team Member Parking/Entrance



18. BADGES

"MGH MSCC/ICC Student", pink lined "MGH FBC Student" and MGH ECC Badges Badges will be available at the 1st floor Security desk.

Student must check out a badge upon arrival, leaving license or keys, and return the badge at the end of shift.

MGH badge and School badge must be worn at all times.

19. UNIT ORIENTATION CHECKLISTS

Unit Orientation Checklists must be completed before the student is on the unit. Review the content with the student, initial under "RN Mentor" and sign under Onsite Faculty). Student must also initial and sign the document. Return the document to the MGH Education Department (LL -10) at the end of the first day.

AAPLE GROVE

Clinical Student and Onsight Faculty - Safety & Unit Orientation Checklist

	PATIENT CARE	WORK IN TEAMS FOR SAFETY AND REMARKABLE	
Student Onsite Faculty	School:	Unit:	Name:

Checklist to be completed and returned to Education Department (-10) prior to/during first clinical shift at Maple Grove Hospital

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June 2018

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Clinical Student and Onsight Faculty - Safety & Unit Orientation Checklist

 15. Supplies Supply Room Location/Items Safe Patient Handling- Transfer Devices DVT Prophylaxis pumps- locations and application (In-patient Units) 16. Patient Rooms Call light / electronics Communication boards Code Green, Code Blue Buttons 			
The Environment	Student Initials	RN Mentor	Date
 Hand washing/toaming Cleaning of equipment Contact Precautions/Equipment/Signage Handwashing/Foaming Food and drink locations Cleaning of equipment Contact Precautions / Equipment / Signage Enacelet Light Light Ergonomic Issues Special Equipment (e.g. lift equipment) Hazardous Substances / Waste specific to department Role in reducing security risks Management of patient valuables Management of personal valuable in department / unit Customer Identification (2 IDs, name and date of birth, etc) Preventing Customer Harm (e.g. fall prevention, pressure injury, etc) 			
8. Infection Control			

Clinical Students are not trained/validated to use POCT glucometer or Restraints at Maple Grove Hospital. These skills will need to be delegated or the patient reassigned by the PCF

All of the above items have been reviewed:

Student

Sign and date:

Onsite Faculty Sign and date:

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18. TIP SHEET for RN Clinical Faculty and Clinical Mentors

EPIC ACCESS Faculty:

In Service-now, when making a request under "Affiliate and Student Access – New Student," under "Student Type," there is a field, "Nursing Instructor." Selecting Nursing Instructor will set up the instructor with a S# and with Omnicell access.

EPIC ACCESS Students:

When a student logs into North Memorial Health Epic for the first time, the student will need a S# which is the Epic User ID#. Nursing programs request Epic access for students through Service-now. The nursing program provides the S# to the student prior to the start date. If a student does not know the S# upon arrival, the student should contact the school.

Directions for Student's first login to Epic at Maple Grove Hospital:

When a student logs into Epic for the first time, they will need to use their S# (Epic User ID#) which serves as the default password.

LOG INTO THE PORTAL:

Password Reset (4 colored squares)

- 1. Enter User Name (S# = Epic User ID) example: s1234
- 2. Password = ID# + lastname + first letter of first name (in lower case). If this does not work, call IT service desk at ext 12580 or 763-581-2580.
- 3. You will be asked to answer the 3 security questions and click "Submit"
- 4. Click the password reset option on the left
- 5. The old password is the same as step #3 above. The new password needs to be at least 6 characters and contain a number
- 6. Once you have successfully changed your password, you can open EPIC

UNIT SAFETY CHECKLIST FOR STUDENTS

Review the Unit Safety Checklist for Student. Both student and RN Mentor sign and send to Beth Germick in Education through interoffice mail or drop off (L-10).

NOTE: If a student has already signed, review the checklist, have the student sign again, and Mentor must sign. We do not accept checklists without the Mentor signature.

19. CONTACTS AT MGH

Maple	Grove C	ontact L	ist for S	aple Grove Contact List for Student Clinicals
Professional Practice, Development,			Phone #	Email Address
Elizabeth Germick, Education Coordinator MGH (primary contact for MGH pre-licensure nursing student clinical placements)	r MGH (primary co cements)	ontact for MGH	763-581-1816	Elizabeth. Germick@maplegrovehospital.org
Ashley Colberg, Senior Educator MGH			763-581-1804	Ashley.Colberg@maplegrovehospital.org
Lou Ann Setter, Education Administration Coordinator North Memorial (affiliation agreements)	Coordinator Nor	th Memorial	763-581-4745	763-581-4745 LouAnn.Setter@northmemorial.com
Administration	Location	Unit Name	Phone #	Email Address
Faith Zwirchitz, Dir. Woman's and Children's	2nd floor	Family Birth Center	763-581-1802	Faith.Zwirchitz@maplegrovehospital.org
Sheryl Vulgteveen, Dir Acute Care	3rd floor	MSCC/ICC	763-581-3049	Sheryl.Vugteveen@maplegrovehospital.org
Family Birth Center Manager	Location	Unit Name	Phone #	Email Address
Jolene Holmbo, Mgr, PP/Peds	2nd floor	spad/dd	763-581-2003	Jolene.Holmbo@maplegrovehospital.org
MSCC/ICC	Location	Unit Name	Phone #	Email Address
Sandy Bremer, Manager Med/Surg&ICC	3rd floor	MSCC/ICC	763-581-1365	Sandy.Bremer@maplegrovehospital.org
ECC	Location	Unit Name	Phone #	Email Address
Jeff Miller, Manager ECC	1st Floor	ECC	763-581-1230	Jeff.Miller@maplegrovehospital.org
Nurse Educators	Location	Unit Name	Phone #	Email Address
Jennifer Hagen, MSCC/ICC Nurse Educator	3rd floor	DOI/DOSW	763-581-3041	Jennifer. Hagen@maplegrovehospital.org
Megan Peterson, Post Partum and Peds Nurse Educator	3rd floor	spa/dd	763-581-1584	Megan. Peterson@maplegrovehospital.org
Ashley Colberg, Senior Educator MGH/ ECC Nurse Educator	1st floor	CC	763-581-1804	Ashlev.Colberg@maplegrovehospital.org
Core Units	Location		Phone #	
Labor and Delivery	2000		763-581-2050	
Post Partum/Pediatrics	2200		763-581-2200 or 4200	

Neonatal Intensive Care Unit	3200		763-581-2035	
Medsurg Care Center	3100		763-581-3100	
Intensive Care Center	3000		763-581-3000	
Other	Subject Matter		Phone #	
IT Service Desk	Information Technology	Technology		763-581-2580, FAX: 763-520-4322
Security	ID Badges	dges	*77	MGHIDbadgerequest@maplegrovehospital.org_

20. REQUIRED LEARNING PACKET

Our Required Learning Packet is attached for reference as needed.