

Maple Grove Hospital



RN Mentored Clinicals
Maple Grove Hospital
MSCC/ICC

Maple Grove Hospital

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	

Maple Grove Hospital

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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.

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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, signed by MGH CNO.

No, there is not a current PLA in place. Please contact the MGH Education Department



PROGRAM LETTER OF AGREEMENT

This Program Letter of Agreement ("PLA") is entered into between Maple Grove Hospital and _____ ("School") as of the _____ (date), pursuant to the Clinical Experience Agreement entered into between the parties.

1. Pursuant to the Clinical Experience Agreement and this PLA the parties agree that the School will place students from _____ ("Program") at Maple Grove Hospital ("Site").
2. This agreement will be in effect for the time frame beginning _____ through _____
3. The maximum number of students from the Program that will be placed at Maple Grove Hospital sites will be worked out with the individual sites in advance.
4. The ratio of faculty to students will be _____ and the on-site availability of instructors shall be as follows: _____. Faculty are provided by the school and are available onsite for consultation while students are present.
5. No monies will be exchanged between the School and the Site.
6. 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.
7. This PLA is subject to the Clinical Experience 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 Ulfsatt

Print Name

VP Patient Care/CNO Maple Grove Hospital

Title

Signature

Signature

Return form to: Maple Grove Hospital Education Department

Maple Grove Hospital

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

The purpose of this agreement is to define responsibilities accepted as a clinical mentor for students at Maple Grove Hospital.

Conditions of Mentorship:

Mentor responsibilities:

1. I will facilitate a minimum of _____ hours and up to _____ hours of student observation. Approximately _____ hours for the student will be dedicated to observation of leadership and working on the identified leadership project (if applicable)
2. I understand that the student will be under my supervision throughout the experience.
3. 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 school and MGH.
4. I will arrange for the department Educator to schedule the following opportunities for the student to observe leaders in the facility:

5. I will support the following student leadership project (arranged by the department Educator and Manager):
 - a. Leadership Project:

- b. Hours to complete project: _____

6. I will complete an evaluation after completion, as requested by the school faculty.
7. I have read, understand, and agree with the responsibilities and policies outlined in the RN Mentored Clinical Manual for Maple Grove Hospital.

Mentor Name: _____ Date: _____

Credentials: _____

Educational Degree(s): _____

Certifications: _____

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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.

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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) _____

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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) <https://clinicalcoordination.org/clinical-prep/maple-grove-hospital-student-prep/>

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 Office **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)

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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 checking this box and signing on the above lines, I indicate that I have read the documents listed, but understand that the scope may vary due to the nature of being directly supervised by an RN preceptor at all times.

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

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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.

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*A partnership of
North Memorial Health and Fairview*

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: _____

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8. CLINICAL LEADERSHIP POLICY



POLICY AND PROCEDURE
Clinical Leadership Experience for Nursing Programs
Effective Date: 09/05/2018
BUSINESS CONFIDENTIAL

Document Owner: VP of Patient Care and CNO	Reviewed By: Clinical Site Prep Committee	Approved By: MGH Director Team
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SCOPE

Maple Grove Hospital

PURPOSE

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

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

POLICY

1. 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.
2. 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.
4. All graduate nursing students must be assigned an RN with advanced education to oversee the learning experience.
5. 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

1. 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**:
 - a. 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
3. Expectation/Guidelines of the **Assigned Staff RN**:
 - a. Supervise the care students are providing to their assigned patients versus delegating care to students
 - b. 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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- 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
 - ii. Knowing the student's skill level and limitations (e.g. ability to pass medications, provide treatments)
 - iii. 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
 - b. 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
 - j. 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
 - c. 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
 - d. 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
 - h. Completes all documentation and returns badge to the faculty member before leaving the unit
 - i. Reports any infectious disease exposure to faculty, assigned clinical mentor, and charge RN
 - j. 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:
 - i. Collaborates with the preceptor to determine work schedule
 - ii. 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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- i. 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
 - iii. 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**:
 - i. 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
 - v. Demonstrates knowledge and uses appropriate resources to incorporate principles and concepts relevant to nursing process
 - vi. 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
 - vii. 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
 - i. Meets with the student and mentor on an ongoing basis to evaluate the learning objectives of the course
 - ii. 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:
 - i. Collaborate with graduate nursing student to identify a Maple Grove Hospital employed advanced degree RN
 - ii. Supports students' clinical experience by collaborating with faculty employed advanced degree RN
 - iii. 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
 - v. 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
 - ii. Review course objective with Maple Grove Hospital Advanced degree RN and seek assistance when necessary

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POLICY AND PROCEDURE
Clinical Leadership Experience for Nursing Programs
Effective Date: 09/05/2018
BUSINESS CONFIDENTIAL

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)

Maple Grove Hospital

9. SCOPE OF PRACTICE

Please review the Scope of Practice for Student Nurse Policy.



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

Document Owner: VP Patient Care and CNO	Reviewed By: Clinical Site Prep Committee	Approved By: MGH Director Team
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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

1. 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.
2. Must hold current certification in American Heart Association Basic Life Support (BLS) and be able to apply BLS knowledge in an emergency as needed.
3. Students and faculty shall comply with all Maple Grove Hospital established policies and procedures at all times.
4. 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.
5. 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).
6. 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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POLICY AND PROCEDURE
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.
9. 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.
10. 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.
14. Must immediately report to unit PCF or co-assigned Maple Grove Hospital RN team member medication error or other adverse event.
15. 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.
17. 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
Effective Date: 09/05/2018
BUSINESS CONFIDENTIAL

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.

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

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
Medication 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 routes		F/M	
3. Adult and Pediatric medication administration that require Special monitoring (see <i>Medication Administration</i> policy)	F/M		
4. Chemotherapeutic agents, IV cardiac altering agents, IV insulin, blood/blood products, IV Bolus, IV anticoagulants, and sedation medication	F/M		
5. IV Bolus	F	M	
6. IV Controlled Substances and IV Push	F	M	
7. Administration of TPN/Lipids/Hyperalbuminemia	F/M		
8. Anticoagulants SQ (including Heparin, Lovenox)	F	M	
9. Administration of intrathecal medication	F/M		
Central 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		
Implanted 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		
Dialysis 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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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
Peripheral IV's			
1. Hang Solution	F	M	
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/Epidural 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
Physician 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 and Skin Care			
1. Perform initial admission head to toe assessment			F/M
2. Perform non-sterile dressing changes			F/M
3. Measure wounds and document in EMR			F/M
4. Remove any type of Wound Drain (Penrose, JP, Duval, etc.)			F/M

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

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
Perform Therapeutic Respiratory Procedures			
1. Perform nasopharyngeal suctioning	F	M	
2. Perform tracheostomy suctioning	F	M	
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
Maintain Immobilization and Support			
1. Casts	F	M	
2. Traction	F	M	
3. Splints	F	M	
4. Slings		F/M	
5. Binders		F/M	
6. Anti-embolism stockings		F/M	
7. Sequential Compression System		F/M	
Mobility			
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
Monitoring			
1. Interpret EKG or fetal monitoring	F/M		
2. Discontinue/remove EKG or fetal monitoring	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
----------------	----------------------	--	--

Point 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 Documentation (All pending documentation is to be reviewed by clinical faculty at end of every clinical 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 and 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 of fall prevention Precautions | | F/M | |
| a. Ongoing assessment of fall prevention precautions | | | F/M |
| 7. Order supplies | F/M | | |
| 8. Complete linen change | | | F/M |
| 9. Post mortem care | | F/M | |

Communication

- | | | | |
|--|---|-----|-----|
| 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 | |

Maple Grove Hospital



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
Laboratory Specimens			
1. Collect, complete, label, and deliver laboratory specimens		F/M	
Restraints			
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		
Participation 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

Date	Description of Change(s)
7/2019	Updated to align with RN Mentorships

Maple Grove Hospital

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

ATTACHMENT
Assessment, Interdisciplinary - Att - C - MSCC ICC Assessment and Documentation Guidelines
 Effective Date: 12/14/2018
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Document Owner: Mgr of Acute Care	Reviewed By: MSCC/ICC Manager, MSCC/ICC ANM Manager	Approved By: Dir, Acute Care
MSCC PATIENTS	ICC CONSIDERATIONS	OBSERVATION PATIENTS

MSCC PATIENTS	Comments/Tips:						
	0800 (1000)	1200 (1400)	1600 (1800)	2000 (2200)	2400 (0200)	0400 (0600)	Immediately During Shift End of Shift
SYSTEM ASSESSMENT FLOWSHEET							
Admission							x
Neuro	x	x					
Pupils					x	x	
Swallow Screen							x*
Psychosocial	x	x					
Cardiovascular	x	x					
DVT Prophylaxis	x	x					
Pulmonary Breath	x	x					
Gastrointestinal	x	x					
Genitourinary	x	x					
Musculoskeletal	x	x					
Integumentary	x	x					
Head to Toe Skin	x	x					

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ATTACHMENT
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MSCC PATIENTS	End of Shift							Comments/Tips:
	(0700) 0800 (1000)	(1200) 1400	(1500) 1600 (1800)	2000 (2200)	(2300) 2400 (0200)	0400 (0600)	During Shift /Event Immediately	
VASCULAR ACCESS FLOWSHEET								
IV Sites	xx xx xx xx xx							<ul style="list-style-type: none"> Monitor anytime you go in the room. Document every 2 hours. Saline Lock is q 4 hours, if there is a continuous infusion (central or peripheral) assess/document q2 hours. Flush every 8 hours minimum. Change PIV per criteria listed in P&P
Vascular Access	x x x x x							
Central Lines	x x x x x x x x							<ul style="list-style-type: none"> Dressing changes: Sterile Chlorhexidine- every 7 days & PRN (damp, loose, soiled). Covered in gauze- every 2 days & PRN Date/Time/Initials on dressing and documented in EPIC Transparent semipermeable are preferred, but gauze may be used if site damp.
IV MAR FLOWSHEET								
IV MAR	700	1500	2300					<ul style="list-style-type: none"> Add up all IV Fluids/total pumps and documents volumes. Chart "real time" and remember PCA's.
ADULT I/O FLOWSHEET								
I/O	x x x x x x	x x x x x	x x					<ul style="list-style-type: none"> Document in "real time" throughout shift (voiding, emesis, stool).
Drains/Foleys	700	1500	2300					<ul style="list-style-type: none"> Drains/Foleys emptied at the end of every 8 hour shift.

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MSCC PATIENTS	(0700) 0800 (1000)	(1200) 1400	(1500) 1600 (1800)	(2000) (2200)	(2300) 2400 (0200)	0400 (0600)	Immediately	During Shift/Event	End of Shift	Comments/Tips:
		x	x	x	x	x	x	x	x	
CARES AND SAFETY FLOWSHEET										
Hygiene/Activity	x	x	x	x	x	x	x			• Offer baths (even if refuses), document turns/repositions, mobility and trips (up to chair, bathroom), HOB elevations every 2 hours.
VTE Prophylaxis	x		x	x						• On admission and during each 8 hour shift
Equipment	x	x	x	x	x	x				• All applicable equipment, interventions, specialty beds (fans, ice packs for fever & warm blankets for hypothermia patients only)
Nutrition	x	x	x	x	x	x				
Safety	x	x	x	x	x	x				
Violence Risk Assessment	x		x							• On admission and during each 8 hour shift
Suicide Risk Assessment	x		x							• On admission, with each shift, and upon change in status. Document UTA (unable to assess) if intubated/sedated. After 2 consecutive scores of 0 assessments can be discontinued.
Braden Scale	x		x							• On admission and every 8 hours. Also with condition changes and on transfer.
Risk for Injury	x		x							• If <19 or any sub score <3, initiate SAFER and appropriate interventions
Hendrich II- Falls	x		x							• If risk for injury score is 1-4, implement/document appropriate Fall Prevention interventions
Safety Intervention	x		x							• If Hendrich score is 5 or greater, implement/document appropriate Fall Prevention Interventions beyond Standard
										• Initial Falls Assessment and Risk for Injury to be done at the time of the initial assessment
										• Complete re-assessment with changes of status or fall event
										• Interventions to be documented every 8 hours
										• Standard interventions for all patients, add appropriate additional interventions for patients with RFI and or Hendrich 5 of greater

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MSCC PATIENTS		End of Shift						During Shift /Event	Immediately	Comments/Tips:
		(0700) 0800 (1000)	(1200) 1400	(1500) 1600 (1800)	2000 (2200)	(2300) 2400 (0200)	0400 (0600)			
TELEMETRY MONITORING FLOWSHEET										
*Telemetry	x	x	x	x	x	x			<ul style="list-style-type: none"> Place strip in chart, document in tele flowsheet. Document EKG alarms high and low on telemetry (not ICU) flowsheet. Document arrhythmias PRN. 	
CARE PLANS										
*MSCC & ICC	x	x	x	x	x	x			<ul style="list-style-type: none"> Initiate within 24 hours and includes goals and nursing interventions individualized to the patient, including their diagnosis. Prioritize and document goals every 12 hours in a care plan progress note. Goals/interventions need to be resolved or addressed before discharge. Care plan note once between the hours of 0700 and 1900, and also 1900 and 0700 and with condition changes. 	
COMMUNICATION FLOWSHEET										
Critical Labs							X		<ul style="list-style-type: none"> Chart exact time of call, value & action. Do not use "Continue to Monitor" unless provider aware. 	
Echo Results							X			
MD/Provider notify							X		<ul style="list-style-type: none"> Must be documented even if MD is on unit: provider, reason, time, action. 	
Significant Event							X	X	<ul style="list-style-type: none"> Chart precise start time of event/procedure 	
Interpreter							X		<ul style="list-style-type: none"> Document time service called & arrived for each interpreter use. 	

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ICC Considerations	0800 (1000)	1200 (1400)	1600 (1800)	2000 (2200)	2400 (0200)	0400 (0600)	Immediately	During Shift /Event	End of Shift	Comments/Tips:
	Admission							x	x	
Vital Signs	XX	XX	XX	XX	XX	XX				<ul style="list-style-type: none"> Every 2 hours minimally, Every 15 minutes if titrating pressors
Pain Assessment	XX	XX	XX	XX	XX	XX				<ul style="list-style-type: none"> Reassess within 2 hours after medication intervention.
Head to Toe	x	x	x	x	x	x				<ul style="list-style-type: none"> On admission and every 4 hours
Drains/Foleys	x	x	x	x	x	x				<ul style="list-style-type: none"> Foley urine output monitored & documented every 2 hours minimally. I/O on ALL patients
Weight									x	<ul style="list-style-type: none"> On admission and daily as ordered. Doc type of scale used. Height on admission.
ADL's	XX	XX	XX	XX	XX	XX				<ul style="list-style-type: none"> Every 2 hours w/turns, cares, baths (document reason for refusal)
ICC Vitals / FLOWSHEET										
TIA/ FULL NIHSS							x			<ul style="list-style-type: none"> Immediately at Admission using Stroke Navigator. Modified NIHSS frequency per MD Order. Full NIHSS also at discharge
CIWA Vital Signs	x	x	x	x	x	x				<ul style="list-style-type: none"> RN may initiate CIWA Assessment based on patient history and/or presentation. If CIWA score 8 or above, call MD for CIWA order set (Alcohol Detoxification) CIWA <8 : VS Q 4 hours CIWA greater than or equal to 8: VS Q 1 hour
CIWA Assessment	x	x	x	x	x	x				<ul style="list-style-type: none"> CIWA 0-4: RN to assess patient based on CIWA every 4 hours CIWA 5-7: RN to assess patient based on CIWA every 1 hour CIWA greater than or equal to 8: RN to assess every 15 minutes and provide a dose based on the regimen ordered until the patient's CIWA is less than 8, then continue to assess based on CIWA score.
RASS and CAM-ICU Scales	XX	XX	XX	XX	XX	XX				<ul style="list-style-type: none"> Every 2 hours

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OBSERVATION PATIENTS		Comments/Tips: Follow MSCC Assessment Guidelines and/or ICC Assessment Consideration for Observation Status Patients and include Care Plan End Points listed below.										
		End of Shift	During Shift/Event	Immediately	0400 (0600)	2400 (0200)	2000 (2200)	1600 (1800)	1200 (1400)	0800 (1000)		
MSCC/ICC Observation Navigator												
Care Plan End Points												
		<ul style="list-style-type: none"> Alert provider when all care plan end points are met. 										

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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

Maple Grove Hospital

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

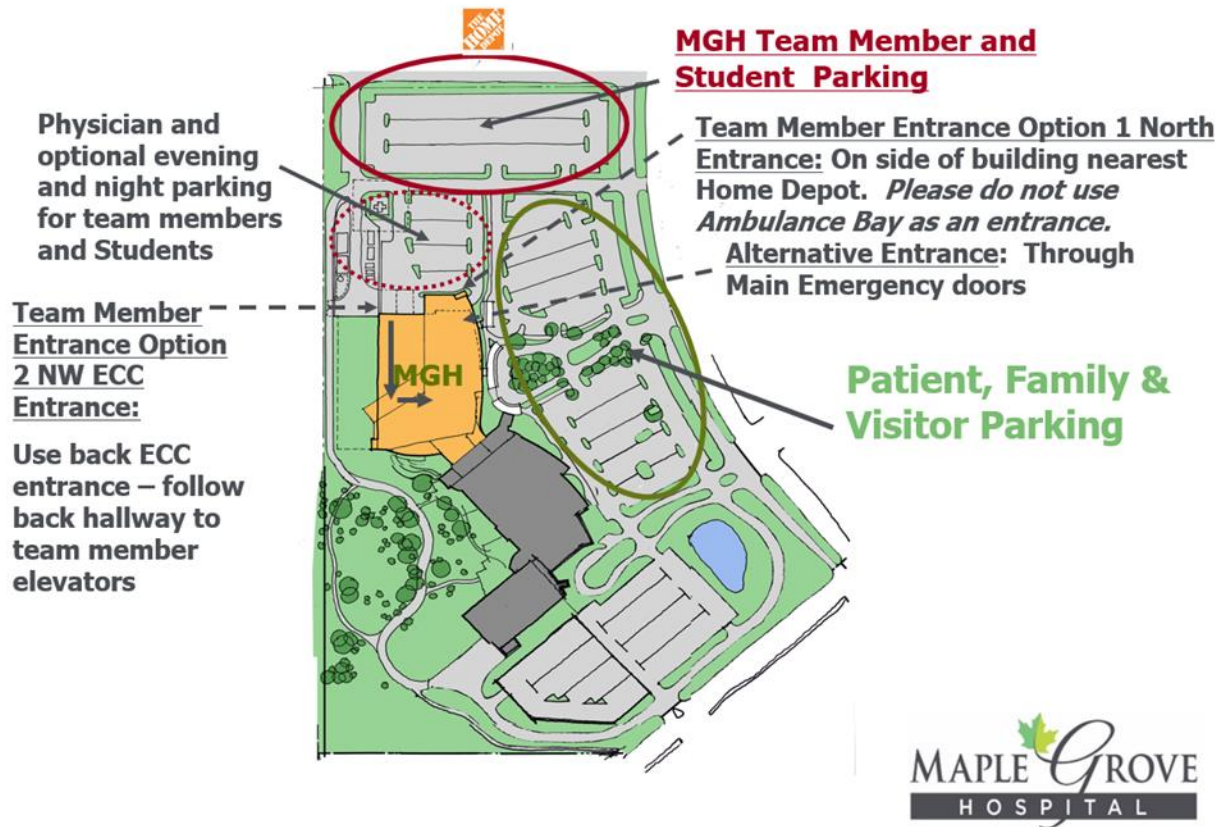
Tentative schedule for the student in clinical rotation and the schedule has been communicated to the Educator for the floor. In addition to the schedule, the following observations have been arranged:

Maple Grove Hospital

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



Maple Grove Hospital

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.

Maple Grove Hospital

Clinical Student and Onsite Faculty - Safety & Unit Orientation Checklist



Name: _____

Unit: _____

School: _____

Student Onsite Faculty

WORK IN TEAMS FOR SAFETY AND REMARKABLE

PATIENT CARE

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

Clinical Student - Safety & Unit Orientation Checklist

<u>DATE</u>	<u>RN MENTOR</u>	<u>STUDENT INITIALS</u>	ORIENTATION CONTENT – WELCOME!
<u>Date</u>	<u>RN Mentor</u>	<u>Student Initials</u>	Work in Teams for Safety and Remarkable Patient Care <ol style="list-style-type: none"> ORIENTATION TO THE UNIT/DEPARTMENT <ul style="list-style-type: none"> PARKING AND WHERE TO STORE PERSONAL BELONGINGS BADGE UNIT LAYOUT/TEAM MEMBER RESTROOMS/CAFETERIA Introductions and work assignments Verify EPIC Access Breaks Personal Appearance OMNICELL ACCESS TUBE SYSTEM DESK CALL LIGHT SYSTEM Expectation for Collaboration and team work Work assignment process
<u>Date</u>	<u>RN Mentor</u>	<u>Student Initials</u>	Communicate Effectively for Safety and Remarkable Patient Care <ol style="list-style-type: none"> Handoff Process
<u>Date</u>	<u>RN Mentor</u>	<u>Student Initials</u>	Manage Safety Risks for Remarkable Patient Care <ol style="list-style-type: none"> Emergency Management: Location of emergency equipment Life Safety <ul style="list-style-type: none"> Location of fire extinguishers Location of pull stations Equipment for evacuation Code Pink – Purpose and Responsibilities Code Red/RCA: <ul style="list-style-type: none"> R: Rescue individual that is involved in the fire C: Confine the fire A: Alarm should be sounded as soon as possible Important Contact Numbers: <ul style="list-style-type: none"> House wide Emergency Phone Number- *77 MGH Customer Service- 12321

June 2018

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Clinical Student and Onsite Faculty - Safety & Unit Orientation Checklist



<i>Date</i>	<i>RN Mentor</i>	<i>Student Initials</i>	The Environment
			<p>8. Infection Control</p> <ul style="list-style-type: none"> • Hand washing/foaming • Cleaning of equipment • Contact Precautions/Equipment/Signage • Handwashing/ Foaming • Food and drink locations • Cleaning of equipment • Contact Precautions / Equipment / Signage <p>9. Fall Risk</p> <ul style="list-style-type: none"> • Bracelet • Light <p>10. Ergonomic Issues</p> <ul style="list-style-type: none"> • Special Equipment (e.g. lift equipment) <p>11. Hazardous Substances / Waste specific to department</p> <p>12. Role in reducing security risks</p> <ul style="list-style-type: none"> • Management of patient valuables • Storage of personal valuable in department / unit <p>13. Customer Identification (2 IDs, name and date of birth, etc)</p> <p>14. Preventing Customer Harm (e.g. fall prevention, pressure injury, etc)</p> <p>15. Supplies</p> <ul style="list-style-type: none"> • Supply Room Location/Items • Safe Patient Handling- Transfer Devices • DVT Prophylaxis pumps- locations and application (In-patient Units) <p>16. Patient Rooms</p> <ul style="list-style-type: none"> • Call light / electronics • Communication boards • Code Green, Code Blue Buttons

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: _____

June 2018

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Maple Grove Hospital

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.

Maple Grove Hospital

19. CONTACTS AT MGH

Maple Grove Contact List for Student Clinicals					
Professional Practice, Development,	Location	Unit Name	Phone #	Email Address	
Elizabeth Germick, Education Coordinator MGH (primary contact for MGH pre-licensure nursing student clinical placements)			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)			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 Vugteveen, 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	PP/Peds	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	MSCC/ICC	763-581-3041	Jennifer.Hagen@maplegrovehospital.org	
Megan Peterson, Post Partum and Peds Nurse Educator	3rd floor	PP/Peds	763-581-1584	Megan.Peterson@maplegrovehospital.org	
Ashley Colberg, Senior Educator MGH/ ECC Nurse Educator	1st floor	ECC	763-581-1804	Ashley.Colberg@maplegrovehospital.org	
Core Units	Location		Phone #		
Labor and Delivery	2000		763-581-2050		
Post Partum/Pediatrics	2200		763-581-2200 or 4200		

Maple Grove Hospital

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

20. REQUIRED LEARNING PACKET

Our Required Learning Packet is attached for reference as needed.