



July 1, 2009

Re: Clinical Student Requirements at Saint Luke's South Hospital

Dear Educator:

Saint Luke's South Hospital has agreed to provide clinical training rotations to some of your students this year. Prior to their rotations, we will need several tests and forms completed by the school and/or students. A list of Clinical Student Requirements is attached, along with copies of any forms, and instructions on how to complete the clinical training modules. These forms can change from year to year, so please be sure to check back with us at the start of each new school year to ensure you have the most current requirements.

If you are coming to our facility for the first time, for your success and the success of your students, we require you to orient eight (8) hours with a nurse on the unit where your students will be placed before the students begin. We also want to ensure you are competent using our electronic medical record and medication administration system. Our Clinical Education Specialist can help you arrange to complete these requirements.

Your primary contact for coordinating rotations at Saint Luke's South Hospital is:

Kathleen Bennett, RN
Clinical Education Specialist
Tel. (913) 317-7939
kbennett@saint-lukes.org

Clinical Student Requirements must be submitted two (2) weeks prior to student rotations. Requirements can be mailed or dropped off to Kathy Bennett's assistant, Michele Allen, at the following address:

Saint Luke's South Hospital
Attn: Michele Allen
Nursing Administration
12300 Metcalf Avenue
Overland Park, KS 66213
Tel. (913) 317-7575
mallen@saint-lukes.org

We are looking forward to having you and your students at our hospital and welcome your feedback on the clinical experience. Feedback can be directed to either Kathy or me at any point during the year. Thank you for choosing Saint Luke's South Hospital!

Sincerely,

Meda Bower, RN, MS, RD, LD, CDE
Clinical Education Manager
Tel. (913) 317-3998
mbower@saint-lukes.org

Enclosures (6)

Requirements from School:

- Requirement of Documentation Statement (from college representative) **for each student or group**, showing:
 - ✓ Negative TB
 - ✓ Hepatitis B Vaccination documentation
 - ✓ Can show evidence that he/she has immunity to Varicella (vaccination or + antibody screen/titer or physician diagnosed disease).
 - ✓ MMR Vaccination documentation
 - ✓ Free of communicable diseases
 - ✓ CPR Certified
 - ✓ Completion of background check

- Written Objectives (provided by course faculty, one copy – please deliver to the unit coordinator)

- Students have been provided with a copy of the General Guidelines for Students handout.

Requirements from Students:

- Signed Authorization and Release for Student Participation form

- Pledge of Confidentiality (PRIV-74)

- Proof of passing the CNE/KCANE Test, or,
 - Completed Privacy Training and Test (HIPAA)
 - Completed Information Security (IS) Training and Test
 - Completed Clinical Safety Training and Test**(These training modules and tests are available on-line at Quia.com, instructions are enclosed.)**

Completed requirements should be sent to:

Saint Luke's South Hospital
Attn: Michele Allen
Nursing Administration
12300 Metcalf Avenue
Overland Park, KS 66213
Tel. (913) 317-7575
Fax (913) 317-7909
mallen@saint-lukes.org

Clinical Experience On-line Training and Assessment Instructions

Please refer to the chart below to locate which training and tests will be required of you. These training modules can be found on the World Wide Web at www.quia.com.

Step 1: At the Quia.com website, select "Quia Web" by clicking on the *Visit Quia Web* button.

Step 2: On the Student Login side, click on *Click to Enter*. Create a free student account by clicking on *Create my free account*.

Step 3: Create a User ID and Password. Saint Luke's South will not have access to your UserID or Password if you forget them, so choose something you will remember.

Step 4: Enter the class access code. This is the code listed by the class names below. You can add all of your classes at once or add them as you go.

Once you add a class, you can take the training and test whenever you want. You can return to the training module as often as you want, but if you leave in the middle of a test, you will be required to start the test again the next time you return to complete it, so complete each test in one session.

You need to score **at least 80%** on each test. Saint Luke's South does not accept test scores below 80%. Check your score at the end of each test. If you did not score 80% or better, you will need to retake the test until you do.

Students:

Print out your test results once you have achieved an acceptable score and provide it to your instructor **at least two (2) weeks** prior to your rotation.

Observers:

Print out your test results once you have achieved an acceptable score and bring it with you to your Observation appointment. Give it to the Unit Supervisor or the preceptor you shadow with.

Training/Testing Modules	Clinical Students	Observers	Class Access Code
HIPAA Privacy Training & Test	✓	✓	DTA996
Information Security Training & Test	✓	✓	AJBNRX749
Clinical Safety Training & Test	✓		BATRPD679

Requirements of Documentation Statement

Students' Name: _____

(Other items may be added as needed according to the requirements of any specific situation or area policies.)

This statement serves to verify that the University/Organization maintains files which document evidence of the following for all students and instructor(s) who will be in a clinical area at Saint Luke's South Hospital during academic year of 2009-2010. Documentation will be provided to the Hospital upon request.

Each student and instructor who will be in the clinical area:

1. Can show evidence he/she is negative for TB.
2. Can show evidence he/she has immunity to Hepatitis B (vaccination series + titer/screen) or waiver signed declining vaccination.
3. Can show evidence that he/she has immunity to MMR (vaccination or + antibody screen/titer).
4. Can show evidence that he/she has immunity to Varicella (vaccination or + antibody screen/titer or physician diagnosed disease).
5. Proof of Tetanus, Diphtheria and acellular pertussis booster within 10 years (Tetanus and Diphtheria will be sufficient if that was the last booster given within 10 years).
6. Is free of communicable diseases.
7. Is currently certified in Basic CPR.
8. Certification of completion of background check

College/University Representative

Date

Title

Universal Responsibilities

Each student involved in patient care has certain "overall" responsibilities that must be conscientiously done. These are:

1. Receiving and giving report
2. Keeping staff informed at all times of patient status
3. Seeking directions/validation from instructor/staff
4. Working within boundaries of education
5. Seeking assistance when performing skill for the first time
6. Reporting any unfinished patient care before leaving the unit
7. Signing all documents made in the patient's medical record

Forms and Tests

Prior to the beginning of his/her hospital experience, each student must complete the following forms and tests:

- Pledge of Confidentiality (PRIV-74),
- Authorization for Student Participation Form, **and**
- CNE/KCANE Orientation Competency Exam Statement of Completion, **or**
 - On-line Privacy Training (HIPAA) and Test (self-corrected)*
 - On-line Information Security Training and Test (self-corrected)*
 - On-line Safety Training and Test (Graded by your preceptor.)*

Your test answer sheets and signed forms must be provided to the Education Office two weeks prior to orientation. They can be sent to:

Saint Luke's South Hospital

Attn: Michele Allen
Nursing Administration
12300 Metcalf Avenue
Overland Park, KS 66213
Tel. (913) 317-7575
Fax (913) 317-7909
mallen@saint-lukes.org

Conduct

St. Luke's South Hospital strives to maintain a positive and productive work environment. Each student is expected to act respectfully and courteously at all times to other students, staff, visitors, and patients. Misconduct, abuse, or abusive language will not be tolerated.

* If the Nursing School participates in the Collaborative Orientation Model (CNE/KCANE Orientation Competency Exam), the nursing student does not need to complete these tests. Instead provide proof of passing CNE/KCANE exam results.

The following conduct is prohibited while on St. Luke's South property:

1. Possessing, consuming distributing, delivering, dispensing, exchanging, selling or using alcoholic beverages.
2. Possessing, consuming, manufacturing, distributing, delivering, dispensing, exchanging, selling or illegally using drugs or any drug-related paraphernalia.
3. Having present in the body or being under the influence of alcoholic beverages or being impaired by the illegal use of drugs.

Saint Luke's South retains the right to have students removed if the Hospital staff determines that such action is in the best interest of the Hospital and its' patients.

Confidentiality

All patients and hospital information is confidential. Students are allowed access only to those Medical records that are necessary to provide patient care. Students making entries in the patient's medical record must sign and indicate their titles on such entries. Patient hospital information must not be shared with faculty, students, or staff in public areas.

Insurance

All students are required to be covered by professional liability insurance. **A certificate of insurance, evidencing that the required insurance is in full force and will not be terminated without 30 days advance written notice to the Hospital should be submitted to the Education Office prior to the first orientation day.** Students should check with their school/instructor to see if they are covered or need to obtain their own policy.

Meals

A discount on meals purchased in the Hospital cafeteria will be given to students who are wearing their student badges.

Smoking

St. Luke's South Hospital has a non-smoking campus. Smoking is not allowed within or outside the buildings.

Dress

The official school uniform should be worn while doing clinical rotations at St. Luke's South. **A Saint Luke's South Student badge must be worn, as well as your school name badge must be worn at all times.** All students must sign in and out, either in the PBX or on the unit, with their instructor or designated personnel. Students will receive the SLS student badge when they sign in and must return it when they sign out.

In disciplines where uniforms are not worn, street clothes that are casual, but professional in appearance may be worn with a white lab coat. Safe, comfortable, and clean shoes with hose/socks should be worn. Hair should be clean. Fingernails should be kept short and neatly trimmed. Conservative nail polish is acceptable. Chewing gum is NOT acceptable.

Students will consistently maintain a neat, clean, and well-groomed appearance to include:

- Hair clean and neatly trimmed with no extreme colors. Long hair is to be pulled back when providing direct patient care.

- Excessive use of colognes/perfumes is not permitted. In general, perfumes and colognes should be avoided, or worn only very lightly as some may have allergic reactions to the scents. *For the comfort of our patients, any use of colognes/perfumes by individuals providing direct patient care is prohibited.*
- Dark glasses are not permitted for indoor use unless prescribed by a physician.
- Only conservative jewelry is permitted. Jewelry that protrudes or hangs on a chain, including multiple bracelets, is prohibited particularly if it poses a safety issue to the employee or patient.
- Visible body piercings are limited to the ears, with a reasonable number of earrings permitted per ear.
- In general, tattoos should be covered. Any visible tattoos cannot be vulgar, profane or intimidating to patients and their families.

Students will consistently dress in appropriate attire to include:

- Dress/polo shirts are worn inside trousers or skirts.
- Clothing is properly fitting and non-revealing.
- Undergarments are to be worn and are not visible through clothing or outside clothing.
- For safety reasons, sock/stockings are to be worn at all times by those employees who have regular patient contact.
- Clothes are clean, unwrinkled, and in good condition.
- Shirts with discrete logos, located over the left breast pocket area, are permitted.
- Denim shirts, jumpers, vests and skirts, as long as they are clean, in good condition and not faded or frayed.
- Denim scrubs for those who work in patient care areas as long as they are clean, in good condition and not faded or frayed.

Attire that is **NOT** permitted:

- Sweat shirts
- T-shirts as an outer garment
- Buttons, insignias, or symbols other than above
- Leggings and stretch pants
- Halter tops or any other short tops that show bare backs or midriffs.
- Pants, including scrub pants that reveal bare backs or midriffs
- Jeans, unless approved by Administration on designated days.

Parking

Parking areas are provided so that each student can park in a controlled environment. Security is provided so that reasonable safety for all personnel and vehicles can be maintained. Students may park only in the designated areas.

Anyone parking in a Fire Lane or a Handicapped space without appropriate display of an authorized permit is subject to ticketing by the Overland Park police.



AUTHORIZATION AND RELEASE FOR STUDENT PARTICIPATION

SAINT LUKE'S HEALTH SYSTEM

saintlukeshealthsystem.org

STUDENT'S NAME (Please Print) _____

EMERGENCY CONTACT: _____ TEL. _____

STUDENT'S RESPONSIBILITIES:

I am a student of [_____] participating in the [_____] program. I acknowledge that the Hospital has made its facilities available to me for educational purposes. I have read, fully understand and agree to abide by information provided in the Clinical Orientation Manual; I have taken and passed the CNE/KCANE Orientation Competency Exam or the Saint Luke's South Information Security, HIPAA Privacy and Clinical Safety training and tests. I further agree to comply with all instructions of the physicians, nurses and other Hospital staff and to abide by the Hospital's policies and procedures. I agree to engage in only those activities that are a part of and authorized under my educational program at the Hospital.

I have documented evidence (negative PPD (Mantoux) TB skin test or negative chest x-ray, if TB skin test is positive) obtained within the last 12 months that I am free from active tuberculosis. If I will have contact with blood or other body fluids at the Hospital, I have documented evidence of immunity to Hepatitis B (completed Hepatitis B vaccine series or positive Hepatitis B antibody titer/screen or evidence that the vaccine was offered and waiver was signed by me). If I will have contact with pregnant women or children of the Hospital, I have documented evidence of immunity to measles (rubeola), mumps and rubella (vaccination or antibody titer/screen).

I also agree to keep all patient information confidential, and to indemnify the Hospital for any claims or damages arising from my breach of this confidentiality provision. My school/university has professional liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 in the aggregates, including Kansas Healthcare Stabilization Fund coverage (if applicable to me), and comply with the requirements of the Kansas Healthcare Stabilization fund as to its required insurance. I hereby release the Hospital and its officers, employees and agents and any other persons performing services at the Hospital, from responsibility for any injury or ill effects, physical as well as emotional, which may result from my participation in the educational activity or from my presence in the Hospital.

STUDENT'S SIGNATURE _____

DATE _____

Saint Luke's Health System Protected Health Information *Pledge of Confidentiality*

I, the undersigned, have read and understand the Saint Luke's Health System's policy on confidentiality of protected health information as described in this Confidentiality Pledge.

In consideration of my association with Saint Luke's Health System, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will not at any time, during my association with Saint Luke's Health System, or after my association ends, access or use protected health information, or reveal or disclose to any persons within or outside the Saint Luke's Health System, any protected health information, except as permitted or required by law.

I understand that my obligations outlined above will continue after my association with Saint Luke's Health System ends.

I further understand that my obligations concerning the protection of the confidentiality of protected health information relate to all protected health information acquired through my association with Saint Luke's Health System.

I also understand that unauthorized use or disclosure of such information could result in the imposition of fines pursuant to applicable state, or federal regulations and a report to my professional regulatory body.

I have been informed of Saint Luke's Health System's Personal Health Information Confidentiality Pledge requirements and the consequences of a breach.

Signature of Individual Making Pledge

Date Signed

Name of Individual Making Pledge (Print)

Department / Organization

Emergency Contact: Name and phone number

(For IS Purposes)

Device Requested

I have discussed the Protected Health Information Confidential Pledge and the consequences of a breach with the above name.

Signature of Individual Administering Pledge

Date Signed