Department: Patient Care / Services
Policy #: 8720.4705
Title: PSMMC Responsibility for Students in Clinical Areas

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Administrative approval by:

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Distribution:
Patient Care Services Areas
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POLICY

Providence St. Mary Medical Center (PSMMC) recognizes the importance of providing clinical facilities for the education of clinical students. The collaboration between the Colleges and Universities is mutually beneficial. PSMMC has the obligation and responsibility to the patients, community and staff to provide safe, quality patient care. To ensure quality patient care the Colleges and Universities using PSMMC for clinical learning will be expected to follow all patient safety initiatives as established by Providence Health & Services and PSMMC policies, procedures and safety regulations. In addition each clinical discipline will be expected to follow the applicable Washington State WAC, RCW and Scope of Practice of each discipline.

PURPOSE

This policy will define the prerequisites for training prior to a student’s clinical and the responsibilities of PSMMC and affiliated schools, colleges and universities during clinical rotation at PSMMC and provide guidance to the clinical departments on the supervision requirements with assigned students.

PROCEDURE

A. Prerequisites – Prior to clinical rotation the affiliated schools, colleges and universities will be responsible for the following;
   a. All vaccines are current and up to date.
   b. Students have a current CPR card – as applicable to job type.
   c. Student has a negative PPD skin test or chest x-ray.
   d. Student has completed HIPPA regulation training.
   e. Student has completed blood borne pathogens training – as applicable to job type.
   f. Student has a clean background check.
   g. 4 weeks prior to first clinical rotation IS access forms must be submitted to PSMMC IS department for each individual student.
   h. 1 week prior to each clinical rotation the following information must be provided to the Organizational Development Department.
      i. Names of students
      ii. Clinical Instructor contact information to include email and on-site phone as well as office phone
   i. Students must complete the orientation packet provided by PSMMC Organizational Development. Signed packets must be returned to the Organizational Development department 1 week prior to the clinical rotation.
B. Prerequisites – Prior to clinical rotation PSMMC will facilitate orientation to the following subjects at the minimum;
   a. EMR training – when applicable
   b. Finger Stick Glucose Meter – when applicable
   c. Dress Code Policy
      i. Name badge required
      ii. Electronic tag for secure door access when applicable
   d. Providence Mission and Core Values
   e. PSMMC Mission and Vision
   f. Safety
   g. Washington State Safety Codes
   h. Parking policy and Map
   i. Infection Prevention at PSMMC
   j. Providence Code of Conduct
   k. Providence Value Based Service Standards and Behaviors
   l. Providence Non-Employee Confidentiality & Non-disclosure Statement

C. Clinical Rotation -
   When students are receiving clinical experience at Providence St. Mary Medical Center, an instructor is to be present on the PSMMC campus unless there is a mutually agreed upon exception. The responsibilities of PSMMC clinical staff as trainers for students when instructor is off campus will be mutually agreed upon. Verbal consent must be obtained from the patient prior to a student rendering care or treatment to the patient.
   The assigned PSMMC staff conducting procedures in other clinical areas maintain responsibility and accountability for all patient care.

Nursing/Respiratory Therapy (RT)
1. The RN/RT must perform and document his/her own assessment of the patient (in addition to any performed by the student).
2. The RN/RT makes decisions regarding the extent of the student’s participation in the patient’s care and therapeutic or diagnostic procedures.
   a. When a student administers medications to a patient, the individual who observes the student must co-sign the documentation (i.e. instructor or PSMMC licensed employee)
3. The RN/RT delegates and supervises patient care activities when a student nurse is involved in the patient’s care.
   a. The RN/RT and the student will discuss the care and the observations by the student
4. The RN/RT reviews all assessment information collected by the student and evaluates student documentation.
   a. The RN/RT may enter a note regarding the documentation of the student but is not required to enter a note.
   b. PSMMC policy or the Washington Board of Nursing does not require
cosigning of student documentation.

Clinical Laboratory
1. The Medical Technologist (MT) will be responsible for verifying and entering all analytical results (including quality control) into the laboratory information system (LIS).
2. The Medical Laboratory Technician/Medical Technologist (MLT/MT) students will perform parallel testing that is correlated with the analysis performed by the MT.
3. Laboratory Assistants (LA) will observe MLT/MT and phlebotomy students during patient specimen collection (including proper identification of the patient, preparation of the collection site, collection technique, and labeling of the specimens).
4. Specimen receipt will be documented by the LA or MT into the LIS.
5. MLT/MT students will process specimens under the direct supervision of a LA or MT. Phlebotomy students do not process specimens.

Pharmacy Students
1. The Pharmacist must perform and document his/her own assessment of the patient (in addition to any performed by the student).
2. The Pharmacist makes decisions regarding the extent of the student’s participation in the pharmaceutical care of the patient.
   a. When a student enters clinical interventions into the intervention tracking software, the individual who observes the student must review the documentation for accuracy and appropriateness.
3. The Pharmacist reviews all assessment information collected by the student and evaluates student documentation.

Diagnostic Imaging Students
Two (2) types of Supervision
Direct
The student radiographer will require a qualified Radiologic Technologist (RT) present at all times for all imaging examinations until proven by competency examination that he/she is fully able to perform the exam independently.

InDirect
Once the student radiographer has been deemed competent by “examination”, he/she will allowed to perform independently with a qualified RT immediately available to assist regardless of the student radiographer's level of competence.

Competency Points
1. Direct supervision by a qualified RT
2. **RT** is to review/evaluate imaging procedure in relation to the patient condition and student’s ability.

3. **RT** reviews/critiques student performance of performed procedure/exam including diagnostic image quality.

4. **RT** deems student radiographer competent or exam/procedure must be resubmitted for competence at a later date. Until then Direct supervision is still required.

**Fluoroscopy**
- A student radiographer at **no** time will be allowed to perform fluoroscopy exams independently unless directly supervised by a radiologist or qualified **RT**.
- Fluoroscopy in the OR: **the student radiographer must always be directly supervised by a qualified RT.** An MD is not a qualified supervisor, unless they are a radiologist or have passed radiation safety procedure requirements established by **PSMMC**.

**REFERENCE**

WAC 246-840-570
WAC 246-840-700
WAC 246-840-705

Policy 7190.1030 Student Observation or Training in Rehabilitation Therapy Services