



Community
Health Network

**Schools of Nursing –
Prelicensure Guidelines and Expectations
2026-2027 Academic Year**

Clinical Placement Coordinator

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About Community Health Network

As instructors and students from our affiliated schools of nursing providing care in our facilities, you are a part of our family of caregivers. You play a vital role in fulfilling our mission, reaching our vision, and embodying our values.

Mission

Deeply committed to the communities we serve, we enhance health and well-being.

Vision

We strive to simply deliver an exceptional experience – with every life we touch.

PRIIDE Values

Patients First
Relationships
Integrity
Inclusion
Diversity
Excellence



Clinical Placement Process

Affiliation Agreement

Community Health Network accepts prelicensure placement requests only from schools with which we have a fully executed affiliation agreement, that have been approved by the Indiana State Board of Nursing to operate in Indiana, **and have operations and faculty in Indiana to support student success.**

How to Request Placement

Requests for placement must be submitted by the school's clinical coordinator via the online request form following these instructions. (We do not accept requests directly from students.)

- 1) Go to www.ecommunity.com/careers/nursing/nursing-education
- 2) Navigate to the "Undergraduate Nursing Students" page.
- 3) Click the "Request Clinical Experience" button.
- 4) Select "Group" to request a placement for an instructor-led clinical for a group of up to 10 students. (Enter a separate request for each group of up to 10.)
- 5) Select "Individual" to request placement for a preceptor-led clinical for any number of individual placements within the same course (such as capstone, leadership, etc.). Students in individual placements in patient care must be final-semester capstone placements or meet **all three** of these:
 - a. Is an employee at Community Health Network
 - b. Has AT LEAST two clinical courses completed
 - c. Not on performance improvement in their department (required manager approval)
- 6) Please include as much detail as possible with your request.

Timeline for Requests and Notifications

Our placement process adheres to the following timeline for requests and placements. Clinical placements requested outside of this timeline may not be considered.

Term	Request Form Opens	Request Form Closes	Schools Notified* of Group Placements	Schools Notified* of Individual Placements
Winter/Spring (starts and ends between Jan 1 and May 31)	September 1	October 1	Early November	Early December
Summer (starts and ends between May 1 and Aug 31)	February 15	March 15	Early April	End of April
Fall (starts and ends between Aug 1 and Dec 31)	April 1	May 15	Early June	End of July

*Notifications are sent via email to the school's clinical placement coordinator

Computer Access and Badge Request Process

All nursing instructors and students are given limited access to the network's computer system, including the EMR (Epic), and to the facility's locked doors. That access must be requested by the school's clinical placement coordinator. Instructors and students must also complete required training as outlined in this section before their first clinical day.

Requirements

- Access must be requested for each clinical instructor and student before **every** clinical rotation, regardless of whether they have been placed at Community before.
- Your request must include the last five digits of SSN and school email address.
- **Requests must be submitted at least two full weeks prior to the first clinical day.**
- Instructors and students are permitted in patient care areas **ONLY** after they have completed the required e-learning modules and Epic training.

How to Request Access and Badges (completed by school's coordinator)

- 1) School's clinical placement coordinator will complete a separate "Access Request Form" for each clinical group. The form is available under "Resources" at: www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing
- 2) Send the completed form to Jill Abel at jabel@ecommunity.com.
- 3) Once access is set up, we will send to the instructor named on the request form:
 - a. Logins, ID numbers, and temporary passphrases for all instructors and students
 - b. Instructions to update passphrase and complete required e-learning modules
- 4) Instructor sends login, ID number, temporary passphrase, and instructions to each student individually. Do **NOT** forward the form to all students in the group.
- 5) We will also prepare badges and coordinate with the instructor to hand off badges. **Instructor (or school staff) must be available during business hours before the first clinical day to obtain badges from the Community student placement team.**

EMR Training and Network Access Guidelines

EMR (Epic) Training Requirements

- All instructors and students placed at Community Health Network must complete e-learning modules and Epic training prior to **ANY** patient care at Community.
- Students and instructors must check their learning plan prior to the start date of **each** clinical rotation to ensure they have completed any added or updated education.
- Instructors and students who are also employees of Community are still required to complete training under a separate login than their employee role.
- Epic training is assigned as an asynchronous e-learning module for all students.

Computer Access Guidelines

Access to Community Health Network's EMR and other network programs and applications is provided for educational purposes only. Instructors and students are expected to adhere to these guidelines when accessing Community systems.

- Access only information for which you have an **educational need to know**.
- Instructors and students are to use only **their own** login to access information systems.
- Log out of applications when leaving a workstation.
- **Students in clinical groups** must select only their instructor as cosigner. Instructors of groups must cosign all students' documentation before the end of the clinical day.
- **Students in individual placements** must select their assigned preceptor as cosigner.
- If the instructor (or preceptor for individual placements) has difficulty with her/his computer access, the students are not to document until access is restored.

Badge Guidelines

Community provides badges for all instructors and students and they serve two functions:

- 1) Communicate to our patients, caregivers, and visitors that you and your students have been approved for placement at Community.
- 2) Provide access to areas you and your students need to be for your clinical rotation.

Badge Guidelines

- Badges are checked out to each instructor and student and tracked by badge number. Please ensure they are distributed to the name associated with the badge number.
- Badges are specific to facility (hospital), and the faceplate states that facility.
- Community-issued badges must be worn on the upper-right side of the chest.
- School badges with name and photo must also be worn when on site.
- Keep the three-card badge set together: front and back are identical faceplates, and the center card is the access card that unlocks the doors.
- Access provided by badges is limited to the units and areas needed for clinical.
- Instructor and student badge access is identical, with the exception of access to the medication rooms, which is only provided to the instructor.
- ***Instructor and student badges are not to be used to log into computers. Please do not try to use the badge or enroll the badge in the badge-in software on workstations.***
- Badge Troubleshooting—if a badge does not work where it should:
 - Double scan at the reader.
 - Make sure no other cards, such as school ID, are in the way.
 - Contact Jill Abel with the badge, number, student name, and what the issue is.

How to Return Badges

At the end of your rotation, please return your badges in one of the following ways:

- 1) In one of the black drop boxes at one of the following facilities
 - a. Community Hospital North: in the basement below the Ortho/Neuro/Spine unit
 - b. Community Hospital East: in the basement by the Clinical Education office
 - c. Community Hospital South: in the Clinical Education wing off the main lobby
- 2) By contacting Jill Abel for other options (jabel@ecomunity.com).

Instructor Orientation Requirements

Clinical Instructors who oversee a group of students on site are required to complete an orientation to Community and the unit as outlined below:

Step 1: Read Guidelines (required before each rotation)

All instructors must read these “Prelicensure Guidelines and Expectations”.

Step 2: Complete E-Learning and Instructor Epic Training (required once)

- All instructors are assigned e-learning modules that must be completed prior to supervising students in clinicals. Instructions will be sent with your login information.
- Instructor Epic Training is assigned for all instructors who are bringing students to Community for the first time. Instructor-specific asynchronous Epic training will be added to your learning plan by the Clinical Placement Coordinator.

Step 3: Unit Orientation (required when going to a unit new to you)

- At least two weeks before your rotation is scheduled to begin, you will receive contact information from the Clinical Placement Coordinator to connect with unit leaders on the units your clinical rotation is scheduled (as well as observation areas, if applicable).
- Reply to all on that message to schedule your unit orientation which must include:
 - Meeting with unit manager or educator
 - Four-hour shadow with an RN on the main unit your group is placed. This shadowing is not required on observation units, but you still must check in with those leaders to discuss schedule and expectations.
- Complete the *Instructor Unit Orientation Checkoff* (Appendix A) with the manager and RN you observe. Also, review the *Student Unit Orientation Checklist* (Appendix B) so you can orient your students on their first day.
- This step must be completed before supervising students on the unit.

Step 4: Sign and Submit Attestation

Sign the attestation on the last page of these guidelines and send with your completed *Instructor Unit Orientation Checkoff* to the Clinical Placement Coordinator.

Student Orientation Requirements

The clinical instructor is responsible for students' orientation at Community. Students must complete e-learning modules and Epic training before their first clinical day, and the instructor must provide unit orientation for the students.

Step 1: Complete E-Learning and Epic Training

- All students are assigned e-learning modules, including Epic training, prior to their first clinical rotation at Community. The instructor will receive instructions and student login information that must be sent (individually) to each student for which the instructor is responsible.
- Students who have been to Community for a previous rotation need to check their learning plan to complete any newly assigned e-learning modules.

Step 2: Unit Orientation (required before first full shift on unit)

- On the first day of the clinical rotation, the clinical instructor will provide unit orientation to the students.
- Use the *Student Unit Orientation Checklist* (Appendix B), and have all students sign it.
- You do not need to submit this unless it is requested by Community or accrediting representatives.

Patient Safety Guidelines

Students in clinical education placements can impact patient safety in many ways. Listed here are guidelines for keeping patients safe in the most frequent actions of patient care by students. For more patient safety guidelines and specific procedures for patient care, please consult the associated policy in PolicyStat by logging into inComm, Community's intranet, with your login.

Red Rule

The red rule is in place to ensure the right patient is receiving care by using two patient identifiers: Name and date of birth (name and MRN for newborns)

Hand Hygiene

Remind your students to perform hand hygiene per policy:

- Each and every time when entering and leaving a patient room or patient care area
- Use hand sanitizer, unless enhanced isolation (c. diff), which requires washing with soap and water for 20 seconds.

Isolation

Students are permitted to care for patients in isolation, following these guidelines:

- Students have been checked off on donning/doffing of PPE by school.
- Students understand the isolation instructions on the sign posted at the patient's door.
- Students utilize appropriate PPE available in isolation carts.
- Reusable patient equipment (stethoscope, bladder scanner, etc) must be cleaned appropriately before it is taken to another room.
- Students are ONLY allowed in Airborne Isolation if they have been fit-tested by school

CHG Bathing/Treatment

Daily bathing of all inpatients utilizes chlorhexidine gluconate (CHG) that is applied with CHG wipes or Hibiclens foam that is rinsed off.

- Chart the CHG treatment in Epic as a treatment, not a bath
- CHG treatment is not performed in NICU, Maternity, or Behavioral Health

Patient Safety Guidelines (continued)

Patient Ambulation

Students may ambulate patients following these guidelines:

- Must first confer with the RN responsible for the patient to determine mobility status, required equipment, and oxygen needs. If equipment is required, trained staff must be present for assistance.
- Stay with the patient at all times while out of bed or chair (including in the restroom).
- If patient requires a bed or chair alarm, must have supervision of staff or instructor when turning it off and on.
- After returning the patient to bed or chair, perform safety checks before leaving the room: side rails, possessions close, alarm is on if appropriate, call light within reach.
- Document cares in Epic and report to the RN after completion.

Bed Alarms

Students may operate bed alarms **ONLY** under the direct supervision of the clinical instructor or Community Health Network employed caregivers.

Restraints

Students and clinical instructors are **NOT** to apply or remove patient restraints under any circumstances.

Supervision of Students in Patient Care

Clinical activities are to be performed by students under the supervision of the clinical instructor or faculty of the affiliated school of nursing. Supervision may be provided in various degrees of proximity to the students' assigned clinical location. The degree of supervision is based on the nature of the tasks and the capabilities of the student to perform those tasks.

Degrees of Supervision

The following degrees of supervision are used with guidelines for each:

- Direct Supervision
 - Clinical instructor is physically present at the point of care while the activities are conducted.
 - The instructor will directly supervise nursing skills that require licensure.
 - Students may administer medications **under direct supervision only**.
 - Student documentation is cosigned by the clinical instructor before end of day.
- Immediate Supervision
 - Clinical instructor is in the immediate vicinity (on the unit) while the activities are conducted. Activities are non-invasive, non-pharmacological, and non-sterile.
 - For example, the instructor is working with a student elsewhere on the unit or is available for assistance.
 - Student documentation is cosigned by the clinical instructor before end of day.
- On-Site Supervision
 - Clinical instructor is available within the facility while the activities are conducted. Activities are non-invasive, non-pharmacological, and non-sterile.
 - For example, students placed in multiple patient care areas in the same facility.
 - Student documentation is cosigned by the clinical instructor before end of day.
- Off-Site Supervision
 - Clinical instructor is available off the facility premises by phone or text; instructor could arrive at the facility within an hour if necessary.
 - This is only appropriate for a student in a previously-arranged precepted placement such as capstone, leadership, or observation-only experience.
 - Community preceptor will assume faculty responsibility for direct supervision.
 - Student documentation is cosigned by preceptor.

Supervision of Students in Patient Care (continued)

Patient Care Under Supervision

Students perform appropriate treatments or procedures under the direct supervision of the clinical instructor and/or the precepting Community RN. If the clinical instructor deems the student safe and effective at performing non-invasive, non-pharmacological, and non-sterile interventions, the student may then perform the intervention independently with the faculty providing immediate or on-site supervision, with the following exceptions:

- Treatments or procedures that require certification and/or additional classroom or skills validation, such as hemodynamic monitoring devices, subcutaneous access ports, bed alarms, or lift equipment, etc.
- Treatments or procedures that Managers and/or Directors of nursing units may restrict students from performing.
- Point-of-Care Testing: Instructors and students are not to perform point-of-care testing (i.e. glucose), even if the instructor or student is also a Community employee.

Direct supervision is to be provided only by the clinical instructor assigned to the clinical group, except in cases of prearranged individual precepted clinical placements.

Instructors are not to expect Community's RNs to supervise students in a group clinical.

The clinical instructor must work with the unit leadership (PCC) to assign students to patients prior to the start of the shift. (Do not assign students to nurses.)

Community Staff Responsibilities in Supervision of Students in Clinical Groups

The clinical instructor is responsible for students' education and their actions in providing care. That responsibility should not be placed on Community RNs, as they maintain the responsibility of the patients.

- The clinical instructor should not ask RNs to provide clinical supervision at any time. The RNs will gladly invite questions and provide mentorship and opportunities as appropriate, but the clinical instructor is responsible for the supervision of students.
- If an RN offers to administer medications with a student, it is up to the clinical instructor's discretion to approve.
- The nursing student is responsible for ongoing communication with the RN and other staff regarding patient care.

Appearance Standards

Professional appearance supports Community's PRIIDE values and helps keep patients safe.

Student Appearance Standards

- Appropriate school uniforms must be worn at all times when on site.
- Attire must be clean and in good condition.
- School-issued nametags must be worn and easily visible in the upper chest area.
- Community-issued badges must be worn on the upper right chest.
- For patient safety, fingernails must be clean and trimmed so they are not visible from the palm side of an open hand. Artificial nails are prohibited in patient care areas.
- Hair must be clean.
- Hair that is shoulder length or longer must be pulled back and secured.
- Head coverings may be worn only for religious requirements.
- Dangling earrings and necklaces are prohibited in patient care areas.
- Shoes must be close-toed.
- Perfume and other strong fragrances are not to be worn in patient care areas.
- Wrist watches are not to be worn in NICU.

Clinical Instructor Appearance Standards

Clinical instructors must adhere to the same standards as students with the following exceptions:

- May wear either a school uniform OR navy scrubs with no logo.
- May wear lab coat.

Expectations of Instructors

Lead Student Orientation

As the clinical instructor, you are responsible for ensuring your students complete orientation. There are three steps for student orientation:

- **Required e-learning modules:** these are auto-assigned before their first clinical rotation at Community. You will receive instructions to send to your students. Please ensure they complete these before the first clinical day.
- **Discuss expectations:** Provide a copy of “Expectations of Students” page of these guidelines to your students and go over them together. Students and instructors are held to these standards.
- **Unit orientation:** on your students’ first day on the unit, you are responsible for their orientation to the unit. Use the *Student Unit Orientation Checklist* (Appendix B) as a guide for this orientation. All students must sign this upon completion.

Communicate with Unit Leaders

Approximately two weeks prior to the start of the clinical rotation, you will receive a message from the Clinical Placement Coordinator to connect you to the unit leaders. Follow the instructions in that message to communicate with them. You are expected to:

- Send your schedule of clinical days and times as well as your objectives
- Ask about any restrictions or expectations the unit has of you or your students
- Provide your cell phone number
- Offer to have a unit leader meet your students in pre- or post-conference
- Address concerns or problems that arise with unit leaders (PCC, manager, educator)

Work with PCC to Make and Post Student Assignments

The Patient Care Coordinator (PCC) for the unit makes staffing assignments and will be able to assist with assigning students to patients for your clinical day. (PCC decisions are final.)

- We expect you to arrive at least 30 minutes before shift change to make assignments
- Do not assign students to nurses, as the nurses are not responsible for students.
- Post assignments using *Clinical Rotation Information Form* (Appendix C) or similar

Expectations of Instructors (continued)

Provide Student Oversight

As the clinical instructor of your students, you are responsible for their education and safe care when on site at Community. These are Community's expectations of you in providing supervision of your students.

- **Be visible and available**
 - Engage with students and staff.
 - Capstone: off-site instructor provides cell number to preceptor and unit leaders.
- **Validate and cosign all student documentation**
 - Cosign prior to the end of shift and before the students leave the clinical site.
 - Capstone: the preceptor will cosign documentation. Community staff are not expected to cosign other than in previously arranged precepted experiences.
- **Consult with the staff RN for**
 - Questions about patient care
 - Abnormal lab values, vital signs, or assessment findings
 - Concerns with medication administration
- **Be aware of the following expectations of staff RNs:**
 - Should be open for questions from students and may assist with critical thinking.
 - May OFFER to engage students in experiences, but are not expected to.
 - Must periodically review documentation by nursing students, but not cosign.
 - Only staff RNs are allowed to take and review orders from providers.
- **Medication administration expectations**
 - Instructor/preceptor must directly supervise students in the medication room.
 - Students only administer medications with instructor or preceptor supervision.
 - The following medications are not to be administered by students or instructors

Intrathecal/epidural medications	Drug trials or medications with research protocols
Fluid boluses with or without added medication, including adding medication to an IV bag	Any medications in Behavioral Health settings
Vasoactive medications that require hemodynamic Monitoring (Lopressor, nitroglycerin, Cardizem, etc)	Continuous infusions that are titrated (insulin, heparin, Morphine, etc)

Expectations of Students

Community expects students to adhere to our values and maintain professional practice.

Participate in Bedside Report

Bedside report provides key information needed to safely care for the patient they are assigned. Students should listen to report and take notes.

Communicate with RN

Students should communicate with RN about

- Their objectives and care plan for the clinical day
- Updates about patient care: vital signs, lab values, assessment findings, and so on
- Mobility status and required equipment for ambulation
- Changes in patient condition

Protect Patient Information

Protect patient information by

- Keeping password and login information secure
- Logging out of computers before stepping away
- Asking patient agreement before discussing patient information in front of visitors
- Refraining from discussing patient information in public areas

Remain Engaged

Students are expected to remain engaged in their education and unit operations by

- Keeping phones on silent and out of sight.
 - We understand that students may have reasons to make or take calls
 - Must leave the unit to use cell phones
- Keep the hallways clear and do not congregate in care areas or nursing station
- Assist nursing staff with
 - Call lights
 - Patient needs
 - Stocking supplies

Observations and Bedside Procedures

In addition to group clinical placements, other learning opportunities are available for nursing students. These are pre-arranged observation placements in procedure areas (operating room, emergency, cath lab, etc) or more urgent bedside procedures on the unit.

Pre-arranged Observations

Your school may request, in conjunction with your placement, an observation in a unit that does not have capacity for a full clinical group, such as ED, ICU, or a procedural area. These are arranged ahead of time by your clinical coordinator and must follow these guidelines:

- Adhere to the number of students and observation areas that are pre-arranged.
- Before your rotation, send a schedule to the unit leaders for the full rotation.
- Students are expected to OBSERVE ONLY in these placements.
- Direct students to take your cell phone number and emergency contact with them.
- Tell students to eat a balanced breakfast and sit down if they feel lightheaded.

Bedside Procedures

Occasionally, patient condition requires a bedside procedure on the unit. This is a good opportunity for education, but there are some restrictions:

- Must have consent from patient and provider for observation.
- No more than two students in the room for the procedure.
- Students must know how to conduct themselves around a sterile field.

Medical and Behavioral Emergencies

If there is a medical emergency such as a code or OB hemorrhage, ONLY the student assigned to that patient, if any, is permitted in the area, and he or she must stay out of the way and quiet. For a Behavioral code, all students and instructors must leave the immediate area where the disruption is occurring and follow staff directions.

Parking Information

Parking is always free at Community facilities, and students and instructors do not need a parking pass. Please park in the following areas at each facility to avoid receiving a citation.

Community Heart and Vascular Hospital

Employee parking to the northwest of the hospital (Shadeland Avenue side). Do not park in front of the hospital or in physician parking spots.

Community Hospital Anderson

Medical Building (1601) lot along tree line (west of hospital). Enter hospital via door #15 or #9. Weekends and evening shifts may park in employee south lot and enter door #5 or #6.

Community Hospital East

Parking garage, top level. You may enter the garage from Ritter or 13th Street.

Community Hospital North

Employee parking across the street from the Emergency Department. Do not park in the garage or in the Emergency Department parking lot.

Community Hospital South

Employee parking north (back) of the hospital, by the tree line.

Community Howard

Student parking off South Lafountain Street in the annex parking lot.

****Note: Instructors and students are not to use valet parking. This is reserved for patients and their families only.***

Tips and Resources

Conference Room Reservations

Conference rooms are available to reserve for pre- or post-conference needs.

- Ask unit leaders if they can assist with reserving a room.
- If you still need assistance, please contact Jill Abel at jabel@ecomunity.com.
- Community Hospital Anderson: conference rooms cannot be reserved for schools, but unoccupied conference rooms may be used

Policies

Please review the following policies in PolicyStat (log in at portal.ecommunity.com and find PolicyStat under “Tools” on the right navigation bar):

- Access to Medical Records and Information
- Adult Patient Falls and Prevention
- Doctor’s Orders – Verbal and Telephone (Note: instructors/students do not take orders)
- Documentation in the Electronic Health Record
- Documentation in the Medical Record
- Hand Hygiene
- Identification Bands & Identification of Patients (two separate policies)
- Intravenous Medication and IV Fluid Administration
- Medication Preparation, Administration and Documentation
- Point of Care Laboratory Testing (Note: instructors/students do not do POC testing)

Maps

Maps of our facilities are available on the nursing student page at ecomunity.com:

<https://www.ecommunity.com/careers/nursing/nursing-education/undergraduate-nursing>

Recruiters for Current and Future Positions for Students

Our Talent Acquisition team is happy to provide a recruiter to talk to your students about current positions as Student Externs as well as future opportunities for new graduates. To schedule a recruiter visit, please contact the Clinical Placement Coordinator.

Appendix A

Instructor Unit Orientation Checkoff

Clinical Instructors who are bringing students to a Community Health Network (CHNw) unit for the first time are required to attend a unit orientation for a minimum of 4 hours. This orientation consists of meeting with the unit manager to discuss objectives/expectations, touring the unit, accessing Omnicell, and shadowing an RN. The following competency tool must be completed and signed by both the unit RN and clinical instructor and on file in the Nursing Academic Development office before the clinical instructor may bring students to a CHNw facility. **Once complete, please send to SKinner@eCommunity.com.**

Competency or Orientation Item	Unit RN Initials	Instructor Initials
Meet with unit manager: expectations/objectives (communication, assignments, etc.)		
Check Omnicell access (if issues, unit RN to help contact pharmacy to troubleshoot)		
Review all items on "Student Orientation Checklist"		
Review "Medication Preparation, Administration, and Documentation" policy		
Administer medications with unit RN supervision		
Learn pump interoperability with Epic		
Review bed and bed alarm operation (students may only operate with supervision)		
Attend bedside change of shift report		
Attend unit safety huddle		
Check Epic access		
Check badge access for all student and faculty badges		
Find location for pre and post conference		
Participate in interdisciplinary rounds (if applicable)		
Access policies in PolicyStat		

Time In: _____ Time Out: _____ Total Time on Unit: _____

Unit RN: By signing this form, you are stating that you have reviewed each item on the list above and believe the named clinical instructor is competent in each of these competency areas.

 Unit RN Signature

 Unit RN Printed Name

 Date

Clinical Instructor: By signing this form, you are stating that you feel confident with the items on this list and are comfortable teaching students on this unit.

 Clinical Instructor Signature

 Clinical Instructor Printed Name

 Date

Appendix B

Student Unit Orientation Checklist

School:

Instructor:

Clinical Dates:

Hospital:

Unit:

List of Subjects to be Covered with Nursing Students by Clinical Instructor

Unit orientation must be completed prior to patient care contact. The instructor will provide the orientation and obtain student signatures. The school of nursing must be able to produce the document upon request.

TOPIC/CONTENT	Done	Comments
Tour of unit/dept		
Safe/secure locations for personal items		
Pre/post conference location		
Student assignment process		
Communication expectations with RN (care plan, vitals, hygiene, safety, change in condition, etc)		
Introduction of key personnel (titles/roles)		
Unit/dept visitation policy/restrictions		
Emergency phone numbers		
Red Rule: 2 patient identifiers		
Location of code cart and/or AED		
Identification of patient code/fall status		
Location of fire extinguishers, pull stations, emergency exits, gas shutoffs		
Infection Control: - Location of and use of PPE - Isolation categories and signage - Hand hygiene		
Fall prevention measures		
Location of eye wash station		
Waste and linen handling (infectious, medication, etc.)		
What to do in case of student injury		
Reporting unexpected events, incidents, medical errors		
Patient room orientation: - Call light - Use of patient bed (bed alarm used only under supervision) - Emergency equipment and code system - Assistive devices (e.g., gait belt, lifts, etc.) - Sharps containers		
Procedure for passing trays and recording intake		
Medication administration procedure		
Use of IV pump		

TOPIC/CONTENT	Done	Comments
High risk patients (e.g., fall, suicide, etc.)		
Accessing hospital policies, resources and references		
Other:		

Signature of Instructor _____ Date: _____

Students in Attendance:

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Printed Name Signature

Appendix C

Clinical Rotation Information Form

Please complete this form (or similar) for each clinical day and post it on the unit. You may save this and type directly into this form.

Instructor name:

Cell phone:

Office phone:

Email:

School of Nursing:

Course Title / Number:

Level of students:

Clinical Dates:

Student Roster and Patient Assignment:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Clinical Rotation Learning Objectives:

- 1.
- 2.
- 3.
- 4.

Conference Time:

Conference Location:

Attestation

I attest that I have read and agree to abide by the guidelines and expectations set forth within the "Prelicensure Guidelines and Expectations" provided by Community Health Network.

Further, I attest that I have completed the required e-learning modules and Instructor Epic training through Community Health Network.

Further, I attest that I have met with a unit leader and shadowed an RN on the unit for four hours as indicated in the Faculty Unit Orientation Checkoff.

I understand that I am responsible for overseeing my students' actions and learning experiences.

Signature: _____

Date: _____

Printed Name: _____

School of Nursing: _____