

NATIONAL INSTITUTES OF HEALTH  
WARREN GRANT MAGNUSON CLINICAL CENTER  
NURSING & PATIENT CARE SERVICES

POLICY:     Student Affiliation

The Nursing and Patient Care Services (NPCS) is accountable for patient care and related duties when students are functioning in a learning capacity. The N&PCS will provide appropriate learning experiences for students to facilitate accomplishing their goals and objectives, based on opportunities available. Students are required to follow Clinical Center and N&PCS policies, procedures, and standards of practice. The N&PCS and each school / university enter into a written contractual agreement. The Contract is signed by both parties prior to student placement and renewed every five years. Prior to the first day of the clinical experience, the instructor will ensure that each student has the requisite immunizations, TB and hepatitis testing, as well as student liability insurance (see appendix (1)). The instructor must be available to students and N&PCS staff by phone or beeper during students' clinical hours.

PURPOSE:

To define accountability for patient care and related duties.

ADDENDUM:

- Appendix (1) Process for Student Affiliation
- Appendix (2) Scope of Practice for Undergraduate and Visiting Students
- Appendix (3) Faculty Evaluation
- Appendix (4) Student Evaluation
- Appendix (5) Nurse Manager Evaluation
- Appendix (6) Student Placement Request

Approved:

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//s//  
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Chief, Nursing and Patient Care Services

Formulated: 10/88  
Implemented: 10/88  
Reviewed/ Revised: 5/00, 11/03

NURSshare: Policies/studentaffiliation

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Addendum to Policy: Student Affiliation

Appendix (1) Process for Student Affiliation

1. The academic affiliation consultant receives the initial request from University for Student Placement. To ensure equitable student placement from each partnering school, requests for clinical experiences must be made by the following dates:

<b>Summer Session</b>	<b>Request by 1 March</b>
<b>Fall Session</b>	<b>Request by 1 August</b>
<b>Spring Session</b>	<b>Request by 1 November</b>

Requests received after the above deadlines will be considered based on availability of unit/staff resources.

2. Information required for initial request includes:
  - a. Number of Students
  - b. Type of experience desired (e.g., clinical practice, leadership, research education)
  - c. Type of rotation/unit desired
  - d. Start/end date
  - e. Frequency of visits to Clinical Center – which days, shifts will students be working
3. The nurse consultant will ensure the school has a current contract with the NIH Clinical Center. Contracts will be reviewed every five years.
4. The nurse consultant contacts Nurse Managers to determine if resources exist to support clinical placement. If the Clinical Center cannot place students, the nurse consultant will inform the faculty member and provide rationale (e.g. other students on site, clinical specialty not present).
5. School sends required data to the consultant via Student Placement Form  
– see appendix (6).
6. Prior to the first day of the student clinical experience, faculty provides NIH nurse consultant with proof of TB and hepatitis testing and proof of liability insurance.
7. Nurse Consultant Coordinates:
  - a. Nurse consultant for Orientation training/date for students.
  - b. Entry of student information into NEDS.
8. The nurse consultant contacts:
  - a. School faculty of placement arrangements and orientation date.
  - b. Clinical Center Nurse Managers of orientation date.

9. For all undergraduate students, the student's faculty member must meet with preceptors and/or nurse managers prior to start of clinical rotation, midway through rotation, and as requested. The pre-conference meeting will clarify course objectives of the clinical experience and practice level of the students.
10. Faculty members will arrange for a clinical orientation to the nursing unit where students are assigned.
11. All affiliating students and faculty members will complete a written evaluation of clinical experiences at NIH. Evaluations are to be returned to the designated NIH NPCS program coordinator within two weeks of the end of the learning experience.
12. All clinical center nurse managers/preceptors will complete a written evaluation of student clinical experience at NIH. Evaluations are to be returned to the program coordinator.
13. On a quarterly basis, the following will be done:
  - a. Review evaluations of student experiences and provide feedback to NPCS Leadership.
  - b. Correspond with faculty regarding practicum experiences, orientation and evaluation sessions.
  - c. Establish and maintain records relative to the programs including correspondence with the schools, and final evaluations written by the students, faculty, and nurse managers.
  - d. Quarterly reports will be summarized in an annual report to the Chief, NPCS.

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Appendix (2) Scope of Practice for Undergraduate Nursing Students

Nursing and Patient Care Services (N&PCS) provides appropriate learning experiences for undergraduate nursing students during their practicum at the Clinical Center (CC). These learning experiences assist the students to meet the goals and objectives for the designated course, as well as their course related individual goals and objectives. During these learning experiences, the students are required to follow CC and N&PCS policies, procedures, and standards of practice.

Students have the opportunity to increase their theoretical and practical knowledge of nursing as practiced in a research setting. The students participate in a variety of learning experiences, ranging from observation to direct patient care. Using their knowledge, skills and abilities, the students work closely with their preceptors to provide safe, quality nursing care for patients. The students also have the opportunity to observe the various ways in which nurses contribute to nursing science and the overall mission of the National Institutes of Health Clinical Center.

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Appendix (3) Faculty Evaluation Clinical Experiences

**YES**    **NO**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Was the pre-conference with the Nurse Manager useful for clarifying the objectives of the clinical experience and practice level of the students?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were the roles and expectations of the faculty member, students, Nurse Manager and staff clarified?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the role of the faculty in interfacing with the unit staff clarified with the Nurse Manager?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was the process clarified with the Nurse Manager for collaboration between faculty and staff in the preparation of student assignments and for communicating student assignments and care activities to staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was it beneficial to the faculty and students for the Nurse Manager to meet with student groups during their orientation?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For the faculty members new to a unit, did the clinical orientation meet your needs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was the mid-point conference you scheduled with the Nurse manager useful?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Was the conference at the end of the rotation with the Nurse Manager useful?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did the clinical experience meet the learning needs of your students?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Was the environment conducive to clinical learning?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Did any issue arise that needed resolution? If so, please specify.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any suggestions for change? If so, please describe.   | <input type="checkbox"/> | <input type="checkbox"/> |

Signature: \_\_\_\_\_  
School of Nursing: \_\_\_\_\_  
Date: \_\_\_\_\_

Return to: Office of Recruitment, Outreach, Orientation & Retention  
Bldg. 10, Rm. 7D42  
National Institutes of Health  
10 Center Drive, MSC 1658  
Bethesda, Maryland 20892-1658  
Phone: (301) 496-6361, Fax (301) 435-2170

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Appendix (4) Affiliating Student Evaluation of Clinical Experiences

Semester \_\_\_\_\_ Unit \_\_\_\_\_  
School of Nursing \_\_\_\_\_ Manager \_\_\_\_\_  
Faculty Name \_\_\_\_\_ Preceptor \_\_\_\_\_

NIH Clinical Center would like you to fill out this evaluation to assist us in knowing how we are doing.  
Please use the following scale to evaluate your clinical experiences with us.

4 – Strongly agree, 3–Agree, 2 –Disagree, 1 – Strongly Disagree, 0 –Not Applicable

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. The clinical experience met course objectives.   | 4 | 3 | 2 | 1 | 0 |
| 2. The environment conveyed that the staff valued teaching and learning.                            | 4 | 3 | 2 | 1 | 0 |
| 3. The nurses on the unit were positive professional role models.                                   | 4 | 3 | 2 | 1 | 0 |
| 4. The process was clear with the faculty and unit staff in the preparation of student assignments. | 4 | 3 | 2 | 1 | 0 |
| 5. There were good opportunities to collaborate with nurses and other health team members.          | 4 | 3 | 2 | 1 | 0 |
| 6. There were good opportunities for me to develop my clinical decision making skills.              | 4 | 3 | 2 | 1 | 0 |
| 7. There were good opportunities to develop my patient teaching skills.                             | 4 | 3 | 2 | 1 | 0 |
| 8. The clinical experience met my learning needs.   | 4 | 3 | 2 | 1 | 0 |
| 9. The environment was conducive to clinical learning.  | 4 | 3 | 2 | 1 | 0 |

Please list experiences you felt to be most valuable.

Is there anything we can do differently to facilitate a better learning environment?

Signature: \_\_\_\_\_

School of Nursing: \_\_\_\_\_

Date: \_\_\_\_\_

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Appendix (5) Nurse Manager Evaluation of Student Clinical Affiliation

Semester \_\_\_\_\_ Unit \_\_\_\_\_  
 School of Nursing \_\_\_\_\_ Manager \_\_\_\_\_  
 Faculty Name \_\_\_\_\_ Preceptor \_\_\_\_\_

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Did the faculty member schedule a pre-conference with you and was it useful for clarifying the objectives of the clinical experience and practice level of the students?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were the roles and expectations of the faculty member, students, Nurse Manager and staff clarified?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was the process clarified with the faculty member for collaboration between faculty and staff in the preparation of student assignments and for communicating student assignments and care activities to staff? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did you meet with student groups during their orientation to the unit?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did faculty members new to your unit arrange for clinical orientation to the unit?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the faculty member schedule a mid-point conference with you.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Was this conference useful?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did the faculty member schedule a conference with you at the end of the rotation.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was this useful.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did any issues arise that needed resolution?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Was the resolution satisfactory?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have any suggestions for change? If so, describe.   | <input type="checkbox"/> | <input type="checkbox"/> |

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Appendix (6) Student Placement Request Form

School Name	Telephone No.
Faculty Name	Academic Year (e.g., Junior, Senior)
Course Description	Number of Students
Role/Clinical Area of Interest	
Start Date (MM/DD/YY)	End Date (MM/DD/YY)
Start Time (00:00 AM or PM)	End Time (00:00 AM or PM)
Days of week of rotation (check all that apply) Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/>	
Information required of students accepted for placement: <ul style="list-style-type: none"> <li>• Copy of course Syllabus and objectives</li> <li>• Curriculum Vitae</li> <li>• RN license for one of 50 states or U.S. Territories (If Applicable)</li> <li>• Current CPR Card for Health Professionals</li> <li>• Liability: School Covers: Yes If no, student brings copy of proof of liability coverage.</li> </ul>	Clinical Center Nursing Department Provides: <ul style="list-style-type: none"> <li>• ID &amp; Parking Permits</li> <li>• Orientation Material</li> <li>• Library Access</li> </ul>

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