Handbook for Nursing Instructors and Students
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Revised: Jan. 18, 2013
Dear Faculty and Students:

Welcome to Froedtert Health-Community Memorial Hospital and our community-focused team! We are delighted that you have chosen Community Memorial Hospital as one of your clinical sites. Our hospital has a rich history of excellence... growing from a 61-bed hospital in 1964 to a major medical center (232 beds) serving southeastern Wisconsin today. The hospital provides state-of-the-art services in Cancer Care, Emergency, Heart & Vascular, Rehabilitation, Surgery, Women’s Health and more. Our medical staff has expanded to over 650 physicians, currently on staff in 47 specialties. Community outreach also remains a priority for Community Memorial Hospital including a Community Outreach Health Clinic that provides free health care to the uninsured and underinsured members of our community. Community Memorial Hospital is a proud member of the Froedtert Health system, which provides us with opportunities to forge unique academic-community partnership[s] to benefit the patients we serve.

The foundation for our success has always been through continuous Performance Excellence (PE) initiatives and adherence to the hospital’s Main Thing, “Securing Customer Loyalty through Relationship-Centered Care”. Your experiences here contribute and help maintain Community Memorial Hospital’s reputation as one of the top hospital in the nation. We are proud that the hospital has achieved and maintained the highest accreditation status from the Joint Commission on the Accreditation of Healthcare Organizations and other agencies.

We are happy to welcome you to our fine facility. We look forward to your contributions and input as we continue our vision to become the region’s premier healthcare market leader providing excellent customer service, relationship-centered care and state-of-the-art services.

Sincerely,

Dennis M. Pollard
President

DMP/dad
Froedtert Health Community Memorial Hospital 2012 Fact Sheet

LOCATION
Froedtert Health Community Memorial Hospital is located in Menomonee Falls, one mile south of Main Street (Hwy. 74) at W186 N8085 Town Hall Road Menomonee Falls, WI 53051

PHONE
262.246.1000

WEBSITE
www.communitymemorial.com
www.froedterthealth.org

Learn about Community Memorial Hospital programs and services; find reliable, timely information on hundreds of medical conditions; take our online health assessments; learn about career opportunities at Froedtert Health and apply online; visit our Baby Gallery; order special gifts from our Timeless Treasures online gift shop; and take virtual tours of many areas of the hospital.

GENERAL INFORMATION
Community Memorial Hospital, founded by the citizens of the community it serves, opened its doors on July 1, 1964. The hospital is a non-profit facility accredited by The Joint Commission. Community Memorial Hospital enhances and improves the quality of life in Waukesha, Washington, Milwaukee and Ozaukee counties by combining next-generation technology with personalized care.

MISSION / VISION
Mission — In service to our community, we take exceptional care of people’s health. Safely. Compassionately. Respectfully.

Vision — We will become the region’s most valued hospital and community health advocate.

OUR CORE VALUES
The fundamental, enduring principles of the organization include:
• Caring for others
• Dignity and Respect
• Stewardship and Community Responsiveness
• Integrity and Trust
• Quality Service

Community Memorial Hospital embraces the philosophy of “Securing Customer Loyalty Through Relationship-Centered Care.”

MEDICAL SERVICES
Community Memorial supports over 31 medical specialties, including the following clinical areas:
• 24-Hour Emergency Services
• Acute Care Inpatient Services
• Birthing Center & Newborn Special Care Unit
• Cancer Care Center
• Critical Care Services
• Heart and Vascular Center
• Mental Health Center
• Musculoskeletal Services
• Regional Sleep Disorders Center
• Rehab and Sports Medicine Center
• Surgery Services
• Women’s Health Center
2012 STATISTICS

Medical Staff, Staff and Volunteers
Medical Staff 621
Total Staff 1,331
Professional Nurses 422
Volunteers 348
Volunteer Hours 44,085

Other Measures
Meals Served 407,466
Visits to Outreach Clinic 2,550
Hours Provided to the Community 26,375
(Education, Screenings, etc.)

Value Added to the Community
Charity Care $1,512,065
Government Sponsored Health Care $3,762,801
(Medicaid shortfall)
Community Benefit Programs $2,831,835
(Health screenings, community and student education, in-kind donations)
Total $8,306,701

RELATED ENTITIES
- Community Memorial Foundation
- Community Outpatient Health Services
- Community Outreach Health Clinic

AFFILIATIONS
- Froedtert Health
- American Hospital Association
- Wisconsin Hospital Association
- Voluntary Hospitals of America, Inc.

FROEDTERT HEALTH
- Community Memorial Hospital is a member of Froedtert Health, a regional health system which also includes Froedtert Hospital, Milwaukie, St. Joseph's Hospital, West Bend, and Froedtert Health Medical Group, with clinic locations throughout Waukesha and Washington Counties. Joining the capabilities of an academic medical center affiliated with the Medical College of Wisconsin, two community hospitals and primary care and multi-specialty care clinics, Froedtert Health delivers highly coordinated, cost-effective health care to residents of southeastern Wisconsin and beyond.

- Community Memorial Hospital works closely with the clinics of Froedtert Health Medical Group, as well as other affiliated clinics such as Community Memorial Medical Commons, other health systems / clinics and independent physicians.

- Horizon Home Care & Hospice, Inc.
- Vanguard Health Services, Inc.
- Home Care Medical, Inc.
- LindseyGrove, Inc.
- The Trehouse Child Care Center

- Medical College of Wisconsin physicians provide a variety of advanced specialty services for patients of Community Memorial Hospital.

- Menomonee Falls Ambulatory Surgery Center is a cooperative venture of:
  - Froedtert Health Community Memorial Hospital
  - Aurora Advanced Healthcare

VITAL STATISTICS

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<th>2012</th>
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<tr>
<td>Staffed Beds</td>
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<td>Patient Admissions</td>
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<td>Births</td>
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<td>Cancer Center Procedures</td>
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<td>Surgeries</td>
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<td>Pharmacy Prescriptions*</td>
<td>1,537,128</td>
<td>1,638,956</td>
<td>1,666,242</td>
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* Medical Oncology services were added in the Cancer Care Center beginning in FY2011, accounting for the large increase in Cancer Center Procedures.

* Number includes both orders processed and doses dispensed.
Customer Service Standards

Purpose
Performance Excellence describes how we do our work. The purpose of our Standards is to guide us in all interactions, so we develop, maintain, and/or improve relationships with every one of our customers. Our goal with every interaction is to create a positive, memorable experience. These Standards can be summed up in the Platinum Rule: treat others the way they want to be treated.

Definition
A customer is anyone who has an expectation. We serve and partner with “external” customers—patients, visitors, and vendors who are customers in the traditional sense of the word. We also serve “internal” customers—the people who work inside our system and rely on us for the services, products, and information they need to get their jobs done. We provide the same level of care and consideration to all customers.

Accountability
All staff are involved in supporting the Froedtert Health service culture. We choose to be accountable for fulfilling our responsibilities to our customers and each other. Our actions demonstrate our personal commitment and responsibility to the success of patient outcomes and the organization. In doing so, we follow through on our promises and commitments, take ownership in resolving concerns or problems and hold each other accountable for following policies, organizational initiatives and customer service standards.
Professionalism

- I maintain a positive attitude, accepting new ideas and change.
- I always wear my ID badge above my waist, so customers can easily identify me by name.
- I park in my designated parking spot, leaving closer parking for patients and visitors.
- I escort individuals, if necessary, to their final destination or find someone else who can.
- I utilize resources wisely and look for ways to reduce costs.
- I continuously learn so I'm able to improve the quality of my work.
- I stay informed of organizational changes, policies and information by attending meetings and reading internal communications.
- I am sincere, respectful and non-judgmental with others, including during times of stress and conflict.
- I arrive at my workstation on time, prepared to provide excellent service.

Safety & Environment

- I follow proper hand washing techniques to reduce the risk of infection.
- I correct and/or report all safety concerns to prevent incidents.
- I follow all safety and staff health guidelines according to policies.
- I actively work to maintain a clean and quiet environment.
- I actively involve patients to assure a safe experience.

Teamwork

- I collaborate with others to meet or exceed customer expectations.
- I help new team members feel welcomed and supported.
- I am flexible in meeting work demands and willingly assist team members.
- I view challenges as opportunities for improvement and foster the spirit of teaching and learning from each other.

Communication

- I use AIDET (Acknowledge, Introduce, Duration, Explanation, Thank) to begin all my interactions.
- I communicate delays and provide assistance as needed, demonstrating a sincere desire to help.
- I communicate in a respectful and genuine manner.
- I manage up by communicating positively to build trust and confidence in the organization and staff.
- I listen attentively, with concern and sensitivity.
- I use appropriate body language and tone of voice.
- I use words patients and customers will understand.
- I interact with customers in a non-hurried manner.
- I use L.A.S.T. (Listen, Apologize, Solve, Thank) for service recovery.
- I ask, “Is there anything else I can do for you?” prior to ending my interactions.

Confidentiality and Privacy

- I will not share confidential information with those who do not have a business need to know (this includes organizational, departmental, personal and patient information).
- I acknowledge acquaintances when seen, but do not inquire about the reason for their visit.
- I will not leave patient or staff information in plain sight (e.g., patient charts, schedules, census reports, performance evaluations).
- I knock and announce myself before entering a room.
- I close curtains and doors to protect patient privacy.
- I protect patients' dignity at all times (e.g., providing a properly sized gown or robe).

Etiquette

- I use common terms of courtesy such as “please,” “thank you,” and “excuse me.”
- I answer external phones utilizing a greeting, my name, organization and department.
- I return phone messages and reply to e-mails within 24 hours during the regular business week or follow department specific guidelines.
- I keep my voice mail message greeting current and always includes:
  - my name, organization and department
  - how caller can have immediate needs met
- I provide the correct number before transferring a call.
- I ask permission before putting a call on hold or transferring to voice mail and thank callers for holding.
- I will send e-mails that are courteous, brief and to the point.
- I will use appropriate words when sending e-mail and will not use all CAPITALS which indicates shouting.
- I pause to allow others to enter or exit the elevator before me.
- I make room for others in the elevator and hold the door open as others board.
- When I transport a person in a wheelchair, I make sure they are facing the door of the elevator.
- I use designated elevators appropriately.
- I silence electronic devices during meetings and educational sessions.
- I will leave meetings and educational sessions to answer pages and phone calls.

Cultural Competence/Inclusion

- I value, support and promote a diverse workforce in our organization.
- I respect all the ways we are different: age, lifestyle, beliefs, language, financial status, education, race, communication, style, etc.
- I practice the Platinum Rule (treat others the way they want to be treated) to assure expectations are met or exceeded.
- I encourage an environment where all individuals are able to contribute their skills and talents and reach their fullest potentials.
- I use appropriate interpreters and translated documents, when needed, to assure accurate and complete communication.

Revised: Jan. 18, 2013

Performance Excellence

Fluedt Her Health
Community Memorial Hospital
AIDET Worksheet

Objectives of AIDET
- AIDET is an acronym that represents a powerful way to communicate with others utilizing the five fundamentals of patient communication.
- Acknowledge, Introduce, Duration, Explanation, Thank
- AIDET is a framework for staff to communicate with patients and their families as well as each other. This framework is used as we communicate with other staff and colleagues, especially when we are providing internal customer service.

What is AIDET?

Acknowledged Key Message: Make a great first impression
- Acknowledge the patient/customer by name. Make eye contact.
- Show a positive attitude with a smile and body language.
- Place patients/customers at ease and make them feel comfortable.
- Before entering patient room, always knock and ask permission to enter.

Introduce Key Message: Reduce patient/customer anxiety
- Name, role, and department.
- Certification, training, skills, and experience. It's OK to talk yourself up!
- Manage up yourself, your coworkers, other departments, and physicians.
- Talk up the hospital! Puts patients/families at ease with being here.

Duration Key Message: Inform the patient/customer
- How long to wait before a test, procedure, exam, see Doctor, results.
- How long will the approximate wait time be?
- Inform patients/customers about any delays; Update them regularly.
- Ask: “May I get you anything while you are waiting?”

Explanation Key message: Explain the care plan & listen to the patient’s story
- Explain step by step the task, test, procedure, visit, and why you are doing it.
- Clarify their understanding by asking for their input and questions.
- Next steps: make sure they know what comes next and where they are going.
Key message: You are appreciated

- Use closing words
  - “It was nice to see you again.”
  - “I’m very glad we were able to take care of you today.”
  - “Again, my name is Kim and it was a genuine pleasure to work with you today.”
- Thank patients for cooperating with you, answering your questions, working with you.
- Thank the patient for trusting us with their care.
- Ask customers for any final questions or concerns. “Is there anything else I can do for you? I have time.”

Developing Your Own AIDET Worksheet

A= Acknowledge
How can you:
- Show positive attitude?
- Make patients/customers feel you are happy to see them?
- Put patients at ease and make them feel comfortable?
- Ask permission to enter a room?

I= Introduce
How can you introduce yourself?
Name/Title:
Years of experience (role or with CMH):
Special training:

D= Duration
How can you communicate…
- How long the process, test, procedure, etc. will take?
- When results will be back?
E= Explanation
How can you help patients, family members, other customers understand what they can expect? What is the plan?

T= Thank You
How can you:
• Let patients/customers know you appreciate them and have enjoyed working with them?
• Thank the family for using us and for entrusting us with the care of their loved one?
Froedtert Health

Code of Business Conduct

Good Compliance Sense
Makes Good Business Sense

Please note that the Code of Business Conduct does not create any contract of employment, express or implied, between Froedtert Health or any of its affiliated organizations and any individual.
Froedtert Health
Compliance Contact Information

Corporate Compliance Department
Main Number
414-805-2895

Confidential Compliance Hotline
414-259-0220

Internet Compliance Email Address
comphotl@froedterthealth.org
To the employees, physicians, business partners and colleagues of Froedtert Health:

As an organization, we are committed to honest and ethical behavior, and to conduct our business with integrity. Throughout our history, as we have served our patients and our community, we have earned a reputation for honor and integrity. Our business is built on this trust and this reputation. It's about sustaining a place where we are all proud to work, it's about who we are as an organization.

The practice of behaving honestly, ethically and with integrity is an individual responsibility. We make decisions about how to conduct ourselves every day as we go about our work. Each of us is accountable for the actions that we decide to take.

To help you with the legal and ethical questions you may encounter in your daily work, we have prepared the Froedtert Health Code of Business Conduct. The organization's corporate policies, coupled with the Code of Business Conduct, sets the standards and expectations to help us all do the right thing.

With your help, I am confident that Froedtert Health will continue to be an outstanding corporate citizen in every community we serve, and our reputation for integrity will endure. Thank you for joining me in this effort.

Sincerely,

Cathy Jacobson
President, CEO of Froedtert Health
CODE OF CONDUCT

Introduction

The purpose of the Code of Business Conduct (Code) is to set forth a code of ethical behavior designed to help improve patient outcomes by respecting each patient’s rights and conducting business in an ethical manner. It is a set of rules that describes how all people employed or working with Froedtert Health and its affiliates conduct business. These rules help you to know that you are doing the right thing.

Froedtert Health expect staff, and those organizations we do business with, to use these rules of behavior when making decisions and when doing their daily work or duties for Froedtert Health.

This Code is general, which means you will need to read Froedtert Health policies and procedures to get more details. You may find yourself in a situation that is not covered in this Code. Therefore, if you have any questions or concerns about a situation, an activity or what you are reading in the Code, you should contact the Froedtert Health Compliance Department.

In this Code, you will read about the following topics:
• Conducting Business Practices with Respect, Honesty and Integrity
• Compliance with the Law
• Background Checks
• Compliance Education and Training
• Reporting Compliance Concerns
• Response to Internal and External Investigations
• Retaliation
• Protecting Patient Confidentiality and Privacy
• Protecting Confidentiality of Business Information
• High Quality Patient Care
• Emergency Treatment
• Environment and Safety
• Giving Free Supplies, Equipment or Services
• Discrimination and Harassment
• Physician Relationships
• Conflicts of Interest
• Gifts or Tips
• Billing and Claims
• Proper Use of Company Assets
• Accuracy, Retention, and Disposal of Documents and Records
• Enforcement and Corrective Actions
Conducting Business Practices with Respect, Honesty and Integrity
I will do my job duties honestly, with respect and integrity.

Everyone working at, or for, Froedtert Health is expected to do the right thing. This includes being honest with, and respectful to, patients, direct reports, leaders, co-workers, business partners, vendors, the general public and one another. Froedtert Health expects that you will not lie, cheat, steal or do anything that would harm or injure the reputation of yourself or Froedtert Health. Treat others the way they would want to be treated, and if you don’t know the right thing to do, ask.

Code of Corporate Ethics Policy (FH.COM.032)

Compliance with the Law
I will follow all laws, rules, regulations, policies and procedures that apply to me and my job duties.

Everyone must follow the laws, rules, regulations, policies and procedures that apply to their individual jobs. Just like outside of work there are traffic laws you must follow, such as stopping at a stop sign, healthcare also has rules and laws that must be followed. These rules were written to keep you, others who work for Froedtert Health and our patients safe. An example of a regulation we must follow is that all staff must wash their hands after each contact with a patient. Froedtert Health does not expect staff to know and understand every law, rule and regulation. However, you should know when to ask advice from a Froedtert Health leader or the Compliance Department. If you are unsure of what to do in any situation, ask before you act.

Background Checks
I understand that Froedtert Health will conduct formal background and credentialing checks on all staff, medical staff members and certain vendors/contractors.

To reduce risk and promote a safe environment for patients, staff members and our organization, Froedtert Health strives to only hire or contract with those that share the same values and integrity. As a result, an appropriate background check is conducted before staff and medical staff members start working. We do not employ or enter into contracts with individuals or entities that cannot participate in federal or state health care programs.
Staff, medical staff members, vendors and contractors must obtain and maintain all appropriate licensure and/or certifications required for their job responsibilities or contracts. They are also required to report any changes in their status according to corporate policy.

*Background Checks (FH-HR.028)*

**Compliance Education and Training**

I am committed to attending and/or completing all mandatory and assigned compliance training and education.

We want our staff to know the rules and policies for their role so they do the right thing. Staff is required to attend and/or complete all mandatory compliance education that is expected of/assigned to them.

**Reporting Compliance Concerns**

I will immediately report any activities or conduct that I believe violates Froedtert Health standards, policies, laws and/or regulations.

Anyone, who in good faith, believes that an activity may not be lawful or does not comply with the organization’s policies and procedures has a responsibility to immediately report the concern. Failure to report suspected violations or non-compliance can be viewed as misconduct, and therefore may warrant disciplinary/corrective action. The concern can be reported to his or her department leader or vice president, or to the Compliance Department. The Compliance Hotline offers an anonymous option for reporting issues, or you may email the Compliance Department.

Confidential Compliance Hotline: 414-259-0220
Compliance Email Address: comphotl@froedterthealth.org
*Compliance Reporting, Hotline and Non-Retaliation Policy (FH-COM.025)*

**Response to Internal and External Investigations**

I am committed to cooperating with all internal and external investigations in an efficient and professional manner. I know to seek immediate guidance from my supervisor or the Compliance Department if contacted about/during an investigation.
Internal Investigations: Individuals are expected to cooperate with all internal investigations, audits or reviews related to compliance with the laws or organizational policies.

External Investigations: Froedtert Health will cooperate and respond appropriately to any authorized government investigation, asserting all protections afforded by law. Froedtert Health believes that it is in the mutual interests of everyone involved that governmental inquiries be addressed to, and handled by, a leader and Corporate Compliance, or legal counsel designated by Froedtert Health. If a staff member is presented with a letter, subpoena or other legal document, or if someone from a governmental agency comes to a department, the staff member should immediately contact the Compliance Department.

✦ Retaliation
I will not retaliate against a patient, staff member or any other person who, in good faith, raises a concern about non-compliance.

Froedtert Health will not retaliate against a staff member, patient or any other person, who in good faith raises a concern about non-compliance. We intend to do the right thing, and we want our staff members, patients, medical staff members, business partners, vendors or any other individual to tell us when they think we are not doing the right thing. We want to investigate and make changes if appropriate.

Compliance Reporting, Hotline and Non-Retaliation Policy (FH-COM.025)

✦ Protecting Patient Confidentiality and Privacy
I will protect and keep patient information private.

Froedtert Health collects and stores information about patients’ medical conditions and histories so that we can properly treat each person. We are committed to maintaining the privacy of this sensitive information which includes but is not limited to verbal, written or electronic patient information including patient lists, medical records and billing information. Therefore, no Froedtert Health staff member, medical staff member, student, volunteer, vendor or business partner has a right to look at, access, use, discuss or share any patient information other than what is necessary to perform his or her job duties. Only use the minimum amount necessary to meet the intended purpose or carry out the function.

Confidentiality Policy and Confidentiality Agreement (FH-COM.045)
✦ Protecting Confidentiality of Business Information
I will protect and keep confidential business information private.

Froedtert Health has information about strategies and operations that are valuable to the organization. Confidential business information includes, but is not limited to: pricing and cost data, information pertaining to acquisitions, affiliations and mergers, financial data, research data, strategic plans, marketing strategies and contract information. Every staff member has an obligation to protect and safeguard all Froedtert Health business information in a way that will prevent others from knowing it.

✦ High Quality Patient Care
I will provide safe and high quality care to our patients.

Froedtert Health strives to assure that the services provided at the hospitals and clinics meet or go above acceptable levels of quality and patient safety. The organization and our staff are committed to providing quality care to our patients. Everyone should treat patients with respect and dignity and provide care that is necessary and appropriate. Staff will not discriminate (because of race, religion, national origin, ability to pay or any other factor) in admitting, transferring or discharging patients, or in the care provided. Care is based on the patient’s healthcare needs and by their wishes.

✦ Emergency Treatment
I will provide a medical screening and treatment to all persons who are seeking emergency medical treatment, regardless of ability to pay.

- We provide an emergency medical screening exam and necessary stabilization to all patients, regardless of their ability to pay.
- We will not delay the medical screening and necessary treatment to stabilize the patient in order to seek financial and demographic information.
- We do not admit, discharge or transfer patients with emergency medical conditions simply based on their ability or inability to pay. Patients are only transferred to another facility at the patient’s request or if the patient’s medical needs cannot be met at the facility.

Emergency Medical Treatment and Active Labor Act (EMTALA) Policy
(See Facility Policy)
✧ Environment and Safety
I will work to provide an environment where the health and safety of our patients and staff come first.

Our organization promotes an environment that protects patients and staff from infections, injuries, and illnesses. Staff are expected to have a positive attitude about safety and to attend safety training required for their job duties. We focus on creating processes and practices that encourage safety and quality. We also support open and honest reporting when events or any unsafe condition or practice occurs, so that we can prevent the same incident from happening again.

✧ Giving Free Supplies, Equipment or Services
I will not attempt to influence patients, governmental officials, medical staff members or any other person with an offer of money, services, supplies or equipment.

Froedtert Health staff must never offer or give money or gifts to governmental officials. Gifts to medical staff members, vendors, business partners and/or any other person should be of nominal value and should not be given in order to influence them. Staff cannot offer free or discounted supplies, equipment or services to patients without the patient having a financial need assessment completed. Giving of free supplies, equipment or services can be viewed by the government as an incentive to influence the patient to use only our health care services.
See Facility specific policies

✧ Discrimination and Harassment
I will treat all people equally and fairly and will not harass or discriminate against another individual.

Froedtert Health is committed to an equal opportunity work environment where all staff members are treated with dignity, fairness and respect. We are further committed to providing a work environment that is free from discrimination or harassment of any kind. Any staff member who feels he/she has been subjected to discrimination, harassment or intimidation should immediately report the incident to his or her supervisor, manager, director or vice president and/or to the Human Resources Department.

Harassment Free Workplace Policy (FH-HR.018)
♦ Physician Relationships
It is important that those staff members who interact with physicians are aware of the requirements of laws, regulations and policies that address relationships between facilities and physicians. This knowledge is especially important if you have a role in making payments to physicians for services rendered, leasing space, recruiting physicians to the community or arranging for physicians to serve in leadership positions in facilities. Any business arrangement with a physician must be in writing and must be reviewed and approved by the Froedtert Health Legal Department.

♦ Conflicts of Interest
I will disclose any possible or potential conflicts between my personal interests and the interest of the organization.

All relationships and decisions must be in the best interest of our patients and the organization. We should never make decisions that result in our own personal financial benefit or our immediate family members’ financial benefit. This can occur when a staff member has authority to negotiate, recommend or influence a business decision. All staff members should report potential conflicts of interest to the Corporate Compliance Department.

Conflict of Interest & Intermediate Sanctions (FH.COM.001)

♦ Gifts or Tips
I will not solicit or accept money or other things of value from our patients, patient family members, vendors and/or others.

All Froedtert Health staff should use good judgment when accepting gifts. The offer of money, gifts, services and entertainment should never influence a decision, selection of a vendor, or affect the care of a patient. Staff must never accept cash. Staff may only accept gifts from patients or patient family members when they are of nominal value or when they can be shared with their department and/or co-workers. Nominal gifts include: flowers, cookies, etc. Staff may not accept any gifts from vendors, regardless of the value, unless it meets one of the approved exceptions in the Froedtert Health Gifts from Vendors Policy.

Gifts From Vendors Policy (FH.COM.022)
Billing and Claims

I will accurately and appropriately document and bill for the services provided by me or my department.

Medicare and Medicaid have requirements and obligations that must be met in order for healthcare providers to bill them for health-related services. The requirements promote high-quality and safe patient care, and help to make sure that providers are not inappropriately or incorrectly billing them for services. The government uses the terms fraud and abuse.

“Fraud” is a willful or intentional act. Examples of fraud in healthcare are:

- Billing for services and/or supplies that are not provided
- Altering forms and/or receipts in order to receive a higher payment amount
- Duplicating billings that includes billing the Medicare program and the beneficiary or Medicaid, or some other insurer in an effort to receive payment greater than the amount allowed
- Offering, paying, soliciting or receiving bribes, kickbacks or rebates, directly or indirectly, in cash or in kind, in order to induce referrals of patients or the purchase of goods or services that may be paid for by Medicare, Medicaid or other government program
- Billing a person who has Medicare coverage for services provided to another person who is not eligible for Medicare coverage
- Completing certificates of medical necessity (CMN) for patients not personally and/or professionally known by the provider
- Billing for procedures over a period of days when all of the treatment occurred during one visit (e.g., split billing schemes)
- Knowingly submitting false claims.

“Abuse” describes practices that, either directly or indirectly, result in unnecessary cost to the Medicare or Medicaid program. Abuse appears quite similar to fraud except it may not be willful or intentional. Some examples of abuse are:

- Charging in excess for services or supplies
- Providing medically unnecessary services or services that do not meet professionally recognized standards
- Billing Medicare based on a higher fee schedule than for non-Medicare patients
• Submitting bills to Medicare that are the responsibility of other insurers under the Medicare secondary payer (MSP) regulation

All staff should be aware that the organization has a corporate policy called “Hospital Billing Compliance.” This policy outlines the False Claims Laws. It also describes how the government protects individuals who report fraud and abuse. These protections are called the Whistleblower Protections.
Hospital Billing Compliance (FH.COM.035)

✦ Proper Use of Company Assets
I will protect the organization’s equipment, supplies, property and other assets against loss, theft, destruction and misuse.

Part of the job of every staff member is to keep the costs of healthcare down. One way to assist in doing that is to protect our organization’s assets. Staff should only use supplies and equipment for hospital or clinic business, never for personal use. We must make sure that we secure things of value. We must take precautions so our equipment and supplies are not lost, broken, stolen and/or misused.

✦ Accuracy, Retention and Disposal of Documents and Records
I am committed to both retaining and maintaining timely and accurate patient and business records.

Each staff member is responsible for the integrity and accuracy of our organization’s documents and records, not only to comply with regulatory and legal requirements but also to make sure records are available to support our business practices and actions. No one may alter or falsify information on any business or patient record or document. Records must be retained and destroyed in accordance with the law and our record retention policies.
Record Retention Policy (See facility policy)
 Enforcement and Corrective Actions

I may be subject to corrective and/or legal actions if I do not follow laws and Froedtert Health Policies that apply to my job and my job responsibilities.

All Froedtert Health staff must carry out their job duties as stated in our policies and procedures and as required by law. If an individual violates any applicable laws and/or Froedtert Health policies and procedures, he or she may be subject to corrective action and/or legal action. The specific action will depend on the nature and severity of the violation, and will be consistent with Froedtert Health Human Resources Policies, medical staff bylaws, contractual obligations, legal and/or regulatory requirements.

Rules of Conduct/Corrective Action Policy (FH-HR.001)

Summary

In summary, the Code of Business Conduct is nothing new. It’s knowing, embracing and following the policies, procedures and regulatory requirements that affect your job. The Code of Business Conduct is a critical part of your daily responsibilities. Remember, “Just do the right thing.”
Our Philosophy of Nursing

In accordance with the Core Values of Froedtert Health, the Nurses of Community Memorial Hospital:

- Believe in ourselves, our patients, our community and the power of Nursing (Trust & Respect).

- Believe that we promote health, wellness, and optimal healing through the relationships we build, nurture and maintain (Community Responsiveness).

- Believe in compassionate, highly skilled, individualized, holistic care (Personal Attention & Care).

- Believe that caring for ourselves is valuable in creating and maintaining healthy relationships (Personal Attention & Care).

- Believe that Nursing is a scientific discipline that influences patient outcomes (Quality of Services).

- Believe that Nurses are accountable for their practice (Value Orientation).

- Believe that Nursing promotes a safe environment of care (Safety).
CARE Delivery Model
Relationship Centered Care

Relationship Centered Care is a model based on valuing relationships with others as well as ourselves. Healthy relationships are based on respect for the patient, respect for ourselves, respect for shared values, and respect for differences. Nursing at CMH has a longstanding history of caring. Beginning with the development of four core relationships: Nurse to patient, Nurse to self, Nurse to provider, and Nurse to community our caring model has evolved into the Relationship Centered Care model. This model is based upon Kristen Swanson’s Middle Range Theory of Caring and incorporates her Five Caring Processes.

<table>
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<tr>
<th>Principle 1</th>
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<td>Maintain Belief and Hope in the Patient</td>
<td>Knowing the Patient</td>
<td>Being with the Patient</td>
<td>Doing For/Assisting the Patient</td>
<td>Facilitating Care through Difficult events and life’s transitions</td>
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<td>Caring Behavior – Creation of a Healing Environment as evidenced by:</td>
<td>Caring Behavior – Effective communication As evidenced by:</td>
<td>Caring Behavior – Nursing presence as evidenced by:</td>
<td>Caring Behavior – Application of Therapeutic technique’s as evidenced by:</td>
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<td>Listening to the patient’s story</td>
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<td>Safety</td>
<td>Centering on the Patient</td>
<td>Sharing moments with patient</td>
<td>Identification</td>
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<tr>
<td>Address cultural and Spiritual need</td>
<td>Engagement with the patient and family</td>
<td>Support of the Nursing team</td>
<td>Preparation of patient and family for future events and needs</td>
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<td>Encouragement</td>
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<td>Respect for patient values</td>
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Community Memorial Hospital (CMH) recognizes the importance of having a sound structure that empower nurses, supports professional practice, and increases accountability in nursing practice.

Our Nursing Professional Practice Model (PPM) provides that structure and is a vehicle for change, growth and empowerment for the nursing profession and the professional. Grounded in our nursing mission, vision, nursing philosophy, core values and strategic priorities, our Professional Practice Model of Relationship Centered Care incorporates the components of Patient/Family/ Community centeredness, Shared Governance, Evidence Based Practice, Performance Excellence, Interdisciplinary Collaboration, Professional Development and Relationship Centered Care Delivery (Kristin Swanson’s Theory of Caring). This model should not be viewed as a hierarchy; instead it should be viewed on a horizontal plane in which each component supports, collaborates, communicates and assists each other in developing professionally and delivering exceptional care:

The Nursing Integration Board is accountable for evaluating the effectiveness of the Professional Practice Model, annually, to ensure that it is meeting the needs of both our internal and external customers.

The PPM is depicted utilizing the following components: The core of our PPM (the star in the center of the model) continues to be our Relationship Centered Care delivery model, which is based upon Kristin Swanson’s Theory of Caring. As before, the patient, family and community continue to be at the “center” of everything we do within nursing at CMH; they are our reason for being and serve as our guiding light. It is through focusing on the patient that we define our actions and accountabilities. CMH nurses have a laser focus on the needs of our patients, ensuring the development and implementation of individualized plans of care that create the necessary healing environment in which patients make efforts to meet or exceed their goals.

Each point of the star represents the five main points of our Care delivery model: (1) Maintaining Belief and Hope in the Patient, (2) Knowing the Patient, (3) Being with the Patient, (4) Doing
for/assisting the patient, and (5) Facilitating care through life’s difficult events and transitions. This theory supports our belief in Relationship Centered Care where we value our relationships with others as well as ourselves. It is through the five caring processes that any caring relationship can be enacted throughout the organization. Nurses practice autonomously and make decisions within the scope of their practice, guided by the ANA Scope and Standards of Practice and the five principles of the Care Delivery Model.

In addition to the core components of the nursing PPM (as described above), our nursing PPM is influenced by a variety of key components:

**Evidence Based Practice**
At CMH, we utilize the most relevant and applicable evidence to guide the science and practice of our profession. Through the application of Evidence Based Practice, CMH nurses carefully integrate the necessary knowledge and research into our clinical and operational processes. We utilize evidence-based practice to design and implement clinical projects that improve nurse-sensitive and patient outcome indicators. Also, CMH nurses develop policies, procedures and new programs through the application of evidence based practice. The Nursing Research and EBP Council, coached by a doctoral prepared nurse consultant and researcher, promotes and facilitates research activities and education for nurses throughout the hospital. We utilize the ACE Star model to move evidence into practice.

**Interdisciplinary Collaboration**
Interdisciplinary Collaboration is a key function of our practice model. Respect, partnership, communication, collaboration and valuing each other are core tenets at CMH. It is through a strong partnership with other disciplines that extraordinary patient care is delivered. Nursing participation on Interdisciplinary councils and other disciplines participating on nursing councils is a key component of our collaboration.

**Performance Excellence**
Performance Excellence is the structure which supports a culture dedicated to continuous quality improvement. This structure provides the framework that supports the hospital’s ability to create quality solutions that achieve sustainable outcomes. Nursing is a significant and influential member of this quality structure. Through leading quality improvement efforts and constantly evaluating the outcomes of our efforts, nursing is an empowered and active participant in fulfilling the hospital's mission, vision, and strategic priorities.

**Professional Development**
CMH values and supports nurses in the following ways:
- Annual performance appraisal process includes self-assessment, peer evaluations and goal setting
- Specialty certification is an annual strategic priority
- Support for formal educational programs, continuing education and skill development
- Preceptor and mentorship programs
- Partnerships between nurse educators at the department and at the organization level

**Nursing Shared Governance**
The component of Shared Governance communicates the authority and accountability that Nursing has for their practice at CMH:

Revised: Jan. 18, 2013
Nursing Integration Board – Accountable for providing strategic direction for the Nursing Division. A few examples of accountabilities include: development and coordination of the Nursing strategic map, ensure the integrity of the shared governance structure, and function as the first point of contact for all CMH departments requesting the involvement of Nursing within a project or activity.

Nursing Practice Council – Accountable for matters related to nursing practice and patient care issues that affect multiple patient care areas. A few examples of accountabilities include: policies, procedures, goal development, presence of evidence based practice activities, interdisciplinary collaboration, patient satisfaction, regulatory requirements, and preceptor experiences.

Unit Based Nursing Practice Council – Accountable for nursing practice and patient care activities. A few examples of accountabilities include: staffing and scheduling, ensure the application of the care delivery model, participate in architecture and space design, implement recruitment and retention activities and evaluate work place safety efforts.

Nursing and Patient Care Logistics Council – Accountable for the human, material and fiscal needs of the Nursing and Patient Care Division. A few examples of accountabilities include: human/material/fiscal policy and procedure development, leadership development, evaluate and allocate technology and resources, career development, recognize and reward innovation and support participation in professional organizations.

Nursing Education Council – Accountable for the professional growth and development of nursing. A few examples of accountabilities include: new graduate transition to practice, promotion of professional development including national certifications, ongoing education, orientation, learning needs assessment, and nurse educational programming, facilitate new product utilization and review, support school of nursing affiliations, and goal development.

Nursing Research Council – Accountable for the presence of a professional nursing research environment. A few examples of accountabilities include: facilitate research activities, provide mentorship for research activities and demonstrate support and guidance for innovations in nursing practice.

Nursing Image Council – Accountable for making visible the contributions of nursing. A few examples of accountabilities include: publication of nursing stories that portray the image and value of nursing, coordinate the Daisy Award, make visible the contributions of nursing and evaluate recruitment and retention activities.
CMH Nursing Clinical Groups
Nursing Student Practice Standards

Students are required to attend computerized documentation classes and complete all on-line modules prior to their clinical experience on the unit.

Students who are CMH employees shall follow the student guidelines during their clinical experiences.

MEDICATION ADMINISTRATION
All medications administered by a student require direct supervision by the instructor or a RN

1. Students shall apply safe practice behaviors and follow the five rights of medication administration:
   a. Right Patient
   b. Right Route
   c. Right Dose
   d. Right Time
   e. Right Medication

2. Students shall verbalize and demonstrate a safe level of knowledge and skill in their medication administration including use, indications, dosage, side-effects and route. The school will ensure competency of medication administration and knowledge of the proper use of the medication administration record prior to the actual administration of medications at CMH.

3. Students shall not be allowed to administer drugs until the instructor has verified the student’s competency with CMH’s medication administration record.

4. Students shall verify the correct patient by always checking the patient identification band and verifying with the patient their name and date of birth against the eMAR report.

5. Students shall verify the order and the prepared dose of all parenteral medications with instructor and/ or assigned nurse. All IV pump settings shall be verified by staff or instructor.

6. Students shall always utilize their instructor first if any medications are to be administered. Staff should query the student if they have checked with the instructor.

7. If staff are unable or are too busy to work with the students, staff should direct the student to work with their instructor.

8. Students shall verify all medications requiring calculations with the instructor and/ or assigned staff nurse.

9. Students shall verify all new orders for medications they are administering with the instructor and/or assigned nurse.
10. Blood products shall be hung only under the direct supervision of an RN or the instructor. Per policy, verification of blood needs to be performed by two licensed employees.

11. Students shall not...
   • Administer medications without the direct supervision of an instructor or a RN
   • Administer any medication until the patient has been identified via their name band and eMAR;
   • Administer research protocol medications;
   • Administer chemotherapy medications;
   • Administer drugs in an emergent situation;
   • Administer drugs without medication specific information readily available;
   • Be allowed to set up or manipulate PCA/PCEA pumps;
   • Administer medications without utilizing eMAR.
   • Be the verifier for medications requiring double RN verification

DOCUMENTATION
1. All student documentation in the medical record needs to be reviewed and cosigned by the instructor. This will be noted as an Epic Smart Phrase

2. Instructors shall review student documentation during or after each clinical session for accuracy, appropriateness and completeness.

3. The CMH RN will perform their own charting for their patient(s) for that shift or validate the students shift summary.

4. Students shall document assessments on the appropriate flowsheets as part of a complete assessment. (i.e. neuro, pain, wound) Admission assessments shall be completed only under the direct supervision of the assigned staff nurse or the instructor.

SAFE PATIENT CARE
1. Students shall perform only the assigned duties noted on the student assignment sheet. Additional opportunities for student learning are to be determined by the instructor in collaboration with the assigned RN.

2. The assigned RN is responsible and accountable for the patient. Therefore, clear communication between the assigned RN and the student must occur to ensure safe patient care. A verbal report will be given by the RN to the student prior to giving care to the patient.

3. A verbal report shall be given to the RN responsible for the patient by the student at the end of the students’ clinical shift or if the student leaves the unit for any time period.

4. Students will only perform invasive procedures under the direct supervision of their instructor or assigned nurse.

5. The student will not perform any Point of Care testing.
Clinical Instructors are required to attend computerized documentation classes and complete all on-line modules prior to having their students in a clinical experience on the unit.

MEDICATION ADMINISTRATION
All medications administered by a student require direct supervision by their preceptor

1. Instructors shall determine safe medication administration as evidenced by the student’s ability to articulate the 5 rights, supporting physical examination data, lab data, patient physical presentation, and the clinical course competencies.

2. Instructors shall adhere to the medication policies and procedures of CMH.

SAFE PATIENT CARE
1. Instructors will be expected to develop competency in clinical assignment areas.
2. Instructors shall make student assignments commensurate with the instructor’s knowledge base and the level and ability of the student.
3. Instructors shall clearly identify what the students will and will not be doing on the student assignment sheets (medication administration, assessments, physical cares, etc).

EVENT REPORTS
1. Instructors shall file a CMH event report whenever an incident involving a student error occurs.
   a. Instructors shall complete an event report and follow-up on all events discovered during the clinical hours. If CMH discovers the error, it will be brought to the instructor’s attention.
   b. If the event is found after the clinical group has gone, pending the severity of the event, unit leadership will determine the follow-up process and will contact the instructor within 24 hours.
   c. Event reports shall be completed when the student discovers incorrect medications in the assigned patient locations. When found, the student shall report it to the RN responsible for the patient and the RN shall complete an event report. (Students shall not independently complete any event report.)

DEFINITIONS
Competency: *A “competency is an expected level of performance that integrates knowledge, skills, abilities and judgments”

Supervision: The provision or guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.
Direct Supervision: **"Immediate availability to continually coordinate, direct, and inspect at firsthand the practice of another".**

**Wisconsin Register Standards for Registered Nurses and LPN’s N6.04 June 2006.**
Precepted Nursing Students and Instructors
Precepted Nursing Student Practice Standards

Students who are CMH employees shall follow the student guidelines during their precepted experiences.

Precepted students are required to attend computerized documentation classes and complete all on-line modules prior to their clinical experience on the unit.

MEDICATION ADMINISTRATION

1. Students shall apply safe practice behaviors and follow the five rights of medication administration:
   a. Right Patient
   b. Right Route
   c. Right Dose
   d. Right Time
   e. Right Medication

2. Students shall not be allowed to administer medications until the preceptor has verified the student’s competency with the CMH medication administration record.

3. Students shall administer emergency medications under the direct supervision of their preceptor.

4. Students shall verbalize and demonstrate a safe level of knowledge and skill during medication administration; this includes, indication, dosage, side-effects and route. The school will ensure competency of medication administration and knowledge of the proper use of the medication administration record prior to the actual administration of medications at CMH.

5. Students shall verify the correct patient by always checking the patient identification band and verifying name and DOB against the eMAR report.

6. Students shall verify the order and the prepared dose of all parenteral medications with their assigned preceptor. All IV pump settings will be verified by the assigned preceptor.

7. Students shall verify all medications requiring calculations with their assigned preceptor.

8. Students shall verify all new orders for medications they are administering with their assigned preceptor.

9. Blood products shall be hung only under the direct supervision of the preceptor. Per policy, verification of blood needs to be performed by two licensed employees.

10. Students shall not...
    • Administer medications without the direct supervision of a RN
• Administer any medication until the patient has been identified via their name band and patient information in the eMAR.
• Administer research protocol medications;
• Administer chemotherapy medications
• Administer drugs without medication specific information readily available;
• Be allowed to set up or manipulate PCA/PCEA pumps;
• Administer any medication without utilizing eMAR.
• Be the verifier for medications requiring double RN verification

DOCUMENTATION
1. All student documentation in the medical record needs to be reviewed by the preceptor during each clinical session for accuracy, appropriateness and completeness
   • notes will be cosigned by the preceptor
   • verification of review of documentation will be noted as per Epic Smart Phrase “.cosign student”.
2. Students shall document assessments on the appropriate flowsheets as part of a complete assessment. (i.e, neuro, pain, wound)
3. Admission assessments shall be completed under the direct supervision of their assigned preceptor.

SAFE PATIENT CARE
1. The assigned RN is responsible and accountable for the patient. Therefore, clear communication between the assigned RN and the student must occur to ensure safe patient care. A verbal report will be given by the RN to the student prior to giving care to the patient.

   2. A verbal report shall be given to the RN responsible for the patient by the student at the end of the students’ clinical shift or if the student leaves the unit for any period of time.

   3. The student will only perform invasive procedures under the direct supervision of their RN Preceptor.

   4. The student will not perform any Point of Care testing.
Nursing Instructor (Precepted Students)
Practice Standards

1. Instructors shall visit on-site one time per month to observe the student and check in with the students’ preceptor.
2. Contact between the school instructor and CMH preceptor shall occur according to the school’s policy.

DEFINITIONS

Precept Students: Precept students are assigned to a registered nurse for their clinical rotation experience. The school shall determine the amount of hours the student is required to complete the clinical experience. Assignments will be based on student’s level of education, competency and the nursing school’s requirements.

Competency: *A “competency is an expected level of performance that integrates knowledge, skills, abilities and judgments”

Supervision: The provision or guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

Direct Supervision: **"Immediate availability to continually coordinate, direct, and inspect at firsthand the practice of another”.
# Emergency Alert Overview

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| **Fire Alarm Activation**       | **Rescue:** Evacuate anyone in immediate danger.  
**Alarm:** Pull the nearest fire alarm.  
Dial #5 and say, "Fire alarm activation + location."  
**Contain:** Close doors to contain flames and smoke.  
**Extinguish:** Use a fire extinguish to extinguish flames if the fire is in its insipient stage. | **Announcement**  
Attention Please: Fire Alarm Activation + Location  
**Example Announcement**  
"Attention Please: Fire Alarm Activation, Administration" | **Fire response team:**  
- Responds to location to assess problem  
- Assists with evacuation  
- Extinguishes fire if the fire is in an insipient stage and it is safe to do so. |
| **Medical Emergency**           | **INSIDE BUILDING**  
1. Dial #5.  
2. Say, "Medical Emergency + location."  
**OUTSIDE BUILDING**  
1. Dial 262-251-1000.  
2. Say, "Medical Emergency + location." | **Announcement for Medical Emergency Inside/Outside Building**  
Attention Please: Medical Emergency + Location  
**Announcement for Medical Emergency: Trauma Activation**  
Attention Please: Medical Emergency + Trauma Category # + arriving in # of minutes + Location (Emergency Room #)  
**Example Announcements**  
INSIDE BUILDING:  
"Attention Please: Medical Emergency, Room 231"  
OUTSIDE BUILDING:  
"Attention Please: Medical Emergency, Parking Lot A"  
**TRAUMA ACTIVATION**  
Trauma Team responds. | **Switchboard Operator:**  
INSIDE BUILDING:  
- Initiates the wireless page to the response team and makes the overhead announcement  
OUTSIDE BUILDING:  
1. Initiates the wireless page to the response team and makes overhead announcement.  
2. Contacts MFFD by dialing 9-911  
**TRAUMA:**  
- Initiates the wireless page to the response team  
**Code Team:**  
INSIDE BUILDING:  
1. Responds to the location  
2. Administers ACLS, if appropriate  
OUTSIDE BUILDING:  
1. Responds to the location  
2. Administers BLS, if appropriate  
**NOTE:** For medical emergencies outside the building, patient care is transferred to MFFD upon their arrival.  
**NOTE:** The Emergency Department physician will not respond outside the building. |
| **Medical Emergency: Trauma Activation** | **TRAUMA ACTIVATION**  
Trauma Team responds. | | |

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### Emergency Alert and Description

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<td><strong>Missing Person</strong>&lt;br&gt;Description: Called to report a missing patient or person, to include a missing adult, child and infant**&lt;br&gt;<strong>1. Dial #5.&lt;br&gt;2. Say, “Missing Person + adult or child or infant + description + last known location.&lt;br&gt;3. Check immediate area for missing patient or person.</strong>&lt;br&gt;<strong>Announcement:</strong> Attention Please: Missing Person + adult, child or infant + description + last known location &lt;br&gt;<strong>Example Announcement</strong>&lt;br&gt;“Attention Please: Missing Person, adult male, wearing blue sweat pants and red shirt; short brown hair; with glasses, last seen on 3rd floor”&lt;br&gt;<strong>All staff:</strong>&lt;br&gt;• Observe traffic in hallways&lt;br&gt;• Monitor stairwells and parking areas&lt;br&gt;• If applicable, assist person with returning to patient room or other location.</td>
<td>Emergency Department exam room 6”&lt;br&gt;<strong>Trauma Team:</strong>&lt;br&gt;• Responds to provide patient care at the appropriate level</td>
<td>&lt;br&gt;&lt;br&gt;<strong>Mass Casualty</strong>&lt;br&gt;Description: Used in an emergency event, external disaster, that may cause an influx of patients – Incident Command is activated&lt;br&gt;Follow department-specific response plans based on overhead announcement.&lt;br&gt;<strong>Announcement:</strong> Attention Please: Mass Casualty + number of anticipated patients&lt;br&gt;<strong>Example Announcement</strong>&lt;br&gt;“Attention Please: Mass Casualty, 12 patients”&lt;br&gt;<strong>All staff:</strong>&lt;br&gt;• The Administrative Supervisor in conjunction with the Administrator On-Call will determine if Incident Command is activated.&lt;br&gt;• Overhead announcement authorized by Incident Commander and issued by Switchboard Operator.&lt;br&gt;• Incident Command will be scaled to the size and type of event.</td>
<td>&lt;br&gt;&lt;br&gt;<strong>Facility Emergency</strong>&lt;br&gt;Description: Called when there is a facility emergency, utility outage or an information technology (IT) outage&lt;br&gt;<strong>Utility outage examples:</strong> electrical, medical gas, water, steam, tube system, public address system&lt;br&gt;<strong>IT outage examples:</strong> EPIC downtime, Internet, Wireless Messenger, phone, network&lt;br&gt;1. Notify appropriate department of the outage.&lt;br&gt;   a. Facility or utility outage – contact Plant Operations&lt;br&gt;   b. Computer-related – contact IT Helpdesk&lt;br&gt;2. Refer to the corresponding response plan in the Emergency Operations Plan manual.&lt;br&gt;<strong>Announcement:</strong> Attention Please: Facility Emergency + descriptor + location + duration of outage (if known)&lt;br&gt;<strong>Example Announcement</strong>&lt;br&gt;“Attention Please: Facility Emergency, tube system down, estimated time to fix 1 hour”&lt;br&gt;<strong>Incident Command</strong> will coordinate response.&lt;br&gt;<strong>Plant Operations</strong> team will respond to assess and repair utility outages.&lt;br&gt;<strong>IT technical team</strong> will assess and address IT outages.</td>
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| **Description:** Called when there is a hazardous materials spill | necessary.  
2. Call Security at x5766 from any in-house phone.  
3. Follow Hazardous Spill policy 80100-053. | Attention Please: Hazardous spill + location  
**Example Announcement**  
"Attention Please: Hazardous Spill, Laboratory" | 1. Seal off the area and evacuate as necessary.  
2. Obtain appropriate MSDS via MSDS Online.  
NOTE: If radioactive spill contact radiation safety officer through the operator by dialing #5.  
3. Request the spill kit from the Dispatch department as needed. |
| **Stroke Recognition** | | | |
| **Description:** The number x5729 is dialed to activate the response to a patient having/who has had a stroke. The Stroke Response Team will respond to assist the patient. | | | |
| Signs of a stroke, remember **FAST:**  
**F** = Facial numbness or weakness  
**A** = Arm/leg weakness or numbness  
**S** = Speech or swallowing difficulties  
**T** = Time to call the Stroke Response Team, x5729 | Activate the Stroke Response Team by calling x5729. | **No overhead announcement is made.**  
If no response within 5 minutes, an overhead announcement will be made. | Stroke Response Team will respond to the location assess the patient and provide appropriate care as needed. |
| **Rapid Response** | | | |
| **Description:** Rapid Response is activated when a hospital staff member or physician would like an assessment and/or intervention for an inpatient. The number x5729 is dialed to activate the response. | Activate the Rapid Response Team by calling x5729. | **No overhead announcement is made.**  
If no response within 5 minutes, an overhead announcement will be made. | Rapid Response Team will respond to the location, assess the patient and provide appropriate care as needed. |
| **Security Alert: Mandt Certified Staff** | 1. Dial #5 from any in-house phone.  
2. Say, "Security Alert: MANDT" | **Announcement:**  
Attention Please: Security Alert: Mandt | MANDT Certified Staff respond and help de-escalate the disruptive patient |
<table>
<thead>
<tr>
<th>Emergency Alert and Description</th>
<th>Staff Action</th>
<th>Overhead Announcement</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respond</strong></td>
<td>Certified Staff Respond + location.”</td>
<td>Example Announcement “Attention Please: Security Alert: Mandt Certified Staff Respond, room 306”</td>
<td>or visitor.</td>
</tr>
<tr>
<td><strong>Security Alert: Building Threat</strong></td>
<td>1. Obtain as much information as possible. 2. Complete the Bomb Threat Information sheet. 3. Dial #5 to report threat. (Exception: Call is received by Switchboard Operator.) 4. Contact the Administrative Supervisor at X5760 and send the completed Bomb Threat Information sheet to the Administrative Supervisor.</td>
<td>Announcement: Attention Please: Security Alert: Building Threat + location Example Announcement “Attention Please: Security Alert: Building Threat, Main Hospital”</td>
<td>Menomonee Falls Police is contacted for assistance. Bomb Threat Response Team searches area/building/parking lot for suspicious package/s. Evacuation will be directed by Incident Command as necessary if a suspicious item is located.</td>
</tr>
<tr>
<td><strong>Security Alert: Lockdown</strong></td>
<td>Continue normal job duties.</td>
<td>Example Announcement “Attention Please: Security Alert: Lockdown”</td>
<td>All staff: Stay in the building until the “All Clear”</td>
</tr>
</tbody>
</table>
Accessing Computer Policies at CMH

1. On the Desktop, locate the icon that looks like a folder with the word “Policies” underneath it. Double click on the icon to open it.

2. Next, a new box will open with different folders listed; scroll down to the bottom of this window to find the document titled “Policy Index.xls” next to it. Double click on this document to open.

3. You will now be in the Policy Index which is in Excel. To look up a Policy, you can either scroll down through the page using the mouse, or you can go to the top of the page and click on the word “Edit”, and this will open a drop list. Look for the word “Find” and click on it. This will open a box that says “Find and Replace”. Click on the tab that says “Find” and type in the word(s) you would like to search for. Then click on the button that says “Find Next”. The computer will automatically highlight the next policy name that has that word(s) in it. If it highlights something that wasn’t what you were looking for, just keep hitting the “Find Next” button until the computer locates it. Once you locate the Policy you wish to view, left click on the actual name of the Policy (it will be blue and underlined). Your Policy will automatically open up in Word for your review.

For Example: If needed to find the Infection Control Guidelines for Nuclear Medicine, you would click on the “Edit” tab, then click on the “Find” button and type in “Infection Control.” Then hit the “Find Next” button. The first thing the computer would highlight would be Infection Control Guidelines for Pharmacy. You would keep clicking on the “Find Next” button until the Policy you are looking for is highlighted. Once you have found the policy you are looking for, you hit the button inside the “Find and Replace” box that says “Close” and this will close that box and take it off the screen. (The policy number for this example is 76070-004.)

4. Next, You would then left click directly on the words “Infection Control Guidelines for Nuclear Medicine” and this Policy will open up for you in Word.
NOTE: If for some reason clicking directly on the Policy does not work (or you receive an error message), you can open up the individual folder and try to open the policy from there. For example, if you were unable to open policy 65000-000 from the index, after double-clicking on the Policy icon (step 1 above), scroll down until you see the folder 65000. Open this folder and double click on the document 65000-000.
Our foundation centers on our patients and how we care for them. This includes keeping them safe and honoring their rights as patients. The National Patient Safety Goals (NPSG) have been established by the Joint Commission to protect patients. They are a set of standards that are aimed at eliminating the most common causes of patient care errors. The following policies and procedures are categorized under the NPSG that it applies to. There are many additional policies and procedures that also help us at CMH to maximize patient safety.

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written policies, procedures, standards and practices of CMH. Please take some time to review the following. They are located on CMH’s "I" drive (directions for access are noted within this document). It is expected that the Clinical Instructor will address these polices/procedures with their students. The hyperlinks will only work at CMH.

Please note that policies have a five digit number, a dash and a three digit number. Procedures have 5 digits, a dash, a “p” followed by a dash and 4 digits.

**Goal: Improve the Accuracy of Patient Identification through verifying patient with two patient identifiers prior to medication administration, specimen collection, transfusion or treatment**

*80100-072 Patient Identification for Patient Safety*

**Goal: Improve the effectiveness of communication among caregivers**

*82300-006 Abbreviations and Symbols*

*80100-068 Chain of Communications-Patient Care Concerns (Complaint)*

*80100-111 Hand-Off Communication/Transfer of Patients between Caregivers-SBAR*

*65000-016 Nursing Process and Documentation*

*80100-027 Interpretative and Translation Services*

**Goal: Improve the safety of using medications**

*80100-086 Pain Management Policy*

*00000-000 Medication Management*

*00000-001a Appendix to Medication Management Policy*

*00000-004 Medications, Administration*

*75000-021 Utilization of IV infusion pump devices*

*75000-029 High Rsk/Alert Medications*

*65000-p-0022 Procedure for Medications Management of Controlled Substances*

*00000-000 Documentation of Medication*

**Goal: Reduce the risk of Health care Associated Infections (HAI)**

*65010-009 Hand Hygiene*

*65000-040 Infection Control Guidelines for Nursing*

*65010-000 Universal/Standard Precautions*

*65010-001 Isolation Precautions*

*65010-001a Appendix to policy 65010-001*

*65000-052 Infection Control Guidelines for Intravenous Therapy*
65000-052 A Appendix to policy 65000-052
65010-010 C-Difficile: Identification and Control
65010-014 MRSA
65010-015 ESBL
65010-016 VRE

Goal: Identify Patient Safety Risks
65000-000 Continuous Observation
80100-008 Safe Patient Handling
65000-043 Fall Prevention and Management Program
80100-058 Latex Allergy Guidelines
65000-033 Restraints, Medical
65000-008 Restraints, Behavioral

Goal: Improve Recognition and Response to Changes in a Patient's Condition
65000-030 Rapid Response Team
65000-034 Stroke Response

Goal: Implement Evidence Based Practices to Prevent Indwelling Catheter Associated Urinary Tract Infections (CAUTI)
65000-051 Urinary Catheters Infection Control Guidelines

Important Additional Policies & Procedure to Review
80100-063 Patient Rights and Responsibilities
65000-015 Code Status, DNR
71500-033 Do Not Resuscitate
80100-006 Confidential Event Report Policy
65000-063 Inpatients Receiving Hemodialysis
65000-017 Safety and Security Guidelines for the Nursing Department
65000-105 Nursing Students in Clinical Settings at CMH
8100-094 Caregiver Misconduct
83000-043 Substance Theft and or/Abuse
80100-005 Smoking Policy

HIPAA
82300-031 Protected Health Information Security and Safeguarding of
83000-063 Confidentiality of Personal Health Information
80100-099 Confidentiality of Patient, Work Force, Physician and Hospital Information
FCH-HR.004 Public Display with Social Media
Accessing Computer Procedures at CMH

(Please note: At this time, only Nursing Procedures and select other units are Indexed and Hyperlinked)

1. On the Desktop, locate the icon that looks like a folder with the word “Procedures” underneath it. Double click on the icon to open it.

2. Next, a new box will open with different folders listed; scroll down to the bottom of this window to find the document titled “Index Nursing Procedures.xls”. Double click on this document to open.

3. You will now be in the Procedure Index which is in Excel. To look up a Procedure, you can either scroll down through the page using the mouse, or you can go to the top of the page and click on the word “Edit”, and this will open a drop list. Look for the word “Find” and click on it. This will open a box that says “Find and Replace”. Click on the tab that says “Find” and type in the word(s) you would like to search for. Then click on the button that says “Find Next”. The computer will automatically highlight the next policy name that has that word(s) in it. If it highlights something that wasn’t what you were looking for, just keep hitting the “Find Next” button until the computer locates it. Once you locate the Procedure you wish to view, left click on the actual name of the Procedure (it will be blue and underlined). Your Procedure will automatically open up in Word for your review.

For Example: If needed to find a Lidocaine Procedure, you would click on the “Edit” tab, then click on the “Find” button and type in “Lidocaine.” Then hit the “Find Next” button. The first thing the computer would highlight would be Lidocaine Hydrochloride Use of Lidocaine Hydrochloride Injection for Reduction of Venipuncture Pain. (If this was not the Lidocaine Procedure you wished to see, you would keep clicking on the “Find Next” button until the Procedure you are looking for is highlighted.) Once you have found the Procedure you are looking for, you hit the button inside the “Find and Replace” box that says “Close” and this will close that box and take it off the screen. You would then left click directly on the words “Lidocaine Hydrochloride Use of Lidocaine Hydrochloride Injection for Reduction of Venipuncture Pain” and this Procedure will open up for your in Word.
NOTE: If for some reason clicking directly on the Procedure does not work (or you receive an error message), you can open up the individual folder and try to open the procedure from there. For example, if you were unable to open Procedure 65000-p-0001 from the index, after double-clicking on the Procedure icon (step 1 above), scroll down until you see the folder 65000. Open this folder and double click on the document 65000-p-0001.
Policies and Procedures for Students and Instructors

Our foundation centers on our patients and how we care for them. This includes keeping them safe and honoring their rights as patients. The National Patient Safety Goals (NPSG) have been established by the Joint Commission to protect patients. They are a set of standards that are aimed at eliminating the most common causes of patient care errors. The following policies and procedures are categorized under the NPSG that it applies to. There are many additional polices and procedures that also help us at CMH to maximize patient safety.

It is the responsibility of both students and instructors to familiarize themselves and abide by all the written polices, procedures, standards and practices of CMH. Please take some time to review the following. They are located on CMH’s "K" drive (directions for access are noted within this document). It is expected that the Clinical Instructor will address these polices/procedures with their students. The hyperlinks will only work at CMH.

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80100-086 Pain Management Policy
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00000-001a Appendix to Medication Management Policy
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75000-029 High Risk/Alert Medications
65000-p-0022 Procedure for Medications Management of Controlled Substances
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65010-009 Hand Hygiene
65000-040 Infection Control Guidelines for Nursing
65010-000 Universal/Standard Precautions
65010-001 Isolation Precautions
65010-001 A Appendix to policy 65010-001
65000-052 Infection Control Guidelines for Intravenous Therapy
65000-052 A Appendix to policy 65000-052
65010-010 C-Difficile: Identification and Control
65010-014 MRSA
65010-015 ESBL
65010-016 VRE

**Goal: Identify Patient Safety Risks**

65000-000 Continuous Observation
80100-008 Safe Patient Handling
65000-043 Fall Prevention and Management Program
80100-058 Latex Allergy Guidelines
65000-033 Restraints, Medical
65000-008 Restraints, Behavioral

**Goal: Improve Recognition and Response to Changes in a Patient's Condition**

65000-030 Rapid Response Team
65000-034 Stroke Response

**Goal: Implement Evidence Based Practices to Prevent Indwelling Catheter Associated Urinary Tract Infections (CAUTI)**

65000-051 Urinary Catheters Infection Control Guidelines

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65000-017 Safety and Security Guidelines for the Nursing Department
65000-105 Nursing Students in Clinical Settings at CMH
81000-094 Caregiver Misconduct
83000-043 Substance Theft and/or/Abuse
80100-005 Smoking Policy

**HIPAA**

82300-031 Protected Health Information Security and Safeguarding of
83000-063 Confidentiality of Personal Health Information
80100-099 Confidentiality of Patient, Work Force, Physician and Hospital Information
FCH-HR.004 Public Display with Social Media
Parking

We offer free and convenient parking for faculty and students. We ask that you park in lot “J” if you are at CMH during the hours 0700-1500. Lot J is located on the east side of the street on Town Hall Road. Students & faculty with clinical experiences after 1500 may park in any employee lot. It is very important that faculty and students park in the designated lot. You will be asked to provide us your car license plate numbers for any vehicle parked on CMH campus. CMH Security does patrol the parking lots. Student and instructors parked in lots other than their designated lot will be ticketed and potentially towed. We appreciate your cooperation. See map below for directions.
New CMH Clinical Instructor Guidelines

I would like to welcome you to CMH. We are excited to have you and your students join our health care team. To make this a great experience for you and your students, there are a few requirements we will need you to meet.

1. Attend Orientation: Workforce Orientation: 0800-1200 held every other Tuesday. Instructors will be expected to cover information in this orientation with their students.

2. Meet with Cindy Johnson, School of Nursing Liaison, 262-257-3241 or mailto:cindy.johnson@froedterthealth.org.
   a. Please bring proof of professional licensure and a current BLS course completion card.

3. Meet with the Clinical Nursing Director (CND)/ Professional Development Coordinator (PDC) of your assigned unit and schedule unit orientation prior to starting on unit with students.

4. Send final Faculty / Student roster(s) and semester calendar, along with Course objectives, at least two weeks prior to scheduling your Epic computer charting class.

Please forward this information to:
Cindy Johnson, c/o Community Memorial Hospital,
Organizational Development & Education,
W180 N8085 Town Hall Road, Menomonee Falls, WI 53051, or email at: mailto:cindy.johnson@froedterthealth.org
Cindy can be reached by phone at: 262-257-3241. Fax number 262-257-5324.

5. Attend Epic classroom training at Froedtert Hospital. Details of training and sign up for students and instructors noted on the Froedtert Hospital web site, see link below. http://www.froedtert.com/ForHealthcareProfessionals/ProfessionalEducation/NursingUndergraduate

6. Contact Meeting Schedulers 262-257-3004 for reserving conference rooms and for audiovisual equipment for student orientation/meetings. (Refer to policy #80100-038).

7. Reserve orientation Personal Protective Equipment (PPE) demonstration supplies / videotapes by calling Organizational Development and Education at 262-257-3240.

8. On first day of student orientation: Complete & return the parking roster to Organizational Development & Education, Attention: Cindy Johnson.

9. Before the end of the semester, complete an on-line evaluation from the CMH web page, both instructor and students should complete their specific evaluation.

Please contact: Cindy Johnson, CMH School of Nursing Liaison, at 262-257-3241 or cindy.johnson@froedterthealth.org with any questions you have.
Returning CMH Clinical Instructor Guidelines

1. Contact Cindy Johnson, 262-257-3241 to update student orientation materials a minimum of 2 weeks prior to beginning of the semester. Please forward to Cindy any updated professional licensure and BLS course completion cards.

2. Meet with the Professional Development Coordinator (PDC) of your assigned unit to obtain unit and practice updates.

3. Send final Faculty / Student roster(s) and semester calendar, along with Course objectives, at least two weeks prior to your clinical groups starting

Please forward this information to:
Cindy Johnson,
c/o Community Memorial Hospital, Organizational Development & Education, W180 N8085 Town Hall Road, Menomonee Falls, WI 53051,
or email at: mailto:cindy.johnson@froedterthealth.org

Cindy can be reached by phone at: 262-257-3241. Fax number 262-257-5324.

4. Complete assigned Epic online module. Details of training and sign up for students and instructors noted on the Froedtert Hospital web site, see link below.
http://www.froedtert.com/ForHealthcareProfessionals/ProfessionalEducation/NursingUndergraduate

5. Reserve meeting rooms and audiovisual equipment for student orientation/meetings by calling - 3004. (Refer to policy # 80100-038).


7. On first day of student orientation: Complete & return the parking roster to Organizational Development & Education, Attention: Cindy Johnson.

8. Before the end of the semester, complete an on-line evaluation from the CMH web page, both instructor and students should complete their specific evaluation.

9. Please contact: Cindy Johnson, CMH School of Nursing Liaison, at 262-257-3241 or cindy.johnson@froedterthealth.org with any questions you have.
Froedtert Health Community Memorial Hospital
Instructor Checklist

Name with Credentials: _____________________________________________________________

School: __________________________________________________________________________

Mailing address: ___________________________________________________________________

Telephone: Cell: ________________ School: ________________ Home: ________________

1. Workforce Orientation Date:

2. Unit Orientation Date:

3. Epic Documentation Class Date:

Paperwork Received:
- Copy of RN License
- CPR & ACLS (if appropriate) card
- Instructor Memorandum of Understanding
- Confidentiality Agreements
- Computer Spreadsheet template with instructor & student information added
- Class Syllabus with goals and objectives for clinical experience
- Parking Roster
- Pyxis Form
## Unit Orientation for Clinical Nursing Instructors

<table>
<thead>
<tr>
<th>Content/Objective</th>
<th>Unit Designee Initials</th>
<th>Clinical Instructor Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Instructor will be able to:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Verbalizes unit leadership resources available.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Demonstrates how to perform bed functions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Acclimate to unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• IV pumps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pyxis machine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Instructor keys/phone/pager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Staff assignments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Posting student assignments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unit tour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chart forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Call lights</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Order lights (when appropriate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Identify unit routine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Caregiver hand-off (SBAR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Vital sign frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Documentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Skin care products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• TED’s (off 1/2hr bid, or per specific unit protocols)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• SCD’s (on while in bed and up in chair)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Verbalize application of telemetry patches and monitoring of telemetry patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss telemetry room functions and location</td>
<td></td>
<td></td>
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<tr>
<td>• Communicate with the telemetry room technician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Notify appropriate individuals with student and staff concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unit manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• School of Nursing Liaison</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Explain the patient safety bracelets and charms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Purple, yellow, pink and red charms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Blood band</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Clinical Instructor Signature __________________________________________________________

School __________________________________________________________________________

Unit Designee Signature_____________________________________________________________

Date ____________________________________________________________________________

*When form completed send to School of Nursing Liaison in ODE*
HIPPA and PHI:
- Students may not print any patient information
- No printed patient information may leave CMH with the student
- Any documents with patient information or identifying characteristics should be disposed of in a confidential bin on CMH premises or at the designated clinical site if not at CMH.

Documentation and Communication:
- Patient assignments should include what ADL tasks, assessments, and routes of medication administration the student will perform on that clinical day.
- Discuss with the unit leadership if there are any patient’s who should not be assigned to a student or medications which should not be administered by a student.
- Review the patient bedside chart for new orders prior to proceeding with cares or medication administration. CMH uses an order light system to indicate what the status of the order is in being processed. Discuss with the RN to determine if the orders have been completed and processed if there are new orders written.
- Charting of medications, vital data and intake and output is to be done at the bedside computer in the patient room in real time.
- Instructors are required to co-sign all students’ electronic and written documentation in accordance with policy: #65000-105: Nursing Students in Clinical Settings at CMH.
- Instructors should participate in Caregiver Handoff with the students
- We encourage students to do hourly rounding and participate in physician rounding on their patients.
- Utilize SBAR for Caregiver Handoff
- Caregiver Handoff should occur with the RN and support staff anytime the student will be leaving the unit for breaks, lunches or at the end of their day

Logistics:
- Students should store their personal belongings in the lockers in the Third Floor South Conference Room. The staff areas on the unit should not be utilized for personal belongings.
- Personal lunches may be stored in the staff refrigerator on the unit.
- We encourage students to divide up their meals and breaks rather than going as a group. Breaks and lunches should take place off the unit.
- Computers at CMH should not be used for checking school e-mail, grades or doing homework at any time.

Equipment:
An interactive, computer based learning module is available for the instructors to familiarize them on how to use our Plum Smart Pumps. Arrangements for viewing this module can be made through Cindy Johnson in Organization and Development (ODE)

Environment:
CMH has a “Quest for Quiet” motto to help in promoting a healing environment for our patients. We encourage our students and instructors to help facilitate keeping the unit noise at a decreased level by:

- Using the computers in the lower level computer labs to obtain patient information while prepping for their clinical day
- Holding pre and post conferences in off unit conference rooms
- Avoid congregating in groups on the unit or around computers in the hallways

**Patient Call Light System:**
We encourage all members of the healthcare team to provide a timely response to patient requests for assistance. The below slide explains the different colors of the call light system.
Observations of Off Unit Clinical Experiences for Students

This reference has been assembled to assist school of nursing instructors in pursuing appropriate patient experiences and observations for their nursing students. Off unit experiences should be appropriate to the course objectives of the current clinical rotation. It is preferred that 1-2 students be off the unit at any given time. It is imperative that the clinical instructor be in house when this experience is scheduled. Instructors should contact Cindy Johnson at least 1-2 weeks prior to their clinical group starting of their interest in pursuing off-unit experiences for their students.

**Community Outreach Clinic**

| Patient Populations served: | • Uninsured/Underinsured  
|                           | • Experience learning in community resources and financial assistance program for people living in poverty. |
| Average length of stay:    | • Single office visit |
| Observation:              | • Observation of the role of the professional registered nurse.  
|                           | • Observation of the nursing process.  
|                           | • Observation of the application of critical thinking |
| Skills Performed:         | • RN/Office duties  
|                           | • Patient interview/exam and whatever else is needed  
|                           | • Medication dispensing  
|                           | • Patient Education  
|                           | • Any skills they may have completed in school such as VS, nebulizer treatments, dressing changes, etc. |
| Best Days/Hours:          | • Tuesday and Thursday  
|                           | • 3:00 PM until 10:00 PM |
| Specific Requirements/Skills: | • Prefer last semester students for Precept.  
|                           | • Other students can come for Observation only. |
| Observation Only:         | • Contact for Observation/Off-Unit Experiences only: cindy.johnson @froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Follow volunteer nurse/NP/MD  
|                           | • Place patients in rooms  
|                           | • Complete interviews/exam  
|                           | • Patient Education as needed  
|                           | • Dispense medications as needed |
# Emergency Department

<table>
<thead>
<tr>
<th>Patient Populations served:</th>
<th>• Newborn to geriatric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• 2 ½ hours</td>
</tr>
</tbody>
</table>
| Observation/Off Unit Clinical Experience Available: | • Observation of the role of the professional registered nurse.  
• Observation of the nursing process.  
• Observation of the application of critical thinking  
• Care of many different patients with multiple, different health issues/concerns |
| Clinical Experience Skills Performed: | • Assessments  
• IV Starts  
• Medication Administration  
• Discharge teaching  
• Foley catheters  
• NG  
• Dressings |
| Best Days/Hours: | Monday, Friday, Saturday and Sunday in the PMs are when the department has the largest patient load |
| Specific Requirements/Skills: | • Not the students 1st clinical rotation  
• Self-motivated to learn during down-time  
• Instructor must be in the building and available |
| Observation Only: | • Contact cindy.johnson@froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Start IV’s when appropriate  
• Come prepared to perform patient assessment (peds through observation/off-unit experience: adults)  
• Administer medications, ie PO, IM  
• Obtain vital signs  
• Place patients on cardiac monitors  
• Assist with performing 12 Lead EKGs  
• Provide discharge teaching instructions/follow-up care  
• Insert Foley catheters  
• Assist with NG insertions  
• Perform wound preps  
• Apply dressings  
• Observe/assist with triage process  
• Prepare patients for MD evals. and diagnostic procedures  
• Assist/perform CPR/bag ventilations  
• Observe/participate in family centered care |
- Document interventions on nurses note
- Self-motivated to seek out learning opportunities.
## GI Lab

| Patient Populations served: | All ages and types  
| | In-Patients age 16-100 years  
| | Out-Patients age 16-100 years  
| | All types and population  
| Average length of stay: | 3 hours depending on procedure  
| Observation Available: | Observation of the role of the professional registered nurse.  
| | Observation of the nursing process.  
| | Observation of the application of critical thinking  
| | Conscious Sedation  
| | Colonoscopy  
| | EGD, ERCP, Capsule Endoscopy  
| | BRAVO, Hydrogen Breath  
| Best Days/Hours: | Variable  
| Clinical Experience Skills Needs: | Observation of the role of the professional registered nurse.  
| | Observation of the nursing process.  
| Observation/Off-Unit Experiences Only: | Contact cindy.johnson@froedterthealth.org  
| This unit will expect the student to perform the following during their observation/off-unit experience: | Dress professionally  
| | Come prepared with questions and objectives for the experience.  

Revised: Jan. 18, 2013
### Home Today Surgery

<table>
<thead>
<tr>
<th>Patient Populations served:</th>
<th>• Children to Elderly</th>
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</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• 3-4 hours</td>
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</table>
| Observation Available:      | • Observation of the nursing process.  
• Observation of the application of critical thinking  
• Admission and discharge of patients  
• Surgical procedures – cataracts, lithotripsy |
| Clinical Experience Skills Performed: | • Assessment of patients  
• Teaching – Pre-op & post-op  
• Starting IVs  
• Organizational skills and critical thinking |
| Best Days/Hours:            | • Tuesday, Wednesday, Thursday  
• Anytime from 5 a.m. to 1:30 p.m. |
| Specific Requirements/Skills: | • 3rd or 4th semester A.D.N. students  
• 3rd or 4th year BSN students  
• Only 1 student at a time |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson @froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Dress professionally  
• Come prepared with questions and objectives for the experience. |
# ICU

<table>
<thead>
<tr>
<th>Patient Populations served:</th>
<th>• All types of higher acuity patients</th>
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<tbody>
<tr>
<td>Average length of stay:</td>
<td>• Varies—depends on diagnosis</td>
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</table>
| Observation Available:     | • Observation of the role of the professional registered nurse.  
|                            | • Observation of the nursing process.  
|                            | • Observation of the application of critical thinking.  
|                            | • Daily routines, tests/procedures    |
| Precept Experience Skills Performed: | • Vitals  
|                            | • Medication administration  
|                            | • Patient education  
|                            | • Normal cares  
|                            | • Documentation  
|                            | • Collaboration with other team members |
| Best Days/Hours:           | • Monday, Tuesday, Wednesday, Thursday |
| Specific Requirements/Skills: | • Knowledge of CMH IV pumps (for precepted students only).  
|                            | • Vital signs  
|                            | • Intake and Output  
|                            | • Charting  
|                            | • Roles of other healthcare team members |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson@froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Be attentive and observant.  
|                            | • Ask questions  
|                            | • Review Medical Record  
|                            | • The student will not be giving meds/treatments, etc. due to nature of experience unless they are in a 1:1 precept.  
|                            | • Dress professionally  
|                            | • Come prepared with questions and objectives for the experience. |
# Inpatient Rehabilitation

**Patient Populations served:**
- Older adults
- Orthopedic rehab experience
- CVA recovery - rehab
- Spinal stenosis – rehab
- Multiple trauma – rehab post-injury

**Average length of stay:**
- 16 days

**Observation Available:**
- Observation of the role of the professional registered nurse.
- Observation of the nursing process.
- Observation of the application of critical thinking
- Various therapies, interdisciplinary team interaction

**Clinical Experience Skills Performed:**
- Medication administration
- Skin treatment
- Stump wrapping
- Wound care
- Tube feeding
- Supervised feeding of compromised swallowing
- Bowel programs
- Bladder scanning
- IV experience
- Transfer training

**Best Days/Hours:**
- Observation: Tuesday, Thursday
- Experience: Wednesday, Thursday, Friday

**Observation/Off-Unit Experiences Only:**
- Contact cindy.johnson@froedterthealth.org

**This unit will expect the student to perform the following during their observation/off-unit experience:**
- Dress professionally
- Come prepared with questions and objectives for the experience.
## Mental Health Center

| Patient Populations served: | • Varies  
• Psychiatric  
• Substance abuse |
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<tbody>
<tr>
<td>Average length of stay:</td>
<td>• 5 days</td>
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</table>
| Observation Available:      | • Observation of the role of the professional registered nurse.  
• Observation of the nursing process.  
• Observation of the application of critical thinking  
• All aspects of therapeutic community.  
• Process group  
• Activity group  
• Occupational therapy  
• Electroconvulsive therapy |
| Clinical Experience Skills Performed: | • Patient teaching 1:1  
• Possible assessment/intervention of patients in alcohol withdrawal |
| Best Days/Hours:            | • Monday – Friday |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson@froedtertheath.org |
| Prerequisites:             | • Senior BSN student  
• Completed all Med/Surg Clinicals  
• Background in abdominal psych, interpersonal communication |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Dress professionally  
• Come prepared with questions and objectives for the experience. |
## Occupational Health

<table>
<thead>
<tr>
<th>Patient Populations served:</th>
<th>• Employees and Corporate clients</th>
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<tbody>
<tr>
<td>Average length of stay:</td>
<td>• 5 minutes to 1 hour</td>
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</tbody>
</table>
| Observation Available:     | • Observation of the role of the professional registered nurse.  
• Observation of the nursing process.  
• Observation of the application of critical thinking  
• Fitness center orientation  
• Physicals, health evaluation, immunization administration, weight lifting  
• Class, safety survey  
• Ergonomic evaluations, hearing tests, wellness committee activities  
• Health Fair, Point of Care cholesterol testing |
| Clinical Experience Skills Performed: | • Ergonomic evaluations  
• Injections/Immunizations  
• Physical assessment  
• Injury treatment  
• Health promotion  
• Teaching proper lifting/body mechanics  
• TB skin testing  
• Use of critical thinking in an independent practice environment  
• On site Health Fairs |
| Best Days/Hours:           | • Monday/Tuesday/Wednesday 7:00 – 5:00  
• Friday 7:30 – 4:30 |
| Specific Requirements/Skills Needed: | • Physical assessments  
• Injections  
• TB skin test competency |
| Prerequisites:             | • Basic theory & clinical experience |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson@froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • An understanding of confidentiality.  
• Most observations are available, however, not all on any given day. |
# Cancer Care Center (Outpatient)

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<thead>
<tr>
<th>Patient Populations served:</th>
<th>• All ages 18 and over: no pediatric population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• 15 minutes to 2 hours</td>
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<tr>
<td>Observation Available:</td>
<td>• Observation of the role of the professional registered nurse.</td>
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<tr>
<td></td>
<td>• Observation of the nursing process.</td>
</tr>
<tr>
<td></td>
<td>• Observation of the application of critical thinking</td>
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<tr>
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<td>• RN Patient Contact</td>
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<tr>
<td>Clinical Experience Skills Performed:</td>
<td>• Patient exams</td>
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<td></td>
<td>• Patient Education</td>
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<td></td>
<td>• Treatments specific to medical oncology and radiation oncology.</td>
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<td>• Histories</td>
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<td>• Vitals</td>
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<td></td>
<td>• Oncology experience videos</td>
</tr>
<tr>
<td>Best Days/Hours:</td>
<td>• Monday, Tuesday, Wednesday, Thursday</td>
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<tr>
<td></td>
<td>• 8:00 to 4:30</td>
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<tr>
<td>Prerequisites:</td>
<td>• Maturity – advanced in nursing education</td>
</tr>
<tr>
<td>Observation/Off-Unit Experiences Only:</td>
<td>• Contact <a href="mailto:cindy.johnson@froedterthealth.org">cindy.johnson@froedterthealth.org</a></td>
</tr>
<tr>
<td>This unit will expect the student to perform the following during their observation/off-unit experience:</td>
<td>• Dress professionally</td>
</tr>
<tr>
<td></td>
<td>• Come prepared with questions and objectives for the experience.</td>
</tr>
</tbody>
</table>
## Surgery Services

<table>
<thead>
<tr>
<th>Patient Populations served:</th>
<th>• All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• 20 minutes to several hours</td>
</tr>
</tbody>
</table>
| Observation Available:     | • Observation of the role of the professional registered nurse.  
• Observation of the nursing process.  
• Observation of the application of critical thinking  
• OR: Total joints  
• Vascular procedures  
• Urology procedures  
• General Surgery  
• Ophthalmology  
• Some Plastic/reconstructive surgery |
| Clinical Experience Skills Performed: | • Observation only in OR |
| Best Days/Hours:            | • Monday, Tuesday, Wednesday, Thursday  
• Days |
| Specific Requirements/Skills: | • Basic infection control  
• Personal Protective Equipment use  
• Basic understanding of asepsis helpful  
• Orientation to department |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson@froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Dress professionally  
• Come prepared with questions and objectives for the experience. |
# Nursing Administration Supervisor

| Patient Populations served: | • Medical/Surgical  
<table>
<thead>
<tr>
<th></th>
<th>• Young Adult to Elderly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• N/A</td>
</tr>
</tbody>
</table>
| Observation Available:    | • Observation of the role of the professional registered nurse.  
|                           | • Observation of the nursing process.  
|                           | • Observation of the application of critical thinking  
|                           | • Patient Placement  
|                           | • Charge/Supervisor Role Observation |
| Clinical Experience Skills Performed: | • N/A |
| Best Days/Hours:          | • Varies |
| Specific Requirements/Skills: | • Students should be close to graduation |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson@froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Appropriately dressed  
|                           | • Must come with a list of objectives to meet. |
## Float RN

| Patient Populations served: | • All populations  
Work on all units – ICU, MCU, OB, 3/4/5 and ED |
<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• Varies</td>
</tr>
</tbody>
</table>
| Observation Available:    | • Observation of the role of the professional registered nurse.  
• Observation of the nursing process.  
• Observation of the application of critical thinking  
• From day to day assignments change. The student would get exposed to many different units.  
• The nurse would also learn a lot about policy/procedure. (Since a resource nurse goes to specialized units, they need to know exactly what they can or cannot do based on hospital policy. |
| Clinical Experience Skills Performed: | • IV  
• NG  
• Foley  
• Lab draws from lines  
• Clinical assessments  
• Doppler use  
• Bladder scans  
• Medication administration  
• Neuro assessments |
| Best Days/Hours:          | • 0700-1930, 3 days a week                        |
| Observation/Off-Unit Experiences Only: | • Contact [cindy.johnson@froedterthealth.org](mailto:cindy.johnson@froedterthealth.org) |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Appropriately dressed  
• Must come with a list of objectives to meet |
<table>
<thead>
<tr>
<th>Stat RN</th>
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<tbody>
<tr>
<td>Patient Populations served:</td>
<td>• Young adult to Elderly</td>
</tr>
<tr>
<td>Average length of stay:</td>
<td>• Varies</td>
</tr>
</tbody>
</table>
| Observation Available: | • Observation of the role of the professional registered nurse  
• Observation of the nursing process  
• Observation of the application of critical thinking  
• Bedside Nursing  
• Assisting in Procedures  
• Admissions  
• Flexing hospital to do a variety of tasks |
| Clinical Experience Skills Performed: | • Observation only |
| Best Days/Hours: | • Weekend only |
| Specific Requirements/Skills: | • N/A |
| Observation/Off-Unit Experiences Only: | • Contact cindy.johnson@froedterthealth.org |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Appropriately dressed  
• Must come with a list of objectives to meet |
<table>
<thead>
<tr>
<th>Wound/Ostomy RN</th>
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</thead>
<tbody>
<tr>
<td><strong>Patient Populations served:</strong></td>
</tr>
<tr>
<td><strong>Average length of stay:</strong></td>
</tr>
</tbody>
</table>
| **Observation Available:** | • Observation of the role of the professional registered nurse  
• Observation of the nursing process  
• Observation of the application of critical thinking  
• 2 hour blocks of time are available to individual students to accompany CWOCN on patient consultants and follow-up assessment visits |
| **Clinical Experience Skills Performed:** | • The nursing process and documentation of  
• Assessment, diagnosis, intervention/treatment plan and evaluation |
| **Best Days/Hours:** | • Tuesday, Wednesday, Thursday  
• 1000-1200 or 1300-1500 |
| **Specific Requirements/Skills:** | • Braden Scale Use  
• Wound assessment/Documentation  
• Knowledge of Nursing Process as it relates to the area of WOC Nursing |
| **Observation/Off-Unit Experiences Only:** | • Contact cindy.johnson@froedterthealth.org |
| **This unit will expect the student to perform the following during their observation/off-unit experience:** | • Participate in the assessment and physical care of the patient  
• Appropriately dressed  
• Must come with a list of objectives to meet |
## Diabetic Educator

<table>
<thead>
<tr>
<th>Patient Populations served:</th>
<th>• Any patient with high blood pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of stay:</td>
<td>• Varies</td>
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</tbody>
</table>
| Observation Available:     | • Observation of the role of the professional registered nurse  
• Observation of the nursing process  
• Observation of the application of critical thinking  
• Clinical Consulting  
• Staff Education  
• Meetings  
• Patient Education (Minimal)  
• Support Group attendance |
| Clinical Experience Skills Performed: | • N/A |
| Best Days/Hours:            | • Monday-Friday (Days)               |
| Specific Requirements/Skills: | • N/A |
| Observation/Off-Unit Experiences Only: | • Contact [cindy.johnson@froedterthealth.org](mailto:cindy.johnson@froedterthealth.org) |
| This unit will expect the student to perform the following during their observation/off-unit experience: | • Appropriately dressed  
• Must come with a list of objectives to meet |
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Patient(s)</th>
<th>PO</th>
<th>IV</th>
<th>Sub Q</th>
<th>IM</th>
<th>VS</th>
<th>ADLS</th>
<th>Assessments</th>
<th>Treatments</th>
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</tbody>
</table>
I have reviewed the instructor and student information on the Froedtert Health Community Memorial Hospital Schools of Nursing internet website. I will comply with the policies and procedures of Community Memorial Hospital. I will take the information received and cover this with my students. I assure all student/instructor agreements are complete and will return to CMH’s School of Nursing Liaison.

Clinical Instructor Signature:__________________________________________________

Date:______________

School__________________________________________________________
Instructor/Student Parking Roster

Instructor Name: ___________________________
Instructor Phone Number: ____________________

Clinical Unit: ____________________________
Unit Phone Extension: ______________________

Semester Start Date: ________________ through ________________

<table>
<thead>
<tr>
<th>Student Name (Please Print)</th>
<th>License Plate Number</th>
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</thead>
<tbody>
<tr>
<td>Instructor</td>
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<tr>
<td>Students</td>
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Return completed form to Cindy Johnson, Organizational Development and Education
Schools of Nursing: Student Surveys

Students and Instructors, please complete an evaluation of your clinical experience at Community Memorial Hospital. Please click on link below to take the evaluation.

Schools of Nursing STUDENTS: https://www.surveymonkey.com/s/JZHL9CV

Schools of Nursing INSTRUCTORS: https://www.surveymonkey.com/s/QKF2N5M