



U.S. Department  
of Veterans Affairs

# Handbook for Clinical Faculty and Students

December 15

# FY2014

This handbook is intended to guide the Academic Affiliate Faculty and Students before and during their clinical rotation at the Grand Junction VAMC, 2121 North Avenue Grand Junction, CO 81501

Grand Junction  
VAMC





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## National Mission

To fulfill President Lincoln's promise *"To care for him who shall have borne the battle, and for his widow, and his orphan"* by serving and honoring the men and women who are America's veterans.

### Grand Junction VAMC Mission

VAMC Grand Junction, Colorado, exists to serve the veteran through the delivery of timely quality care by staff who demonstrates outstanding customer service, the advancement of health care through research, **and the education of tomorrow's health care providers.**

### Grand Junction VAMC Vision

VAMC Grand Junction will be recognized locally, regionally, and nationally as a leader in quality patient care, positive customer service, medical/allied health education, health-related research, and employment opportunities.

### Who We Serve

The Grand Junction VA Medical Center (VAMC) is a rural health care provider and serves 37,000 veterans residing on the Western Slope.

- Community Based Outpatient Clinics (CBOC)
  - Montrose
- Primary Care Telehealth Outreach Clinic (PCTOC)
  - Glenwood, Moab, and Craig
- GJVAMC
  - 61 beds comprised of 31 acute care and 30 Community Living Center beds
  - 2001 Presidential Award for Quality and the 1999 Robert W. Carey Quality Award Trophy

## VHA Strategic Plan 2013-2018

Strategic goals of the VHA:

1. Providing Veterans personalized, proactive, patient-driven health care;
2. Achieving measurable improvements in health outcomes, and
3. Aligning resources to deliver sustained value to Veterans.

*"VHA's Strategic Plan builds on the foundation we've been laying for the last decade. We've been improving health outcomes, becoming more Veteran-centric, and putting Patient Aligned Care Teams in place. Over the next five years, we want to build on that work, adding key building blocks that will make the Veterans' experiences as high quality as their care is now."* -Dr. Robert A. Petzel, MD



## VA Core Values and Characteristics Quick Reference



Because I CARE, I will ...

**INTEGRITY ...** Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.

**COMMITMENT ...** Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.

**ADVOCACY ...** Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.

**RESPECT ...** Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.

**EXCELLENCE ...** Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

“I CARE” is more than just words.  
It is a personal commitment to act.

**You demonstrate who we are and what we stand for every day when you interact with our Veteran and other clients.**

Department of Veteran Affairs Core Values - [http://www.va.gov/about\\_va/](http://www.va.gov/about_va/)



## Leadership of the Grand Junction VA Medical Center

The VA Rocky Mountain Network (VISN 19) is located in Glendale Colorado and was established in March 1996 as one of 21 Veterans Integrated Service Networks (VISNs) in the Veterans Health Administration. VISN 19 serves an area covering the states of Utah, Montana, Wyoming, Colorado and portions of Idaho, Kansas, Nebraska, Nevada and North Dakota. VISN 19 operates 4 Health Care Systems (HCS) - VA Montana HCS, VA Eastern Colorado HCS and VA Salt Lake City HCS; 2 hospitals - Cheyenne VAMC, Grand Junction VAMC and VA Sheridan HCS; 42 outpatient clinics, 3 nursing homes, and 3 residential rehabilitation treatment programs.

The VISN 19 Network Director: Mr. Ralph T. Gigliotti

Top Management Team at GJVAMC is comprised of:

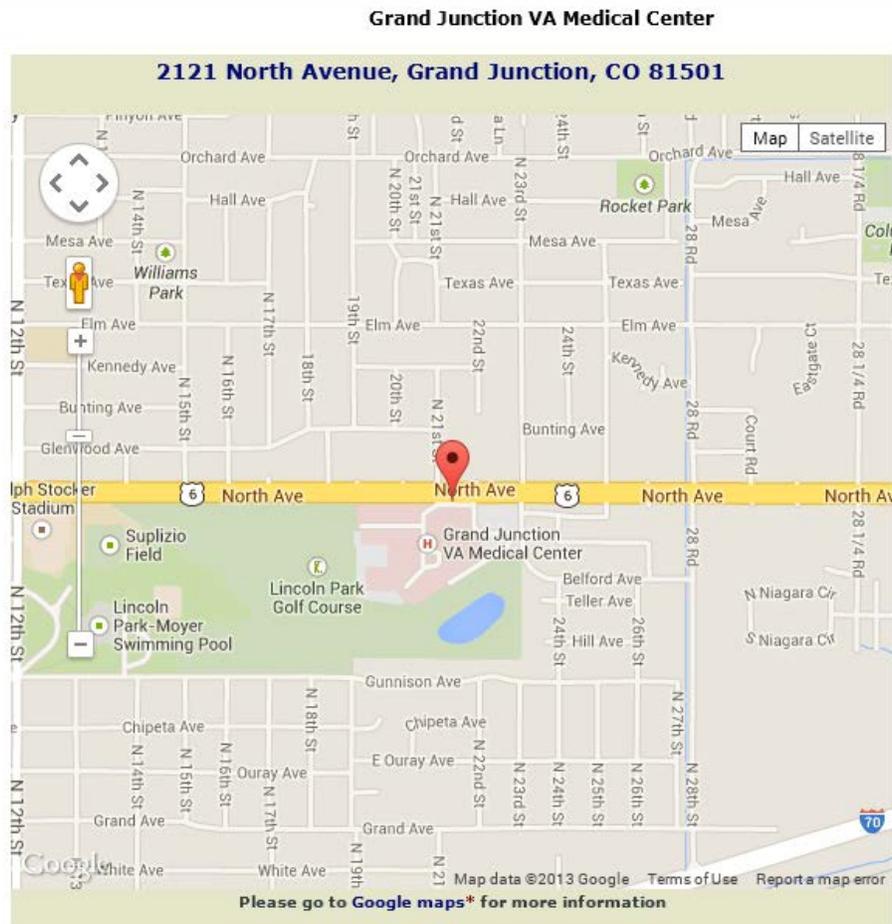
- Medical Center Director: Angela T. Brothers, RN, MSHA, Acting
- Associate Director: Patricia A. Hitt
- Chief of Staff: Jerold L. Saef, M.D., FACC
- Associate Director, Patient Care Services: Angela T. Brothers, RN, MSHA
- Deputy Associate Director, Patient Care Services: Michelle Mountfort, RN, MSN, MBA/HC
- Education and Development Program Manager: Elizabeth H. Roten, RN, MSN-Ed

In addition to providing health care, VISN 19 also has missions to provide training for health care professionals; to conduct medical research; to serve as a contingency backup to DoD medical services; and, during national emergencies, to support the National Disaster Medical System (NDMS).

The vision of the VA Rocky Mountain Network is to be a comprehensive, integrated healthcare system providing excellence in healthcare services as defined by our veteran population, healthcare value, education and research.



## Facility Map



### Driving Directions

#### From the West

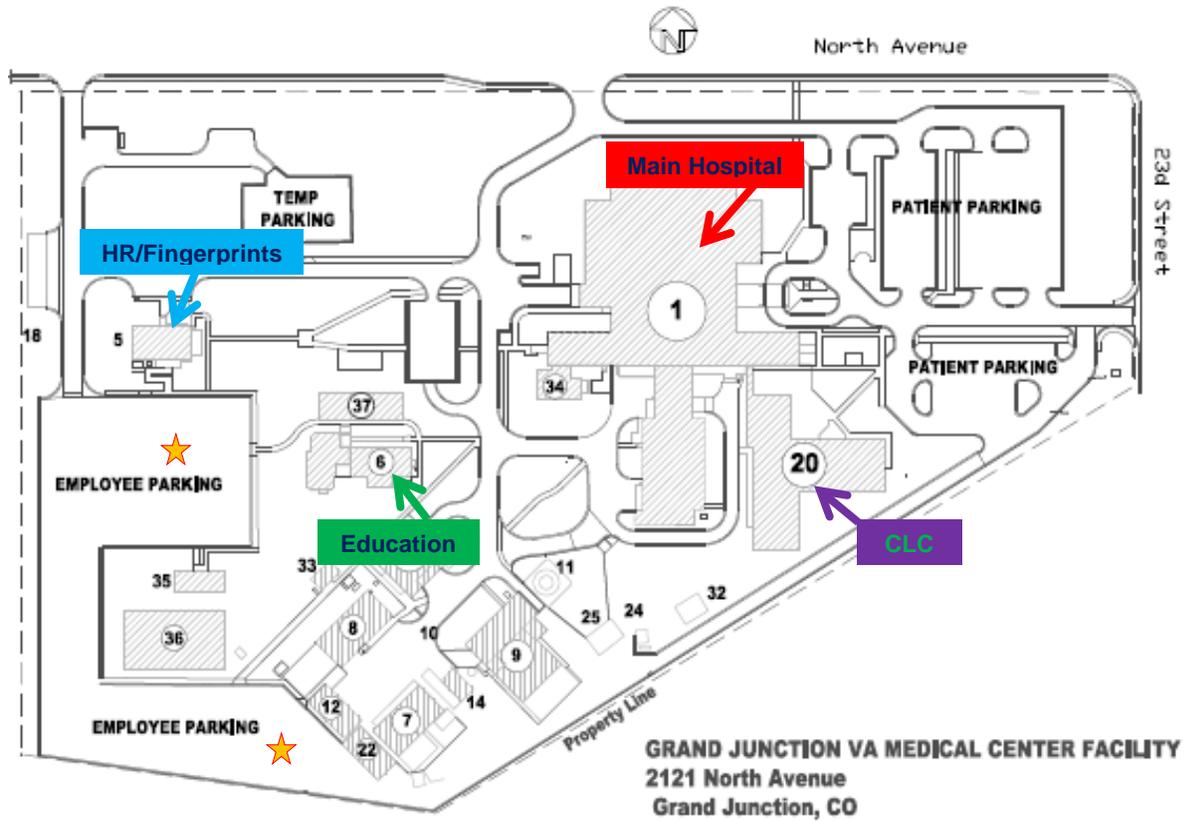
Take I-70 East toward Grand Junction. Take Exit 26 on to Highway US 6 & 50 (Business I-70). After about 5 miles follow signs to North Avenue. The Medical Center is located about 1 mile on the right. Enter the east parking lot from the intersection of North Avenue and 23rd Street.

#### From the East

Take I-70 West toward Grand Junction. Exit the interstate at Exit 37 on to Highway US 6 (Business I-70) toward Grand Junction. After about 2 miles turn right on to North Avenue. Follow North Avenue to the intersection of North Avenue and 23rd Street, turn left at this intersection. The Medical Center will then be on your right. Enter the east parking lot from 23rd Street.



## Campus Map



### Building # and Function:

- 1 Main Hospital (all hospital units, and canteen restaurant)
- 5 Administrative: HR (fingerprinting)
- 6 Administrative: Education offices, lactation room
- 20 Community Living Center (CLC)

★ Please note: Faculty and Students should park in the Employee Parking Lots



## Information for Academic Affiliates: Clinical Faculty and Students

1. **Internet Site** – The Education and Development internet site homepage is being developed and will be coming soon, check out the Grand Junction VA website: <http://www.grandjunction.va.gov/index.asp> and look for the Education link!
  - a. Steps to the process of completing clinical hours at the VA will be available
  - b. Most forms, Faculty/Student Handbook, and information relating to student placement may be accessed from this web page
2. **Prior to All Clinical Rotations:** faculty or program director from the College or University's program must contact Education and Development to initiate interest in clinical placement by submitting an official request.
3. Official requests via the **Trainee Qualifications and Credentials Verification Letter (TQCVL)** must be completed for all student(s), individual or groups, each semester. An updated **Educational Program Letter of Agreement (EPLA)** must be completed initially and updated as needed (see attached files titled "TQVL.pdf" & "EducationalProgramLetterOfAgreement.pdf"), by the Education Coordinator.
4. **Paperwork/Forms/Fingerprinting-** All paperwork/forms and fingerprinting must be completed **one month** before the start of clinical rotation and cannot be initiated until the TQCVL and EPLA have been received. Any delay in completing the on-boarding process will delay orientation. Fingerprinting is done by the VA in Building 5, Rm. # 105 for all faculty and students. Fingerprinting can be schedule between the hours of 0800-1530, Monday – Friday (except Federal holidays). Call Education and Development, Julie Payte ext 2653.
  - a. **Federal Holidays include:** Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving, Christmas, and New Year's.
  - b. If assistance is needed during office hours please call ahead to the PIV Office at 970.263.2800 Ext 2232.
  - c. Any student who lives out of state may have courtesy fingerprinting done at another VA Medical Center. Please inform that VA that courtesy fingerprints are needed for the Grand Junction VA.
5. **Clinical Trainee Registration, Application for Health Professions Trainees, Statement of Commitment**, (attached forms) and **Talent Management System (TMS)**- Mandatory training for all faculty, students, and trainees must be completed **one month** prior to clinical start date and annually thereafter for returning faculty and students. Please follow the attached PowerPoint titled, "TMS guidance for training" and print certificate.
6. **Parking** – Faculty and students at the facility during 0600-1830 must use Employee Parking Lots behind building 5 (see Campus Map page 7). For all other hours/shifts, faculty and students may park in visiting parking.



7. **New Faculty Only:** that plan to act as the clinical instructor at GJVAMC must complete VetPro credentialing **one month** prior to start of clinical.
  - a. Contact HR at 263-2800 ext 2076
  
8. **New and Ongoing Student/Faculty Orientation-**
  - New Students and Faculty will attend “Student Orientation Day” prior to start of clinical rotation.
  - Complete Information Technology (IT) requirements annually.
  - **If receiving computer access: (ONLY Faculty and Students with prolonged rotations, i.e. Capstone/Senior Specialty)** you must complete the **PIV Check List** (attached) **one month** prior to start of clinical. **CPRS training** will be available once you have a VA email address.
  - Ongoing Students and Faculty will need to ensure TMS trainings are updated annually, and bring in current (within one year) certificates.
  
9. **Course Curriculum/Objectives-** A current copy of the curriculum and objectives must be maintained at the VA for each clinical.
  
10. **Clinical Group-** Typically, only one student is allowed on a clinical unit at any given time unless otherwise organized in advance by clinical unit director/manager.
  
11. **Communicate with Clinical Education Coordinator/Manager/Staff:**
  - **Meet your Education Team Players:** Clinical Instructor/Clinical Scholar Coordinator, Unit Managers, Clinical Preceptors, Clinical Scholars, and staff members on your clinical unit(s).
  - Faculty should provide **Contact Information** including a phone number, pager, and email address to all units where they have students.
    - Students must also carry Clinical Instructor’s contact information at all times
  - Faculty should provide a copy of the **Clinical Rotation Schedule** including dates and times students will be on the unit(s) including prep times to Julie Payte to receive approval prior to clinical start date (allow enough time for review).
  - Post the **Clinical Rotation Schedule** in designated area prior to the start of the first clinical work day.
  - A **Skills List** is required to be accessible during all clinical rotations. This list must clarify what students can and cannot do.
  - Complete **Unit Orientation**.
  
12. **Job Aid for Nursing:** The Grand Junction VAMC utilizes the Mosby Nursing Skills electronic aid for procedures/skills. See link below for information and accessing.  
<http://mns.elsevierperformancemanager.com/NursingSkills/Home.aspx?VirtualName=grandjunctionvamc-cograndjunction>



**13. Valuables/Personal Belongings:** There are no lockers designated for student belongings on the units. Faculty/Students may use staff break rooms as needed, but must safeguard and store any and all personal items at own risk. GJVAMC is not responsible for lost or stolen items. Please keep items to a minimum.

**14. Conference Rooms:**

- The Education Department is located in building 6 and can assist you with finding rooms available for post conferences. These need to be reserved by Education.
  - Please contact Julie Payte at 263-2800 ext. 2653.
  - *Please note:* rooms may or may not be available.

**15. Student Identification-** All students and faculty will be issued VA I.D. badges upon completion of inprocessing at GJVAMC. These VA I.D. badges must be worn in a visible location at all times while on VAMC campus. \*\*\*All Student/Faculty I.D. badges must be turned in at the end of the clinical rotation. \*\*\*Please return badges to Julie Payte in building 6, room 112.

**16. Out-Processing:**

- a. **Evaluations of Clinical Experience-** All faculty and students are required to complete VA Evaluations at the end of the semester or at the end of the clinical rotation. Faculty/Coordinators should forward the information to the students in their clinical group(s) and/or precepted students. Please use the link provided to complete the national on-line survey <http://www.va.gov/oaa/surveys/> and complete the "Clinical Trainee Evaluation" (word document attached). Please return completed evaluation(s) to- Attention: Julie Payte, Education and Development, building 6, room 112.
- b. **VA Access Ends-** Upon Completion of the clinical rotation, faculty and students complete out-processing and return VA badges (temp or PIV). Once clinical rotation has ended, clinical access to the VA is terminated. Access can be reinitiated for future clinical rotation requests upon approval from the Education Department. Issuance of a badge is required for physical access of the VA.



## **Clinical Student/Faculty Orientation**

New Student & Faculty Orientation needs to be scheduled with Julie Payte by Faculty prior to the start of the clinical rotation. Orientation lasts approximately 4 hours, so please plan accordingly. Below will describe the orientation items that will be covered:

### **Classroom Orientation**

- Faculty/Student Handbook review
- Policies
- Communication – with Veterans and Veteran Employees
- Nursing Care at VA

### **Patient & Student Safety**

- View PowerPoint Slides on safe practices of GJVAMC
  - Safety
  - Infection Control
  - Work Practice Controls
  - Isolation
  - Engineering
  - Construction/Renovation
- Stephanie Seuell presentation on **Patient Safety and Risk Management**

### **Computer Training**

- CPRS Overview- brief orientation of patient chart, medical hx, orders, meds, flags/alerts, national records, patient education links, and nursing/library resources
- Faculty and Students with prolonged rotations, i.e. Capstone, are required to complete the CPRS training PowerPoint once they have access to VA computer systems. **Send an email from your VA email** to [julie.payte@va.gov](mailto:julie.payte@va.gov) and a link to the CPRS training will then be provided for you. Faculty is expected to utilize CPRS to aid students in locating the information needed to ensure adequate patient care can be provided.

### **ID Badge Sign-Out**

- Faculty and Students will be issued VA I.D. badges. These VA I.D. badges must be worn in a visible location at all times while on VAMC campus. \*\*\*All Student/Faculty I.D. badges must be turned in at the end of the clinical rotation.

### **Tour of hospital and units**

- Groups of 10 will be taken around to tour the entire hospital, focusing on the units they will be assigned to for their clinical experience.
- *Please note:* further orientation of each unit (i.e. linen closets, utility areas, etc...) will be covered once you arrive on the unit you are assigned to.



## How May We Help You?

### **Julie Payte: Academic Affiliations Officer/Clinical Scholar Coordinator**

- Manages all Academic Affiliations (Multi-Disciplinary)
- Coordinates faculty and student inprocessing and orientation
- Expert on Student Nurse Learning; identify opportunities for clinical experiences at the VA
- Leader of Student Nurse Clinical Rotations
  - Oversees Clinical Experiences promoting quality and best practices
- Leads **Clinical Scholar Program** to promote clinical nurse engagement & commitment to student nursing education; promoter of Preceptor and Clinical Scholar Excellence
- Promotes Student Success
  - Develop clinical activities based on curriculum
  - Coordinate student rotations within the facility to ensure safe and effective learning opportunities and experiences
  - Integrates didactics with clinical experience
- Collaborates with Academic Community promoting excellence in Nursing Education
- Expert on Community Nursing Schools' Programs
  - Reviews and Supports Curriculum Development
  - Participant in Program's Faculty Requirements as Indicated
- Maintains Nursing Expertise
- Maintains Advanced Understanding of Nursing Academia & Nursing Board Requirements
- Resource and Educator to Preceptors and Clinical Scholars
- Advocate for the Professionalism of Nursing
- May act as Clinical Instructor if set up by School of Nursing prior to clinical start

### **VA Clinical Scholar Responsibilities**

- Unit Expert on Student Learning: Advanced understanding of clinical education programs; Aware of resources for creating a positive learning experience; Aware of student learning needs and promotes unit meeting these needs
- Supports Student and Patient Safety: "Check's students in;" ensures expectations met to allow students to be involved with care; Identifies Risks and takes measures to increase student/pt safety
- Unit Expert on Clinical Scholar Program
- Collaborator with Educator and Instructor
- Resource for Preceptors: Promotes Best Practices in clinical education; Identifies and collaborates with instructors to deal with student issues; General understanding of nursing program requirements
- Manages Students on the Units: Aware of student activities and assignments
- Has global unit knowledge of all student's performance, expectations and progress in meeting pt care needs.
- Supports and empowers preceptor to share expertise with student while providing quality pt care.
- Provides Student –Patient Assignments (as needed); Promotes appropriate pt assignments



- Identifies areas for students to appropriately be involved with care
- Communicates with Student, Instructor and Preceptor
- Evaluates and monitors quality of student experience and performance; Identifies potential issues, questions or problems and shares with appropriate members of education team.

### **VA Preceptor Responsibilities**

- Models professional clinical practice
- Shares expertise in clinical area: preceptors maintain expertise in the area they work and students need to access this expertise and learn from Clinical Experts.
- Promotes Student Learning:
  - Support & integrate students into care of patients and into the healthcare system while **maintaining responsibility for the patient**
  - Directs students appropriately to provide care while collaborating with the education team
  - Shares clinical expertise with the next generation of healthcare team
  - Teaches Best Practices in clinical area: Time management & Organization strategy; Standards of Practice; Clinical Skills; Procedure Approaches; Documentation/Communication; Problem-solving/Critical Thinking etc...
  - Creates a positive student-preceptor relationship communicating and sharing their role as a clinical healthcare provider
  - Identifies appropriate learning opportunities for students
- Promotes Patient and Student Safety
  - Maintains Responsibility for Patients
  - Helps Students Reduce Patient Safety Risks
  - Ensures understanding of what students can and can't do
  - Collaborates with Clinical Scholars and Educators to ensure students are prepared to provide care
- Communicates
  - Provides Feedback to Education team and Clinical Scholars
  - Communicates with students effectively
  - Models effective communication, Veteran education and clinical teamwork
  - Provides feedback and clear direction to students
- Evaluates
  - Completes Preceptor Evaluations regarding student performance
  - Shares thoughts and reflection related to precepting experience with clinical scholars and educators

### **Unit Responsibilities**

- Unit routine/report – days/pms/nights.
- Patient assignments/patients not appropriate for student experience
- Who to contact off hours
- Equipment-beds, pumps, Sequential Compression Devices, etc...
- Inform Faculty if there are any other students on unit



## **Student Responsibilities**

- Complete all required documents, on-line mandatory (TMS) training, and fingerprinting **one month** prior to clinical start date
- Review and maintain copy/access to **Handbook for Clinical Faculty and Students**
- Attend Faculty and Student Orientation
- Comply with the policies and procedures of the hospital
- Maintain and safeguard confidentiality of all patient information, records, etc...
- Notify Clinical Instructor:
  - If you are ill and unable to make it to your clinical rotation
  - If you are going to be late to clinical or conference
  - If there is a conflict with your preceptor
  - If your assigned clinical site is not busy (and we will attempt to relocate you)
  - If you have been invited to attend a procedure off unit with your patient
  - If there is a safety issue/concern affecting your patient
  - If you witness an event that warrants debriefing
  - If you need help with your clinical paperwork
  - If going on or off the unit
- Reports to the assigned preceptor when leaving the unit for breaks and conferences, and give synopsis of care at the end of each clinical day. Untoward signs and symptoms are reported when detected. The student is responsible for informing the assigned preceptor which procedures are beyond his/her capability and which procedures he/she must contact their instructor for supervised performance.
- Maintains copy of complete list of skills able to perform in the clinical setting.
- Communicates professionally and advocates for and responds to Veteran's needs.
- **Complete Out-Processing:** Return identification badge to Julie Payte, room 112; complete the evaluations of your clinical experience: National Online Survey & Clinical Trainee Evaluation; at completion of clinical rotation the clinical relationship between student and VA is terminated.

## **Additional Special Considerations for Prolonged Student Rotations**

- Ensure TMS Certificates are current (dates of completion are less than 1 year ago- if not this training must be updated)
- Once you have been assigned PIV/Computer access at the VA, you will be given a VA email account, along with username and password. You must email [julie.payte@va.gov](mailto:julie.payte@va.gov) from **your VA email account**, requesting the link to Computer Training.
- Once assigned a preceptor, contact them and set up schedule
- Email a copy of your planned capstone/senior specialty schedule to Julie Payte
- Notify your Clinical Preceptor:
  - If you are going to be late or unable to make it to your clinical rotation
  - If you are involved in/have to complete an incident report
  - If you have questions with CPRS electronic charting systems: please note-if you are having trouble with your computer access, PIV card, or password, you must call IT Help Line at ext: 4357 (HELP) from any in-house phone



## Patient Rights & Privacy

### Patient Rights include:

- Receiving a written statement of his or her rights
- The right to make decisions regarding treatment
- The right to be informed about the outcomes of care
- The right to considerate and respectful treatment
- The right to privacy and security. Personal and medical information must be kept confidential
- Respect and nondiscrimination
- The right to voice complaints about his or her care, and to have those complaints reviewed and, whenever possible, resolved
- The right to choose whether or not you will participate in any research project
- The right to receive information about Advance Directives and to have them followed
- The right to appropriate assessment and management of pain
- The right to accept or refuse medical care. This is part of the patient's right to "informed consent." ***Students must ask Veteran's permission to participate in care.***

\*Patient Rights information is also displayed in outpatient areas

### Protecting Our Patients' Privacy:

- Knock on the patient's door before entering
- Pull privacy curtains
- Shut doors when exam/test is being done
- Be aware of auditory privacy issues, particularly in the cafeteria, hallways and elevators
- Make sure only "authorized" persons review the patient's record
- Do not leave patient information unattended in a location that is accessible to non-authorized individuals
- Whiteboards used as locator boards may contain the patient's last name if the patient has given permission
- Whiteboards may not contain any clinical or diagnostic information, i.e. procedures, tests, DNR, etc...
- Patient information on computer screens must also be kept out of public view
- Keep patient information out of public view when bedside charting is done
- Patients must give us permission to release information about them



## **Ethics**

Each VA appointee shall respect and adhere to the fundamental principles of ethical service and are responsible for adhering to their respective professional Code of Ethics at all times.

### **Guidelines:**

- Do not enter into any financial or other types of transactions with patients or families
- Do not accept gifts or money from patients and/or families
- Do not show favoritism or prejudice to any patients, beneficiaries, or others having business with VA
- Do not enter into romantic or sexual relationships with patients for whom they currently provide care or service

DNR Orders, Organ donations and Informed Consent are not the responsibility of the student. Policies are in place outlining staff responsibilities and patient rights. For more information discuss with VA Supervisor/designee and/or Faculty.

### **Ethics Program Contacts:**

- Michelle Mountfort, Ethics Consultation Team Coordinator: x2432
- Terri Gossett, Integrated Ethics Program Officer: x2210
- Sylvia Barton, Preventive Ethics Team Coordinator: x2113

## **Patient Abuse**

It is the responsibility of all students to provide for patient safety.

- It is the students' responsibility to be alert for patient neglect, abuse, assault, and/or exploitation.
- A student that identifies a patient as a possible victim of neglect, abuse, assault, or exploitation must immediately notify the VA Supervisor/designee and/or Faculty.

## **Continuum of Care**

The clinical staff is committed to an integrated plan of care across the continuum for each patient:

1. Increase patient involvement in care planning.
2. Identify patient problems early in the admission process.
3. Improve interdisciplinary collaboration of the patient's care.
4. Integrate the complete patient care process.
5. Improve pain management for each patient who experiences pain.



### **Advance Directives (AD)**

Upon admission to Primary Care or to an inpatient unit, patients are asked if they have an AD and/or want to complete one. When a patient has an Advance Directive, it will be noted by the presence of a boldface letter "D" in posting section in the upper right-hand corner of the CPRS Cover Sheet. AD's are not in force until they are implemented.

**DNR/DNI (Do Not Resuscitate/Do Not Intubate):** In addition to AD, patients are supported in self-determination for end of life decision making. DNR/DNI status is designated as a physician order and noted in the patient's chart. All students must identify Veteran's code status prior to assuming care.

### **Pain Management**

Grand Junction VAMC recognizes pain as the 5th vital sign. All patients are assessed for pain on a 0-10 scale as part of routine vital sign monitoring, and reassessment following the administration of pain medication. There will be BCMA (Bar Code Medication Administration) Clinical Reminder for **PRN Effectiveness** on all PRN medication administered. Students and faculty that are involved in administration of PRN pain medication must ensure that the **PRN Effectiveness** is completed on these medications **within four hours of administration.**

### **Restraint and Seclusion**

The use of restraints and/or seclusion is a restriction of personal liberty and has serious legal ramifications.

- A Licensed Independent Practitioner (LIP) or a licensed, qualified and authorized individual (RN) completes an assessment of the patient.
- Students should never initiate or apply restraints of any kind.
- The patient demonstrates behaviors indicating a potential need for restraints.
- The reasons for the patient's behavior is assessed and analyzed.
- All alternatives to restraint and seclusion have been considered or tried.
- The clinical judgment for the use of restraints has been achieved.
- The least restrictive device is used.
- An order for the restraint is obtained.
- The patient and family are educated about the need for restraints.
- The patient's safety is monitored and the findings are documented.
- Ensure that the patient is able to participate in the care process as much as possible.
- Attempt a trial release of the restraints if an improvement in the behavior is evident.



## **Patient and Family Education**

Veteran education is a central aspect of care. Contact Veteran's Health Coordinator, Neeka Nevins at ext. 2326 for further information and resources regarding patient education.

Areas assessed prior to beginning patient/family education include:

- Learning needs
- Learning abilities
- Preferences
- Readiness to learn
- Cultural and religious barriers
- Desire & motivation to learn
- Physical, cognitive, language and emotional limitations

Patient/family education general focus includes:

- Safe and effective use of medication
- Safe and effective use of medical equipment
- Potential food-drug interactions and counseling on nutrition/modified diets
- Hygiene and grooming
- Rehabilitation techniques
- Access to available community resources
- When and how to obtain further treatment
- Patient's responsibility in the treatment process
- Pertinent discharge instructions for continuing care needs

## **Population Specific Care**

Population-specific competencies address the specific patient attributes or characteristics such as age, gender, diagnostic categories (i.e., cardiac, orthopedic, endocrine, mental health, oncology, palliative care, etc.) and cultural differences (i.e., personal values, beliefs and preferences; religious preference; race; ethnic background; primary language; literacy level; educational level; lifestyle; socio-economic background; etc.).

Identification of population specific competencies is good patient care. Knowing the characteristics of the populations served enables healthcare staff to tailor the care and services provided to the specific needs of the patient. Thus, care is more effective, the patient is compliant with the treatment plan, and the patient is more satisfied with the outcome.

## **Diversity**

Patients will be treated in a manner giving reasonable consideration to their background, culture, religion, heritage and personal beliefs.

There is **ZERO TOLERANCE** for harassment or discrimination of any kind.



### **Customer Service & Veteran Advocate**

Customer Service is a central component of VHA's mission to provide Veteran-centered health care and to ensure the highest quality care and services are made available to our veterans, and by extension, their families and/or significant others. The specific goal that applies to this proposal is within VHA's Eight for Excellence is: Continuously improve veteran and family satisfaction with VA care by promoting Veteran-centered care and excellent customer service. Within this goal, the Veterans Health Care Service Standards are:

- Staff courtesy
- Timeliness
- One Provider
- Decisions
- Physical comfort
- Emotional needs
- Coordination of care
- Patient education
- Family involvement
- Transition

**Customer Service** is a cornerstone of all quality programs and is broadly defined for the purpose of this proposal as the veterans and family we care for and all staff that provide them care/services. Measurement of customer service to determine how well an organization is doing is an organizational priority and integral to determining customer and market focus and realizing optimal business results and effective leadership.

### **Gratuities**

Gratuities are not accepted for the service provided. Veterans and/or beneficiaries may not tip any of the employees of the VAMC.

### **Solicitation**

The selling of goods or services on Federal property is prohibited. This would include but is not limited to the sale of Girl Scout cookies, any school fundraisers, Pampered Chef, Avon, etc...

### **Veteran Advocate**

The Medical Center provides a Veteran advocate for patient's compliments and concerns. Please contact your VA Supervisor/ designee and/or Faculty for referrals.



## ***Safety is Everyone's Job!*** **Know Your Role in Safety**

You are responsible for following all safety rules and to report unsafe conditions to your VA Supervisor/designee and/or Faculty.

Hard copies Material Safety Data Sheets use the Quick links on the Home Web Page- scroll down to MSDS.

### **Fire = RACE**

**R = Rescue** person(s) in immediate danger

**A = Activate** by pulling the fire alarm and calling 911

**C = Close/Contain** fire by closing the door(s)

**E = Evacuate** the area by following hospital policy and procedure

### **2013 National Patient Safety Goals**

Beginning January 1, 2012 all JCAHO accredited health care organizations will be surveyed for implementation of all the recommendations related to the services the organization provides. JCAHO reviews and revises the goals annually. After performance expectations have been met by the majority of surveyed organizations, goals are retired. The retired goals and performance expectations are then changed to standards and moved to the appropriate section. The goal number is also retired.

### **GOALS RETAINED FOR 2013**

- ❖ **Goal 1:** Improve the accuracy of patient identification. Use at least two patient identifiers when providing care, treatment, and services.
- ❖ **Goal 2:** Improve the effectiveness of communication among caregivers. Report critical results of tests and diagnostic procedures on a timely basis.
- ❖ **Goal 3:** Improve the safety of using medications. Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
- ❖ **Goal 7:** Reduce the risk of health care-associated infections. Comply with either the current Centers for Disease Control and Prevention (CDC) or World Health Organization (WHO) hand hygiene guidelines.
- ❖ **Goal 15:** The hospital identifies safety risks inherent in its patient population. Identify patients at risk for suicide.
- ❖ **Universal Protocol 1:** Prevent mistakes in surgery. Hospitals should always make sure that any procedure is what the patient needs and is performed on the right site and right person.



## Patient Safety and Improvement

The goal of the Patient Safety & Improvement Program is to prevent injuries to patients, visitors, and personnel. Contact Patient Safety Officer, Stephany Seuell at ext. 2495. The keys for accomplishing the goal of injury prevention are:

- Identification and reporting of Adverse Events, Sentinel Events, and Close Calls.
- Reviewing Adverse Events, Sentinel Events, and Close Calls to identify underlying causes and system changes needed to reduce the likelihood of recurrence
- Publicizing patient safety alerts and lessons learned regarding effective system changes resulting from event review.
- Analyzing of service delivery systems before an Adverse Event occurs to identify system redesigns that will reduce the chance of error.

### High-Risk Clinical Activities:

1. **Medication Administration-** Medications must be administered under constant and direct supervision of preceptor or clinical instructor. See BCMA MCM (attached) for further detail on student roles in medication administration.
2. **Procedures-** No procedures should be done independently by a student, and must be done under constant and direct supervision of preceptor or clinical instructor. Utilize Mosby's Skills as procedure manual. **Any new procedure that has not been performed successfully by a student must include the direct and constant supervision of preceptor or clinical instructor!**
3. **Communication- Communication breakdown is the #1 threat to patient safety!** Please communicate any and all concerns regarding patient safety (i.e. spills, potential hazards, significant changes in condition or behavior) and review the Student MCM for further information about communication.
4. **Meal Times-** Assisting patients at meal times require student awareness of dietary orders and limitations. Special diets and feeding precautions must be observed.
5. **Care of the Patient with Oxygen-** Patients with oxygen are not permitted in the smoke shack, or to smoke on VA grounds. Students should educate patients not to smoke while using oxygen and report this activity immediately.
6. **Assisting Patients with Mobility-** Use of lifts required constant and direct supervision of preceptor or clinical instructor. This clinical activity requires two staff members.
7. **Transporting Patients Off the Unit-** Communicate with preceptor prior to transportation of patient, and upon returning the patient to their unit. Ensure appropriate equipment follows patient (i.e. oxygen). Know basic code status of patient, medications, diagnoses, plan of care prior to taking a patient off-unit. For any patient on isolation precautions, speak with the unit preceptor prior to transporting for any reason. Safeguard all lines, drains, tubes, etc during transport.
8. **Showers/Bathroom Interventions-** Be aware of any ADL deficits, safety, and accommodative needs the patient may have prior to these interventions.
9. **Patients with High Risks, Altered Thought Processes, or Confusion-** Be aware of any deficits, safety, and accommodative needs the patient may have prior to care.



**Adverse Events** are untoward incidents and other undesirable occurrences directly associated with care or services provided within medical center, outpatient clinic or other VA facilities. Adverse Events may result from acts of commission or omission such as:

- Administration of the wrong medication, failure to make a timely diagnosis or institute the appropriate therapeutic intervention (adverse reactions or negative outcomes of treatment).
- Examples of more common Adverse Events include: patient falls, medication errors, procedural errors/complications, completed suicides, parasuicidal behaviors (attempts/gestures/threats), and missing patient events.

It is the responsibility of ALL students or faculty to report ANY events that either cause actual harm (an adverse event) or might have caused actual harm (a “close call” or “near miss”) to any patient, visitor or employee. Actual events, close call and/or near misses are should be reported to VA Supervisor/designee and/or Faculty. All reported events are evaluated and investigated using a variety of different processes.

**Sentinel Events** are a type of Adverse Event and include unexpected occurrences involving death or serious physical or psychological injury, or risk thereof.

- Sentinel Events are investigated by teams of employees in order to identify system problems which might have caused the event and make recommendations for fixing those problems.
- Serious injury specifically includes loss of limb or function. Major permanent loss of function means sensory, motor, physiologic, or intellectual impairment not previously present that requires continued treatment or life-style change.

The phrase “risk thereof” means that a recurrence of the same type of event would carry a significant chance of serious adverse outcomes.

**Close calls** or “**Near Misses**” are situations which could have resulted in an accident, injury or illness, but did not, either by chance or timely intervention (e.g., surgical procedure almost performed on the wrong patient). It is the responsibility of ALL students and faculty to report events that either cause actual harm or might cause harm to their VA Supervisor/designee and/or Faculty.



### **Medication Security and Safety Is Everyone's Responsibility**

- All medications must be secured at all times.
- Med Carts must be locked (no meds on top of carts).
- Patients on self-medication protocol must keep their meds in locked lockers.
- Controlled Substances (narcotics) must be double locked.
- Anesthesia Carts and procedures trays with medications must be secured when not in use by authorized staff.
- Syringes containing pre-drawn medications must be labeled with name of drug, time, date, and name of person filling and labeling.
- Offices and staff work areas or team rooms must be kept free of unattended medication and pre-drawn syringes.

**Adverse Drug Reactions (ADRs)** is defined as any unexpected, unintended, undesired, or excessive response to a medication. ADRs include events occurring from drug overdose, whether accidental or intentional, drug abuse, drug withdrawal, and significant failure of expected pharmacological action. Reactions to be reported include those from administration of over-the-counter, prescription, and investigational/research drugs.

**If an ADR is observed, promptly report to your VA Supervisor/designee and/or Faculty.**

**Confidentiality and Information Security** Follow all practices outlined in the Mandatory TMS course: Mandatory Training for Trainees. Any information about the patient, whether electronic, written, or verbal, is confidential.

- Do not talk about patients or cases in public areas such as the cafeteria, elevators, or hallways.
- All papers, reports, or documents with patient information that are being discarded must be shredded.
- You must log off the computer system before leaving a terminal or PC unattended.
- Clinical information cannot be listed or posted in public view.
- Do not leave patient information and records unattended in a location that is accessible to non-authorized individuals.
- Keep patient information out of public view when bedside charting is done.
- Avoid release of pt. information to non-authorized individuals over the telephone.

### **Medical Record & Release of Information**

The medical record includes the paper record and the computer-based patient record. The computerized portion of the patient record is known as CPRS (Computerized Patient Record System). The BCMA (Bar Code Medication Administration) System is also part of the electronic portion of the patient record. Release of Information (ROI) is the section that officially releases information on patients. If questions arise refer the patient to VA staff.

**Compliance** is an oversight process for monitoring conformity with regulations, policies and procedures. It is used by all levels of the organization to identify high-risk areas and assure that appropriate corrective actions are taken.



## Performance Improvement

All students and staff provide important care or service to the patient. In housekeeping, it may be that the room is clean. In dietary, that the food is hot. In plant operations, that the room is the right temperature. In respiratory therapy, that the patient receives the right treatment.

### Plan-Do-Study-Act (PDSA) The Medical Center Model for Performance Improvement



**Team Building** is the key to mastering new techniques, services and improving efficiency. Teamwork fosters a collaborative environment in which staff is supportive to each other. Teamwork enables staff to systematically coordinate activities in response to patient concerns and needs, resulting in positive outcomes and employee and patient satisfaction.

### Drug Free Workplace

VA policy requires the workplace to be free from illegal use, possession, or distribution of controlled substances. Any illegal use, possession or distribution of controlled substances will be promptly dealt with in accordance with legal and administrative procedures. Any individual who violates VA Drug Free Workplace Program policy will have their WOC appointment terminated immediately and will be removed from the facility. Any person providing direct patient care, regardless of professional licensure, that exhibits personality, behavioral, or physical changes which may result in unsafe patient care and treatment should be reported.

### Violence in the Workplace

Workplace violence is any physical assault, threatening behavior or verbal abuse that occurs while working or on duty.

- Do not physically intervene.
- In the event of an emergency, call 2111.
- Notify VA Supervisor/designee and/or Faculty or any incidents of threats, intimidation, harassment, physical assault and injuries to employees or volunteers.
- Weapons – Are not allowed on campus including but not limited to firearms and knives longer than four inches.
- Students should transfer care to preceptor if patient is exhibiting violent/aggressive behaviors.

**VA Police** officers are on duty at all times and may be called to assist in any situation where the staff feels insecure or at risk. Officers may be contacted by dialing:

- Emergency 2111
- Non-emergency 2177

**Identification badges** are required to enter the building and are to be worn by all students while in the building.



### **Cell Phone Usage**

The personal use of cell phones is prohibited unless used at specified break or lunch times. At no time should the cell phones be carried or utilized in patient care areas or while caring for a patient. Patient care related apps (i.e. Nursing Central, Drug Guide, etc..) are approved for use only in non-patient areas. Phone calls relating to one's personal business should be conducted during breaks and lunch unless there is an emergency. Only in an emergency will one be called away from patient care for personal phone calls. It is inappropriate to conduct personal business while on duty.

### **Attire, Appearance and Conduct**

- Photo ID badge must be worn at all times while in the medical center. A VA I.D. will be issued to you upon appointment to the medical center.
- Appearance should be clean, neat and professional.
- Attire should:
  - meet the safety requirements for the position;
  - be clean, neat and in good repair; and
  - reflect a positive image of both your school and the VA medical center.
- Wear your uniform any time you are in the medical center.
- Footwear is clean, neat and in good repair. It should be of a style that provides safety, support, good body alignment and traction. Open-toed and recreational footwear in direct patient care areas is not appropriate.
- Jewelry, body piercing, and tattoos should not be offensive or excessive in size or quantity.
  - Necklaces or hanging jewelry should not be long enough to be grabbed.
  - Body piercing hardware other than earrings should not be visible or should be removed when on duty.
  - Tattoos should be covered or hidden under clothing.
- Condition of nails and hands:
  - The hands, including the nails and surrounding tissue should be free of inflammation.
  - If nail polish is worn, it must pale in color and not be chipped.
  - Artificial fingernails may not be worn by any healthcare workers who provide any amount of direct, hands-on care to patients.
- Hair, including facial hair, should be neatly arranged and/or covered, as required, in such a manner that it does not fall or get caught on patients, equipment, and food or cause any other safety hazard.

### **Lunch Breaks/Food/Beverages**

You may bring and store your lunch in the assigned unit break room. You may also utilize the on-site Canteen which offers daily specials, grill choices, beverages, and more. Drinking and eating in the patient care areas is not allowed. Food and beverages must be consumed in designated areas (i.e. break room, Canteen, or on the picnic tables located outside around the campus). *Remember to let your Preceptor know when you take a lunch break and any time you plan to leave the patient care unit.*



## **Smoking Policy**

**POLICY:** The Department of Veterans Affairs and the medical staff of the Medical Center are committed to the elimination of smoking in all acute care medical facilities. The implementation of objectives to obtain this goal will support the responsibility of preventive medicine while recognizing the choices of those who continue to use tobacco products and the rights of those who do not use these products. In the interest of safety, the rights of non-tobacco users will take precedence over the choices of smokers. The medical staff has determined that smoking within the Medical Center buildings will not be authorized for patients under any circumstances.

1. Smoking by patients, visitors, volunteers, employees or any other individuals will not be permitted inside any enclosed patient care area or workplace at the Medical Center; within 35 feet of any entrance; at any of its outreach facilities; or in any of its vehicles. Signs will be posted at each entrance indicating this is a smoke free facility and that smoking is allowed only in designated areas. With the exception of all parking lots (except the Physicians Lot-Area D), smoking will not be permitted in any other area of the Medical Center campus other than designated areas identified below.
2. Electronic cigarettes are “not to be exempted from ‘clean air’ laws.” Until additional safety information about these products is available and adequate evidence is provided to ensure regulatory authorities that use of the product will not expose non users to toxic emissions, places in which cigarette smoking is restricted need to also restrict the use of e-cigarettes.
3. **Officially designated smoking areas include the following:**
  - a. Covered patio by Building 37 (smoking restricted from 11:30 a.m. to 1:00 p.m.)
  - b. Covered patio south of the main building
  - c. Smoking Shelter (detached building) near Transitional Care Unit
  - d. Designated areas as marked near the Transitional Care Unit patio
4. Those patients who wish to smoke will not be allowed to do so with their oxygen running. Clinical staff will educate patients to remove their cannulas and cylinders prior to the patient leaving the care unit.
5. Oxygen cylinders and other delivery equipment are not permitted within smoking shelters.



## VA Opportunities for Nursing Students

Department of Veterans Affairs has a rich history of supporting nursing students in both their learning and career pursuits and we provide clinical rotations to one out of every four professional nurses in the U.S. through our affiliations with nursing schools. Did you know that VA employs more than 61,000 RNs, APNs, LPNs/LVNs, and nursing assistants, and that our VA Learning Opportunities Residency (VALOR) Program has been a major success? It's true. More than 50 percent of VALOR participants are hired as new registered nurses in VA.

And, most recently, we've launched the VA Nursing Academy to forge partnerships with the finest nursing schools across the Nation. Visit the VA Nursing Academy's website- <http://www.va.gov/oaa/vana/default.asp> to learn more.

### VALOR Program

The **VA Learning Opportunities Residency (VALOR)** Program gives outstanding registered nursing students who have completed their junior year in an accredited clinical program the opportunity to develop competencies in clinical nursing while at a VA-approved health care facility. Learning opportunities include didactic or classroom experiences, competency-based clinical practice with a qualified RN preceptor, and participation in nursing-focused clinical conferences.

VALOR participants who take a position with VA upon graduation are usually hired one-to-three steps above the entry-level salary rate established for new graduates. This is because VALOR participants are already oriented to VA and its practice requirements. VALOR students may be appointed on a full- or part-time basis during the summer months, and may continue during their senior academic year on a part-time basis. Contact the Education Department for more information about the VALOR Program and how to apply.

### All Discipline Employment Opportunities



Working at VA comes with a number of work/life benefits designed to help you achieve your best, personally and professionally.

#### Our employment benefits include:

- ✓ Nationwide job transfer opportunities
- ✓ Tuition reimbursement and scholarship programs (subject to funding availability)
- ✓ Competitive salaries and pay differential rates
- ✓ Generous vacation, personal, and sick leave, as well as 10 Federal holidays
- ✓ Stable retirement and health care plans
- ✓ BCLS and ACLS classes provided at no cost to employees



**Please Review All the Following  
GJVAMC Policies: Medical Center Memorandums (MCMs)**

**Infection Control**

The Infection Prevention Program is attached. Please read the attached file titled, "MCM 003-37 Infection Prevention Guidelines (Mar 2013)"

**Hand Hygiene**

Attached file titled, "MCM 003-67 Hand Hygiene (Sept 2011)"

**Empiric Isolation Precautions**

Attached file titled, "MCM 003-73 Empiric Isolation (Oct 2011)"

**Latex Allergy**

Attached file titled, "MCM 003-41 Latex Allergy 2011"

**Hazardous Waste Disposal**

Attached file titled, "MCM 007-10 D Disposal of Hazardous Waste May 2011"

**Occupational Safety:**

Attached file titled, "MCM 05-25 Management of Occupational Exposures to Bloodborne Pathogens (March 2013)"

**Bar Code Medication Administration:**

Attached file titled, "MCM 003-44 Bar Code Medication Administration (March 2013)"

**Comprehensive Emergency Management (CEMP) Program  
and Emergency Operations Plan (EOP):**

Attached file titled, "MCM 007-1 CEMP EOP Basic Plan (1-13) Part 1"

**Cardio-Pulmonary Arrest Management**

Attached file titled, "MCM 111-9 Cardio-Pulmonary Arrest Management 6-13"

**Clinical Trainees:**

**Roles and Procedures For Student Trainees**

Attached file titled, "MCM 033-87 Clinical Trainees"



## Faculty/Coordinator/Student Agreement

Faculty/Coordinator/Student Name: \_\_\_\_\_

School: \_\_\_\_\_

Dates of student experience: \_\_\_\_\_

Type of students: \_\_\_\_\_

Clinical Area of experience: \_\_\_\_\_

**Each Faculty/Coordinator/Student must complete this annual agreement prior to the start of first clinical day.**

**Review Handbook for Faculty/Students** (contains mission, infection control, customer service, job aid, parking, etc...)

**Review GJVAMC Policies-Medical Center Memorandums (MCMs)**

**Unit/Department specific safety and related information** (contact unit Program/Deputy Manager/CNS).

**\*The Faculty/Coordinator is responsible for sharing the contents of the handbook and unit specific information with each student at the beginning of each clinical rotation.**

Faculty/Coordinator/Student is responsible for participating in any mandatory/regulatory education or training related to safety, security, JACHO, etc...

I agree that I have read and understand the GJVAMC Handbook for Nursing Faculty and Students, reviewed and understand the GJVAMC Policies (MCMs), and agree to follow the professional standards of practice deemed by this facility.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Student
- Faculty