Clinical Orientation for Students

Welcome to the University of Colorado Hospital!
The University of Colorado Hospital ranks as a top hospital in the United States! The hospital is affiliated with University of Colorado and provides quaternary level care for the State of Colorado and the Rocky Mountain region.

The Anschutz Medical Campus in Aurora, CO begins the 21st century with a new academic hospital. The new site provides opportunities to expand and explore new approaches to patient services:

- Anschutz Inpatient Pavilions I and II
- Anschutz Outpatient Pavilion
- Anschutz Cancer Pavilion
- Center for Dependency, Addiction and Rehabilitation (CeDAR)
- The Rocky Mountain Lions Eye Institute

Anschutz Medical Campus includes biomedical research facilities, The University of Colorado Health Sciences schools and The Children’s Hospital Colorado. The VA Medical Center is anticipated to open in 2017.
• Facts:
  University Hospital is the region’s leading specialty care and referral center and is an affiliating member of University of Colorado Health:
  – University of Colorado Hospital in Aurora, CO
  – Poudre Valley Health System in Fort Collins, CO
  – Medical Center of the Rockies in Loveland, CO
  – Memorial Hospital in Colorado Springs, CO
  – Ivinson Memorial Hospital in Laramie, WY
    • Total licensed beds in the system >1,495
  Magnet Status designation from the American Nurses Credentialing Center:
    • First designation 2002
    • Second re-designation 2006
    • Third re-designation 2010
    • Fourth re-designation 2014
  One of two agencies in the U.S.to receive CCNE accreditation for the Post-Baccalaureate Nurse Residency Program and received re-accreditation status in 2015
The University of Colorado Hospital
Mission, Vision and Values

Mission Statement:
We improve lives.
In big ways through learning, healing and discovery.
In small, personal ways through human connection.
But in all ways, we improve lives.

Vision: From health care to health.

Values: Patients first, Integrity and Excellence
Clinical rotations completed by students may be within the Patient Services Division, working with hospitalized patients. Other clinical rotations include working in essential services:

- Ambulatory Services
- Dietetics
- Imaging
- Information Management
- Pharmacy
- Clinical Laboratory
- Physical Therapy, Occupational Therapy, Speech Therapy
• To meet the UCH mission, employees belong to a CARE Team in their work areas.
  – C – Competent
  – A – Approachable
  – R – Respectful
  – E – Enthusiastic in their delivery of service
Care Team Members…only of few of all healthcare team members that provide vital service

• Case Managers
• Physical Therapists
• Occupational Therapists
• Speech Therapists
• Respiratory Therapists
• Dietitians
• Pharmacists
• Nurses
• Enterostomy/Wound Care Specialists
• Palliative Care Specialists
• Lab Personnel
• Information Management Personnel
• Advanced Care Partners
• Pain Specialists
• Diabetes Specialists
• Psychiatric Liaison
• Home Care Coordinators
• Chaplains
• Social Workers
• Interpreters
• Ancillary Health Technicians
• Medical Assistants
• Patient Service Coordinators
• Imaging Personnel
• Environmental Service Personnel
• Technical personnel in ambulatory care settings
Partners with the University of Colorado CARE Team include physicians. Physicians are not employees, but are credentialed to practice and teach at UCH

The Medical Staff Hierarchy

Note: Medical Students wear short white lab coats
Professional Standards

The Student:
- Demonstrates respectful and courteous behavior
- Demonstrates tact and diplomacy
- Does not conduct personal business at work
- Identifies conflict and participates in resolution
- Adapts to changing situations
- Is ready for the assignment
- Maintains patient confidentiality at all times
- Complies with hospital policy and procedure
- Complies with their school’s Code of Conduct policies
Professional Appearance

Students must adhere to School Dress Code and Hospital attire policy

- **Unaltered UCH issued and School ID Badge must be worn and remain visible at all times**
- Footwear must enclose the foot with heels < 2 inches. Crocs with top holes are not permitted.
- Single piercing jewelry limited to ears and one small stud in the nose. No ear gauges.
- Hair longer than shoulder length to be tied back or contained in net. No extremes in hair color.
- No artificial nails (including decals, charms) perfume, or gum-chewing
- No caps/hats unless part of required uniform or required for religious purposes.
- Tattoos/Branding/Body art must be covered; any construed as vulgar and offensive are not permitted.

For patient safety, expect professional appearance policies to be enforced.
Responsibilities of the Student

As a student completing clinical hours at University Hospital, your responsibilities include:

• Identifying and communicating your learning needs
• Being prepared for your clinical experience
• Taking advantage of learning opportunities
• Maintaining Current BLS and other health/safety requirements
• Completing University Hospital student orientation specific to clinical placement and setting
• Completing documents for clinical coursework and hospital requirements
• Completing clinical hours and course requirements associated clinical rotation/experience within the timeframe allotted
Clinical Practice Guidelines

- Practice disciplines at University Hospital have guidelines for *unlicensed* student clinical practice*

- Students are supervised in all aspects of care delivery

- Students must adhere to University Hospital policies, procedures and standards of care

*Students will be provided a copy of UCH discipline-specific practice guidelines upon arrival for their clinical experience from the clinical contact/supervisor/clinical instructor
Confidentiality

- We value patient confidentiality
- Federal and State laws protect medical information
- Protecting patient privacy is EVERYONE’S RESPONSIBILITY!
- You will be asked to read, sign and return the UCH Confidentiality Statement and Computer Confidentiality Agreement to your Clinical Contact (Preceptor, Instructor or Supervisor)
HIPAA and Students

- Students may have access to protected health information (PHI).
- It is illegal for you to use or disclose this PHI outside the scope of your student experience at the hospital. You may only access the PHI of patients for whom you are currently assigned.
- You have the responsibility to learn University Hospital privacy policies. Privacy policies apply to paper documents as well as electronic media which include laptops, PDA’s, cell phones and recordable disks and social networking websites.
- Guidelines for the use of PHI:
  - Information may be shared with other University Hospital healthcare providers for treatment purposes
  - DO NOT photocopy patient information
  - DO NOT print off or download patient information/lab data etc. from the computer
  - DO NOT record patient names, dates of birth, address, phone number, social security number, medical record number, etc., on the assignments you will turn into your instructor or for other classroom assignments
  - Access the minimum amount of information necessary to care for your patient or carry out an assignment
  - Be aware of your surroundings; it is NOT appropriate to discuss patients in elevators, hallways, the cafeteria, etc.
  - Log off of computers before walking away
  - Dispose of all worksheets, assignments, etc. into the “Confidential Waste” containers located on each unit
  - If you have questions about the use or disclosure of protected health information, contact your instructor or clinical supervisor IMMEDIATELY
Documentation Forms

UCH utilizes a combination of computerized and paper documentation systems.

You may be scheduled to attend a computer training class, and/or receive online learning modules as a component of your hospital orientation. You will be provided information about computer training dates and times from the University Hospital clinical contact.
Student Documentation Guidelines

• Documentation by students is at the discretion of the Clinical Instructor/Preceptor

• All student notes must be co-signed by the Clinical Instructor and/or Preceptor. This includes computer and paper/flow sheet documentation
Student Documentation Guidelines

All documentation, computerized or written, should be:

• Clear
• Complete
• Concise and factual
• Time sequenced: date, year and time of day
• Be specific regarding follow-up instructions, refusal of treatment, advice or treatment not followed as directed, informed consent, instructional materials given and medication information
• Do not make comments in the patient’s record about care which was rendered at another institution or by another healthcare provider. Notes should not blame others
• Use only University Hospital approved Standard Abbreviations
• Do not document Risk Occurrence reporting in the medical record

Reminders for Written Documentation on Flow sheets, Progress Notes, etc.:

• Use black ink and write legible
• Write within lines and not in margins; avoid squeezed entries
• Sign all your entries. Example: Jane Smith, SN*, UNC*. SN=Student Nurse, UNC=University of N. CO.
• Do not draw a line down a column; initial each box/section
• Do not obliterate any portion of your note. For an error, draw a single line through the information to be corrected and insert the change above or beside it with your initials and the date of the change
Emergency Procedures

- Life Safety and Emergency Procedures outlined:
  - Fire
  - Code Blue
  - Code Pink
  - Workplace Threats
  - Code Silver
  - Hazardous Spills
  - Weather Emergency
  - External Disaster

- Refer to University of Colorado Hospital policy and procedure for additional information specific to life safety and/or emergency procedures. Policy/Procedure are in an electronic format and easily located on the hospital intranet page.
Emergency Procedures

Fire

- Dial: 911
- Give operator pertinent information
- Pull the nearest fire alarm
- Follow RACE
- Do not use elevators
- Code RED will be announced overhead
RACE

• **R** – Rescue
  Rescue anyone in immediate danger

• **A** – Alarm
  Activate alarm: Dial 911 & pull nearest fire alarm box

• **C** – Contain
  Contain fire (Close all windows and doors)

• **E** – Extinguish
  Extinguish the fire (if safe to do so)

Do not use elevators until “Code Red All Clear” is announced.
Emergency Procedure
Cardiac/Respiratory Arrest - Code Blue

- Stay with the patient and call for help
- Dial 8-5555 – for in-patient hospital locations
- Dial 911 – Locations external to hospital, such as: Anschutz Outpatient and Cancer Pavilions

- Advise operator of location and situation
- Begin Basic Life Support

**In outpatient clinics students may be asked to manage patients in exam rooms, in the waiting area and hold elevators. AEDs, tackle boxes and oxygen tanks are kept in secure but accessible clinic areas for emergency purposes.**
Code Pink

- Indication that an infant or child abduction has taken place
- Telephone 8-5555 and 911 to report abduction
- Stand by exit doors, report suspicious person to police.
- Upon termination, overhead announcement of “Code Pink All Clear”

- Note: Elevators will stop at nearest floor and doors will open. Elevators will not operate until Code Pink is resolved
Emergency Procedures
Workplace Threats

Threats of violence such as bomb threat, weapons, disruptive behavior

Report threat to Unit Supervisor or Clinical Instructor

Steps to access Emergency Security help:

• Dial: 911
• Give your name
• State your problem
• Give your exact location
• Follow instructions given by Security Personnel
• Overhead code not announced
• To contact police for non-emergent issues: Dial 720-848-7777
Code Silver

- Combative or disruptive person with a weapon
- Remain calm
- If safe to do so, call 8-5555
- Remain on line as long as possible
- Use an accessible escape route
- If unable to escape an area – seek cover:
  - Safe Zone: locked medication and supply rooms
  - Barricade doors
- If you are not in the area, do NOT go to Code Silver specified area
Emergency Procedures

• Hazardous Materials Spills
  • Incidental: Small spill presenting NO hazard to people or the environment. Consult with Safety Officer for Incidental spills
  • Emergency: any spill which may present a hazard to people or the environment. CALL 911
    – Isolate and evacuate the area; close all doors
    – Call 911 and give exact location and nature of emergency hazard
Weather Emergency

• Hospital operator will make an overhead announcement for inclement weather conditions

• Follow instructions as given by unit management

• Upon termination, operator will announce “ALL CLEAR”
Emergency Response
External Disaster

• External disaster is indicated as:

  Code Yellow

• The hospital is anticipating responding to incidents where there are mass casualties or situational resource utilization

• Assist as directed by unit management
Electrical Safety and Medical Equipment

• Look for an Inspection Label and Review Date prior to using any equipment and check that the equipment is operating correctly
• PLEASE REMOVE from patient care and LABEL with a RED TAG EQUIPMENT THAT IS DEFECTIVE, MALFUNCTIONS or does NOT have a CURRENT INSPECTION LABEL
• COMPLETE a Patient Safety Net (PSN) report for defective or malfunctioning equipment used in patient care. NOTIFY ENGINEERING SERVICES and unit Charge RN
• EMERGENCY OUTLETS are RED
• Check with unit Charge RN for procedures related to patient-owned medical equipment

• Precautions you can take to prevent electrical shock:
  1. Never use three prong into two prong adapters
  2. Do not use extension cords
  3. Never unplug a device by pulling on the power cord
  4. Report to unit Charge RN or Clinical Instructor any non-static electrical shock
Standard Precautions

- **USE APPROPRIATE HAND HYGIENE!** Hand gels and soap are readily available.
- All body substances are handled as if infectious.
- Use gloves, gowns, eyewear whenever blood or body fluid contact or splash is possible.
- STOP and READ the signs posted on patient doors for specific instructions related to infection control.
- **Red Bag** (biohazardous) containers are used for disposal of items soaked with blood or other body fluids. IV bags, labeled with patient ID info are also placed in biohazardous containers.
- Linens are placed in clear, leak-proof bags.
- Refer to policy regarding Transportation of Isolation Patients...to protect patients, visitors, other providers and yourself!
- Immediately contact your supervisor or Clinical Instructor for needle sticks or other body fluid exposures.
- Questions? Infection Control Nurse: 720-848-7987

Patient safety = Hand washing
The CARE Team at UCH recognizes that sensitivity to cultural differences among patients when providing care will improve outcomes for patients and families.

Cultural diversity:
1. Recognize that cultural diversity exists
2. Respect people as unique individuals
3. Identify and examine your own cultural beliefs
4. Definitions of health and illness, as well as practices to promote health and cure illness may differ among people
5. Be willing to modify delivery of care, in keeping with the patient’s culture and safety considerations
6. Do not expect all people from one cultural group to behave exactly the same
7. Appreciate that a person’s culture includes world view, values, beliefs, social conduct, and social relationships

Resources for Cultural Sensitivity

- Interpreter Services
- Spiritual Care Services
- Transcultural Nursing Journal Club at University Hospital
- Continuing education programs at University Hospital
- Web link: http://dennison.ucdenver.edu/finding/multilingual_resources.html
Patient Rights and Responsibilities

- Patients have rights and responsibilities at University Hospital
- A Patient Representative or Hospital Administrator is available for patient complaints
- Check with your University Hospital clinical contact to access these resources
Patient’s Right to an Interpreter

• When a *non-English speaking or hearing impaired* patient is denied health care in his/her language, he/she is denied access to the same level of quality care which any other patient receives. This is discrimination under Title VI of the Civil Rights Act
• The patient decides whether or not he/she needs an interpreter
• To protect confidentiality and ensure communication of medical information, family members or friends may be used only when the patient is aware of his/her right to an interpreter and chooses to use their assistance anyway
• For reasons of language proficiency and accountability, hospital policy prohibits staff from interpreting any medical information, unless certified to perform medical interpretation. This includes students
• When communicating with another department regarding patient care issues, *remember to communicate the patient’s language or hearing needs*
Interpreter Services

- Interpreter Services has an on-site phone interpretation service. Dial 8-0397 (720-848-0397) from any hospital telephone to be routed to the interpreter service. Follow the telephone prompts to select the appropriate language.
- Patient care units may also have black Telelanguage double handset phones for use.
- Interpreter Services has an informational webpage:
  - Start at Hospital Intranet site
  - Select “Department and Services”
  - Select “Interpreter Services”

The webpage will provide specific instructions about all interpreter services and access to interpreters for the hearing impaired.
1. Identify patients correctly.
   A. Use two patient identifiers such as:
      NAME: Patient repeats full name back.
      Medical Record Number
      Date of Birth
      Room number is not acceptable.
   B. Final verification before a procedure and/or blood transfusion process (time out) to confirm correct patient, procedure and site.

2. Improve communication among caregivers.
   A. Verbal orders with “read back” verification. Students cannot take verbal orders!
   B. Standardize abbreviations and eliminate dangerous abbreviations.
   C. Critical test results and values must be reported to the responsible licensed provider (RN and MD) immediately.
   D. University Hospital is using SBAR for “hand-off” communications

3. Use medications safely.
   Working with the Pharmacy Department, concentrated electrolytes have been removed and standardizing/limiting the number of drug concentrations available on units. Reviewing look alike/sound alike drugs and taking action to prevent errors. Labeling all medications and medication containers.
   Reducing the likelihood of patient harm associated with use of anticoagulation therapy.

4. Reconciliation of patient medications across the continuum of care.
   A complete list of the patient’s medications is obtained and communicated to the next health provider within or outside the hospital.

5. Reduce the risk of health care-associated infections.
   Appropriate hand hygiene is required!
   Catheter associated UTI reduction is another intervention.
   Central line associated blood stream infections: education of patients/families about central line infection prevention.
   Educate patient/family, who are infected or colonized with multidrug resistant organism, about health care associated infection control.
   The hospital identifies death and or major permanent loss of function associated with health care-associated infections as sentinel events.
6. Reduce fall risk.
   *Fall prevention is on-going prevention program at University Hospital; assessment of risk factors is key and communication to other providers.*

7. Encourage clients’ active involvement in their own care as a safety strategy.
   *Education to report concerns related to care and services. Utilize Care Notes system for access to patient education materials.*

8. Identify patient safety risks inherent in its population.
   *Example: identification of patients are risk for suicide.*

9. Recognize and respond to changes in patient condition.
   *University Hospital has a MET (medical Emergency Team) and a Stroke Team that respond to changing patient condition that facilitate early and effective interventions to improve patient outcomes.*

10. Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
    *University Hospital has policies and procedures utilizing EBP that address limiting use and duration of indwelling catheters; use of aseptic technique; securing catheters; maintaining sterility; replacing collection system; collecting urine samples; and measuring and monitoring CAUTI prevention processes and outcomes with EBP guidelines or best practices.*

11. Prevent health-care associated pressure ulcers.
    *University Hospital has an evidenced based skin care algorithm that starts with patient assessment at time of admission and ongoing assessment during hospitalization. Additional resources for clinicians include CWON consultation and management of complex wounds and ostomies.*
12. Clinical Alarm Safety

To reduce harm associated with clinical alarms systems, the hospital has a policy describing parameters for customizing clinical alarms to patient condition, verification that alarms are appropriate and audible, and leveling the type of alarm and the necessary response required by clinicians. Orientation and education of clinical staff to clinical alarm systems is an ongoing process.
UCH Safety Intelligence

• The University Hospital utilizes an on-line reporting of safety occurrences called Safety Intelligence Event Reporting (SI). This reporting system is a part of a quality management plan and the data collected is considered privileged and confidential. Examples of occurrences:
  – A patient falls
  – A patient receives the wrong medication
  – Equipment malfunctions or breaks down during patient care use

• As a student, you may encounter, or be involved in an occurrence or “near miss”. Your Clinical Instructor, Preceptor or department supervisor will assist you with online reporting and follow-up related to a safety occurrence
Important Information

• Parking Link to UCH campus locations:
  www.uchealth.org
  Select:  1. Patient and Visitors tab
          2. Parking tab in left column
          3. Driving/Parking Map for Anschutz Medical Campus
  Parking is designated for students and clinical instructors in the Cheyenne Wells lot. Payment kiosk located in lot; accepts credit cards and cash.

• Smoking
  The Anschutz Medical Campus and University Hospital are smoke-free zones. Please respect the non-smoking patient care environment
End of General Student Orientation

• You have now completed University Hospital General Student Orientation

• Please complete Student Orientation Test: Part I to meet the online orientation requirements.

• If you are a Nursing or other Allied Health practice discipline student who will be working with inpatients or outpatients, please continue beyond this slide for additional information. Please complete Student Orientation Test Part I and Part II test to meet online orientation requirements.

Thank you!
Additional Information
Nursing, Respiratory Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, Dietetic, Medical Assistant and Technician students:

- Responsibilities of the Clinical Instructor and Staff Preceptor
- There are a series of slides that outline patient safety programs at University Hospital that you will encounter during your clinical rotation:
  - Medical Emergency Team
  - Stroke Alert
  - Fall Prevention
  - Pain Management
  - Restraint Use
  - Skin Care
  - Patient-Prisoners
- Forms and documents required for the clinical experience
- Delegation
- Advance Directives
- Part I and II Orientation Tests (all nursing and practice discipline students must complete both tests).
The University Hospital provides clinical experiences for students using Clinical Instructors and Staff Preceptors

Responsibilities of Clinical Instructors and Preceptors:

- Facilitates hospital orientation and review clinical requirements with students
- Arranges clinical placements to meet course requirements and student learning needs
- Provides direct clinical supervision and teaching
- Performs clinical evaluation of student performance
- Provides assistance and consultation to staff regarding student patient care assignments
- May conduct clinical conferences
- Consults with Program or School Faculty as needed

* For RT, PT, OT, Dietetic, and Speech Students: Clinical Instructor performs clinical evaluation
Medical Emergency Team Response

- The Medical Emergency Team (MET) is a service provided by the Critical Care and Respiratory Therapy Departments to partner with primary staff to assess and manage a patient who demonstrates instability criteria outside of the ICU setting.
- The goal of the team is to provide early and rapid intervention to promote better patient outcomes.
- MET team members include: ICU RN and Respiratory Therapist. Physician support is provided by the patient’s primary care team.
- MET is called when bedside caregiver has concerns regarding patient clinical status.*
- Call: 8-6388 (8-METT)

*Refer to University Hospital Policy and Procedure: Medical Emergency Team (MET) for specific clinical criteria. Any acute change in NEUROLOGIC status such as sustained alternation in mental status, agitation, and/or restlessness, call a Stroke Alert.
Stroke Alert

To activate a Stroke Alert
Call:  85490

Activating a stroke alert sets in motion a standard response, much like that of a code blue.

Is your patient experiencing ANY of the following symptoms:

- **Sudden** numbness or weakness of the face, arm, leg, especially on one side of the body
- **Sudden** confusion, trouble speaking or understanding
- **Sudden** trouble seeing in one or both eyes
- **Sudden** trouble walking, dizziness, loss of balance or coordination
- **Sudden** severe headache with no known cause

Don’t hesitate to Call! Any delay costs the patient precious function!
Patient Comfort and Safety Programs

- Fall Prevention
- Pain Management
- Restraint Use
- Skin Care
- Advance Directives
Fall Prevention

- UCH has a program to prevent falls:
  - Patient assessment is the key to preventing falls!
  - Communicate patient’s risk to other providers!
  - Anticipate risks, intervene, educate patient and family about risk factors!
Pain Management Principles

• Patients have the right to assessment and management of pain
• All providers will communicate that pain management is an important part of care
• The single most reliable indicator of the existence and intensity of pain is the patient’s self-report
• Pain is considered the 5th vital sign
Pain Management Principles

WILDA is one method* used for pain assessment:

- W - Words
- I - Intensity
- L - Location
- D - Duration
- A - Aggravating/Alleviating Factors

Pain is often assessed by RN, MD, PT, OT and students under direct supervision of preceptor/instructor.

*discuss with your instructor or preceptor other pain assessment methods used at University Hospital
UCH Pain Management Principles

• When warranted by a patient’s condition, a comprehensive pain assessment will be performed
• Pain assessment and management is documented to allow for regular reassessment and evaluation of interventions
• Health care providers will educate patients regarding pain
Preventing Restraints

- Patients have a right to be free of restraints
- UCH is committed to the goal of a restraint free environment
- Steps toward reducing restraint use include:
  - anticipating patient needs
  - using low level interventions
  - using creative solutions
- Restraint use is tightly regulated
Restraint Use

- All providers, including students, must comply with restraint use policies, procedures and documentation.
- Care must show a progression toward removing restraints.
- Discuss with the Charge RN the opportunity for family to sit with the patient.
- Inform family of restraint use.
- MD order is required for restraints.
- Restraint use must be documented.
Skin Care
Maintaining skin integrity is a priority at the University of Colorado Hospital

• In order to maintain patients’ skin integrity and improve outcomes of patients’ with existing breakdown, nurses at University Hospital initiate skin care interventions based on guidelines provided by the Agency for Healthcare Policy and Research
• The Braden Scale is the risk assessment tool utilized to assess patient risk status
• Resources to assist you in maintaining patients’ skin integrity include:
  Hospital Intranet Website:
    Select: Departments and Services
    Select: Skin and Wound
  Wound, Ostomy & Continence Nurse: phone: 720-848-4684
Caring for Prisoner Patients

University Hospital provides care to prisoners who require medical attention in the inpatient and outpatient settings. Specific information:

• There will be one officer/guard per prisoner-patient in the inpatient setting
• Prisoner-patients are not allowed to wait in waiting areas of clinics
• All prisoner-patients are kept in forensic restraints except when required removal for treatment and skin assessment. Removal and application of restraint is done by officer/guard
• The prisoner-patient may be searched at any time as deemed necessary by the officer/guard; dangerous articles are removed from the room
• The prisoner-patient is never left unattended with hospital staff
Delegation - Fact Sheet

• Delegating to Unlicensed Assistive Personnel

Highlights of University Hospital Policy:
Students that are unlicensed cannot delegate to other personnel such as Medical Assistants or Certified Nursing Assistants

Definitions:
Delegator: A licensed professional
Delegatee: the team member who is receiving the care delegation according to his/her competency, job description, performance standard and identified scope of practice

• Students will observe licensed personnel delegating to unlicensed personnel.
Examples: RN to CNA or ACP, MD to Imaging Technician, RN supervising Medical Assistant activities, Physical Therapists to Physical Therapy Assistants (PTA), Occupational Therapists to Certified Occupational Therapy Assistants (COTA) or Occupational Therapy Technicians (OTT)
Advance Directives

Definition (UCH Policy/Procedure):

• Advance Directive: A verbal or written statement of a persons’ wishes about how they would like medical and mental health care decisions to be made for them if they ever lose the ability to make such decisions for themselves.

• Three kinds of advance directives are discussed in policy: Living Wills, Medical Durable Power of Attorney for Health Care Decisions and CPR Directive*.

• Related policies include:
  – Consent for Medical Care & Procedures
  – Do Not Resuscitate-DNR
  – Refusal to Permit Blood or Blood Component Administration
  – Appropriate Care of End of Life Patient

*CPR Directive: advanced medical directive designed for OUTPATIENT use.

To Access Advance Directive or Palliative Care/End of Life Resources go to:

1. Intranet Hospital Homepage
2. Select: “Departments and Services”
3. Select: “Palliative Care”
End of Student Orientation Program

Nursing and Allied Health Professional Students:
• You have now completed the University Hospital Student Orientation Program content. Please complete:

• Student Orientation Test Part I and Part II
For all Students:  Student Orientation Test Part I – 10 Questions

Instructions:  Please select the best response.  Only one answer.

1. The Mission of University Hospital includes:
   a) Delivery of excellent and comprehensive patient care
   b) Acquiring new knowledge through research
   c) Education of the future healthcare workforce
   d) All of the above

2. Students completing their clinical requirements at University Hospital must:
   a) Be supervised in patient care delivery
   b) Adhere to University Hospital policies, procedures and standards of care
   c) Work within discipline specific practice guidelines
   d) All of the above

3. Personal and professional appearance of students at University Hospital includes:
   a) Wearing artificial nails
   b) Wearing jeans and a t-shirt with a lab coat
   c) Wearing visible UCH issued and School Photo ID at all times while in the clinical setting
   d) Wearing a small nose stud
4. **Student documentation in a patient’s medical record includes:**
   a) Student documentation is done at the discretion of the preceptor
   b) All student notes, including medication administration, are co-signed by the preceptor
   c) Students can log into the electronic medical record, using userID provided by the hospital
   d) All of the above

5. **RACE means:**
   a) Dial 911 to report a fire
   b) Rescue, Alarm, Contain and Extinguish
   c) Remove, Activate, Curtail and Evacuate
   d) Code Red will be announced overhead

6. **Code Pink overhead announcement requires which action by the student:**
   a) Monitoring exit doors on the patient care unit
   b) Approaching individuals who are carrying large packages or bags
   c) No action is required by the student
   d) None of the above

7. **The emergency procedure “Code Blue” is initiated for patients who have a cardiac or respiratory arrest.**
   a) True
   b) False

8. **A patient’s cultural beliefs are an important component of delivering patient-centered care because:**
   a) Being sensitive to cultural differences can improve understanding of and communication with the patient and/or family
   b) A patient’s culture may influence their health practices and choices
   c) a and b
   d) None of the above
9. **Actions a student must take related to Infection Control practices at University Hospital include:**
   a) Reading the signs posting on patient doors for specific precautions instructions
   b) Using hand hygiene before and after each patient contact and/or upon entering and leaving a patient’s room
   c) Complying with immunization requirements as indicated by the school
   d) All of the above

10. **The report tool that the student will complete after finding a patient laying on the bathroom floor is:**
   a) Occurrence Report
   b) Incident Report
   c) UHC Safety Intelligence: Event Report
   d) Patient Occurrence Log

End of Part I Test
Submit the completed Part I test as instructed by your program or clinical agency contact person.

For all Nursing and Allied Health Professional Students please continue to next slide for 4 additional multiple choice items to complete UCH Student Orientation Program Test requirements.
Student Orientation Test Part II – 4 questions

1. The telephone number to initiate a Code Blue in the inpatient care setting is:
   a) 911
   b) 8-5555
   c) 8-6388 (8-METT)
   d) None of the above

2. The telephone number to initiate Emergency Services in the Anschutz Outpatient Pavilion (AOP) or all outpatient clinics is:
   a) 8-5555
   b) 911
   c) 8-6388 (8-METT)
   d) None of the above

3. Which two patient identifiers are used prior to any procedure or treatment (including medication administration):
   a) Patient name and room number
   b) Patient name and date of birth
   c) Patient name and medical record number
   d) a and c

4. The first step to preventing patient falls:
   a) Using the correct restraints
   b) Acquiring a sitter for the patient
   c) Performing a patient fall risk assessment and communicating the risk to other providers
   d) None of the above

End of Part II Test
Submit the completed Part I & II test as instructed by your program or clinical agency contact.