Massachusetts General Hospital
Clinical Nursing Instructor Orientation

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Program Development Manager
MGH Institute for Patient Care
• We love students, value our academic partners, and welcome you as guests on our units!

• We appreciate clinical instructors who work in other clinical settings and value the diversity of thought you bring. We also expect that you will seek to understand the MGH culture and embrace it while you are here.

• We also appreciate clinical instructors who are MGH staff and the wealth of first-hand knowledge you bear related to our patients and systems. Sometimes, boundaries can be complex for those who also work at MGH. For instructors who are also MGH staff, the absolute best way to approach your additional role as a clinical instructor is to leave your “MGH Employee” hat at the door!
Partners Health Care:

- **MGH & BWH: Founding Members**
  - Brigham and Women's Hospital and Massachusetts General Hospital founded Partners HealthCare in 1994. Today Partners consists of primary care and specialty physicians, community hospitals, a managed care organization, specialty facilities, community health centers, and other health-related entities, in addition to the two founding academic medical centers. Together these providers offer a continuum of coordinated, high-quality care.

- **Other Members**
  - Brigham & Women's Faulkner Hospital
  - Cooley Dickinson Hospital
  - Martha’s Vineyard Hospital
  - MGH Institute of Health Professions
  - Nantucket Cottage Hospital
  - Neighborhood Health Plan
  - McLean Hospital
  - Newton-Wellesley Hospital
  - North Shore Medical Center
  - Partners Community Physicians Organization
  - Partners HealthCare at Home
  - Spaulding Rehabilitation Network
MGH: Our History

• Co-founders: Dr. James Jackson & Dr. John Collins Warren
• Dr. John Collins Warren performed the 1st public demonstration of surgical anesthesia at MGH on October 16, 1846.
• The MGH is the 5th oldest hospital and 3rd oldest general hospital
• The first patient of MGH was admitted on September 3rd, 1821.
• Charles Bulfinch designed the Massachusetts General Hospital in 1811.
The MGH began when Boston had a population of 33,000 with the port providing most of the income. While wealthy people were cared for at home, the poor were cared for in an almshouse. Reverend John Bartlett, the MGH Chaplain, dreamed of a hospital to care for the physically and mentally ill. The hospital would also provide for medical education. A fundraising campaign began, and donations ranged from $0.25 to $20,000 and included a 273-lb sow. $100,000 was quickly raised, a 4-acre field in the West end of Boston was purchased, and the MGH was born.

During the 1800s, many patients traveled to the MGH by boat on the Charles River, which as you can see in this slide came right up to the side of the Bulfinch Building. It wasn’t until years later that a project to fill in the shore line of the Charles River created the land on which many of the hospital’s more modern buildings are located.
Current Campus

Including Liberty Hotel (on site of former Charles Street Jail) & Charles / MGH MBTA Station
MGH Milestones

1846: First publicly known use of an anesthetic during surgery took place in the Ether Dome of place the Bulfinch Building— which was the original hospital and is now the hospital’s administration building. Surgery performed without pain for first time!

1873: Boston Training School for Nurses, attached to MGH, is the 3rd nursing school to exist in the US

1896: The first x-ray image in the US is made by a MGH physician just 30 days after the technique is discovered in Europe.

1960: Proton beam treatment is used to treat tumors of the eye, neck and brain.

1979: Radiologists pioneer use of MRI (magnetic resonance imaging) to diagnose illness and injury.

1981: MGH, MIT and Shriners Burns Institute researchers create the first artificial skin made from living cells.

1994: MGH and Brigham & Women’s Hospital partner to form Partners HealthCare system.

2003: MGH is the first hospital in the state to achieve Magnet designation – the highest honor bestowed upon a healthcare organization for excellence in nursing – from the ANCC.

2009: Jack W. Szostak, PhD, wins the Nobel Prize in Medicine for work predicting and then discovering telomerase, an enzyme that builds and maintains the protective caps at the tips of chromosomes.

2011: The state-of-the-art Lunder Building offers the next generation of advanced patient care. The 530,000-square-foot, 14-floor facility added 150 new patient beds in the five floors of the W. Gerald Austen, MD Inpatient Care Pavilion, 28 new procedure/operating rooms and expands, co-locates and enhances services in cancer, neurology, neurosurgery, radiation oncology and emergency care.

2012: MGH performs its first hand transplant on Joe Kinan who, at age 42, was one of the most badly injured survivors of the 2003 Station nightclub fire in Rhode Island.
Paul S. Russell Museum of Medical History & Innovation

Open weekdays 9A – 5P, the museum (free of charge) presents the 200-year evolution of health care and medicine at MGH. For more information about exhibits, programs or tours, contact mghhistory@partners.org, or visit www.massgeneral.org/museum.
Where are we now?
Hospital Statistics:

- Inpatient Admissions: 50,000+
- Inpatient surgeries: 40,000+
- Emergency room and outpatient visits: 1.6 million+
- Births: ~3,900
- With 24,877 employees (19.6% are RNs), MGH is the largest private employer in Boston (August 2015)
- Largest hospital-based research program in the country with over $790 million of research activity in FY14
Patient Care Services’ Department of Nursing

• Vision
  – Our every action is guided by knowledge, enabled by skill, & motivated by compassion
  – Patients are our primary focus
  – Employees are our greatest asset
  – We believe in creating a practice environment
    • that has no barriers
    • built on spirit of inquiry
    • reflects a culturally competent workforce supportive of the patient-focused values of this institution
  – As clinicians we ensure our practice is caring, innovative, scientific & empowering & is based on a foundation of leadership & entrepreneurial teamwork
Nursing Leadership:

- Jeanette Ives Erickson, *Chief Nursing Officer and Senior Vice President of Patient Care Services*
- Marianne Ditomassi, *Executive Director, Patient Care Services Operations and Magnet Recognition*
- Gaurdia Banister, *Executive Director, The Institute for Patient Care*
- Kevin Whitney, *Associate Chief Nurse, Surgical, Orthopedics, Neurosciences*
- Theresa Gallivan, *Associate Chief Nurse, Medical, Heart Center, and Emergency Nursing*
- Debra Burke, *Associate Chief Nurse Women and Children, Mental Health and Community Health Nursing*
- Dawn Tenney, *Associate Chief Nurse, Perioperative and GI Endoscopy Nursing*

Unit Leadership

- Nurse Directors
- Clinical Nurse Specialists
- Resource Nurses and Attending Registered Nurses
Professional Practice Model:

A Professional Practice Model provides the framework for achieving clinical outcomes, and is driven by critical thinkers and strong decision-makers.

Key Components:
- Vision and values that affirm our work
- Standards of practice
- Sharing stories to make the often invisible components of practice, visible
- Professional development opportunities that promote life-long learning
- Philosophy of relationship-based care which cultivates relationships with patients/families, colleagues and self
- Reflective practice that guides advancement of career
- Decision-making that empowers clinicians to advance care
- Practice which is driven by evidence and grounded in research
- Commitment to innovation and intra-professional teamwork
Relationship-Based Care:  
When Relationship-based Care is the focus the following dimensions are evident:

- **High Quality Care**
  - Designed with patient at the center
  - Provided through seamless healthcare

- **Comprehensive**
  - Clinical and non clinical care
  - Designed through the eyes, ears, thoughts and emotions of a patient
  - Provided consistently and without redundancy

- **Accessible**
  - Physically convenient
  - Responsive
  - Flexible to patients’ needs

- **Supportive**
  - Reduces anxiety for patients and their families
  - Includes all appropriate staff

- **Personalized**
  - Responsive to individual concerns
  - Private
  - Patient friendly
## Student Data:

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<thead>
<tr>
<th>Enrollment</th>
<th>Total Groups</th>
<th>Total Group Students</th>
<th>Total Precept Students</th>
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<tr>
<td>Summer 2014</td>
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<td>Fall 2014</td>
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<tr>
<td>Spring 2015</td>
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<tr>
<td>Fall 2015</td>
<td>125</td>
<td>698</td>
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Average Groups/Semester: 86  
Average Group Students/Semester: 490.25  
Average Precept Students/Semester: 113.25

### Preceptorship Students

<table>
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<tr>
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<th>Total Precept Students</th>
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<tr>
<td>Spring 2014</td>
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<tr>
<td>Summer 2015</td>
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<tr>
<td>Fall 2015</td>
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### Clinical Groups

<table>
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<tr>
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<th>Total Groups</th>
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<tbody>
<tr>
<td>Spring 2014</td>
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<td>Summer 2014</td>
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<tr>
<td>Summer 2015</td>
<td>150</td>
</tr>
<tr>
<td>Fall 2015</td>
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</tbody>
</table>
Around MGH...

- **Parking**
  - No Parking….No Discounts
  - MGH garages are reserved for Patient and Visitor Parking ONLY
  - MGH Police & Security notifies administration if students are discovered parking in any of our garages
  - Bottom line: Encourage students to carpool and split the cost of parking in a non-MGH garage nearby!

- **Injury/Exposure**
  - If injury or exposure during clinical, students are treated in the ED. Students do not go to Occ. Health
  - If the result of a task being performed as part of clinical (ie needlestick, fall, etc.) the instructor must notify the resource RN and unit leadership and submit a safety report as immediately as possible.
Student ID Badges & Other Security Info:

- Students are given Unit Access Cards that allow access to the unit main door and to locked areas on the units*

  *Excluding Adult Psych: Students and instructors will need to ring the bell to be granted entry to into Blake 11 units*

- Obtaining Badges**:
  - Clinical groups instructors are responsible for access cards and must obtain their students’ temporary MGH ID’s from Police and Security prior to the start of clinical
  - Individually-precepted students should pick up their ID on or prior to the first day on the unit, after the school has been notified that the student has been processed by Non-employees and Police & Security

  **Excluding IHP Students**

- The fee for unreturned access badges is $20!
  - Precepted students’ badges are linked to the individual student, so s/he will be billed for an unreturned badge
  - Badges for clinical groups are linked to the instructor, so for each unreturned badge, YOU will be billed $20
Communication

• Communication with the unit leadership
  – PRIOR to starting on the unit, reach out to the Nurse Director and Clinical Nurse Specialist(s) to arrange a meeting/tour and shadow (if required by unit)
  – At a minimum (and if there are no issues), twice during the semester and a final contact just prior to the end of the semester

• Communication with the primary nurse/resource/ARN
  – Resource and/or the ARN should be part of the conversation when selecting patients for student assignments, as well as when arriving on the unit and prior to departing
  – The primary nurse should be aware if a student is assigned to his/her patient(s) before students enter patient rooms or interact with patients
  – The primary nurse must be made aware of what the student is going to be responsible for during clinical (ie ADLs, med administration, vitals, etc.)
  – The primary nurse must be notified if a student is not going to complete any of the identified tasks for any reason

Don’t forget to include the PCA(s) in the loop!
Around the Unit…

• Pre-/Post-conference space
  – Patient/family lounges and staff spaces (ie break room, locker room) should not be used for conference
  – Unless otherwise specified by the unit leadership, conference should take place off of the unit, in an area that does impede patient/visitor flow

• Student belongings & cell phones
  – Unit specific…check with the unit Nurse Director and/or Clinical Nurse Specialist
  – Encourage students to be minimalist—we cannot guarantee units will have enough space to accommodate students’ belongings
Off-Unit Experiences:

Off-unit observational experiences must meet the following criteria:

- The experience must be directly related to the patient population where the student is placed.
- The instructor must provide a request (including written objectives for the experience) to the unit ND and CNS via email.
- Experiences must be scheduled at least one week in advance. In no case may an instructor arrive unannounced on a unit with a request for observational experiences.
Review with students (before starting work with patients):

- Location of Procedure/Policy Manuals (on line)
- Nursing Sensitive Indicators & Care Bundles
- Material Safety Data Sheets (Partners Applications-> MSDS…..)
- Fingernail Policy
- Dress Policy
- Fire safety
- Infection Control web site
- Emergency Equipment/Code Cart (Unit Based)
- Location of Supplies/Equipment (Unit Based)
- Communication Systems: phone, computer, terminal and printer (Unit Based)
Flu Vaccinations:

- Students and clinical instructor who will be on-site at least one day between October 1 and March 31 must confirm that they have received flu vaccine. In the event that a student and clinical instructor has not received flu vaccine for any reason they will be required to wear a surgical mask during all patient encounters. High risk areas may not allow students/instructors who have not received flu vaccine to participate in those areas, to be discussed on a case by case basis.
Orientation & Regulatory Requirements:

- **Undergraduate and Graduate Student Required Training:**
  - EPIC Curriculum (if not completed previously)
    - This will be assigned to you in HealthStream and your Epic access will be turned on 48-72 hours after completion of the modules and Evaluations
  - PHE HIPAA
  - MGH PCS Code Pink*
    *Only students in OB/L&D/Nurseries/Postpartum/etc. are required to complete this module—you must self-enroll in HealthStream and complete the module prior to clinical

**PLEASE NOTE:** Your account will be flagged as delinquent and your access suspended if you fail to complete the required training.
Orientation & Regulatory Requirements:

- Clinical Group Instructor Required Training:
  - EPIC Curriculum (if not completed previously)
    - If you do not already have inpatient nurse access to Epic, you will need to attend four 4-hour in-class training sessions. Dates/times will be provided for you to choose sessions that best fit your schedule. Modules for each course will appear in HealthStream so you can complete evaluations for each session in HealthStream. Your Epic access will be turned on 48-72 hours after completion of the in-class sessions and Evaluations.
  - PHE HIPAA
  - PHE Infection Control
  - MGH General Safety Training
  - MGH Prevention of Healthcare Associated Infections HAI
  - MGH Confidentiality Agreement
  - MGH Mission, Credo and Boundaries (Standards of Behavior)
  - MGH PCS Patient Safety
  - MGH PCS Patient Safety Fall Prevention, Patient Observers, and Restraints
  - MGH PCS Code Pink*

*Only instructors teaching in OB/L&D/Nurseries/Postpartum/etc. are required to complete this module — you must self-enroll in HealthStream and complete the module prior to clinical

PLEASE NOTE: Your account will be flagged as delinquent and your access suspended if you fail to complete the required training.
eBridge
CAS
LMR
CAP Training
...are no longer used!
Epic Training and Access:
(continued from Orientation & Regulatory Requirements)

- All students and instructors must complete the appropriate Epic training before s/he will be able to access any patient information. This is a Partners-wide mandate and there are no exceptions to this rule. As Epic says…
  **NO TRAINING, NO ACCESS, NO KIDDING!**
- If any student/instructor has completed Epic training previously, at another Partners site or at MGH, the school clinical coordinator should be notified so s/he can relay this information to the MGH Program Manager.
- It may take up to 72 hours after training/evaluations are completed in HealthStream for users to be able to login to Epic.
- Documentation should only be done with the full knowledge of the clinical instructor (ultimately, the students are practicing under the instructor’s license).

Remind your students: just because they can do something in Epic does not mean they should without checking with you first!
Nursing Student Documentation in Epic
EPIC SIGN IN:

After a student enters their Username, Password and Department, they are prompted to enter the name of their Clinical Instructor or Preceptor as the “Default cosigner”.

NOTE: If a student is employed at another Partners site, s/he will have 2 roles in Epic—one as a staff member, and one as a student. Before s/he can select a cosigner, s/he will be shown an almost-identical looking box in which s/he needs to select the role under which s/he is signing in.
FLOWSHEETS:

A. After entering data into a flowsheet, the student will “Pend” the data.

B. Data will remain in pink font until cosigned by an RN preceptor or instructor who will do so within their own Epic account through the Cosign Report.

C. When cosigned, data will appear in black font. Details of who documented and who cosigned will be visible.

D. RNs & PCAs can view pended Flowsheet data. Other disciplines cannot view flowsheet data until it is cosigned. When cosigned, the data populates and is visible to other disciplines.
NOTES:
Notes by students must be cosigned by instructor/preceptor.

B. Enter: Type of Note, Service (Nursing) and name of the Cosigner. Date and Time will default in with the current date/time.

C. Notes that need Cosign are viewable to everyone prior to being cosigned.

D. RN Instructor or Preceptor logs in, selects the note to be cosigned, then clicks on the Cosign icon.

E. If changes need to be made in the note, the student should login to edit it. (If the RN edits the note prior to cosigning, the student’s name is no longer associated with the note.)

F. The cosigned note shows the original author, as well as the cosigner.

PLEASE NOTE: The ED does not allow students to write notes in the Patient Chart.
On October 22, 2016, MGH went live with the 2015 Epic Upgrade. The following changes are the result of this upgrade.

Key Changes to Unfiled/Pended Data (Student Documentation) within the FLOWSHEET:
- Un-validated device data that was brown text previously in epic is now black with gray lines thru the row and a symbol to the left.
- Un-filed data that used to be pink text now shows as black text with a gray bar on the left of the data.

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<td>Heart Rate Source</td>
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<tr>
<td>Pulse (SpO2)</td>
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<tr>
<td>Respiratory Rate</td>
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<td>Resp (Vent)</td>
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<tr>
<td>MAP (mmHg)</td>
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<tr>
<td>PP Location</td>
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<td>25</td>
</tr>
</tbody>
</table>

The MGH Support Coordination Center will be continue to be available to provide **coaching** on Epic 2015 upgrade issues via telephone with capacity to send at the elbow rovers for acute issues.

**Inpatient**  857-238-4446    **Ambulatory**  617-724-4014
MAR documentation:

MAR documentation by a student requires “Dual Signoff”. The student documents the administration of the medication and the instructor/preceptor signs at the time of administration in the “User Authentication” box.

Any RN may sign for “Dual Signoff” in place of the instructor/preceptor in an emergency.
FAQs

• Who will send me/how do I get my Partners username?
  – Partners usernames are not sent to students or instructors. Students/Instructors must use the [Partners Password Self-Service](#) link on any Partners computer in order to register (active) his/her account.

• One of my students has a Partners username, does s/he get another one?
  – No. Each student/instructor/employee is assigned a username when s/he is first entered into PeopleSoft. Usernames are unchanging and the same username is used across all Partners sites.

• One of my students can’t login, what do I do?
  – This occurs for 1 of 3 reasons:
    • The student has forgotten/is entering an incorrect password. If this is the case s/he must contact the HelpDesk (617-726-5085) to have his/her password reset.
    • The student did not complete the required training in HealthStream and his/her account has been flagged as delinquent and access has been suspended. If this is the case s/he must login to HealthStream, complete the overdue training(s) and email Jane to let her know once the training is complete.
    • The student is not active in PeopleSoft. If the student has completed all required training (has the student check his/her assignments page in HealthStream) and is 100% certain his/her username and password are correct, email Jane and she will check with MGH Non-Employees to confirm the student is active in the system.
FAQs

• Where do we get access badges?
  – Clinical groups instructors are responsible for picking up their group’s access badges from Wang 242 prior to the first day of clinical, and returning the badges at the end of the rotation.
  – Individually-precepted students should pick up their ID on or prior to the first day on the unit.
    *Excluding IHP Students, who are given badges at the start of their program.

• Where can we have pre-/post-conference?
  – Unfortunately, meeting space is scarce at MGH. Clinical instructors are responsible for finding a place to hold pre-/post-conference, keeping in mind HIPAA when selecting a location. Unless otherwise specified by the unit leadership, conference should take place off of the unit. An empty patient room is never appropriate for conference.
FAQs

• Can I have a student make-up hours with me when I am working in my role as staff nurse at MGH?
  – This decision is made on a case-by-case basis. If a student needs to make up clinical hours, the instructor must first deem the reason for having missed clinical is valid and the area in which the student is going to make up hours is the same or very similar to the floor on which the clinical group rotation is taking place. If both requirements are met, the instructor must contact his/her Nurse Director and Clinical Nurse Specialist for approval (and include Jane in that conversation).

• Why are individuals who are not my students showing up in my cosigner report?
  – Documentation by Nursing and other Health Professions students are part of the same Cosign Report. The student’s Instructor/Preceptor needs to review the Cosign Report carefully and only sign their student’s data. To the right is an example of cosign information that is sorted by student requestor.
A final note…

• **Supervision**
  - Remember, students may not perform any task that requires a licensed professional (ie med administration, assessment, discharge teaching, etc.) without **direct supervision**!

• **Managing Difficult Situations**
  - We thoroughly enjoy hosting students and feel privileged to work with a stellar group of men and women; however, every once in a while, we face challenges. Should any issues related to staff or student misconduct arise, or if objectives are not being met as expected, we ask that you notify PDM and include the faculty overseeing your experience (rather than reaching out to staff directly) as soon as possible so that we can work with the appropriate stakeholders to address the issue. We ask our staff and nursing leadership to do the same as we do not want them to feel responsible for addressing issues related to professionalism/behavior without the appropriate training.