

# **MedStar Health Faculty Orientation Manual**

**2014-2015**



**MedStar Health**

## Table of Contents

<b>Welcome Letter</b>	<b>3</b>
<b>MedStar Health Vision/Mission/Values</b>	<b>4</b>
<b>Student Clinical Experience Agreement Guidelines</b>	<b>5-7</b>
<b>Required Clinical Paperwork and Documentation</b>	
<b>Student Roster</b>	<b>8</b>
<b>Documentation Summary</b>	<b>9</b>
<b>Vaccination Status and Physical Exam Requirements</b>	<b>10</b>
<b>Patient Confidentiality Statement</b>	<b>11</b>
<b>User Confidentiality Agreement &amp; Acknowledgement of Responsibilities</b>	<b>12-14</b>
<b>Nursing Instructor Medication Administration</b>	<b>15</b>
<b>Code of Conduct Attestation</b>	<b>16</b>
<b>Certification of Student Requirements</b>	<b>17-18</b>
<b>Evaluation Forms</b>	
<b>Faculty Evaluation</b>	<b>19</b>
<b>Student Evaluation</b>	<b>20</b>
<b>Staff Evaluation</b>	<b>21</b>
<b>MedStar Health Student Clinical Placement Coordinator Contacts</b>	<b>22-23</b>

# **MedStar Health**

## Affiliating Schools' Faculty Orientation Manual

Welcome to MedStar Health! This manual is intended to facilitate your orientation process at any of the MedStar Health Baltimore clinical facilities.

We are delighted to have you and your students using one of our institutions. We hope that your experience is a good one and welcome feedback and input throughout your clinical rotation.

Please let us know how we can best assist you and your students to make this an optimal learning experience.



## **The MedStar Vision**

The trusted leader in caring for people and advancing health.

## **The MedStar Health Corporate Mission**

To serve our patients, those who care for them, and our communities.

## **The MedStar SPIRIT Values**

### **S**ervice

We strive to anticipate and meet the needs of our patients, physicians, and co-workers.

### **P**atient first

We strive to deliver the best to every patient, every day. The patient is the first priority in everything we do.

### **I**ntegrity

We communicate openly and honestly, build trust and conduct ourselves according to the highest ethical standards.

### **R**espect

We treat each individual, those we serve and those with whom we work, with the highest professionalism and dignity.

### **I**nnovation

We embrace change and work to improve all we do in a fiscally responsible manner.

### **T**eamwork

System effectiveness is built on the collective strength and cultural diversity of everyone, working with open communication and mutual respect.





## MedStar Health Student Clinical Experience Agreement

### GUIDELINES

**Purpose:** To ensure a standardized approach to the Agreement for Nursing Students obtaining Clinical Experience within the MedStar Health Hospitals and other MedStar Affiliates. The MedStar Liaison for Nursing Student Agreements will be responsible for receiving the requests from the educational institutions and processing both the initial and renewal agreements.

### Student Placements

#### Initial Agreements

1. The MedStar Liaison for Nursing Student Agreements will review initial MedStar agreement requests. Regulations of the Maryland Board of Nursing will be followed. When one hospital enters into an agreement with an educational institution, that hospital is responsible for the initiation and preparation of the initial contract.
2. If Agreement is appropriate, the MedStar Liaison for Nursing Student Agreements will produce two copies of the *Agreement for Students Obtaining Clinical Experience within MedStar Health Hospitals*.
3. The Agreements will be signed by the MedStar Liaison for Nursing Student Agreements who will forward both copies of the signed agreements to the educational institutions.
4. The MedStar Liaison for Nursing Student Agreements, upon receipt of the signed agreement, will create an educational institution specific file, update the agreement database and distribute the agreement copies to the appropriate members of the Student Placement Committee.
5. In the event that the educational institution indicates that the wording contained in the agreement needs to be revised, the MedStar Liaison for Nursing Student Agreements will review revisions with the MedStar Legal Department before proceeding with the agreement.

#### Agreement Renewal

1. Signed agreements will be valid for a period of three years from the agreement date specified in the agreement's opening paragraph.

2. The MedStar Liaison for Nursing Student Agreements will review agreements ninety days prior to the expiration date.
3. The MedStar Liaison for Nursing Student Agreements will generate two copies of a renewal agreement.
4. The renewal agreements will be signed by the MedStar Liaison for Nursing Student Agreements and forwarded to the educational institution.
5. An individual with the authority to sign for the educational institution will sign both copies and return one copy to the MedStar Liaison for Nursing Student Agreements, which will be, maintained in the agreement files.
6. The MedStar Liaison for Nursing Student Agreements will update the student program database.

#### *Agreement Cancellation*

1. *The Agreement for Nursing Students Obtaining Clinical Experience within MedStar Health Hospitals* contains a provision that the agreement can be cancelled at any time by either party with 60 days advance notice.
2. In the event that cancellation is desired, the MedStar Liaison for Nursing Student Agreements will notify the educational institution by certified mail, maintaining a copy of the letter and certified receipt in the file.
3. The MedStar Liaison for Nursing Student Agreements will update the student program database and distribute the list to the members of the Student Placement Committee.

#### **Student Clinical Placements**

1. All requests for student clinical placements will be coordinated by the representative of the specific hospital.
2. Clinical group placement requests are made through CAHS (Clinical Assignment Healthcare Students). Practicums are arranged through the Clinical Placement Coordinator if not available through CAHS.
3. Student Clinical Placements will not be reserved or extended to any educational Institution with which the MedStar Liaison for Nursing Student Agreements does not have a valid agreement.
4. Requisite paperwork will be maintained by the Clinical Placement Coordinator of each specific hospital.
5. The Clinical Placement Coordinator from each of the MedStar hospitals will provide the prerequisite paperwork, as identified in the agreement to the clinical instructors.



6. Prerequisite paperwork, as identified in the agreement (including verification of background & drug screen verified by school), will be forwarded to the Clinical Instructor by the Clinical Placement Coordinator from the specific hospital.
7. Instructor's resume will be submitted to the Clinical Placement Coordinator yearly to be kept on file. If the instructor is a new faculty member for the school a resume will be submitted to the Clinical Placement Coordinator one month prior to the start of the clinical rotation.
8. **The Clinical Instructor is responsible for completing and submitting all required paperwork, to include verification that students and clinical faculty have received the flu vaccine, prior to the start of clinical experiences to the Student Placement Committee Representative.**
9. The Clinical Placement Coordinator from the specific hospital will maintain the records of the students assigned to their specific hospital for a period of six years.



MedStar Health

# Student Roster

Please complete and submit this form for each clinical group **PRIOR** to start of the first clinical day.

Name of School: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Phone Number (Home) \_\_\_\_\_

(Work): \_\_\_\_\_

Instructor (Cell) Number \_\_\_\_\_

Clinical Unit: \_\_\_\_\_

Days: \_\_\_\_\_

Hours: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dates: \_\_\_\_\_

<b>Name (PLEASE PRINT)</b>	<b>Signature</b>	<b>Initials</b>
<b>INSTRUCTOR:</b>		
<b>STUDENTS:</b>		
<b>1.</b>		
<b>2.</b>		
<b>3.</b>		
<b>4.</b>		
<b>5.</b>		
<b>6.</b>		
<b>7.</b>		
<b>8.</b>		





Name of School: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Instructor's Initials \_\_\_\_\_

Complete and submit this form before the 1<sup>st</sup> clinical.

Document	Date	Instructor's Initials
<i>Course Objectives</i>		
<i>Current instructor resume on file at hospital</i>		
<i>Instructor and Students' Confidentiality Statement</i>		
<i>MedStar User Confidentiality Agreement Signature Sheet</i>		
<i>Safety, TJC, Infection Control Signature Sheet</i>		
<i>Medication Administration Patient Identification Signature Sheet for Instructors</i>		
<i>MedStar Code of Conduct Attestation Form</i>		
<i>Student Roster</i>		
<i>Background Check &amp; Drug Screen verification submitted to clinical placements coordinator</i>		
Instructor Cerner/MedConnect Training		
Instructor's Orientation to Facility & Unit		
Instructor's Computer Access Code		
Instructor's CPR Card	<b>On file at school</b>	
Instructor's Health Screening – specifics page 10	<b>On file at school</b>	
Instructor's License	<b>On file at school</b>	
Instructor's Mandatory Training/HIPAA-specifics p 10	<b>On file at school</b>	
Instructor's Flu Vaccine for the current year	<b>On file at school</b>	
Students' CPR Card	<b>On file at school</b>	
Students' Health Screening-specifics p10	<b>On file at school</b>	
Students Flu Vaccine Record for Current Year	<b>On file at school</b>	
Students' Mandatory Training/ HIPAA	<b>On file at school</b>	
Students' RN License (RN-BSN or Masters Student)	<b>On file at school</b>	

Revised 6/14



## Vaccination Requirements

**PPD**-Evidence of a negative tuberculin skin test by Mantoux PPD within the twelve (12) months prior to the start date (must be updated annually)

If student has not had a PPD test in the previous twelve (12) months, evidence of a negative two-step PPD is required;

If student's PPD history is positive, University must have on file documentation of a negative chest x-ray performed after identification of the positive PPD. Student is then required to complete an annual questionnaire to identify symptoms of tuberculosis

Proof of immunity to **Measles, Mumps and German Measles** (Rubella) by providing documentation of two (2) MMR vaccines; or two(2) measles, one(1); or rubella and one mumps; or laboratory evidence of immunity. (Persons born before 1957 require documentation of one (1) MMR vaccine

Evidence of a positive history of chicken pox (**varicella**) disease, laboratory evidence of immunity, or documentation of immunization with two (2) doses of chickenpox vaccine.

Documentation of completion of **Hepatitis B**, or if the individual declines the vaccine, a signed statement of declination.

Evidence of **flu vaccine** within specified date

## Physical Examination

A normal physical examination performed once prior to start date as long as the student is continuously enrolled in the program. Components of the physical should include examination of the head, eyes, ears, nose, throat, heart, lungs, abdomen, neurological and musculoskeletal systems



MedStar Health

PATIENT CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, as an enrolled Student or Faculty at \_\_\_\_\_, understand that as Part of my clinical experience at any MedStar affiliated organization (“Affiliate”); I may come in contact with Medical records. I understand that under Maryland law, the unauthorized disclosure of medical record information is unlawful and could subject myself to civil and criminal penalties. I, therefore, pledge to each Affiliate and to MedStar that I will not reveal the name, address or any other pertinent information that exists on any medical record or that I otherwise come in contact with during the course of my clinical experiences.

This one form is sufficient for the instructor’s and student’s printed name and signatures in each clinical group.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Reviewed 7/25/05, 7/13/06, 07/07, 07/08, 5/10, Revised 5/11, Reviewed 6/12, 7/13



MedStar Health

## **User Confidentiality Agreement and Acknowledgement of Responsibilities**

MedStar Health, Inc. and its subsidiaries (collectively, MedStar Health) are committed to the physical, technical and administrative security of its information technology resources. By my signature below, I understand that my access and use of all MedStar Health information technology resources, including but not limited to, access and use of the MedStar Health network, hardware, and software (collectively “systems”) is a privilege and that such access and use are subject to all applicable legal requirements as well as all applicable MedStar Health policies, procedures, and requirements and the applicable policies, procedures, and requirements of the MedStar subsidiary which authorizes my system access and use.

As a condition of my access, I agree to maintain the confidentiality of all MedStar Health confidential business information which I may have the ability to access, including but not limited to, all personnel information, billing and financial information, patient data or medical information, promotional and marketing program information, strategic planning data, business plans, computer passwords/access rights, privileged materials, trade secrets, intellectual property, and other proprietary information relating in any way to MedStar Health.

I further understand and agree that even though I may be granted access to systems which contain large quantities of data as part of my job responsibilities or role within MedStar (“Role-Based Access”), I am only permitted to access, use, disclose specific information as necessary to perform my job function or complete my responsibilities. I understand this means that I am not permitted to access or use any component of the system if I do not have a legitimate professional need to have such access and it is my responsibility to terminate access to any systems I do not need.

In addition, I understand that I am only permitted to access, use and disclose information from the system and its components, or its connected systems, if it is for a purpose permitted under applicable laws and policies (“Purpose-Based Access”). I understand this means that even if when my role would permit me to have access to the system, I am only permitted to access, use, or disclose the information if it is for an authorized and permissible purpose.

I understand that these obligations apply whether the information is held in electronic or any other form, and whether the information is used or disclosed electronically, orally, or in writing.

**Acknowledgement of Responsibilities.** I understand and agree that:

### *Administrative, Technical, and Physical Safeguards*

The User ID and Password assigned to me are unique and non-transferable and that I will not share my User ID or password with any other individual, permit another person to

perform any functions while logged into a system under my User ID or Password, nor will I perform any function using a system under another person’s User ID or Password. I will take appropriate measures to protect my User ID and Password and that I am responsible for all information accessed, used, or altered with the use of my User ID and Password.

I understand that my approved access and use of MedStar's systems is limited to only those systems necessary to perform my job duties or as permitted because of my role (User Confidentiality Agreement and Acknowledgement of Responsibilities page 2) and that I must request deactivation of any systems not necessary to perform my duties or responsibilities.

I agree to logoff the system when I leave a workstation and to take such other reasonable steps as are necessary to maintain the physical security of my workstation to ensure that unauthorized persons cannot view or access any confidential, proprietary, or identifiable patient information that I may have access to by virtue of my responsibilities or access rights. I understand that my approved access and use may be actively recorded, monitored, and/or audited without prior notice (including Internet and e-mail account usage) and that MedStar Health reserves the right to monitor, review, and record individual user system activities (including, but not limited to, the use of personal e-mail accounts). MedStar Health may permit other business partners or law enforcement to monitor, uses, or record such information as permitted or required by law.

### Acceptable Uses and Disclosures

I agree that acceptable use of MedStar Health systems and the disclosure of information from those systems include only those activities which foster's MedStar Health's clinical, research, educational, and business purposes in a manner which promotes the vision, mission and values of MedStar Health and are consistent with MedStar's Code of Conduct and legal requirements.

I agree to access, use, or disclose system information only in the performance of my duties, where required by or permitted by law, and only to persons who have the right to receive that information.

I agree that I will not copy, download, print, transmit information in any format, for myself or for any other person, except as I am required to fulfill my responsibilities.

When using or disclosing information, I will use or disclose only the minimum information necessary.

I understand that prohibited uses of MedStar's systems (including e-mail and Internet use) include, but are not limited, to any use that:

- Involves illegal activity or threatens MedStar, its users, or its systems in any way,
- Interferes with the acceptable use of other MedStar users,
- Is in violation of any MedStar Health policy, procedure or requirements.

I understand that acceptable personal uses of MedStar systems (including e-mail and Internet use) are severely limited to Activities:

- Incidental to an acceptable MedStar business use (such as coordinating work and family schedules),
- That do not cause MedStar to incur additional expenses or interfere with my productivity, or any other clinical or business activities,
- That does not violate any MedStar policies, procedures or requirements.



Training and Education

I understand that system education and training may be mandatory for each system accessed and that it is my responsibility to fulfill all mandatory training and education requirements necessary for my role as a condition of my system access.

Reporting Requirements

I agree to immediately notify my supervisor and the MedStar Health Information Systems Security Office via the Help Desk (1-410-933-HELP)

If I suspect that someone has gained unauthorized access to my User ID or Password.

If any hardware or software used to access MedStar systems is lost or stolen.

**By my signature I understand and agree that my rights to access and use MedStar’s system may be immediately terminated without further notice for breaching any terms of this agreement and that such a breach may result in personal liabilities, including but not limited to (as applicable): disciplinary actions up to and including termination of employment, loss of professional privileges, criminal prosecution, civil litigation, referral to appropriate law enforcement authorities, referral to regulatory or licensure authorities, or other remedies as deemed appropriate by MedStar Health.**

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_

Print Name \_\_\_\_\_ Signature/Date \_\_\_\_\_  
(Instructor)

School Name \_\_\_\_\_

**To: All Nursing Instructors**  
**Re: Medication Administration / Patient Identification Signature Sheet**

Thank you for choosing MedStar for your clinical rotation. We know you have a choice in where you teach your clinical rotations, and we're pleased that you've chosen to share your time, talent and expertise with your students here.

At MedStar we strive to provide our patients with the very best and safest of care. It has been brought to our attention that the area of **medication administration** has been identified as being an area where errors can occur even though nursing students receive close supervision by their instructors. In order to minimize this possibility we require the following:

- that you and your students are familiar with our patient identification policy.
- that the patient identification policy is followed every time a medication is administered
- that you and your students are familiar with our medication administration policies and high alert medications. It is our policy that medications are administered within 30 minutes of ordered time. Actual administration time must be documented
- **Instructors must administer medications with their students and confirm patient identification.**
- when administering medications, the eMAR is taken to the bedside for all patients except those on isolation
- Student will utilize the hand held to administer meds. Instructor must witness in CareMobile and verify on the eMAR in order for it to be shown as given.
- if the patient is on isolation, a patient identification label will be taken into the room after it is checked with the MAR outside of the patient room. The label is discarded after medication administration (torn and placed in sharps container).
- that medications for only 1 patient at a time are removed from the Pyxis and given before the next one is removed.
- that you remain with the student administering medication **throughout the entire process** (including seeing patient swallow meds)
- that you remain in constant communication with the MUMH nurse that has been assigned to your patients

This document is intended to reinforce and clarify patient safety expectations at MedStar. Please don't hesitate to ask questions or request assistance. We are striving toward a mutually rewarding relationship. We consider you and your students a welcomed and important part of the patient care team.

---

Signature of Nursing Instructor

Date

By signing this document I acknowledge receipt, understanding and willingness to comply with this information.

All MedStar Nursing Policies may be found online on the starport page

Patient Identification and Medication Administration Policies are included in this manual.

Please ask for assistance if you have any problems accessing this information (Revised 6/12,7/13, 7/14)



# MedStar Health

## *Code of Conduct Attestation*

**Submit before the 1<sup>st</sup> clinical.**

**Name of School:** \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_ Instructor's Initials \_\_\_\_\_

By signing this form, I acknowledge that I have reviewed, read, understood and will abide by the MedStar Code of Conduct. Failure to adhere to the Code of Conduct is a requirement and failure to adhere can result in disciplinary action up to and including termination of employment and/or affiliation

Signature	Date



## Certification of Student Requirements

This completed form must be signed by the appropriate College representative and be returned to the Clinical Placement Coordinator from the entity facilitating clinical experience at least fourteen (14) days prior to the start of the student's clinical experience.

1. The college has notified the student listed on spreadsheet that they should have health insurance and in the event of a Student accident, illness or injury the cost of treatment must be borne by the Student or the Student's health insurance agency. The listed students are in compliance with the Health Screening and Documentation Requirements listed on Attachment D.
  
2. A criminal background check covering the prior seven (7) years was completed on (enter date on spreadsheet). The records indicate that the student has never been convicted of any of the following offenses:
  - a. Murder
  - b. Arson
  - c. Assault, battery, assault and battery, assault with a dangerous weapon, mayhem or threats to do bodily harm
  - d. Burglary
  - e. Robbery
  - f. Kidnapping
  - g. Theft, fraud, forgery, extortion or blackmail
  - h. Illegal use or possession of a firearm
  - i. Rape, sexual assault, sexual battery, or sexual abuse
  - j. Child abuse or cruelty to children
  - k. Unlawful distribution, or possession with intent to distribute, a controlled substance
  
3. A ten (10) Panel non-DOT Drug Test was performed on (enter date on spreadsheet) and the results are negative.



# Certification of Student Requirements

Area of Clinical Field Work: \_\_\_\_\_

Start Date of Clinical Experience: \_\_\_\_\_

Student Name	Criminal Background Check Date	Negative Nine (9) Panel non DOT Drug Test Date

I attest that the student(s) on the above spreadsheet have fulfilled the above requirements and that all documentation evidencing the above information is kept on file at the College and will be made available to MedStar Entity upon request.

\_\_\_\_\_  
 (Signature of College representative) Date

(Reviewed 7/11, 7/14)





### Faculty Evaluation of Clinical Experiences

Name of School: \_\_\_\_\_ Instructor: \_\_\_\_\_

Hospital: MFSH \_\_\_ MGSB \_\_\_ MHH\_\_\_ MUMH\_\_\_

Unit: \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_

Hours: \_\_\_\_\_ Semester & Year: \_\_\_\_\_

We want to thank you for your time and efforts in working with the students in the provision of care to our patients during their clinical rotation. We hope this experience exceeded your expectations and provided your students with a great learning experience. We are interested in your comments and feedback about your experience here. Please take a few minutes and complete the following questionnaire and return it to the Student Placement Coordinator at the site/facility of your clinical experience. Your feedback is important to us. **Thank you!**

- 1. The clinical experiences contributed to meeting student/faculty goals.  Yes  No
- 2. The staff demonstrated open, professional behavior.  Yes  No
- 3. The staff demonstrated competence in meeting patient care needs.  Yes  No
- 4. The student orientation to hospital and patient care area was effective.  Yes  No
- 5. The unit operations were organized.  Yes  No
- 6. The unit manager was available when needed.  Yes  No

7. What resources at our hospital were helpful in meeting your goals?

8. What additional resources may have augmented the student experiences?

9. Recommendations to improve clinical experiences:

10. Other comments:



Student Evaluation of Clinical Experiences

We want to thank you for your time and efforts in providing care to our patients during your clinical rotation. We hope this experience exceeded your expectations and provided you with a great learning experience. We are interested in your comments and feedback about your rotation here. Please take a few minutes and complete the following questionnaire. Your feedback is important to us. Thank You!

School: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Hospital: MFSH\_\_\_ MGSH\_\_\_ MHH \_\_\_ MUMH \_\_\_

UNIT: \_\_\_\_\_ SHIFT: \_\_\_\_\_

Table with 6 columns: Factors, Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. Rows include criteria like 'Unit operations were organized', 'Resources were readily available', 'Personnel were friendly', 'Personnel were eager to assist', 'The experience obtained was beneficial to my education', and 'Level of patient care required was appropriate to my level of ability'.

Would you consider this institution as a future employer? \_\_\_ Yes \_\_\_ No

If no, please explain:

Two horizontal lines for providing an explanation.



### Staff Evaluation of Clinical Experiences

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

Unit: \_\_\_\_\_

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

Semester: \_\_\_\_\_

We want to thank you for your time and efforts in working with students during their clinical rotation here at \_\_\_\_\_ Hospital. Knowing that the students of today will be the expert caregiver of tomorrow, we hope you appreciate the importance of your input into their clinical growth and development. We are interested in your comments and feedback about your experiences with the students on your unit. Please take a few minutes to complete the following questionnaire and return it to the Clinical Placement Coordinator in the facility you are utilizing. Your feedback is important to us. **Thank you!**

1. Were the students able to articulate their learning needs?  Yes  No

Comments:

2. Were the students adequately prepared for clinical activities/responsibilities?  Yes  No

Comments:

3. Did the faculty provide you with information regarding student competencies?  Yes  No

Comments:

4. Was faculty available to student/staff when needed?  Yes  No

Comments:

5. Did students display initiative and professionalism during clinical experience?  Yes  NoComments:

6. Recommendations to improve clinical experiences for students and staff:

7. Other comments:

Reviewed: 7/13, 7/14



**MedStar Health**

**MedStar Health  
Clinical Placement Coordinators**

**1. MedStar Franklin Square Hospital Center:**

**Joann Kerschner MS, RN  
Director of Nursing Services  
MedStar Franklin Square Hospital  
9000 Franklin Square Drive  
Baltimore, Maryland 21237  
443-777-6380  
Email: [joann.kerschner@medstar.net](mailto:joann.kerschner@medstar.net)**

**2. MedStar Good Samaritan Hospital:**

**Joy Burke, MSN, RN-CCRN  
Education Specialist  
MedStar Good Samaritan Hospital  
5601 Loch Raven Boulevard  
Baltimore, MD 21239  
Phone: 443-444-5790  
Fax: 443-444-4250  
Email: [joy.burke@medstar.net](mailto:joy.burke@medstar.net)**

**Corinne Weigand  
Administrative Liaison  
Nursing Staff Development  
MedStar Good Samaritan Hospital  
5601 Loch Raven Boulevard  
Baltimore, MD 21239  
Phone: 443-444-4705  
Fax: 443-444-4250  
Email: [corinne.m.weigand@medstar.net](mailto:corinne.m.weigand@medstar.net)**

**3. MedStar Harbor Hospital Center:**

**Denise Schreiner, MSN, RN, CCRN, NEA-BC**  
Service Excellence Coordinator  
Patient Representative  
Clinical Placement Coordinator  
Medstar Harbor Hospital  
3001 South Hanover Street  
Baltimore, MD 21225  
Phone: 410- 350-3487  
Fax: 410-350-3484  
E-mail: [denise.schreiner@medstar.net](mailto:denise.schreiner@medstar.net)

**Joan Sullivan, MSN, MAS, RN, CWOCN**  
Education Specialist  
Wound/Ostomy/Continence Nurse  
NICHE Coordinator  
MedStar Harbor Hospital  
3001 S. Hanover Street  
Baltimore, MD 21225  
Phone: 410-350-2618  
Pager: 410-932-7312  
Fax: 410-350-2054  
E-mail: [joan.sullivan@medstar.net](mailto:joan.sullivan@medstar.net)

**4. MedStar Union Memorial Hospital:**

**Kathleen Sullivan, MS, RN-BC**  
Director, Nursing Education/Development  
MedStar Union Memorial Hospital  
201 E. University Parkway  
Baltimore, MD 21218  
Phone: 410-554-2530  
Fax: 410-554-2459  
E-mail: [kathy.sullivan@medstar.net](mailto:kathy.sullivan@medstar.net)

**Lola Kropkowski BSN, RN-BC**  
Nursing Education Specialist  
Clinical Placement Coordinator  
MedStar Union Memorial Hospital  
201 E. University Parkway  
Baltimore, MD 21218  
Phone: 410-554-24893  
Fax: 410-554-2459  
Email: [lola.kropkowski@medstar.net](mailto:lola.kropkowski@medstar.net)

**Evelyn Lugo**  
Administrative Coordinator  
Nursing Education Department  
MedStar Union Memorial Hospital  
201 East University Parkway  
Baltimore, MD 21218  
Phone: 410-554-2746  
Fax: 410-554-2459  
E-mail: [evelyn.lugo@medstar.net](mailto:evelyn.lugo@medstar.net)