



**Knox County Schools**

**Clinical Internship  
Coordinator**

**Handbook  
2020-2021**

# Knox County Schools

## Clinical Internship Coordinator Handbook

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### Tests

- Personal and Professional Qualities of a Healthcare Worker :Required Clinical Exam  
----- Page 18
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# Work-Based Learning: Clinical Internship & Nursing Education

## Health Science Placements

Districts that are interested in operating a health science work-based learning (WBL) program through either the [Clinical Internship](#) or [Nursing Education](#) courses must comply with the [WBL Framework](#) guidelines established in the state board's [High School Policy 2.103](#). The standards for both courses are designed to be more specific to healthcare than the overall standards for the [WBL: Career Practicum](#) course. However, educators teaching both [Clinical Internship](#) and [Nursing Education](#) must have a current WBL certificate issued by the Tennessee Department of Education (the "department") and are responsible for following the rules and regulations governing WBL experiences.

The department provides a [Personalized Learning Plan](#) template to ensure compliance with the [WBL Framework](#), state and federal Child Labor Law, and department policies, which must be used for students participating in both [Clinical Internship](#) and [Nursing Education](#). Teachers of these courses are responsible for following policies outlined in the [WBL Policy Guide](#) and staying up-to-date with annual changes to these policies, which will continue to be posted to the department's website: [http://tn.gov/education/cte/work\\_based\\_learning.shtml](http://tn.gov/education/cte/work_based_learning.shtml).

## Required Documentation

In addition to the required WBL documentation outlined in the [WBL Policy Guide](#), the following documentation must also accompany any clinical internship student's paperwork. There may be additional requirements from a given clinical site (such as orientation documentation), which would be in addition to the requirements below, if deemed necessary for a given placement.

- Exposure Control Plan
  - There is not an official form for exposure control plans; however, a tool for covering exposures students may encounter can be found online at [www.osha.gov](http://www.osha.gov).
    - [OSHA Sample Exposure Control Plan](#)
    - [OSHA Blood-Borne Pathogens Exposure Control Plan](#)
- Current Student Immunization Record
  - Up-to-date record of all immunizations
  - Hepatitis B (HBV) is required prior for placement for students expected to have patient contact.
  - Current Tuberculosis (TB) skin test results
- Documentation of Current Student Physical (conducted within the past year)
- Documentation of Student Insurance
  - Health insurance
  - Malpractice insurance: Students may be given an opportunity for individual or blanket malpractice insurance through the school district.
  - If they drive a car, they must have car insurance.
  - NOTE: WBL students are not eligible for unemployment insurance.

All required documentation must be kept on record, secured for confidentiality, either in physical form or digitally for seven (7) years.

## Required Student Training

Safety trainings provided in the classroom, as well as any provided onsite, must be documented in the student's required [Safety Training Log](#), which is included in the [Personalized Learning Plan](#), per WBL policies. The below trainings must be completed, and documented, before entering a healthcare facility for placement.

- Universal Precautions and OSHA standards (at 100 percent accuracy)
- Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR) Certification
- Basic competency in the following:
  - Basic First Aid
  - Body Mechanics
  - Standard Precaution Guidelines
  - Confidentiality

## Governing Regulations

Educators with students in healthcare WBL placements through *Clinical Internship* and *Nursing Education* must be familiar with the following governing rules, regulations, laws, and policies:

- [Tennessee State Board of Education's WBL Framework](#)
- [Tennessee Child Labor Laws](#)
- [Tennessee Standards for Hospitals](#)
- [Bureau of Health Licensure and Regulation Board for Licensing Health Care Facilities Division of Health Care Facilities](#)
- All State and Federal regulations for healthcare facilities and training programs including:
  - *Clinical Internship*:
    - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
      - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
      - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
      - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
    - [Elder Justice Act](#)
    - [Occupational Safety and Health Administration \(OSHA\) regulations for healthcare facilities](#)
  - *Nursing Education*
    - [Omnibus Budget Reconciliation Act \(OBRA\) of 1987](#)
      - [Federal Nurse Aide Training and Competency Regulations](#)
      - [TN Department of Health Nurse Aide Training and Competency Evaluation Standards](#)
    - [Health Insurance Portability and Accountability Act \(HIPAA\) including:](#)
      - [The Health Information Technology for Economic and Clinical Health Act \(HITECH\)](#)
      - [The Genetic Information Nondiscrimination Act of 2008 \(GINA\)](#)
      - [Patient Safety and Quality Improvement Act of 2005 \(PSQIA\)](#)
    - [Patient Protection and Affordable Care Act \(PPACA\)](#) Subtitle H is titled Elder Justice Act, and the provisions found in U.S. Code § 6701-6703
      - [Elder Justice Act](#)
      - [Reporting Reasonable Suspicion of A Crime in a LTC Facility](#): Section 1150B of the Social Security Act
    - [Occupational Safety and Health Administration \(OSHA\) regulations for Long Term Care: Nursing Home e-Tool](#)

	Clinical Internship	Nursing Education
<b>Teacher Licensure and Endorsement</b>	577, 720	577 Must be a Registered Nurse with a minimum of 2 years of nursing experiences, at least 1 year of which must be in a long term care (LTC) facility.*
<b>Required Training</b>	<ul style="list-style-type: none"> <li>• Current WBL Certificate</li> <li>• Prior to teaching first time, must attend <a href="#">Clinical Internship</a> training provided by the department</li> </ul>	<ul style="list-style-type: none"> <li>• Current WBL Certificate</li> <li>• Prior to teaching first time, must attend <a href="#">Nursing Education</a> training provided by the department</li> </ul>
<b>Recommended Training &amp; Resources</b>	N/A	<ul style="list-style-type: none"> <li>• Certified Nursing Assistant (CNA) Instructor Workshop provided by <a href="#">D&amp;S Diversified Technologies LLP</a></li> <li>• <a href="#">CNA Handbook</a> published by D&amp;S Diversified Technologies LLP contains useful resources, equipment lists and skills lists</li> </ul>
<b>Student Teacher Ratio</b>	15 to 1	15 to 1
<b>Age Restrictions</b>	Students must be 16 years of age	Students must be 16 years of age
<b>Placements</b>	Rotation thru various departments at a hospital or standalone clinical site to observe employees providing direct patient care	Long Term Care (LTC) clinical rotation at a Nursing Home or Hospital LTC unit
<b>Credits</b>	1 to 4	1
<b>Programmatic Requirements</b>	Same as outlined in the <a href="#">WBL Policy Guide</a> .	In order for students to qualify for the nursing assistant certification examination, the training program must be approved at least 30 days before the first day of class by the Tennessee Department of Health Nurse Aide Training program staff. For a full list of program requirements, see <a href="#">Federal Law §483.152 Requirements for approval of a nurse aide training and competency evaluation program</a> and <a href="#">State of Tennessee 1200-08-06-.15 Nurse Aide Training and Competency Evaluation</a> . To become a training site, you will also need to complete the Test Site Agreement on <a href="#">D&amp;S Diversified Technologies LLP website</a> .
<b>Required Hours</b>	Same as outlined in the <a href="#">WBL Policy Guide</a> .	<ul style="list-style-type: none"> <li>• Federal classroom hour requirement prior to patient contact: 16</li> <li>• Total Federal program hour requirement: 75</li> <li>• TDOE Classroom hour requirement: <ul style="list-style-type: none"> <li>○ 40 clock hours of classroom instruction</li> <li>○ 20 hours of classroom practical training in a laboratory</li> </ul> </li> <li>• TDOE Clinical hour requirement: <ul style="list-style-type: none"> <li>○ 40 clinical hours, 24 of which must be in a long-term care facility</li> </ul> </li> </ul>

**Knox County CTE**  
**Clinical Internship (5993) Course Description**

Course Description: Clinical Internship is a capstone course and Work-Based Learning experience designed to provide students with real-world application of skills and knowledge obtained in a pre-requisite Health Science course. Upon completion of this course, proficient students may be able to pursue certification in the pre-requisite course of Cardiovascular Services, Exercise Science, Medical Therapeutics or Pharmacological Science. Prior to beginning work at a clinical site, students must be certified in Basic Life Support (BLS) Cardiopulmonary Resuscitation (CPR), and deemed competent in basic first aid, body mechanics, Standard Precaution guidelines, and confidentiality.

Note: Student to teacher ratio for this course is **15:1** in a clinical setting.

Work-Based Learning Framework: Clinical experiences must comply with the Work-Based Learning Framework guidelines established in SBE High School Policy 2.103. The TDOE provides a Personalized Learning Plan template to ensure compliance with the Work-Based Learning Framework, state and federal Child Labor Law, and Tennessee Department of Education (TDOE) policies, which must be used for students participating in WBL opportunities.

Additionally, this course must be taught by a Health Science teacher with an active WBL Certificate issued by the Tennessee Department of Education (TDOE), completed the 4 hour clinical internship TDOE training, and follow policies outlined in the Work-Based Learning Policy Guide available online at <https://www.tn.gov/education/career-and-technical-education/work-based-learning.html>

Guidelines:

1. Clinical students will need to be given ALL clinical paperwork by the end of the school year or prior to the semester that the internship starts. This is so the student's paperwork and medical visits\* can be completed by the beginning of the course.  
\*Medical Visits=physical, immunizations/records, Tuberculosis (TB) Skin Test, Flu Shot (if required by site), etc. (see guidelines #3 & 4 for more information).
2. Clinical contracts should be sent to each clinical site and signed by the appropriate personnel in the month of May prior to the new school year, so that those may be turned in to the CTE Facilitator by the end of the school year. Be sure the dates of the contracts reflect the upcoming school year. \*Clinical contracts may be obtained from your Knox County CTE Facilitator.

3. Students will need to have a physical exam by a primary care provider which will cover them through the internship school year. If students have had a sports physical on or after May 15th of the previous school year, this may count for the physical exam. Documentation of the physical must be given to the instructor.

4. A copy of the student's immunization record must accompany the clinical paperwork. Students must show documentation of receiving the Hepatitis B series. If a student is/was unable to have the Hepatitis B series, documentation from a physician will be needed.

TB Skin Test: ALL students must receive a current TB skin test with results read and documented within 48-72 hours of being given the test.

\*Flu Shot: some clinical sites may require a student to have a current influenza vaccination prior to the internship.

5. Students will need to provide current copies of the following to their instructor:

- Driver's License
- Automobile Insurance
- Medical Insurance

ALL cards must be CURRENT and NOT EXPIRED! If cards will expire during the internship, the student MUST provide an updated copy.

6. Clinical Internship/Work Based Learning transportation agreement must be signed and on file at the school prior to the student interning at the clinical site. Student and/or parents/guardians are responsible for providing transportation to and from the clinical site. In accordance with Knox County policy no student may ride with another student or instructor to or from clinical sites during this course.

7. Clinical uniform colors are at the discretion of the clinical instructor. **Helpful Tip:** Choose a solid color. Students will be given information prior to the school year. All students should be professional in dress and limit jewelry. No cologne or perfume should be worn to the clinical sites. Shoes should be closed toe.

**8.** Name badges should be made for each clinical student. These are to be worn at ALL TIMES while the student is at the clinical site. The name badge should have the students' name, school, school year, and class. If possible, it is recommended to also have a photo of the student on the I.D. In some instances, yearbook staff or faculty may be able to assist with making student I.D.

9. The exposure control plan and medical release form must be completed, notarized, and signed by the student and parent.

10. After clinical assignments have been determined, the Work Based Learning paperwork will need to be completed with each student. Copies of their completed Work Based Learning paperwork WITH ALL SIGNATURES should be on file at the base school and at the clinical site (see Work Based Learning section).

11. Under no circumstances should any photographs/videos be taken at the clinical site at any time due to HIPPA and Confidentiality.

12. No student is allowed to enter the clinical site until ALL the above guidelines are met.



## Curriculum Map/Pacing Guide

**Semester/Year:** \_\_\_\_\_

**Course: (Clinical Internship) 5993**

	<b>4 ½ weeks</b>	<b>4 ½ weeks</b>	<b>4 ½ weeks</b>	<b>4 ½ weeks</b>
<b>CONTENTS</b>	<ul style="list-style-type: none"> <li>● 1. Standard Precautions – 2</li> <li>● 2. Ethnic/Culture – 3, 10,15</li> <li>● 3. Safety/Body Mechanics – 2</li> <li>● 4. Patient Rights – 6</li> <li>● 5. Communications &amp; Documentation – 9,13</li> <li>● 6. Vital Signs – 14</li> <li>● 7. Law &amp; Ethics – 8</li> <li>● 8. Health Care Services – 3</li> <li>● 9. Quality Assurance – 6</li> <li>● 10. Confidentiality/HIPAA -7</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Medical Terminology – 9</li> <li><input type="checkbox"/> 2. Medical Math – 1</li> <li><input type="checkbox"/> 3. Anatomy and Physiology – 1</li> <li><input type="checkbox"/> 4. Problem Solving – 4</li> <li><input type="checkbox"/> 5. Patient Care (Rotation Sites) – 4,5,6,8</li> <li><input type="checkbox"/> 6. Patient Care Plan – 18</li> <li><input type="checkbox"/> 7. Personal Learning Plan – 1</li> <li><input type="checkbox"/> 8. Clinical Placement – 4,5</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Medical Terminology – 9</li> <li><input type="checkbox"/> 2. Anatomy and Physiology – 1</li> <li><input type="checkbox"/> 3. Problem Solving – 4</li> <li><input type="checkbox"/> 4. Patient Care (Rotation Sites) – 4,5,6,8</li> <li><input type="checkbox"/> 5. Personal Learning Plan - 1</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Employment Skills – 10,11,16,17</li> <li><input type="checkbox"/> 2. Medical Terminology – 9</li> <li><input type="checkbox"/> 3. Anatomy and Physiology – 1</li> <li><input type="checkbox"/> 4. Problem Solving – 4</li> <li><input type="checkbox"/> 5. Patient Care (Rotation Sites) – 4,5,6,8</li> <li><input type="checkbox"/> 6. Personal Learning Plan - 1</li> <li><input type="checkbox"/> 7. Portfolio – 12, 18</li> </ul>
<b>SKILLS</b>	<ul style="list-style-type: none"> <li>● 1. Handwashing</li> <li>● 2. Isolation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Patient Care</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Patient Care</li> </ul>	<ul style="list-style-type: none"> <li>● 1. Write resume' &amp; Cover letter</li> <li>● 2. Patient Care</li> </ul>
<b>ASSESSMENT</b>	<ul style="list-style-type: none"> <li>● 1. Tests</li> <li>● 2. Return Demonstrations</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Task Sheets</li> <li><input type="checkbox"/> 2. Evaluation Forms</li> <li><input type="checkbox"/> 3. Tests</li> </ul>	<ul style="list-style-type: none"> <li>● 1. Task Sheets</li> <li>● 2. Evaluation Forms</li> <li>● 3. Tests</li> </ul>	<ul style="list-style-type: none"> <li>● 1. Task Sheets</li> <li>● 2. Evaluation Sheets</li> <li>● 3. Tests</li> <li>● 4. Resume' &amp; Cover letter</li> <li>● 5. Personal Learning Plan</li> <li>● 6. Portfolio</li> </ul>
<b>WRITING</b>	<ul style="list-style-type: none"> <li>● 1. Work sheets</li> <li>● 2. Question &amp; Answers</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Rotation Notes</li> </ul>	<ul style="list-style-type: none"> <li>● 1. Rotation Notes</li> </ul>	<ul style="list-style-type: none"> <li>● 1. Rotation Notes</li> <li>● 2. Resume' and Cover letter</li> <li>● 3. Personal Learning Plan</li> </ul>

## Application for Clinical Internship/Nursing Education/Capstone Courses

Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Check which clinical experience you are applying for:**

Nursing Education \_\_\_\_\_ Clinical Internship \_\_\_\_\_ EMS \_\_\_\_\_ Other  
Capstone Course \_\_\_\_\_

**Academic Information - GPA:** \_\_\_\_\_

Please list all Health Science classes that you have completed and grade in each:

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**Have you ever been involved in a disciplinary action?**

Yes                      No

\*If yes, please explain in detail the nature of the action, teacher involved and intervention taken.

\_\_\_\_ Please read over the Clinical/Nursing Education Information sheet with your parent(s).

\_\_\_\_ Please complete essay and attach to application.

\_\_\_\_ Please complete Teacher Recommendation Sheet and attach to application.

I am applying for a position in Nursing Education/Clinical Internship/Capstone Course and I understand and the expectations and requirement of the course.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Clinical Internship Essay:** In addition to completing the basic clinical internship application, students are required to compose an essay and submit it to their instructor. Failure to turn in the completed essay in a timely manner will result in the student being eliminated from the application process.

(print essay instructions and give to students)

## **Clinical Internship Essay Requirements**

(School Name)  
Clinical Internship  
(Year)  
(Instructor Name)  
(Room #)

**Who: Potential Clinical Students**

**What: Clinical Paper – Two typed pages, MLA format, 12 point Times New Roman font (will not accept written paper)**

**When: (insert \_\_\_\_\_ date) \*late papers will not be accepted**

**Why: Completed application on file reflecting an interest in the program for (insert \_\_\_\_\_ semester/year)**

Each student is required to write a two page paper as part of their Clinical application. Your paper should be in MLA format. In no other part of the paper should your name appear. The following information should be addressed in the paper:

- Why do you desire to take the Clinical Internship class?
- Do you think this class would benefit you? How?
- What medical careers are you considering? Why?
- What Colleges/Universities are you considering? Why?
- Do you have family members who work in a career related to medicine? Family friend? (remember, no names)
- Is there anyone in the field of medicine whom you admire? Why?

## Clinical Internship Teacher Recommendation

Student Name \_\_\_\_\_

In Clinical Internship, students will be observing and working with healthcare professionals in a wide variety of fields while representing \_\_\_\_\_ school. Eligibility for a clinical intern is based on their excellence in attendance/tardiness, discipline record, scholastic success and a teacher recommendation. The above student is applying for this opportunity. This recommendation is part of the application process.

**Please check the appropriate space and return to (teacher's name) mailbox by (\_\_\_\_\_ date).**

**Please rate the student (5=Excellent and 1=Poor) for each section below:**

**Personal characteristics:** relates well with students, instructors, and others, shows respect and is cooperative.

5 4 3 2 1

Comments \_\_\_\_\_

**Dependability:** demonstrates regular attendance, punctuality, adherence to schedules and deadlines.

5 4 3 2 1

Comments \_\_\_\_\_

**Work attitude:** demonstrates willingness to learn, willingness to accept and profit from evaluation, enthusiastic, takes pride in work.

5 4 3 2 1

Comments \_\_\_\_\_

**Communication:** demonstrates listening, speaking and non-verbal skills, communicates effectively with teachers, students and others.

5 4 3 2 1 Comments \_\_\_\_\_

**Personal Hygiene and Grooming:** attends to personal health and cleanliness, dresses and maintains self appropriately.

5 4 3 2 1 Comments \_\_\_\_\_

Teacher's Signature/Date \_\_\_\_\_

*Recommendations will be from 3 current teachers (2 academic, 1 elective).*

## Clinical Internship Checklist

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

1. \_\_\_\_\_ Health Science Education Physical Forms 1-4 with signatures
    - a. \_\_\_\_\_ Page 1 – Clinical Responsibilities
    - b. \_\_\_\_\_ Page 2 – Physical Exam
    - c. \_\_\_\_\_ Page 3 – Confidentiality Agreement/Understanding of Consequences
    - d. \_\_\_\_\_ Page 4 – Clinical Experience Contract/HBV/Transportation
  2. \_\_\_\_\_ Work-Based Learning Student Driving Permission Guidelines and Agreement Form with Signatures
  3. \_\_\_\_\_ Copy of Student's driver's license
  4. \_\_\_\_\_ Copy of automobile insurance
  5. \_\_\_\_\_ Copy of medical insurance card
  6. \_\_\_\_\_ Parents provide transportation form
  7. \_\_\_\_\_ Copy of CPR/BLS card
  8. \_\_\_\_\_ Copy of immunization record
    - a. \_\_\_\_\_ MMR
    - b. \_\_\_\_\_ DPT
    - c. \_\_\_\_\_ Hepatitis B
    - d. \_\_\_\_\_ Hepatitis B Vaccine Form
    - e. \_\_\_\_\_ Varicella (if student has not had chicken pox)
    - f. \_\_\_\_\_ TB Test (with results read and signed by healthcare professional)
    - g. \_\_\_\_\_ Flu Vaccine (with health provider signature, lot number and state administered)
  9. \_\_\_\_\_ KCS Medical Release Form (signed and notarized in the presence of a Notary Public and not beforehand)
  10. \_\_\_\_\_ Exposure Plan Form (signed and notarized in the presence of a Notary Public and not beforehand)
  11. \_\_\_\_\_ KCS AV Agreement
  12. \_\_\_\_\_ HIPPA and Confidentiality Exam (student must pass with 100%)
  13. \_\_\_\_\_ Safety/Fire Safety/Body Mechanics Exam (student must pass with 100%)
  14. \_\_\_\_\_ Personal and Professional Qualities of a Healthcare Work Exam (student must pass with 100%)
  15. \_\_\_\_\_ OSHA/Blood borne Pathogens Exam (student must pass with 100%)
  16. \_\_\_\_\_ Legal/Ethical Test (student must pass with 100%)
  17. \_\_\_\_\_ [TN Work Based Learning Hazardous Occupation Exemption Form](#)
  18. \_\_\_\_\_ [TN Work Based Learning Safety Training Log](#)
  19. \_\_\_\_\_ [TN Work Based Learning Insurance and Emergency Information Form](#)
  20. \_\_\_\_\_ [TN Work Based Learning Agreement](#)
- (\*Blue forms are State Work Based Learning Forms)

## Tips and Reminders

- Students MUST complete the following prerequisites (earning a “C” or higher) before taking Clinical Internship:
  - Health Science Education
  - Anatomy and Physiology
  - At least ONE of the following: Cardiovascular Services, Dental Science, Diagnostic Medicine, Emergency Medical Services, Exercise Science, Medical Therapeutics, Nutrition Science and Diet Therapy, Pharmacological Science, or Rehabilitation Careers
- Students can only attend clinical sites with careers that they have covered in one of the health science classes listed above (ex: in order for a student to attend a rehab facility with a physical therapist, the student must have taken Rehab Careers)
- Prerequisites must be completed PRIOR to the student starting this course
- Students MUST have and maintain a 90% attendance rate
- Students MUST be on track to graduate
- Entry to clinical internship is ultimately at Health Science teacher discretion
- Parents must provide transportation for their student to and from clinical sites
- Students ARE NOT allowed to carpool to and from clinical sites in accordance with Knox County policy
- Teachers ARE NOT allowed to provide transportation for students to and from clinical sites in accordance with Knox County policy
- Clinical paperwork should be on file at both the base school and at the students’ clinical sites
- The Clinical Internship Portfolio is the EOC for this course
- The Clinical Internship Portfolio EOC graded rubric should be uploaded into the teacher’s QPI EOY Folder during the last 3 weeks of the course (one for each student)
- All students in this course are required to purchase clinical uniforms (Cherokee brand, colors, and numbers will be on file at Lambert’s to assist with selection)
- Teachers are responsible for logging and documenting clinical mileage for reimbursement (B0-134A Travel Expense Local form)
- Teachers MUST BE PRESENT on the days that students are at their clinical sites (if a teacher is absent due to illness etc., students ARE NOT to report to their clinical site and MUST report to the classroom with a substitute teacher)
- Teachers must have a plan of communication to notify students if they are going to be absent. You can use Remind to send message or a text message.
- Clinical Contracts/Agreements should be complete and turned in to Jeana Kirby by the deadline set
- Communication with your school’s guidance/student services is vital to the success of the program
- Some clinical sites might require additional forms to be signed prior to the student starting the internship (this varies from site to site)



## Clinical Internship/Nursing Education

### Work-Based Learning Student Driving Permission Guidelines and Agreement

This agreement outlines the student's responsibilities and privilege of being able to drive to and from work-based learning activities and sites such as job shadows, employer visits, interviews, job sites, training sites and other activities.

Student Name	Worksite
--------------	----------

**It is to be understood by all parties:**

That the student will be driving to and from his/her work-based learning activity site only. After the activity is completed for the day, the student will go directly back to the school or to his/her residence. The student will not transport any other student(s) while involved in any work-based learning activities.

**It is further understood by all parties:**

That driving is a privilege, and the student guidelines / responsibilities listed below must be agreed to, and this form and the student's schedule must be completed and on file with the appropriate school personnel **before** the work-based learning activity takes place.

1. The student will drive to and from work-based learning activities alone.
2. The student will drive at legal speeds and in a safe and normal manner.
3. The student will leave the school or home with reasonable time to get to the scheduled work-based learning activity site.
4. The student will not take any alcohol or other mind-altering substances to, during, or from the work-based learning activity.
5. The student must be a licensed driver.
6. It is the responsibility of the student and her/his family to ensure that the student is covered by automobile insurance, and that he/she will only drive a properly insured, inspected, and registered vehicle:

**Initial on the following line to verify compliance.**

\_\_\_\_\_ Copies of the student's driver's license, automobile insurance card, and registration of the vehicle he/she will be driving have been provided to the appropriate school personnel for the student file.

\_\_\_\_\_ **Infractions of these rules will result in the loss of driving privileges and possible loss of the work-based learning activity.**

**ACKNOWLEDGEMENT OF PERSONAL LIABILITY AND WAIVER**

I also understand that Work-based Learning and Clinical Internship/Nursing Education may expose my child to some risks and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child by reason of his/her participation.

**By signing this form, I hereby** release Knox County Schools, its Board, its Board members, administrators, directors, officers, teachers, employees, agents, assigns, and volunteers ("released parties") from and against any and all claims, demands, actions, complaints, suits or

other forms of liability that any of them may sustain (a) arising out of my child's failure to comply with local, state, and federal laws and District policies, procedures, and the Code of Conduct; (b) arising out of any damage or injury caused by my child's operation of their motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or I am a student 18 years or older.

I have signed this CONSENT AND RELEASE this \_\_\_day of \_\_\_\_\_, 20\_\_\_. This consent and release has been read and is understood by me.

\_\_\_\_\_  
**Student's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian's signature (if student less than 18 years of age)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Principal Approval**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Teacher Approval**

\_\_\_\_\_  
**Date**



KNOX COUNTY SCHOOLS

CAREER AND TECHNICAL EDUCATION

PAGE 1 OF 4

**STATE OF TENNESSEE  
DEPARTMENT OF EDUCATION  
HEALTH SCIENCE EDUCATION**

Students who choose to participate in any part of the clinical rotation, will do the rotation at their own risk. The Department of Education, Division of Career and Technical Education, Knox County Schools,

\_\_\_\_\_  
**School**

\_\_\_\_\_  
**Teacher/Instructor**

will not be responsible for the rotation and the possible risks. When participating in a clinical rotation, students will be responsible for following the Universal Standard Precautions as mandated by the Centers for Disease Control and Prevention.

**I have read and I fully understand my responsibilities in a clinical rotation. If I elect to participate in a clinical rotation, I will follow the guidelines as stated above.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

This form is to be signed by every student in Clinical Internship/Nursing Education and placed in his/her Cumulative Record.

**STATE OF TENNESSEE  
DEPARTMENT OF EDUCATION – HEALTH SCIENCE EDUCATION  
NASHVILLE, TN 37219**

***TO BE COMPLETED BY THE APPLICANT:***

1. Name: \_\_\_\_\_  
Last First Middle
2. Date of Birth: \_\_\_\_\_  
Month Day Year

***TO BE COMPLETED BY ONE OF THE FOLLOWING: (please check one):***

- \_\_\_ PHYSICIAN  
\_\_\_ PHYSICIAN ASSISTANT  
\_\_\_ NURSE PRACTITIONER

1. TB skin test: **Date Read:** \_\_\_\_\_ **Results:** \_\_\_\_\_
2. Hepatitis B Vaccine: 1. \_\_\_\_\_ (Date)  
2. \_\_\_\_\_ (Date)  
3. \_\_\_\_\_ (Date)
3. Does applicant have a history of:
- |    |                                  |       |        |
|----|----------------------------------|-------|--------|
| a. | Drug abuse?                      | ___No | ___Yes |
| b. | Mental and/or emotional illness? | ___No | ___Yes |
| c. | Alcohol abuse?                   | ___No | ___Yes |

\_\_\_\_\_  
**Practitioner's Signature (Physician, Physician Assistant, or Nurse Practitioner)**

\_\_\_\_\_  
**Practitioner's Name (printed)**

\_\_\_\_\_  
**Office Address and Phone Number**

\_\_\_\_\_  
**Date**

**KNOX COUNTY SCHOOLS  
CAREER AND TECHNICAL EDUCATION  
PAGE 3 OF 4**

**CONFIDENTIALITY AGREEMENT**

As part of my clinical rotation, I may come into contact with patient information that must not be shared with any other person, including family members, classmates, and/or my instructor. I understand the importance of maintaining this confidentiality and agree to abide by the confidentiality rules of the agency in which I am placed for clinical internship.

**By my signature below, I acknowledge that if I breach the confidentiality rules of any agency to which I am assigned, I will be removed from that agency immediately; and I will receive an “F” in the course.** I understand that I may be subject to legal action which could result in my, or my parent/guardian, having to pay a fine. I may also be prohibited from attending a post-secondary school in the health care area.

\_\_\_\_\_ **Student Name** (printed)

\_\_\_\_\_ **Student Signature**                      **Date** \_\_\_\_\_

\_\_\_\_\_ **Parent Signature**                      **Date** \_\_\_\_\_

**UNDERSTANDING OF CONSEQUENCES**

**By my signature below, I acknowledge that in the event I am terminated from my Work-Based Learning (clinical internship/co-operative education) site by the affiliating agency for participating in activities that violate school rules or the rules of that site, I will receive an “F” in all Work-Based Learning related courses.** I understand that this penalty also applies in the event that I am employed independently at that site and the misbehavior occurs during non-Work-Based Learning time. I understand that Knox County Schools will not assign me to another Work-Based Learning site if I have been terminated from a Work-Based Learning site for participating in activities that violate school rules or the rules of that site. In the event of a termination that is not a result of misbehavior or violation of school or Work-Based Learning site rules, I will not receive an “F” and the Knox County Schools will make reasonable efforts to place me in another clinical site.

\_\_\_\_\_ **Student Signature**                      **Date** \_\_\_\_\_

By my signature below, I acknowledge that I have read and understand the *Confidentiality Agreement* and *Understanding of Consequences* paragraphs above.

\_\_\_\_\_ **Parent Signature**                      **Date** \_\_\_\_\_

**CLINICAL EXPERIENCE CONTRACT**

I give my permission for my son/daughter, \_\_\_\_\_  
to participate in the scheduled clinical experiences which are a part of the Health Science Education curriculum offered  
by Knox County Schools from now until he/she completes the program. **Parent/Guardian Initials** \_\_\_\_\_

I understand that the clinical internship is an optional course and that it is not necessary to take the clinical internship  
course to receive credit for the introductory course, nor does the internship earn college credit toward a degree in  
Health Science Education. **Parent/Guardian Initials** \_\_\_\_\_

I acknowledge and understand that I have full responsibility for the conduct of my son/daughter during these  
experiences. I will not hold the clinical affiliate or Knox County Schools responsible for any accident, injury, or other  
problem which might occur during or as a result of these experiences. **Parent/Guardian Initials** \_\_\_\_\_

I understand that during my son's/daughter's clinical internship he/she may be exposed to infectious material and may  
be at risk of acquiring Hepatitis B virus (HBV), a serious liver disease. I have been given the information necessary  
to decide whether or not to have my son/daughter vaccinated with the HBV vaccine at my expense. I understand that  
my son/daughter can receive the HBV vaccine at the Knox County Public Health Department or from my private  
physician. If I choose not to have my son/daughter vaccinated with the HBV vaccine, I understand that I assume all  
responsibility for the cost of treatment associated with HBV exposure as a result of his/her clinical internship duties.

I agree to HBV vaccination at own expense for son/daughter.  
**Parent/Guardian Initials** \_\_\_\_\_

I decline HBV vaccination for son/daughter.  
**Parent/Guardian Initials** \_\_\_\_\_

I agree to provide transportation for my son/daughter to and from his/her assigned Work-Based Learning site. In  
accordance with Knox County Schools policy, I understand that if my child chooses to drive to the clinical site, no  
other student will be allowed in the vehicle to or from the Work-Based Learning site.  
**Parent/ Guardian Initials** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**EXPOSURE PLAN**

**HEALTH SCIENCE AND TECHNOLOGY EDUCATION**

**AND**

**HEALTH OCCUPATIONS STUDENTS OF AMERICA**

## **EXPOSURE PLAN**

The changing nature of Health Science and Technology Education and Health Occupations Students of America created by technological and socio-economic factors has increased the demand for qualified and caring health care workers.

Health Science and Technology and Health Occupations Students of America comprises the body of related subject matter and planned experiences designed to impart knowledge and develop the understanding and skills required to support the health care professions.

Instruction is organized to prepare students for post-secondary education or an occupation concerned with assisting qualified personnel in providing diagnostic, therapeutic, preventative, restorative and rehabilitative services in the classroom and through shadowing and/or clinical experiences in a health care facility.

Enrollment in course in Health Science and Technology Education and/or Health Occupations Students of America can result in exposure to hazards that would be present in a health care facility where students receive training, and shadowing or clinical experiences.

Included among the hazards are needles, chemicals, contaminants (which may be toxic or caustic), and risk of exposure to various infectious agents from the various types of patients who are in a health care facility. Each student in Health Science and Technology Education and/or Health Occupations Students of America must exercise a responsibility for minimizing the risk of all exposures relating to the patients, other students, employees of the health care facility, and themselves. This Exposure Control Plan has been developed as a tool to be used for achieving this goal.

## **STANDARD PRECAUTIONS**

Standard Precautions is an approach to infection control. According to the concept of Standard Precautions, all human blood and certain body fluids (blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva (in dental procedures), and any unfixed human tissue or organ) are treated as if known to be infectious for Hepatitis B virus (HBV), Human Immunodeficiency virus (HIV), and other blood-borne pathogens. Standard Precautions must be adhered to at all times.

## **STUDENT TRAINING**

Training Sessions for all students in Health Science and Technology Education and/or Health Occupations Students of America are conducted at the beginning of each course. Standard Precautions and OSHA Blood-borne Pathogen Standards are taught. Competencies are measured by a written test. Tests are kept in each student's permanent file. Safety is also a part of the education session taught by each teacher and/or representative of the health care facility and/or Department of Labor. Each student is provided with a copy of Standard Precautions and OSHA Blood-borne Pathogen Standards. This Exposure Control Plan is reviewed annually and a copy is on file in the Career and Technology Education Central Office and the Health Science and Technology Education teacher's office. All training must be and is documented before clinical contact, whether it be at the health care facility or in the classroom.

## **BARRIER TECHNIQUES**

These rules are to be followed at all times during clinical contact, whether in the classroom or in a health care facility. PERSONAL PROTECTIVE EQUIPMENT includes: gloves, masks, face shields, eye protection (goggles or glasses with side shields), mouth pieces, resuscitation bags, pocket masks (or other ventilation devices), gowns, aprons, and laboratory coats (or similar clothing if it does not permit blood or other potentially infectious material to pass through to or reach the student's work clothes). WORK PRACTICE CONTROLS will be used and are defined as "changing the way a task is performed." Gloves will be changed whenever one reasonable anticipates hand contact with blood, body fluids, or any other potentially infectious materials, including saliva. Gloves must be replaced after each use and/or patient contact or immediately if torn or punctured. Gloves may not be washed for reuse. Gowns and/or laboratory coats and student uniforms must be changed daily at the end of the clinical or shadowing experience, or earlier if visibly soiled. They are to be changed immediately if contaminated or penetrated by blood or other potentially infectious materials or body fluids. Masks and protective eyewear are required for all procedures that might result in exposure to the eyes, nose or mouth by blood or other infectious materials, including by splash, spray or splatter. A face shield may be substituted for masks and eyewear. Side shields are to be worn on all eyewear and must be solid, as opposed to perforated. Personal protective clothing and equipment must be removed before entering eating areas or before going outside of the health care facility. Students must wash their hands (Using HOSA HANDWASHING GUIDELINES) immediately after removal of gloves or other personal protective clothing or equipment. Anybody area that has contact with blood, body fluids, or other potentially infectious materials must be washed immediately after contact.

## **REGULATED WASTE**

A contaminated sharp is any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, or broken glass. Contaminated sharps must be placed in an assigned, labeled, puncture resistant, leak proof container. Other regulated waste are items saturated or dripping with human blood or body fluid. This type of waste must be placed in red garbage containers labeled as a biohazard and lined with red garbage bags. The health care facility will designate the correct method of disposal of regulated waste.

## **LAUNDRY**

CONTAMINATED LAUNDRY must be disposed of according to the health care facility's Exposure Control Plan. All Standard Precautions must be observed when making unoccupied and occupied beds, changing patient clothing, giving bed baths, assisting with tub baths or showers, giving back rubs, administering oral hygiene, shampooing a patient's hair, or assisting with feeding a patient. All laundry used in the above procedures must be disposed of using the health care facilities Exposure Control Plan.

## **HEPATITIS B VACCINATION**

Health Science and Technology and Health Occupations Students of America students should be encouraged to begin a Hepatitis B vaccination series (or be asked to sign a declination form) prior to any experience that would potentially expose students to blood-borne pathogens. It is recommended that students sign a communicable disease statement and waiver of liability form. These forms will become a part of the student's permanent record. Any forms (declination of Hepatitis B vaccine or waiver of liability) that affect students who are minors must have a parent or legal guardian notarized signature.

## **POST-EXPOSURE AND FOLLOW-UP**

Post-exposure evaluation and follow-up is a process designed to evaluate a student's health following an exposure incident. An exposure incident is defined as "a specific occupational incident involving eye, mouth, mucous membrane, non-intact skin, or parenteral contact with blood or other body fluids." Each local Health Science and Technology Education teacher will be responsible for documentation, recommending examination, and counseling of students, parents and other individuals involved. Students and/or parents are responsible for any costs incurred by post-exposure follow-up.

## **RECORD KEEPING**

The Health Science and Technology Education teacher and Health Occupations Students of America advisor will be responsible for documentation for all students who are in clinical, shadowing, or cooperative education programs, and for any other activities that involves clinical contact (this includes CPR and First Aid training). A list (Work-Based Learning Summary Sheet) of students who will have clinical contact will be filed in the Career and Technical Education Central Office and any other office directed by the local education agency. The clinical, shadowing, and cooperative education evaluations will be filed following each clinical experience and will be kept on file for a minimum of 5 years.

## **GENERAL RULES**

Students who are in clinical areas should not keep food or drink in work areas with exposure potential. Students should not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in any work area.

## **HEALTH OCCUPATIONS STUDENTS OF AMERICA COMMUNICABLE DISEASE STATEMENT AND WAIVER OF LIABILITY**

During your course of study in Health Science and Technology/Health Occupations Students of America, you may come in contact with patients who have communicable diseases, including AIDS and Hepatitis. You may also be exposed to blood or other potentially infectious materials.

You will be taught current information concerning communicable diseases, their transmission, and Standard Precautions to be used while caring for all patients or handling potentially infectious materials.

You will be expected to assume the responsibility for using Standard Precautions to minimize the risk of disease transmission. Failure to adhere to safety procedures may result in your dismissal from the Health Science and Technology Education Program.

I have read and understand the above statement and understand that I may be caring for patients with communicable diseases and may be exposed to potentially infectious materials.

My signature verifies that my teacher, or a designated representative of the clinical affiliate, has explained Standard Precautions to me. I have taken a written test and earned a score of 100% on the test. I understand the expectations relative to the OSHA Blood-borne Pathogens Standard as they relate to occupational exposure in the health care setting, the classroom, and activities **associated with Health Science and Technology Education and Health Occupations Students of America**. The training I received included the following:



1. An explanation of the epidemiology, modes of transmission, and symptoms of blood-borne pathogens.
2. An explanation of the health care facility and classroom's Exposure Plan. I have a copy of the Exposure plan and understand the plan fully.
3. A discussion of tasks that may include exposure to blood and body fluids, and methods to reduce exposure through the use of engineering controls work practices, and personal protective equipment.
4. Information on the types, proper use, location, removal, handling, Decontamination, and disposal of personal protective equipment.
5. Information on the Hepatitis B vaccine, including its efficacy, safety, method of administration, benefits of vaccination, and how to obtain the vaccination.
6. Information explaining post-exposure evaluation and medical follow-up following an exposure incident.
7. An explanation of signs/labels and color-coding used to designate hazards in the classroom and health care facilities.

I have been given the opportunity to ask questions. I understand that compliance with safety and training requirements is mandatory and that my failure to comply may result in removal from the Health Science and Technology Education/Health Occupations Students of America program. I assume the risk of and financial responsibility for infection inherent to the Health Science and Technology Education training I have chosen.

In addition, I hereby release the local education agency, the Health Science teacher and /or Health Occupations Students of America advisor, the clinical affiliates and their administrators from any and all liability resulting from my exposure to blood, body fluids, or any other potentially infectious materials.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Patent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Statement of Witness, County of** \_\_\_\_\_

**Subscribed and Sworn to before me, a Notary Public, this** \_ day of \_\_\_\_\_, 20\_\_\_\_.

**My commission expires** \_\_\_\_\_

**Notary**

**TO BE PLACED IN STUDENT'S PERMANENT RECORD**

KNOX COUNTY SCHOOLS

MEDICAL RELEASE

This form is used to record parental permission for medical and surgical treatment in case medical emergencies arise during a field trip.

We, the undersigned as the parents and legal guardians of

Print Student's Name

hereby grant to the Knox County Board of Education, its employees and agents the authority to seek medical care for our child. We further consent to any and all emergency medical and surgical treatments, including anesthesia and operations which may be deemed medically necessary by any qualified physician selected by agents or officials of the Knox County School Board. The intention thereof is to grant authority to administer and to perform all and singularly any emergency examinations, treatments, anesthetic, operations, and diagnostic procedures which may now or during the course of the patient's care, be deemed medically necessary by any qualified physician. Witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

STATE OF TENNESSEE, COUNTY OF

SUBSCRIBED and sworn to before me, a Notary Public, this day of , 20.

My commission expires

Notary

Medical Insurance Company Policy #

If not covered by medical insurance, please check box.

Student's Address Phone

Date of Birth

Father Home Phone

Business Business Phone

Mother Home Phone

Business Business Phone

Family Physician's Name Phone

Address City ST

Allergies or Special Conditions

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.

Disposition

Copy to the office Date

Original is retained by teacher and taken on the field trip.



## Knox County Schools Student Media Release Form

I, as the parent/guardian of \_\_\_\_\_, hereby give Knox County Schools and its employees, representatives and authorized media organizations permission to photograph, interview and record my child and his/her likeness for use in audio, video, film or other electronic, digital and printed media. I also give Knox County Schools permission to release photos or recordings of any type to news media outlets including, but not limited to, newspapers and television stations.

I understand that neither Knox County Schools nor the news media has any obligation to use or be compensated for such rights. I am also aware that I will not receive monetary compensation for my child's participation, and I waive any right to inspect or approve final use of materials.

I agree to release and hold harmless Knox County Schools, its staff, the Board of Education and assignees from any liability or claims of damage, known or unknown, related to such use.

*Please note if you opt out of the media release form, your child's photograph will still be included in yearbook and classroom publications as part of directory information unless you notify the district otherwise. Additionally, if at any time you wish to withdraw your consent, you may contact the Office of Public Affairs at 865-594-1905; however, any prior photos or recordings of your child will remain part of the district's archive.*

**Name of child's school:** \_\_\_\_\_

**Parent/legal guardian:** \_\_\_\_\_

(print)

(signature)

\_\_\_\_\_

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

## Clinical Internship Portfolio Example

**TN State Standards: Clinical Internship Standard (18), TN Grades 11-12 Writing ELA Standard: Text Types and Purposes (1,3).**

**Description: A requirement for completing a Clinical Internship is the completion of a portfolio. A portfolio is a collection or sample of one's work. Throughout this semester you will be required to complete a variety of assignments that deal with both your preparation for entering into the professional world and with your time spent at your clinical site. This project will be your EOC for this course. Seniors, regardless of attendance, ARE NOT exempt from this project. It is strongly recommended that you backup all of your work and save it electronically in addition to submitting your physical portfolio.**

**Due Date: \_\_\_\_\_**

**Weight: 100 points and counts as End of Course (EOC) Exam**

### **Components:**

- 1. Resume and Cover Letter - you must submit a complete an updated resume with a cover letter. This component must be typed, printed off, and placed in your Portfolio Binder.**
- 2. S.O.A.P. you must select a patient case study during your internship to complete a detailed Subjective Objective Assessment Plan paper. The paper must be 3 pages in length, typed in Times New Roman font, double-spaced, using MLA format. You must abide by HIPAA when typing this paper. You also must properly cite your sources and have a Works Cited page.**
- 3. Clinical Site Presentation - using Google Slides, Microsoft PowerPoint, or Prezi, you must complete a detailed presentation on your clinical site. Your presentation must be a minimum of 10 slides and MUST contain the following information: History of Site, Description of Site, Careers at Site, Equipment Used at Site, and Medical Procedures Performed at Site. You are required to have images of your site and a Works Cited slide in addition to the 10 slide requirement.**
- 4. Binder Presentation - you must submit your completed portfolio in a 3 ring binder with dividers labeling each component. Points will be awarded based on the overall presentation and organization of the binder. Sheet protectors are strongly recommended.**
- 5. Clinical Internship Daily and Weekly Logs/Reflections/Interview - you must submit ALL of your daily and weekly clinical logs in order by date. All logs must be complete with the date and time (using military time) AND THEY MUST BE SIGNED BY PROFESSIONALS FROM YOUR SITE.**
- 6. You also must submit a typed interview with the following information: name of interviewee, their position, and 10 questions with answers.**

**Sample Clinical Internship Portfolio Rubric**

Rubric Topic: (Clinical Internship Portfolio)

	Beginner 1	Developing 2	Accomplished 3	Advanced 4
<p align="center">Resume and Cover Letter</p> <p><b>Score:</b>____ —</p>	<p>The resume and/or cover letter are not typed, are not neat, and poorly organized. The resume contains most of the following parts (2 may be missing): Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is incomplete and missing some or all of the contact information.</p>	<p>The resume and/or cover letter are typed, neat, and organized. The resume contains most of the following parts (2 may be missing): Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is 2 paragraphs w/ most of the contact information.</p>	<p>The resume and cover letter are typed, neat, and organized. The resume contains most of the following parts (1 may be missing): Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is 3 paragraphs w/ all contact information.</p>	<p>The resume and cover letter are typed, neat, and organized. The resume contains all of the following parts: Name and Contact Information, Objective, Education, Work Experience, Honors and Awards, 3 References. The cover letter is 3 quality paragraphs w/ all contact information.</p>
<p align="center">SOAP: Subjective Objective Assessment Plan</p> <p><b>Score:</b>____ —</p>	<p>The SOAP is typed and is not presented neatly. Most of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 1 page in length and is typed in MLA</p>	<p>The SOAP is typed and presented neatly for the most part. All of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 1 page in length and is</p>	<p>The SOAP is typed and presented neatly for the most part. All of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 2 ½ pages in length</p>	<p>The SOAP is typed and presented neatly. All of the following aspects are covered: Subjective, Objective, Assessment, Plan. It is at least 3 pages in length and is typed in MLA format with a Works Cited page</p>

	format but does not contain a Works Cited page	typed in MLA format but does not contain a Works Cited page	and is typed in MLA format with a Works Cited page	
Clinical Site PowerPoint or Prezi Presentation <b>Score:</b> ____ —	The presentation does not cover all of the aspects of the clinical site: history, description, careers, equipment, and procedures (2 or more aspects are missing). It is poorly organized and is not appealing in appearance	The presentation covers most aspects of the clinical site: history, description, careers, equipment, and procedures (1 aspect is missing). It is partially organized and somewhat neat in appearance, but has no images	The presentation covers all aspects of the clinical site: history, description, careers, equipment, and procedures. It is neat and organized for the most part, but has no images	The presentation covers all aspects of the clinical site: history, description, careers, equipment, and procedures. It is neat and organized in appearance with images
Binder Presentation <b>Score:</b> ____ —	<b>POOR:</b> very dirty and unorganized, sections do not have dividers, binder has no cover page or sheet protectors, 3 or more pages missing	<b>FAIR:</b> somewhat clean and organized, sections do not have dividers, binder has no cover page or sheet protectors, 3 or less pages missing	<b>GOOD:</b> clean and organized, each section has a divider, binder has a cover page but not all pages are in sheet protectors, 0 pages missing	<b>EXCELLENT:</b> very clean and organized, each section has a divider, binder has a cover page, pages are in sheet protectors, 0 pages missing
Clinical Daily Logs and Interview <b>Score:</b> ____	The daily logs are not all complete, many signatures are missing or not in the proper places (5 or more are	The daily logs are not all complete, many signatures are missing or not in the proper places (3 or more are	The daily logs are complete, most signatures are in the proper places (2 or less are missing), and most student	The daily logs are complete, all signatures are in the proper places, and all student reflections are completed. The interview is complete with 10

	<p>missing), and most student reflections are not completed. The interview is not complete, has less than 5 questions, answers, and no relevant information on the interviewee.</p>	<p>missing), and most student reflections are completed (3 or more are missing). The interview has 5-7 questions, answers, and relevant information on the interviewee.</p>	<p>reflections are completed (2 or less are missing). The interview is complete with 10 questions, answers, &amp; relevant information on the interviewee.</p>	<p>quality questions, answers, &amp; relevant information on the interviewee.</p>
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FINAL SCORE: \_\_\_\_\_ /100 PTS \_\_\_\_\_

**WEEKLY LEARNING EXPERIENCE JOURNAL (WLE)**  
**( \_\_\_\_\_ school) Clinical Internship Students**

Name: \_\_\_\_\_ Clinical Facility/Unit: \_\_\_\_\_

---

Day/Date: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Day/Date: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Day/Date: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

Day/Date: \_\_\_\_\_ Arrival: \_\_\_\_\_ Departure: \_\_\_\_\_ Preceptor Signature: \_\_\_\_\_

(Signatures, etc. = 10 pts)

---

**List and describe a min. of 5 Clinical Tasks *Performed or Assisted with* (20 pts):**

- 1.
- 2.
- 3.
- 4.
- 5.

**List and describe a min. of 5 Clinical Tasks/ Procedures/Events/Diagnostic Tests (etc) *Observed* (20pts):**

- 1.
- 2.
- 3.
- 4.
- 5.



List and describe a min. of 5 types of Equipment *Operated and/or Observed* (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

---

List and describe a min. of 5 types of Diseases/ Disorders (Diagnoses) Encountered (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

---

List and DEFINE a min. of 5 Medical Terms or Abbreviations Encountered (20 pts):

- 1.
- 2.
- 3.
- 4.
- 5.

Write a journal entry about your experience this week. Include an entry for each day. Address a min. of 2 - 3 topics/threads per day. Attach more pages, type if you prefer. (90 pts):

**JOURNAL COMMENTARY:**

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## **Clinical Internship Earned Credit for Clinical Site Hours**

During the Clinical Internship experience, the students will have scheduled days at assigned clinical sites. Each day the students are to complete a daily record and secure their clinical site mentor's signature validating the information and actual time in the clinical area. Also, the students are to complete a weekly time sheet. These records are to be placed in their clinical folders and turned in to the teacher at the end of the clinical week. The students will receive a grade (worth 100 points total) for the folder each week. Because of the nature of this class and the liability at the clinical sites, these clinical hours cannot be made up due to absenteeism of the students. Therefore, the student will not be awarded the clinical points for a clinical day that they may miss.

I have read and understand the above explanation regarding credit for clinical site hours. I understand that zero points will be awarded in the event of an absence during a clinical day and that there will be no possibility to make up those points/time.

---

**Student's Signature**

---

**Date**

---

**Parent's Signature**

---

**Date**

## **HIPAA and Confidentiality: Required Clinical EXAM**

**Name:** \_\_\_\_\_

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

**Score:** \_\_\_\_\_/100

*Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.*

**Knox County Schools**  
**PERMISSION FORM**  
(For on- or off-campus activities during regular school hours  
for which students are charged a fee)

Parent Permission Form for Off-Campus Trips

SCHOOL: \_\_\_\_\_

STUDENT ATTENDING TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

CLUB NAME or CLASS: \_\_\_\_\_

\_\_\_\_\_

(tear off and return bottom portion to school)

-----

**Permission Slip**

My child, \_\_\_\_\_, has permission to attend the field trip to  
\_\_\_\_\_ on \_\_\_\_\_.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Emergency Phone: # \_\_\_\_\_

Students who receive free or reduced lunch are eligible for a waiver of this activity fee. We encourage you to pay any of the cost of this activity that you can afford. To have all or part of this activity fee waived please sign below.

My child does NOT qualify for waiver of this activity fee.

My child does qualify for waiver of this activity fee, but I have enclosed all/part of the activity fee. Amount enclosed \_\_\_\_\_. Please waive the balance.

My child does qualify for waiver of this activity fee. Please waive the entire fee.

Student Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Personal and Professional Qualities of a Healthcare Worker:  
Required Clinical EXAM**

**Name:** \_\_\_\_\_

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

**Score:** \_\_\_\_\_/100

***Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.***

1. Research has shown that within \_\_\_\_\_ people form an impression about another person.
  - a.) 10 seconds to 2 minutes
  - b.) 15 seconds to 3 minutes
  - c.) 20 seconds to 4 minutes
  - d.) 30 seconds to 5 minutes
  
2. \_\_\_\_\_ means being able to identify with and understand another person's feelings, situation, and motives.
  - a.) Empathy
  - b.) Patience
  - c.) Manners
  - d.) Sympathy
  
3. Which of the following statements are **TRUE** regarding wearing artificial nails in healthcare?
  - a.) they can injure patients
  - b.) they can transmit germs
  - c.) they can tear or puncture gloves
  - d.) all of the above
  
4. A uniform should always be which of the following:
  - a.) neat and clean
  - b.) well fitting
  - c.) free from wrinkles
  - d.) all of the above
  
5. \_\_\_\_\_ means having the ability to say or do the kindest or most fitting thing in a difficult situation.
  - a.) Empathy
  - b.) Tact
  - c.) Competence
  - d.) Honesty

6. Communication involves which of the following essential elements:
- Sender
  - Message
  - Receiver
  - all of the above
7. Which of the following **IS NOT** considered a barrier created by cultural diversity in healthcare:
- eye contact
  - beliefs and practices regarding health and illness
  - favorite types of food
  - language differences
8. Which of the following **IS NOT** considered a type of nonverbal communication?
- tone of voice
  - facial expressions
  - body language
  - gestures
9. \_\_\_\_\_ implies being willing to be held accountable for your actions.
- Competence
  - Enthusiasm
  - Responsibility
  - Self-motivation
10. Which of the following types of jewelry **CAN** be worn as a part of the healthcare worker's uniform?
- a watch
  - multiple, loose bracelets
  - large, hoop earrings
  - long, dangling necklaces
11. Psychological barriers to communication include all of the following **EXCEPT**:
- prejudice
  - compassion
  - attitudes
  - personality
12. Teamwork improves the following processes:

- a.) communication
  - b.) continuity of care
  - c.) quality of care
  - d.) all of the above
13. \_\_\_\_\_ is the skill or ability to encourage people to work together and do their best to achieve common goals.
- a.) Cultural Diversity
  - b.) Listening
  - c.) Leadership
  - d.) Professionalism
14. The stimuli to change, alter behavior, or adapt to a situation are called \_\_\_\_\_.
- a.) stressors
  - b.) feedback
  - c.) enthusiasm
  - d.) competence
15. \_\_\_\_\_ are achievements that may take a period of years or even a lifetime to accomplish.
- a.) Visions
  - b.) Short-term goals
  - c.) Long-term goals
  - d.) none of the above
16. Techniques that can be used to learn good listening skills include:
- a.) Be alert and maintain eye contact with the speakers
  - b.) Try to eliminate your own prejudices and see the other person's point of view
  - c.) Avoid interrupting the speaker
  - d.) all of the above
17. A name badge for a healthcare worker should include which of the following:
- a.) Name
  - b.) Title
  - c.) Department
  - d.) all of the above



18. Strong odors may be caused by all of the following **EXCEPT:**
- a.) scented hairsprays
  - b.) perfumes and colognes
  - c.) bathing daily
  - d.) tobacco smoke
19. Which of the following statements are true regarding tattoos in the workplace?
- a.) tattoos that are visible and/or offensive detract from a professional appearance
  - b.) some healthcare facilities require that any tattoo be covered by clothing at all times
  - c.) each healthcare facility establishes its own policy regarding the visibility of tattoos on their employees
  - d.) all of the above
20. Which of the following is an example of an objective observation (sign) regarding patient assessment?
- a.) the patient's chief complaint
  - b.) blood pressure
  - c.) the patient's description of how the injury occurred
  - d.) the pain the patient is experiencing
21. \_\_\_\_\_ is a system of practical skills that allows an individual to use time in the most effective and productive way possible.
- a.) Time management
  - b.) Stress management
  - c.) Good communication
  - d.) Nonverbal communication
22. An effective time management plan involves all of the following **EXCEPT:**
- a.) analyze and prioritize
  - b.) take shortcuts in your work
  - c.) avoid distractions
  - d.) schedule task
23. A \_\_\_\_\_ leader encourages the participation of all individuals in decisions that have to be made or problems that have to be solved.
- a.) Bad
  - b.) Autocratic
  - c.) Democratic
  - d.) Laissez-faire
24. Culture consists of which of the following:

- a.) values
- b.) beliefs
- c.) attitudes
- d.) all of the above

25. \_\_\_\_\_ is the loss or impairment of the power to use or comprehend words, usually as a result of injury or damage to the brain.

- a.) Aphasia
- b.) Blindness
- c.) Deafness
- d.) none of the above

**Personal and Professional Qualities of a Healthcare Worker:**

Required Clinical EXAM  
Answer Key

- 1.) C
- 2.) A
- 3.) D
- 4.) D
- 5.) B
- 6.) D
- 7.) C
- 8.) A
- 9.) C
- 10.) A
- 11.) B
- 12.) D
- 13.) C
- 14.) A
- 15.) C
- 16.) D
- 17.) D
- 18.) C
- 19.) D
- 20.) B
- 21.) A
- 22.) B
- 23.) C
- 24.) D
- 25.) A

**OSHA/Bloodborne Pathogens/Infection Control:  
Required Clinical EXAM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Score: \_\_\_\_\_ /100

*Read each question carefully and choose the BEST one. You must pass this test with 100% accuracy before moving onto the clinical site.*

**1. This particular Hepatitis Virus is spread by putting something in the mouth that has been contaminated with the stool of an infected person.**

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

**2) This Hepatitis Virus is spread when blood or body fluid from an infected person with \_\_\_\_\_ enters the bloodstream of a person who is not vaccinated.**

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

**3) This Hepatitis virus is spread by blood and bodily fluids and is the leading cause of liver transplant.**

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

**4) This Hepatitis Virus is *defective*, and needs the Hepatitis B virus to survive.**

- a. Hepatitis B
- b. Hepatitis C
- c. Hepatitis D
- d. Hepatitis E

**5) The only Hepatitis Virus that does not occur in the United States at this time and is spread in the same way Hepatitis A is spread.**

- a. Hepatitis B
- b. Hepatitis C
- c. Hepatitis D
- d. Hepatitis E

**6) All types of Hepatitis attack which vital organ?**

- a. Brain
- b. Heart
- c. Liver
- d. Spleen

**7) Which of the following Hepatitis Viruses has an available vaccine?**

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis A & B
- e. Hepatitis B & C

**8) Which of the following is a symptom of Hepatitis?**

- a. Headache
- b. Rash
- c. Jaundice
- d. Hyperactivity

**9) Which of the following Hepatitis Viruses causes no signs or symptoms of in 80% of those infected?**

- a. Hepatitis A
- b. Hepatitis B
- c. Hepatitis C
- d. Hepatitis D

**10) Which of the following is a preventative measure for Hepatitis B and Hepatitis C?**

- a. Avoid closed mouth kissing.
- b. Avoid touching a person with Hepatitis B or Hepatitis C.
- c. Avoid sharing personal items such as razors or toothbrushes.
- d. Avoid donating blood.

**11) Which virus destroys the immune system?**

- a. Hepatitis A
- b. Human Immunodeficiency Virus
- c. Human Papillomavirus
- d. Influenza

**12) What is the only way for someone to know if they are HIV positive?**

- a. Blood test
- b. Sputum culture
- c. Urine test
- d. There is no way to know if someone is HIV positive.

**13) The principle that all blood and body fluids are treated as if they are infected with HIV, HBV or HCV is known as:**

- a. Isolation guidelines
- b. Exposure control plan
- c. Universal precautions
- d. Personal protective equipment

**14) Which of the following is a method of transmission for HBV, HCV, and HIV?**

- a. Hugging
- b. Donating plasma
- c. Sharing needles
- d. Feeding a patient

**15) Which of the following is NOT a method of transmission for HBV, HCV, and HIV?**

- a. Coming in contact with the blood of an infected individual
- b. Insect bite
- c. Needlestick
- d. Unprotected sex

**16) Which of the following is the most potentially infectious material that can transmit HIV, HCV, HBV?**

- a. Blood
- b. Semen
- c. Sweat
- d. Urine

**17) Which of the following is least likely to contain potentially infectious material in regards to HIV, HBV or HCV?**

- a. Amniotic fluid
- b. Aqueous/Vitreous humors of the eyes
- c. Sweat
- d. Unfixed tissues or organs

**18) Besides HBV, HCV, and HIV, which of the following is a bloodborne disease?**

- a. Influenza
- b. Ebola
- c. Herpes
- d. Tuberculosis

**19) What is the primary method of transmission of bloodborne pathogens for health care workers?**

- a. Blood transfusion
- b. Contaminated needle stick
- c. Contact with glass
- d. Contact with sweat

**20) What is the single most important aspect of infection control?**

- a. Develop and follow an exposure plan
- b. Wear gloves at all times
- c. Avoid working with sharps
- d. Perform handwashing before and after every patient contact

**21) Which of the following is related to the proper use of needles or sharps?**

- a. Do not bend, break or remove needles
- b. Fill sharps containers to the top
- c. Place all sharps in a red biohazard bag
- d. Sharps containers are only required in a hospital setting

**22) Equipment that is worn to prevent contact with blood or body fluids is called:**

- a. Bloodborne pathogens
- b. Isolation guidelines
- c. Personal protective equipment
- d. Universal precautions

**23) The most economical disinfectant is made of which of the following?**

- a. Alcohol
- b. Iodine
- c. Lyson
- d. 10% Bleach



**24) You are working as a student on the nursing unit. You walk into a room and find that the patient has pulled out their IV from his arm. What is the first thing you should do?**

- a. Call out for help
- b. Get another student to help you
- c. Get the charge nurse
- d. Put on a glove, place pressure on the wound, and hit the call light.

**25) You are job shadowing in a doctor's office. You follow the nurse into the room where she is going to give an injection to a patient. When she finishes the injection, the patient begins to show signs of a reaction. The nurse throws the needle on the counter to help the patient. You back up against the counter and stick yourself with the used needle. What is the first thing you should do?**

- a. If there is no bleeding, there is no need to do anything.
- b. Panic
- c. Tell the nurse, wash area with soap and water, follow the post exposure plan
- d. Wait until the end of the shift, then go to the ER.

**OSHA/Bloodborne Pathogens/Infection Control:  
Key**

1. A
2. B
3. C
4. D
5. E
6. C
7. D
8. C
9. C
10. C
11. B
12. A
13. C
14. C
15. B
16. A
17. C
18. B
19. B
20. D
21. A
22. C
23. D
24. D
25. C

Name \_\_\_\_\_

Date \_\_\_\_\_

**Safety Test****Multiple Choice**

1. The use of correct body mechanics is needed to \_\_\_\_\_
  - a. Bend from the waist correctly
  - b. Obtain a narrow base of support
  - c. Twist while moving a patient
  - d. Use the strongest muscles
  
2. To get close to an object \_\_\_\_\_
  - a. Twist to the correct angle
  - b. Bend from the waist and knees
  - c. Bend from the hips and knees
  - d. Reach out for the object
  
3. How many inches apart should the feet be to maintain a broad base of support?
  - a. 2 to 4
  - b. 4 to 6
  - c. 6 to 8
  - d. 8 to 10
  
4. If you find a piece of damaged or malfunctioning equipment \_\_\_\_\_
  - a. Read the instructions for the equipment
  - b. Repair the equipment before using it
  - c. Report it immediately
  - d. Put the equipment away in storage
  
5. How many times should you read the labels on solution bottles?
  - a. One
  - b. Two
  - c. Three
  - d. Four

6. If a particle gets in your eye, \_\_\_\_\_
  - a. Rub the eye to loosen the particle
  - b. Report it immediately
  - c. Flush the eye with large amounts of water
  - d. Use a sterile gauze pad to remove the particle
  
7. Safety glasses \_\_\_\_\_
  - a. Should be worn at all times
  - b. Are required for some procedures
  - c. Usually are not needed in health care facilities
  - d. Must be worn while using electrical equipment
  
8. In case of a fire in a health care facility, the most important thing to do is \_\_\_\_\_
  - a. Know the fire emergency plan
  - b. Activate the alarm
  - c. Remove everyone from the building
  - d. Remain calm
  
9. The three things needed in order for a fire to start are \_\_\_\_\_
  - a. Fuel, heat, oxygen
  - b. Fuel, oxygen, flammable material
  - c. Flammable material, oxygen, chemical reaction
  - d. Spark, oxygen, matches
  
10. If a solution such as an acetic acid spills on a counter \_\_\_\_\_
  - a. Wipe it up immediately
  - b. Dilute it with water
  - c. Absorb it into a sponge
  - d. Report it immediately
  
11. Solutions used in health care facilities \_\_\_\_\_
  - a. Can be dangerous, so avoid eye and skin contact
  - b. Can be mixed together in most cases
  - c. Do not always need a label
  - d. All of the above
  
12. Ergonomics involves all of the following except \_\_\_\_\_
  - a. Training in required muscle movements
  - b. Determining which repetitive movements will be most effective
  - c. Correct placement of furniture and equipment
  - d. An awareness of the environment to prevent injuries

- 13. The Needle Stick Safety and Prevention Act requires employers to do all of the following except\_\_\_\_\_**
- a. Provide Hepatitis B vaccine to employees with occupational exposure**
  - b. Identify and use effective and safer medical devices**
  - c. Solicit input from employees who are responsible for direct patient care devices**
  - d. Maintain a sharps injury log**
- 14. Which of the following is not an OSHA regulation?**
- a. Provide personal protective equipment**
  - b. Enforce rules of no eating, drinking, smoking or applying cosmetics in any area that can be contaminated**
  - c. Provide training on all regulations to all employees at no cost during working hours**
  - d. Provide hepatitis b vaccine free of charge to anyone in the healthcare facility or work place**
- 15. Standard precautions were developed by \_\_\_\_\_.**
- a. Occupational and Safety Health Administration**
  - b. Federal Drug Administration**
  - c. Department of Health and Human Services**
  - d. Centers for Disease Control and Prevention**

## Short Answer

1. What does the acronym PASS stand for?  
\_\_\_\_\_
2. List three ways to identify a patient?
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
3. Identify four safety check points you must observe before leaving a patient in bed.  
\_\_\_\_\_
4. Some health care facilities may require health care workers to wear a \_\_\_\_\_ when doing strenuous work and heavy lifting.
5. \_\_\_\_\_ establishes and enforces safety standards in the work place.
6. Before performing any procedure on a patient you need to acquire the patient's \_\_\_\_\_.
7. Health care workers are \_\_\_\_\_ responsible for familiarizing themselves with disaster policies.
8. All manufacturers must provide \_\_\_\_\_ (MSDS) with any hazardous product they sell.
9. The most effective way to prevent the spread of infection is \_\_\_\_\_.
10. When using a fire extinguisher, spray into the \_\_\_\_\_ of the fire to eliminate the source of the fire.

**Safety Test Answer Key****Multiple Choice**

1. d
2. c
3. d
4. c
5. c
6. b
7. b
8. d
9. a
10. d
11. a
12. b
13. d
14. d
15. d

**Short Answer**

1. Pull the pin, Aim at the base of the fire, Squeeze the handle, Sweep from side to side
2. Ask the patient to state their name, Check the ID/Wristband, Check the name on the patient record, Repeat the name twice
3. Patient left in a comfortable position, Side rails elevated if indicated, Bed at the lowest level, Wheels locked, Call signal and other supplies within patients reach, No safety hazards present
4. Back supports
5. OSHA
6. Permission
7. Legally
8. Material Safety Data Sheets
9. Hand washing
10. Base

**Abuse: Required Clinical EXAM**

Name: \_\_\_\_\_

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

Score: \_\_\_\_\_/100

***Read each scenario and choose the best answer. You must make a 100% on this test to attend your clinical site.***

- 1. Abuse is a purposeful mistreatment that causes physical, mental, or emotional pain or injury to someone. \_\_\_\_\_ is the failure to provide needed care that result in physical, mental, or emotional harm to a person.**
  - a. Battery
  - b. Assault
  - c. Neglect
  - d. Violence
  
- 2. Emotional harm caused by threatening, scaring, humiliating, intimidating, isolating, or insulting a person or treating him/her as a child is**
  - a. Sexual abuse
  - b. Involuntary seclusion
  - c. Psychological abuse
  - d. Physical abuse
  
- 3. Abuse of staff by other staff members, residents, or visitors that can include verbal, physical or sexual abuse is known as**
  - a. Workplace violence
  - b. Sexual harassment
  - c. Domestic violence
  - d. Battery
  
- 4. Any unwelcome sexual advance or behavior that creates an intimidating, hostile or offensive working environment is**
  - a. Workplace violence
  - b. Verbal abuse
  - c. False imprisonment
  - d. Sexual harassment



- 5. Which of the following could be signs that a patient is being abused? Circle all that apply**
- a. Yelling obscenities
  - b. Fear of being alone
  - c. Constant pain
  - d. Anxiety or signs of stress
  - e. Alcohol or drug abuse
  - f. Withdrawal or apathy
- 6. All of the following signs may indicate neglect EXCEPT**
- a. Pressure Ulcers
  - b. Body lice
  - c. Dehydration
  - d. Reports of feeling sad
- 7. All of the following are true of Adult Protective Services (APS) laws, EXCEPT**
- a. Laws are written by each state and are not the same throughout the country
  - b. APS laws protect individuals who because of a physical or mental impairment need help from other people for their care
  - c. Caregivers are responsible for knowing the laws in their state
  - d. States do not have to follow Federal Laws relating to Residents Rights
- 8. The first federal law designed specifically to combat elder abuse is known as**
- a. Omnibus Budget Reconciliation Act
  - b. Occupational Safety and Health Administration
  - c. Elder Justice Act
  - d. Abuse Act
- 9. Mandated reporters are people who are legally required to report suspected or observed abuse or neglect because they have regular contact with vulnerable populations**
- a. True
  - b. False
- 10. If a medical worker sees someone being cruel or abusive to a patient the worker must**
- a. Ask the patient what happened
  - b. Tell the patient they should not put up with that kind of treatment
  - c. Report it
  - d. Ask the abuser why they were being cruel and provide education

- 11. A group of students are learning about family violence during their clinical rotation in the ER. Which of the following is true of family violence?**
- Family violence effects every socioeconomic level
  - Family violence is caused by drug and alcohol abuse
  - Family violence predominantly occurs in lower socioeconomic levels
  - Family violence rarely occurs during pregnancy
- 12. Mrs. Smith is admitted to the emergency room with a fractured arm. She explains to the nurse that her injury resulted when she provoked her drunken husband, Mr. Smith, who then pushed her. Which of the following best describes the nurse's understanding of the wife's explanation?**
- Mrs. Smith's explanation is an atypical reaction of an abused woman
  - Mrs. Smith's explanation is evidence that the woman may be an abuser as well as a victim
  - Mrs. Smith's explanation is a typical response of a victim accepting blame for the abuser
  - Mrs. Smith's shows appropriate acceptance of her responsibility of her husband's actions
- 13. Which situation would nurse Sally identify as placing a client at high risk for caregiver abuse?**
- Antonia, an adult child quits her job to move in and care for a parent with severe dementia
  - Mr. Wright, an elderly man with severe heart disease resides in a personal care home and is visited frequently by his adult child.
  - Mrs. Hale, an elderly parent with limited mobility lives alone and receives help from several adult children.
  - Antoinette cares for her husband who is in early stages of Alzheimer's disease and has a network of available support persons.
- 14. As a healthcare professional you are responsible for being aware and knowledgeable of policy and laws that protect patients' rights and prevent abuse.**
- True
  - False
- 15. If you are in the workplace and feel as you have been sexually harassed you should**
- Avoid the staff member that is making you uncomfortable
  - Make sure you are not doing things to attract attention to yourself
  - REPORT IT TO YOUR INSTRUCTOR IMMEDIATELY
  - Continue to take the harassment, especially if it is your boss

- 16.** The Abuse Registry for the State of Tennessee is maintained by the Tennessee Department of Health. The Abuse Registry includes names of persons who have abused, neglected, exploited or misappropriated the property of vulnerable persons. The names on the Abuse Registry are submitted for placement by Tennessee departments and agencies which oversee the protection and welfare of vulnerable persons. If you, as a student, are found guilty of abuse during your clinical/nursing rotations you may have your name added to the abuse registry and not be able to work in the healthcare field again.
- True
  - False
- 17.** If you are aware that a patient is being abused it is YOUR responsibility to report it.
- True
  - False
- 18.** Patient's have the right to refuse care/treatments if they are of sound mind and are not legally disabled. If you force the refused care upon a patient you have committed which tort?
- Battery
  - Neglect
  - Assault
  - False imprisonment
- 19.** You are working in a medical facility when a mother brings her child in for a suspected arm fracture. The mother reports that the child fell while riding her bike. Upon physical examination you notice several bruises in different stages of healing and scars from possible cigarette burns. How would you handle this situation?
- 20.** You are working in a nursing home facility when your patient/resident tells you that their primary caregiver, the lead nurse who has worked at the facility for 25 years, yells at them every day and calls them names. What actions should you take to handle this situation?

## Abuse Exam Answer Key

1. c
2. c
3. a
4. d
5. Circle all
6. d
7. d
8. c
9. True
10. c
11. a
12. c
13. a
14. True
15. c
16. True
17. True
18. a
19. Report it to your supervisor/instructor
20. Report it to your instructor/DON

**CONFIDENTIALITY & HIPAA TEST****Name** \_\_\_\_\_ **Date** \_\_\_\_\_

1. **What does HIPAA stand for?**  
\_\_\_\_\_
2. **What year was HIPAA established?**
  - a. 1995
  - b. 1996
  - c. 1997
  - d. 1998
3. **Which of the following is not a component of HIPAA.**
  - a. Protecting the confidentiality of patient information
  - b. Requiring patient written consent to transfer information to the insurance companies and other medical facilities
  - c. Preventing healthcare fraud and abuse
  - d. To provide free healthcare to individuals
4. **Sarah, age 17, was injured while playing ping pong in her garage. She needed an x-ray to access for a broken hand. All of the following have access to her records EXCEPT:**
  - a. Her mom who brought her to the hospital
  - b. Herself
  - c. Her doctor treating her in the Emergency Room
  - d. Her aunt working in the hospital
5. **Tammy, age 19, was in a car accident. She is awake and alert at the hospital. Who is the doctor allowed to give information to?**
  - a. Tammy's parents
  - b. Tammy's husband
  - c. Tammy's sister
  - d. Tammy
6. **Under HIPAA, information that could reasonably identify a patient includes:**
  - a. The zip code of the patient
  - b. The patient's date of birth
  - c. The patients Medicare ID
  - d. All of the above

- 7. Which of the following uses would qualify as a proper use of PHI for “treatment” purposes under HIPAA?**
- While sitting around at the office, a paramedic decides to access the file of a call he was on a year ago because he is now curious after reading about the patient's arrest for burglary in the newspaper.
  - An EMT gets back to the station after responding to a motor vehicle accident and states to another EMT who was not on the call. “Man, was that guy messed up from the accident.”
  - On the way to the hospital, The EMT in the patient compartment relays the condition of the patient via radio to the physician at the emergency department.
  - As he is unloading the patient at the hospital, EMT Smith shouts, “Outta my way everyone, we have the City Mayor on this stretcher!”
- 8. HIPAA permits the release of PHI to law enforcement officers without patient consent, pursuant to a valid:**
- Subpoena
  - Summons
  - Search Warrant
  - All of the above
- 9. The following individuals would generally have the same rights as the patient with respect to accessing PHI:**
- The patient's legal guardian
  - The patient's power of attorney
  - The parent of a minor patient
  - All of the above
- 10. A healthcare organization is required to have a HIPAA Compliance Officer or Privacy Officer in place only if the organization:**
- Treats over 5,000 patients a year
  - Deals with electronic health records
  - Meets the definition of a “covered entity” under HIPAA
  - Has over 50 employees

- 11. You are caring for Fred Smith in room 405. You are assisting him with a bed bath. How would you best provide privacy during this procedure?**
- a. Keep the curtains/door closed at all times
  - b. Leave the door partially opened
  - c. Don't worry about it
  - d. Take pictures for the portfolio
- 12. Your friend is an RN on the orthopedic unit. Her neighbor Mr. Jones was admitted to the ER. At lunch, she asks you how he is doing.**
- a. You can share information because she is another nurse
  - b. You state that you are unable to share this information because she is not involved in his care.
  - c. Tell her she will need to speak with Mr. Jones
  - d. Both b and c
- 13. As a Clinical/Nursing student, you are allowed to discuss your clinical experiences with friends and family.**
- a. True
  - b. False
- 14. It is appropriate to take selfies or pictures of your patients at the Clinical site.**
- a. True
  - b. False
- 15. It is appropriate to post updates about your clinical experiences on social media (snap chat, twitter, face book)**
- a. True
  - b. False

**Answer Key**

1. **Health Insurance Portability and Accountability Act**
2. **1996**
3. **D**
4. **D**
5. **D**
6. **D**
7. **C**
8. **D**
9. **D**
10. **C**
11. **A**
12. **B**
13. **B**
14. **B**
15. **B**