

# General Instructions for a Clinical Rotation

In order to participate in clinicals, it is the responsibility of the student or instructor to first find a preceptor willing to accept responsibility for the training of the student. Once the student has been accepted by the manager of that clinical area, an MOU or contract between the hospital and school needs to be in place. Please see below for Archbold's requirements.

Please e-mail the Student Coordinator if you need guidance.

## Nursing Preceptorship

Clinical space for **Nursing Schools** is very limited. We are requesting the nursing student or instructor find a preceptor on the night shift. If a preceptor can manage to take a student on the day shift, it must be on Friday, Saturday, or Sunday to prevent overloading a clinical area where students have already been placed.

## Memorandum of Understanding (MOU) or Contract

The hospital must have a Memorandum of Understanding or contract between the school and Archbold. Listed below are some of the requirements of the contract. The Addendum to the MOU in paragraph #1 referencing the non-entitlement to Worker's Compensation must be in the contract.

### 1. The Addendum to Memorandum of Understanding

All medical or health care (emergency or otherwise) that a student or College faculty member receives at Archbold Medical Center or its affiliates, will be at the expense of the individual involved. Student or College faculty member(s) will not be an employee of Archbold Medical Center and will not be entitled to Worker's Compensation under the Archbold Medical Center's coverage, or health insurance under the plan provided

by Archbold Medical Center for its employees, or other benefit programs of Archbold Medical Center.

2. All of the signature pages on the contract should read:  
J. Perry Mustian  
President and CEO  
Archbold Medical Center, Inc.
3. The name of each facility within the Archbold system being used as a clinical site by the school needs to be specified within the contract.
4. Please fill in all blank spaces within the contract with the **name of the facility** where the student/students will be working. The main hospital is John D. Archbold Memorial Hospital. Any contract with one of our system hospitals must be in the name of “John D. Archbold Memorial Hospital, Inc., **[insert name of system hospital]**” (Brooks County Hospital, Mitchell County Hospital, Grady General, Glenn-Mor, Mitchell Convalescent, Pelham Parkway, Primary Care, Hospice of Southwest Georgia, Southwest GA Dialysis, and Specialty Clinics).
5. Please also include the address of the hospital (or system facility). Archbold Hospital’s address is 915 Gordon Ave, Thomasville, GA 31792.
6. In the contract, please include the name and address of a contact person.
7. THE NAMES OF INVOLVED PARTIES MUST BE LISTED.  
Include the name of the college/university and the return address to mail the contract.
8. AN EFFECTIVE DATE MUST BE INCLUDED. This is the starting date the term of the agreement begins. It may be different from the date the agreement is signed
9. The TERM of the contract must be stated. This is the time period of the agreement, usually expressed in years, but it may be expressed in days or months.
10. There may be one or more AUTOMATIC RENEWAL(S). The automatic renewal means that when the initial TERM ends, the agreement is automatically renewed for another period of time unless one of the parties gives prior notice (could be 180 days or more) to the other party that they do not wish to continue the agreement.

11. There must be a TERMINATION date and the conditions under which both parties can terminate the agreement prior to the end of the TERM.

Once the contract is signed by both parties, the student may submit the required student informatics services (IS) form and orientation packet signed checklist.

## **Completion of the Informatics Services Student Form**

1. The IS form serves **as a student form** as well as access into the Archbold Informatics System.
2. At least 2 weeks prior to the clinical rotation, the IS form is to be submitted to the student coordinator for approval. Please make sure every blank and check box has been filled in and the form is completed. The instructor and the student must sign the form before it will be accepted. Incomplete forms will not be approved causing delays in the start dates.
3. Please fill out the informatics form (I.S. form) completely **even if access to the computer is not required**. If computer access is required for charting, check the type of access (MAK or Soarian) needed or check "**no access needed**", if applicable. Some areas, such as Radiology, do not give students access to the chart.
4. Please provide the name of the student including a middle name, **student** contact number, **student ID number**, name of school, an instructor's name, phone # and email, and **a start and an end date** for the training. Include the facility site (hospital unit, nursing home or doctor's office) or area the student will be working in and course of study.
5. If a preceptor is being used, please include his/her name.
6. Both the instructor and the student must sign the form at the bottom. The instructor must check the boxes stating the student has had a PPD, HIPAA training, current immunizations, liability insurance, drug screening, flu shot during flu season (will need a flu-safe sticker), background check and received BLS training, if applicable.
7. Drug screens and background results are to be submitted to the student coordinator. Drug screen includes a panel-6. A Panel-6 includes marijuana, cocaine, amphetamines,

barbiturates, opiate, and benzodiazepines. Dilute negative urines will need to be repeated.

8. Flu shots are required during flu season and a flu-safe sticker will be worn by the student. (Obtained through the student coordinator)
9. The Student Confidentiality and Non-Disclosure Statement must be signed and accompany the IS form.
10. All students must read the student orientation packet and sign the signature page. The orientation packet includes our student policy for nursing but it is applicable to all students.
11. If any charting is required, **students will go through classes provided by their instructor** depending on what type of charting they will be doing: MAK for administering medications and Soarian for charting. If administering medications, a bar code with the student's ID number is beneficial although not necessary. The MAK and Soarian education is located online.

Please call or email the Student Coordinator with any questions.

Virginia Bradford, RN, MSN, CMSRN  
Clinical Coordinator/ Student Coordinator  
E-mail: [vbradford@archbold.org](mailto:vbradford@archbold.org)  
Archbold Medical Center  
PO Box 1018 Gordon Ave. @ Mimosa Dr.  
Thomasville, GA 31792  
Office: (229) 228-2038

All contracts go through Donna McMillan  
[dmcmillan@archbold.org](mailto:dmcmillan@archbold.org)  
Office: (229) 228-2795

Pharmacy students will need to contact Maura Hall  
[mihall@archbold.org](mailto:mihall@archbold.org).

Nurse Practitioner students will need to contact the Medical Staff office.  
Office: 229-228-2768