Education and Clinical Rotations: Nursing, Medical, Advanced Practice Professionals (APP), and other Allied Health Students

Updated February 2, 2021

What’s Changed: Removed restriction prohibiting students from caring for PUI or COVID-19+ patients; strongly recommend students are vaccinated prior to providing care to PUIs or COVID-19+ populations

Background:
Nursing, medical, advanced practice professionals (e.g. nurse practitioners, physician assistants), and other allied health students currently participating in clinical training programs, through affiliated school/university agreements, are allowed/encouraged continuation or resumption of clinical rotations. During this period of the pandemic there are, however, critical indicators and considerations that must be met.

Document Purpose
This guide offers the following:

- The knowledge students gain from clinical training – even during this pandemic – is an invaluable part of their learning experience. This experience should be continued at a point in time that the ministry leadership determines it is appropriate and can be safely managed, and the academic partner agrees with any/all necessary support to ensure student safety.

- HM and or RHM leaders, in collaboration with coordinators of clinical rotation and training programs at affiliated Schools of Nursing, Medicine, and other Allied Health will determine the timing and scope of training of students within the HM.

- All patient-facing staff members and students must don appropriate PPE based on the situation and in accordance with the PPE Guidebook.
  - MercyOne strongly encourages all students to complete their full course of vaccination prior to beginning a rotation schedule in our ministries, regardless of their unit assignment. Whenever possible, students should receive the final dose of their vaccine course at least 2 weeks prior to beginning the rotation.
  - All students must receive an orientation to standard precautions and transmission.
  - Nursing, medical, and allied health students on rotation to provide direct care may be assigned to any patient population deemed appropriate by educational leadership and the academic partner.
  - MercyOne will work with the affiliated academic partner to ensure that all students are provided all necessary PPE.
  - For care rounding involving a number of colleagues and students, all students may directly observe/care for the patient under transmission-based precautions. All members of the rounding team will don the required PPE.
If PPE supplies reach critical levels, student services are to be placed on hold until supplies reach adequate levels again. Maintenance of the student clinical services may require support, if possible, of the academic partner to provide the necessary PPE for their student(s).

- Students visiting the ministry for short-term (1-2 day) observational visits should not don PPE, other than a procedural mask, and should not enter the rooms of patients in transmission-based precautions. Educational program leaders should instead consider the use of simulation labs for applied training purposes.

HM infection preventionists are encouraged to appropriately narrow the scope of patients requiring transmission-based precautions, based on the clinical syndrome or condition (or detection/suspicion of epidemiologically significant pathogen (such as CRE or C. auris).

In acute care HMs, there is evidence that standard precautions and other horizontal care strategies can be as effective as use of Contact Precautions for pathogens like MRSA or VRE to prevent transmission, especially for those colonized (e.g. in the nares), enabling students to provide direct care to those patients in standard precautions [Bardossy AC, 2017, Bearman G, 2018]. Based on local guidance and community data, local infection prevention can determine whether changes in policy regarding MRSA and VRE can be implemented.

In long-term care settings follow applicable local, state or federal requirements for use of transmission-based precautions which may call for use of these for MDROs like MRSA or VRE.

During pandemic, and based upon critical supply levels of PPE, Trinity Health may request the support of affiliated academic partners in the provision of PPE for their students. Trinity Health will also gratefully accept donations of PPE from schools wishing to offset PPE used by students. Program leadership from the school must work with local Supply Chain to determine the process to obtain PPE, and to ensure the make and model meet Trinity Health’s strict standards for quality and efficacy. Supply Chain will manage verification and distribution of all donated PPE.

NOTE: Donated PPE MUST be equivalent to PPE provided for employed or affiliated colleagues by/at the Ministry clinical site.

References:
