

Ensuring quality clinical experiences with a medical clearance tracker

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Introduction: Schools of nursing have a duty and responsibility to seek and provide efficient quality and quantity of clinical experiences for nursing students. However, the Covid-19 pandemic amongst other factors complicated the onboarding of students to going to clinical facilities due to the number of requirements that were placed on nursing students to be eligible attend such as having a Covid vaccination, and the decreased number of students allowed to attend. It proves challenging for schools of nursing to ensure that students have all correct medical clearance on a rolling basis due to these circumstances. Oftentimes, it becomes difficult for staff to track the progress and continued validity of such clearance items.

Purpose: If medical items are not continuously updated, it has dire consequences for the students and the college. The students will not be able to attend a live clinical experience to practice nursing skills before graduating. The college fails to meet the duty and promise to the community and its students to deliver live quality clinical experiences. If students do not have the opportunity to attend live clinical sessions in a variety of sessions, they are not readily prepared to apply theoretical knowledge to true nursing practice of clinical judgment and hands on skills.

Methods: In a metropolitan New York accelerated ADN School of Nursing, an office manager was able to implement the use of a medical requirement compliance tracker (to assist the school and all constituents to have increased success at placing and maintaining placements of nursing students.) Each student must comply to the following requirements: positive antigen to MMR (Measles, Mumps & Rubella), Hep B (Hepatitis B) and Varicella (Chicken Pox) this may seem simple, but each requirement consist of 2 series. Each series consist of two shots within four weeks apart. First series are usually done as a child. When they students has proof of both series completed. The student is required to take a titer 8 weeks after their last shot. This is usually when the positive antigen will show up. In some rare cases, students can be non- responder to each Hep B, MMR, or Varicella. The next process for the student will be to meet with the Dean of Nursing and Tiffany Mordan to discuss the protocol of non- responder to the vaccines, Proof of TAP (Tetanus, Diphtheria & Pertussis (with renewal of TD booster alter proof of tap over the 10 years)]. Influenza (Flu) which needs to consist of date administered, Lot number, expiration date, manufacturer, administration site and dose which is done on a seasonal basis.

The following medical requirements mention are done on a annually basis. Proof of TB [Tuberculosis (Negative QuantiFERON Gold test, 2 step skin test or T-spot test)], If positive needed an chest x-ray and it is efficient for

two years, Meningitis (only vaccine that may be waived) updated physical with SPSON 6 page physical form approval status consist of page 1: Signature and date by student, Page 3-6: Physical & medical history, Section 1 (pages 3&4): Completed by the student. Signed and date on page 4. Section 2 pages 5 & 6: Completed by your physician, address, date, phone number, official stamp required, signed and dated (page 6) and CPR with American Heart Association, With the rise of COVID -19 the HHC hospitals became in fearful of their staff and patients. Their onboarding doubled in paperwork, rules were regulated, and policies were changed. Students now have to be vaccinated and with the numbers being stagnant, the HHC policies became strict in a sense that the student needed to be fully vaccinated 14 days prior to the start of their clinical. Students were not happy about the adjustments of the policies. The office manager had to sit in various meetings with the heads of Castle Branch in order to get all students tracker updated.

Results: The outcomes of these efforts included several improvements and safeguards for student clinical placements. The majority of students were able to attend clinical while being clinically compliant and medically safe to practice as a student nurse. Several students were reminded and regained compliance in a timely manner to participate in clinical. Students expressed thankfulness for a virtual platform to remind them with software emails and townhall meetings with students to ensure compliance.

Conclusion: The medical compliance tracker worked so well with students that it is now being considered for nurse faculty. This tracker should be considered by all schools of nursing to ensure that students are safe to practice at the bedside, to enhance communication between schools of nursing and its constituents, and mostly to ensure that schools of nursing deliver on its promise to train nursing students effectively so they can serve their communities as graduate nurses.

Biography

Tiffany Mordan is an Administrative Assistant to the Deans of Nursing at Saint Paul's School of Nursing Alumni Association. She completed Bachelor of Science - BS from State University of New York College.

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