

Student Handbook



Welcome



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Dear Student:

Welcome to Doctors Community Hospital. We are excited to have students at DCH, and we will do everything we can to make your clinical rotation a great learning experience.

This student orientation handbook contains information that you will need for a successful clinical experience at DCH. Please print, sign and submit the Confirmation Agreement letter to your instructor or appropriate unit director. You will need to read the handbook before the first day of clinical.

On behalf of the Education Department and the staff at DCH, we welcome each of you and look forward to working with you.

If you need assistance or have any questions, please feel free to contact the Education Department at 301-552-8072.

MISSION, VISION AND VALUES

OUR MISSION:

Dedicated to Caring for your Health

OUR VISION:

Continuously strive for excellence in service and clinical quality to distinguish us with our patients and other customers.

OUR VALUES:

Safety
Excellence
Respect
Vision
Innovation
Compassion
Everyone

ID BADGES / NURSING STUDENT UNIFORMS

Students must wear their school photo ID at all times.

Nursing students must always wear their school's nursing uniform and school ID badge during all clinical rotations at DCH. Only students rotating to the Operating Room are permitted to wear hospital-issued scrubs. Students rotating to the Emergency Department must wear their school uniform and school ID badge.

All students are required to use the top level of parking garage and the Mallory Drive Surface Lot if the top level is full. A parking pass will be issued by Human Resources. Parking passes must be returned to your clinical instructor on the last day of clinical.

The ER garage upper, lower and perimeter levels are designated for ER patient/visitor parking. No staff parking. Light blue decals are issued through the Human Resources department. All other permits are issued directly or indirectly by the Director of Security. All parking rules and regulations are enforceable by DCH Hospital Policy and Prince George's County Parking laws.

D E M O G R A P H I C S O F P A T I E N T P O P U L A T I O N :

- Ages 35–80
- Length of Stay 3–4 days
- Our staff and patient population consists of people from the United States, Africa, Asia, Caribbean, Europe and Latin America.

V I R T U A L S T U D E N T O R I E N T A T I O N :

In an effort to consistently orient students to our organization, all students scheduled for 40 or more hours of clinical experience at DCH will be required to read all of the orientation documents and sign a letter of agreement that all content has been read. This agreement letter must be printed and signed by each student and submitted to their instructor or appropriate unit director for hospital records.

3 R D F L O O R

Three East

3-East is a 22-bed medical-surgical acute care unit that provides comprehensive nursing care to patients with a variety of medical conditions such as end-stage kidney disease, diabetes and sickle cell disease. Nurse to patient ratio is 1:5–6.

Three West

Nurses on 3-West care for acute care patients in a 25-bed setting, with a particular emphasis on hematology and oncology. The nurses on this unit are all registered nurses with oncology backgrounds who are chemotherapy certified. R.N. to patient ratio is 1:4–5.

Infusion Center

Also located on 3-West is an outpatient infusion center with the ability to accommodate five patients. Typically, the infusion center provides services inclusive of blood transfusions, IV antibiotic therapy and chemotherapy for an outpatient patient population.

Inpatient Dialysis Center

Located on 3-West is an inpatient dialysis center for the provision of hemodialysis to our patients. The center has the capacity for five chairs and a room for two isolation patients.

Clinical Director

Evonne Kaniecki, MBA, BSN, RN
301-552-8555

Clinical Instructor

Michelle Manley, RN
301-552-8579

Clinical Coordinators

William R. Jones
Judith M. Marana
Susan M. Miller
Maureen J. Philip
301-552-8648

MEDICAL SURGICAL ORTHOPEDIC UNIT**Four East**

4-East is a 25-bed medical-surgical acute care unit that provides comprehensive nursing care to patients with a variety of medical conditions from sickle cell to diabetes.

Four West

4-West is a 31-bed medical-surgical acute care unit that provides comprehensive nursing care to patients with a variety of medical conditions as well with the center of attention on orthopedic care pre- and post-operative patients.

Clinical Director

Diane Van Hassel, RN
301-552-8066

Clinical Education Specialist

D. W. Stephenson, RN, MSN, BS, AAS
301-552-8563

Clinical Coordinators

Laura J. Adler, RN- *weekend days*
Christine L. Josen, RN- *weekend nights*
Lois S. Mitchell, RN- *weekday evenings*
Theresa I. Okoro, RN- *weekday nights*
Janice A. Osborne, RN- *weekday days*
301-552-8067

TELEMETRY UNIT

Telemetry patients require cardiac monitoring for the following reasons:

- Chest pain, not exhibiting acute EKG changes
- Unstable angina, not requiring IV nitroglycerin
- Syncope. to r/o cardiac origin of symptoms
- Immediate past cardiac catheterization observation
- TIA or stroke arterial fibrillation
- Initiation of new anti-arrhythmic therapies
- Hemodynamically stable post-op patients who developed dysrhythmias in the PACU Aggressive replacement of electrolytes
- Digoxin toxicity with or without EKG changes
- Immediate post pacemaker insertion observation
- Elective cardioversion
- Ventilator dependent patients who are not able to be weaned
- Patient requiring the following IV medication therapy:
 - Non-titrating dopamine (up to 10mcgs/kg/min)
 - Non-titrating dobutamine (up to 20mcgs/kg/min)
 - Non-titrating dose of IV lidocaine (up to 2mg/min)
 - Non-titrating dose of IV pronestyl (up to 2mg/min)
 - Cardizem boluses and non-tilrating continuous infusions not to exceed 20mg/hour
 - Maintenance IV infusion of amiodartlne at 0.5mg/min

Clinical Director

Linda Jennings, RN
301-552-8684

Clinical Instructor

Diane Blair, RN, BSN
240-965-3687

Clinical Coordinator

Marjorie Johnson, RN, PCCN
Diana Cooper, RN
Glynda Ross, RN
Jennifer Graham, RN
Felicitous Onyekweli, RN, CCRN
301-552-8683

Critical Care is 24 beds divided into 3 units

SICU-2701-2706 and is a 6 BED AREA (Surgical ICU)

MICU-2801-2806 and is a 6 BED AREA (Medical ICU)

IMCU-2901-2912 is a 12 BED AREA (Intermediate Care Unit)

The nurses in both MICU AND SICU have a 1:2 patient ratio

The nurses in IMCU have a 1:3 patient ratio

Our patients are managed by our Intensivists (Physicians who are dedicated and here in the Critical Care 24 hours a day), and they work 12 hour shifts 7am-7pm.

Procedures done at the bedside in Critical Care include:

All endoscopies, TEEs(Transesophageal echocardiography) and sometimes small debridement procedures, Bronchoscopes, Central Line placements such as PICC lines and Triple lumen catheters, Intubations, Xrays.

Our nursing staff works both 8- and 12- hour shifts.

Rounds are started daily at 09:00.

Visiting Hours for Critical Care Units

Visiting hours for our patients are 11:00 to15:00 and 16:00 to19:00.

These breaks in our visiting hours allow our staff to provide report in a secure fashion.

Only 2 visitors to a room and no one under the age of 12 are permitted in the Units.

Clinical Director

Dawn Kelly, RN, CCRN

301-552-8582

Clinical Instructor

The Doctors Community Hospital Emergency Department, a 47-bay unit that serves approximately 60,000 patients annually, provides emergent and urgent medical care to the diverse population in our community. Our providers, nurses and technicians work in teams to provide care to all patient populations with any emergent complaint. Although the hospital does not have specialty inpatient units for Pediatrics, Obstetrics or Psychiatry, the Emergency Department is a place where a student can expect to see everything from a child's earache to a full cardiac arrest. We pride ourselves on providing an atmosphere of learning for all levels of health care workers with patient safety being our top priority. There are 10 beds in the Observation Unit, dedicated to patient observation. These beds are considered an outpatient area for extended observation for patients not requiring a full admission. Nurse to patient ratio is 1:4-5.

Clinical Director

Jennifer Carini-Metcalf, RN, BS, MBA

301-552-8666

Clinical Instructor

Chris Rawlinson, RN, CEN

301-552-8645

Ask questions, get involved!!



Photo Identification Access Control Form

Please fill out the following information and present this form to the Human Resources or Security Department before having your picture taken.

New Card*

Name Change

DMV Disability Placard or Plates

Broken Card

Job/Dept. Change

Replacement Card (lost ID \$5 fee required)

Submit payment to Cashier's office or ER Registration:

Cash, Check or Credit Cards: Visa, MasterCard, American Express & Discover

First Name: _____ **MI:** _____ **Last Name:** _____

Social Security #: _____ **Employee #:** _____ **Sex:** F M

Eye Color: _____ **Hair Color:** _____ **Weight:** _____ **Height:** _____

Credentials: _____ **Location:** North Bldg Hospital POB Exec Pl
(MD, RN, OT, etc. - up to five characters)

Contract Employee Only **Begin Date:** _____ **End Date:** _____
(Expiration Date)

Color Code - (Choose one)

Employee (Blue Stripe)

Contractor (Red Stripe)

Physician (Green Stripe)

Student (Grey Stripe)

Volunteer (Violet Stripe)

Vehicle Parking Permit	State	Vehicle Tag #	Permit Color <small>HR/Security Use Only</small>	Parking Permit # <small>HR/Security Use Only</small>
Vehicle #1				
Vehicle #2				

**You must display your ID badge while working at Doctors Community Hospital. Do not alter, deface or attach pins on the magnetic stripe of your photo ID/Access Control Badge. At termination of employment, you must immediately return your ID/Access Control Badge to the Human Resources or Security Department.*

Employee Signature: _____ **Date:** _____

Department Approved by: _____ Date: _____

For Human Resources/Security Department Use Only

	Card #	Badge Layout	Person Type	Bar Code
Employee ID Badge	10 _____ <small>(Employee Number)</small>	VERT	EMPLOYEE	_____ <small>(Employee Number)</small>

	Card #	Badge Layout	Person Type	Bar Code
All Other ID Badge	_____ <small>(Social Security Number)</small>			_____ <small>(last 4 SSN)</small>

Card Issue Date: _____ **Issue Code #:** _____ **Date of Hire:** _____

Verify: Department: _____ Job Title: _____

Verified: Employee Name Changed (Meditech): _____

ID Badge Issued by: _____ Date: _____

Payment Receipt Submitted to: _____ Date: _____

DMV Medical Cert Card # (must be in employee name): _____ Expiration Date: _____

EVALUATION OF STUDENT CLINICAL EXPERIENCE

Please fill out the following information and present this form to the Human Resources or Security Department before having your picture taken.

DATES OF CLINICAL

COURSE

UNIT ASSIGNED

SCHOOL

PLEASE RATE ACCORDING TO THE FOLLOWING SCALE: 1= STRONGLY DISAGREE 2= DISAGREE 3= AGREE 4= STRONGLY AGREE

1. The clinical experience helped you meet the course objectives. 1 2 3 4
2. The staff was receptive to students. 1 2 3 4
3. The staff was willing to share their knowledge. 1 2 3 4
4. The nurses with whom you worked served as effective role models. 1 2 3 4
5. Orientation helped to prepare you for your experiences in this hospital. 1 2 3 4
6. What was the best aspect of your experience here?
7. What was the worst aspect of your experience here?
8. Would you consider working at Doctors Community Hospital? YES NO

ADDITIONAL COMMENTS:

SYSTEMS FAILURE & BASIC STAFF RESPONSE

(See Department Policies and Procedures for additional details.)

FAILURE OF	WHAT TO EXPECT	WHO TO CONTACT	RESPONSIBILITY OF USER
Computer Systems	Systems down.	Information Systems	Use backup manual / paper systems.
Electrical Power Failure – Emergency Generators Work	Mainly lights are out.	Plant Operations	Ensure that life support systems are on Emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in program asap. Use flashlights.
Electrical Power Failure – Total	Only red plug outlets work. Failure of all electrical Systems.	Plant Operations & Respiratory Care Services.	Utilize flashlights & lanterns, hand ventilate patients, manually regulate ivs, don't start new cases.
Elevators Out Of Service	All vertical movement will have to be by stairwells.	Plant Operations & All Managers	Review fire and evacuation plans, await instruction.
Elevator Stopped Between Floors	Elevator alarm bell sounding.	Plant Operations & Security	Keep verbal contact with personnel still in elevator and let them know help is on the way.
Fire Alarm System	No fire alarms or sprinklers.	Plant Operations	Institute Fire Watch, minimize fire hazards, use phone or runners to report fire.
Medical Gases	Gas alarms, no o2 or medical air or nitrous oxide (no2).	Plant Operations & Storeroom & Respiratory Care Services	Hand ventilate patients; transfer patients if necessary, use portable o2 and other gases, call for additional portable cylinders.
Medical Vacuum	No vacuum; vacuum systems fail and In alarm.	Plant Operations, Respiratory Care & Central Services	Call Central Services for portable vacuum, obtain portable vacuum from crash cart, finish cases in progress, do not start new cases.
Natural Gas Failure Or Leak	Odor, no flames on burners, etc.	Plant Operations	Open windows to ventilate, turn off gas equipment, don't use any spark producing devices, electrical motors, switches, etc.
Nurse Call System	No patient contact.	Plant Operations	Use bedside patient telephone if available; move patients; use bells, detail a rover to check patients.
Patient Care Equipment/Systems	Equipment / system does not Function properly.	Biomedical Engineering	Remove & tag defective equipment. Replace equipment.
Sewer Stoppage	Drains backing up.	Plant Operations	Do not flush toilets, do not use water. Line Toilets with RED bags.
Steam Failure	Sterilizers inoperative.	Plant Operations, Biomedical Engineering, Ips Product Manager & O.R. Supervisor	Conserve sterile materials. Arrange sterilization with PGGH, use steam generator in O.R.
Telephones	No phone service.	Telephone Commutations	Use overhead paging, pay phones, obtain walkie-talkies from O.R.
Water	Sinks & toilets inoperative.	Plant Operations & Materials Management	Institute Fire Watch; conserve water, use bottled water for drinking; be sure to turn off water in sinks, non-potable water for flushing toilets.
Water Non-Potable	Tap water unsafe to drink.	Plant Operations, Food Services & All Managers	Place "Non Potable Water – Do Not Drink" signs at all drinking fountains and wash basins.
Ventilation	No ventilation; no heating or cooling.	Plant Operations	Open windows in non-isolation rooms or obtain blankets if needed, restrict use of odorous / hazardous materials.

PHONE NUMBERS

Biomed..... 8133 / "0"	Information Systems..... 8173/7776	Material Mgmt..... 8151	Safety..... 8026
IPS..... 8572	Plant Operations..... 8169 / "0"	Telephone Comm..... 8598 / "0"	
Food & Nutrition..... 8161	Respiratory Care..... 8076	Security..... 8071	

EMERGENCY CONDITION & BASIC STAFF RESPONSES

(See Department Policies and Procedures for additional detail.)

PROBLEM	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE	FOLLOW UP
Code Red (Fire)	Notification of fire, smoke, or smell of something burning	Rescue those in immediate danger (if safe to do so) Activate the alarm (Dial 222 and pull manual alarm) Contain the fire (Close doors) Extinguish the fire (if safe to do so)	Use an extinguisher to put out the fire. Pull the pin. Aim the hose. Squeeze the handle. Sweep from side-to-side at base of fire.	Evaluate if appropriate. Critique.
Code FW (Fire Watch) System Failure	Notification of Fire Watch	Listen to overhead announcement. Conduct hourly survey of areas as instructed by Supervisor.	Initiate Code Red Policy in the event of a fire.	Evaluate if appropriate. Critique.
Code Gold (Bomb Threat)	Notification of bomb on campus, usually by an outside caller.	Call 222 if a threat is received. Listen to overhead announcement. Search area utilizing bomb search checklist. Do not touch if found.	Notify Operator (222) and Supervisor if suspicious package is found. Evacuate area surrounding suspicious package / bomb.	Complete the departmental bomb threat form. Critique.
Code Orange (Hazardous Material / Radiation Accident)	Notification of hazardous material disaster (Internal or External)	Listen to overhead announcement. Seal off area and victims. Hazmat Team to victim site.	Seek / coordinate decontamination of victim(s). Await request for additional staff for assistance.	Decontaminate area. Complete report of incident. Critique.
Code Yellow (External Disaster)	Notification of an External Disaster	Listen to overhead announcement. All staff report to their department.	When Code Yellow is paged report to Staffing Center for assignment. When additional staff arrive, report to Staffing Center.	Critique.
Code I (Internal Disaster)	Notification of an Internal Disaster	Overhead announcement. All staff report to their department.	Personnel will be called and instructed to report to Command Post. Listen to overhead instructions.	Critique.
Code Purple (Security Emergency)	Notification of hostage situation, civil disturbance or other security emergency	Listen to overhead announcement. All staff report to their department except for involved department.	Remain in department until "All Clear" is paged.	Critique.
Code Pink (Infant / Child Abduction)	Notification of infant / child abduction	First person to identify abduction situation will call 222. Do not disturb or touch anything in immediate area where infant/child was last seen.	Security / designee immediately assigned to all egress areas. Assist police as requested.	Critique.
Code Gray (Elopement)	Notification of person who may be dangerous to self or other who has left the unit without notifying staff	First person discovering elopement is to notify Unit Manager who will notify Security and the Administrator Nursery Supervisor	Security will search premises and notify police if necessary.	Critique.
Code Green (Combative Person)	Person becomes agitated and is a danger to self or others	Try to talk person down. Notify Manager and/or Security for assistance.	Call 222 and have a "Code Green" paged to get help in controlling person. If necessary the Supervisor will call 911.	Critique.