

## **Angelo State University Department of Nursing Undergraduate Observational Rotation Guidelines**

The agency liaison's responsibilities include being a positive role model for the student, providing a practicum schedule for optimum experience, orienting the student to the practicum setting, reviewing student's practicum objectives and learning goals, establishing/maintaining lines of communication with the student and the clinical instructor, and reviewing policies, operational procedures and protocols specific to the practicum site with the student. The agency liaison will assist in identifying student observational opportunities and positive learning experiences.

The students' responsibility includes active participation in the learning process, seeking out learning opportunities, being accountable for his/her actions, and demonstrating professional behaviors. The student is expected to maintain communication as needed with the agency liaison and the clinical instructor and respect the confidentiality of clients and patients, clinical staff, faculty, and fellow students

**PREPARATION:** Students shall be prepared for their observational experience with the following: clean, ASU uniform; watch; ASU ID badge; short natural nails; no jewelry allowed except watch and/or fitness band, wedding band, engagement ring, and one pair of stud earrings; and hair up neatly and off the collar. Students should be on time and leave the agency only at designated times per the schedule. No smoking is allowed during rotation. Any deficiency by the student may result in the agency liaison dismissing the student and reporting the student to the clinical instructor.

**INJURY OR EXPOSURE:** While in the practicum setting, the student is responsible for notifying the agency liaison and university faculty immediately of any injury or exposure (or potential exposure) to an infectious agent. Initial exposure response is to render first aid and contact the clinical instructor immediately.

**ILLNESS:** Clinical instructor must be notified should a student become ill in the practicum setting. Students who demonstrate poor health, emotional distress, and severe fatigue in the practicum setting should be reported to the clinical instructor by the agency liaison immediately.

**Angelo State University Department of Nursing  
Undergraduate Observational Rotation Agreement**

Student(s): \_\_\_\_\_ Course # \_\_\_\_\_ Semester & Year \_\_\_\_\_

Clinical Agency: \_\_\_\_\_ Phone: # \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rotation schedule: Starts: \_\_\_\_\_ Ends: \_\_\_\_\_ Days of week: \_\_\_\_\_

Clinical Instructor(s) \_\_\_\_\_

Email Address(es): \_\_\_\_\_ Cell#: \_\_\_\_\_ Office#: \_\_\_\_\_

**The purpose of this agreement** is to permit students in the undergraduate nursing program at Angelo State University to participate in observational clinical rotations within the named Agency.

**Conditions of Observational Experiences**

1. The agency staff will retain responsibility for the care of patients, as students are observational only.
2. The student(s) will work with the Agency liaison and clinical instructor to accomplish objectives identified by the student and faculty that are in accordance with course objectives and program objectives.
3. The Clinical Instructor maintains responsibility for the student's clinical learning experiences and will serve as the liaison between the students and the Agency.
4. The University Clinical Coordinator will serve as the liaison between the university and the Agency.
6. The Undergraduate Nursing Student Handbook is available at <http://www.angelo.edu/dept/nursing/handbook/>
7. I, the Agency liaison, have read, understand, and agree with the Observational Rotation Guidelines and the Contract of Association/Affiliation Agreement and agree to observational student rotations as noted above.

**Agency Liaison Information**

Name: **(Please Print)** \_\_\_\_\_

License #: (if applicable) \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Email : \_\_\_\_\_

**Agency Liaison Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agency Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Clinical Instructor Signature(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE RETURN TO:** Clinical Instructor(s) as listed above  
325-942-2236 (Fax)  
MAIL: ASU Nursing Program  
ATTN: (Clinical instructor name(s))  
ASU Station # 10902  
San Angelo, TX 76909-0902

<p><u>For college use only (date &amp; initial)</u> Contract with agency/site _____ Copy mailed to supervisor/site _____ Signed and filed _____ Supervisor biography on file _____</p>
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