



MHA HEALTH, RESEARCH AND EDUCATIONAL  
FOUNDATION, INC.

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**2024 GUIDELINE  
FOR PARTICIPATION  
IN THE  
MISSISSIPPI SUMMER  
STUDENT NURSE  
EXTERNSHIP PROGRAM**

Robin Powell, Project Manager

LaNelle Weems, Director MCQW

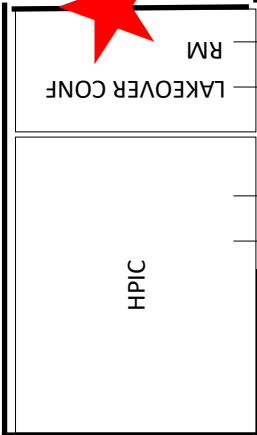
TODAY'S LUNCH SPONSORED BY  
ALCORN STATE UNIVERSITY'S  
HEALTH INFORMATICS  
GRANT. THANK YOU, ASU!





# M H A'S FIRST FLOOR

Lakeover Room Exit Door

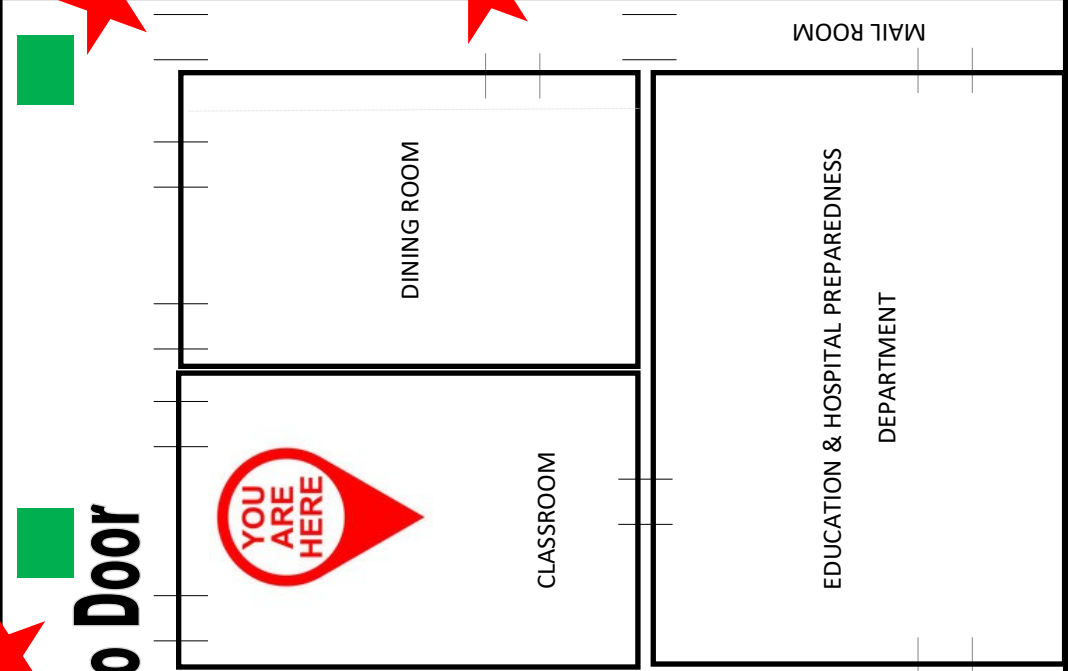


RESTROOMS

RECEPTION

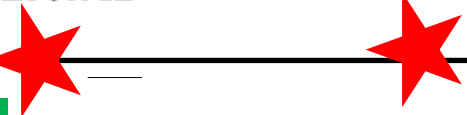
IF INCIDENT WEATHER OCCURS, GATHER HERE IN THIS HALLWAY FOR SAFETY.

S T A I R S



EDUCATION HALL EXIT DOOR

DOCK DOOR



Patio Door

Stairwell Front Door

This map portrays the first floor of MHA.

The RED STARS denote exits to the building.

The GREEN button denotes that you have to push it before pushing the door to get out.

The red text shows where to go in case of inclement weather.

Please familiarize yourself with all exits.

## All Zoomers:

Please place your name and facility  
In the CHAT BOX  
So I'll have a record of your attendance.

Place all questions in the chat box for response  
or make a note in the chat box that you'd like to speak.

Have your microphone on MUTE at all times unless  
you want to address the audience.

Please do not place the call on HOLD at any time.



# AGENDA NOVEMBER 29 @ MHA, MADISON, MISSISSIPPI: 10a-3p

- ◆ Welcome Lanelle Weems, MSN, RN
- ◆ Brief Summary of Externship Program Director, MS Center for Quality and Workforce
- ◆ Introduction of Externship Committee
- ◆ Recognition of First Time Participants
- ◆ Welcome to HR personnel

**\*\* See the steps to set up a program at your facility / SON: Pages 5—7.**

Review of Program Documents: Follow along by numbered documents found in your packet:

- |   |  |  |
|---|--|--|
| 1 | Responsibility Flow Chart  | <b>Page 12</b>   |
| 2 | Letter of Good Standing  | <b>Page 13</b>   |
| 3 | Student Participation Agreement  | <b>Page 14</b>   |
| 4 | Program Guidelines   | <b>Page 15</b>   |
| 5 | Clinical Checklist with Exclusions   | <b>Page 21</b>   |
| 6 | Evaluation Forms: <ul style="list-style-type: none"> <li>◆ Extern evaluates Preceptor</li> <li>◆ Preceptor evaluates Extern</li> </ul>                         | <i>Page 31—34: These documents are for hospital / SON only. MCQW does not require these documents returned.</i>  |
| 7 | <ul style="list-style-type: none"> <li>◆ OB Packet Module</li> <li>◆ Psych Packet Module TBD</li> </ul>  | <i>Found online if needed.</i>   |
|   | <p>Online Evaluation after 320 hours are completed</p> <p>The 320 hours are tallied from the extern’s paystub—<br/>NOT the extern’s planned work schedule.</p> | <i>The student’s certification of completion is associated with the online evaluation. They should not complete until the 320 hours have been completed and verified as complete, per hours actually worked (not the provided schedule).</i> |
| 8 | Q&A Booklet  | <i>Found online if needed.</i>   |
|   | Open Discussion  |  |
|   | Quick Funding Overview   |  |
| 9 | Form: Funding Recipient Eligibility—All Districts  | <b>Page 38</b>   |
|   | <b>LUNCH BOXES AVAILABLE   TAKE TO BREAKOUT SESSION:</b>   |  |
| ◆ | Central MS Planning and Development—LouSonya Horton  | <b>Classroom</b>   |
| ◆ | South Delta Planning and Development—Mitzie Woods, Cindy Goodin  | <b>Lakeover Room</b>   |
| ◆ | Twin Districts Planning and Development—Marilyn Minor  | <b>Dining Room (funding discussion will be held at a later date via zoom)</b>  |
| ◆ | MS Partners (Three Rivers PDD) - No Funding  | <b>Can network in Madison Room</b>   |

**MHA 411:**

- ◆ Receptionist can assist with all needs, including over-the-counter medicines if needed.
- ◆ Restrooms located in alcove beside receptionist. Second set of bathrooms on second floor, directly above the first floor bathroom.
- ◆ All doors have green buttons beside them that must be pushed before pushing on the door to exit.
- ◆ We are a tobacco free campus. Madison is a tobacco free city. Thank you for your compliance.
- ◆ The one sitting closest to the thermostat may adjust it. Please adjust it only 2 or 3 degrees at a time. This keeps it happy.

*Text Robin at 601 709 9697 at any time if you have a need or talk with our receptionist.*



## 2024 Externship Committee: Stand up if you're in room; raise hand if on zoom.

POSITION	NAME	HOSPITAL	EMAIL	PHONE
MEM	Brandie Beard	Baptist Memorial Hospital - GT	brandie.beard@bmhcc.org	662 244 1000
MEM	Michelle McCann	Baptist Memorial Hospital—Leake	michelle.mccann@bmhcc.org	601 479 4416
<b>2024 CHAIR</b>	Alicia Ciarloni	Baptist Memorial Hospital - North MS	alicia.ciarloni@bmhcc.org	662 636 3342
MEM	Kaffie Denley	Bolivar Medical Center	kaffie.burns-denley@scionhealth.com	662 336 6383
MEM	Cassie Montgomery	Delta Health System-The Medical Ctr	cmontgomery@deltahhealthsystem.org	662 820 5095
MEM	Adriane Crabtree	Forrest General Hospital	Adriane.crabtree@forrestgeneral.com	601 288 2659
MEM	Linda Holmes	Forrest General Hospital	lholmes@forrestgeneral.com	601 288 2655
MEM	Colby Kent	King's Daughters Medical Center	ckent@kdmc.org	601 553 6779
MEM	Jaymie Heard	King's Daughters Medical Center	jheard@kdmc.org	601 835 9165
MEM	Felycia Dear	Merit Health River Oaks	felycia.dear@mymerithealth.com	601 936 1354
MEM	Jennifer Davis	St Dominic Hospital	Jennifer.Davis2@fmoths.org	601 200 6119
MEM	Marianne Mejia	Memorial Health System Gulfport	mmejia@mhg.com	228 236 6487
MEM	Hannah Barrett	North Sunflower Medical Center	hannah.barrett@northsunflower.com	662 756 4000

POSITION	NAME	SCHOOL OF NURSING	EMAIL	PHONE
<b>CHAIR MCDDSN</b>	Shirley Evers-Manly	Alcorn State University	severs-manly@alcorn.edu	601 304 4301
MEM	Vicki Bingham	Delta State University	vbingham@deltastate.edu	662 846 4268
MEM	Christy Jenkins	Delta State University	cjenkins@deltastate.edu	662 846 4263
MEM	Sharon Davis	East Central Community College	sdavis@eccc.edu	601 635 6316
MEM	Wendy Lingle	Hinds Community College	Wendy.Lingle@hindsc.edu	601 376 4953
MEM	Tiffany Cox	Holmes Community College	ticox@holmescc.edu	601 605 3416
MEM	Lara Collum	Meridian Community College	lcollum@meridiancc.edu	601 484 8728
MEM	Brandy Larmon	Mississippi University for Women	bhlarmon@muw.edu	662 329 7299
<b>REP MCDDSN</b>	Mary Helen Ruffin	Mississippi University for Women	mhruffin@muw.edu	662 329 7323
MEM	Stephanie C. Greer	Southwest MS Community College	sgreer@smcc.edu	601 276 3837
<b>Past Chair</b>	Sharon McElwain	University of MS Medical Center	smcelwain@umc.edu	601 815 9478
MEM	Kim Smith, MSN RN	University of Southern MS	kim.s.smith@usm.edu	601 266 6329

# Setting Up a Program at Your Healthcare Facility

Review data on the MHA website regarding the Nurse Extern Program. [www.mcqw.org](http://www.mcqw.org) | WORKFORCE

Talk with your Administration regarding number of externs for program. Our pay is equivalent to our other patient care tech pay. Multiply by the 320 hours of the program to get a number for cost to see if it can be budgeted for. There is no guarantee of funded positions but you will be given the number you qualify for after applications are completed for the program.

Once you determine the number of externs for your facility, talk with HR about their onboarding process time frame: applications, interviews, pre-hire requirements, etc. HR will have a final cut-off date after which they can't be processed.

Once you have the number of positions to be offered and the dates from HR, review your clinical affiliations with Schools of Nursing. This is a summer program so check on their summer start dates. You can then pick dates for your program, some do 8 weeks and some do 10 weeks. They must complete the 320 hours required for the program. The extra week or two gives you a little wiggle room for sickness or other issues of both the Extern and the Preceptor.

Now that you have the potential dates for your program, start looking for potential areas they may be in and Preceptor availability. It is a summer program so new graduate hires needing Preceptors will impact your availability. Preceptors must have 12 months of experience. Remember to evaluate availability of BSN preceptors when placing student nurse externs.

Preceptors will have to attend a training session on the program prior to start of program so you will need to schedule some dates and times for this (approximately 30 minutes will suffice). They will need to review the program guidelines, checklists, exclusion checklist, and other documents related to the program. Consider placing externship info on hospital's learning management system as a prerequisite to the training session in order to decrease time.

Attend the mandatory MHA meeting on the program and then download, complete and return the required documents. You will need a Nurse Extern Job Description, Orientation Objectives and Clinical Objectives to attach to your application. Attend the meeting with the WIN Job Center to discuss potential funding.

Reach out to your Schools of Nursing and let them know you will be participating in the program and learn the name and contact information of the Instructor who will be overseeing the class for the SON. Let them know when your application process will open. Ask the SON representative to place content for your program on the SON's learning management system in addition to posting flyers and/or sending it electronically to the students.

Look at Orientation week and determine if extra classroom space or Educators will be needed. Our Externs onboard as employees so they attend General orientation and then Patient Care Service orientation for classes such as Accucheck, Phlebotomy, IV, wound care, patient safety, restraints, etc. as required for our clinical employees. You will need to develop a schedule for their orientation week. We try to condense to get it completed in 4 days so they can be on their unit quickly.

Now time for interviews! Once screened by HR they are scheduled interviews with Extern Coordinator and other Leaders like Director of Education or Director of Nursing. It will be helpful to develop a screening tool for the interview so the same questions are asked of each. What led you to Nursing? Previous Clinical experience? Where do you see yourself in 5 years? Etc. We also ask their 1<sup>st</sup> & 2<sup>nd</sup> preference for work area from areas we have available. It's not a guarantee but we would like to match if able. We discuss the 320 hours, dress code etc.

Then make an offer to chosen applicants. YAY! Gather acceptances.

Send Checklists to your accepted Externs to take to their SON to have completed. Send funded Externs the Instructions from WIN Job Center that tells them about required documents and how to complete application. You must receive the Eligibility form from the WIN Job Center PRIOR to Orientation day for your funded Externs!

Confirm your Preceptors have all completed training on program. Place fliers throughout facility or in the newsletter telling staff about the nurse extern program.

Consider sending a list of the student nurse externs who were accepted in your program to the SON Facilitator/Instructor(s). Communication with the SON instructor is helpful especially if extern has accepted two positions at two different clinical partner sites. Also the SON instructor can assist with educating extern about their responsibilities such as enrolling in the summer externship program at their respective schools.

NOTE: If foreign exchange students are chosen to extern, an OPT form (Optional Practical Training) must be approved 90 days prior to externship start date. Ensure all externs in this category are aware that this form must be completed within that timeframe. Also, foreign exchange students are not eligible for funding from the Planning and Development Districts.

During Orientation have a short session with externs to discuss program guidelines, rights & responsibilities of externs, 320 hour requirement, checklists, Skills Exclusions, dress code, absences, tardies, contact info for extern facilitator and other leaders they will interact with. Gather up the completed checklists, get participation share of information agreement signed, get copies of BLS. As they complete orientation classes try to have the Preceptor drop by and meet them, take them to their unit and introduce around, and/or discuss their schedule. We made a pocket card of the skills exclusion list to give to extern and Preceptor. Also post a flier in their work area on the Skills Exclusion.

Orientation meeting is a good time to have CNO come greet them and snap a group picture to send to MHA (with their permission of course).

Determine who will be assessing the extern's competency. They should always have their validated checklist from SON with them and the Preceptor can note when they observe them complete skills. You may also have another competency assessment tool required by your facility, either paper or electronic, so decide who will be completing those.

Have the externs send you their schedule so you can do periodic rounds to check on them and/or get access to your entities' database to view schedules. The Instructor from their SON will have a system set up for them to follow them as well. Remember that the hours worked are confirmed through the extern's paystub – not their work schedule so ensure the student checks the paystub and tracks actual worked hours (rather than submitting scheduled hour plan).

Consider setting up a mid-term meeting so you can check on them, to see if there are any barriers such as unable to shadow, problems with preceptor, etc. and discuss future employment opportunities.



Funded externs will have to have their time submitted to MHA for reimbursement. Once all funded externs complete at your facility, send all time sheets proving 320 hours and the reimbursement form to [rpowell@mhanet.org](mailto:rpowell@mhanet.org). They must show that the extern completed 320 hours. You will need to work with Payroll in order to get reports for reimbursements.

I ask that they bring me a copy of the verification form for completing the online evaluation required by MHA that Robin sends them so I can verify that they did complete it. I make a copy of their completed checklists at end of program for my records. Make sure the SON gets their copy also.

Final Day. We set up a reception for them. Leadership is there to mingle and get their take on how the program went. Marketing is there to cover it as well for newsletter or to send to news outlets.

*The foregoing hospital start-up guide was developed by the Externship Committee January 2022.*

## Setting Up a Program at Your SCHOOL OF NURSING

*The following SON start-up guide provided by the University of Southern Mississippi, 2022*

**Speak to incoming students** that will be eligible (see program guidelines for eligibility) to participate in the Summer Nurse Externship Program once the Spring semester begins. Share information about the program, including cost, requirements, process to register for the course, answer questions, and get a “feel” for how many may be interested.

**Create a Canvas module** in their lab course that includes:

- Program Information received from MCQW

- Approved facilities (Contracts)

- Important dates (acceptance and deadline dates)

- Facility flyers. I may also place announcements if a facility chooses to speak to the students on a particular date.

I use this same module for the students to inform me of their acceptance. Once they do this, then I contact Student Services so that the student can register for the course.

Once I have a list of students that have accepted a position, I help them with paperwork.

I send the students an email to inform them to contact me for any questions.

Provide a small course orientation. I only have two requirements for the course:

- Students must submit a work schedule and update accordingly to keep me update on their schedule.

- Students must submit a reflective exercise each week if the work schedule allows. This is guided by a rubric available in the course syllabus.



# MS SUMMER STUDENT NURSE EXTERNSHIP PROGRAM

# 2024

## *What is it?*

- \* An 8-10 week opportunity during the summer for nursing students to enhance previously learned skills under the supervision of experienced registered nurses in the healthcare setting and to earn college credit.

## *Who is eligible?*

- \* Nursing students who have completed **one year of clinical courses** in an approved school of nursing may apply.

## *How does it work?*

- \* The program serves as a learning tool for nursing students and a recruitment opportunity for the hospital. Nursing externs work under the supervision of registered nurse preceptors. Preceptors are chosen based on their professional practice, interpersonal skills and their willingness and ability to teach.

## *What are the goals?*

- \* Provide students in nursing with an opportunity to enhance previously learned competencies; i.e, critical thinking, time management, communication, teamwork, people management; under the supervision of experienced registered nurses in the healthcare setting;
- \* Assist students of nursing to experience acceptance in a work situation appropriate to their potential as future registered nurses;
- \* Prepare students in nursing to assume responsibilities of full-time employees with respect to performance requirements, policies, and procedures of a health care agency; and
- \* Encourage retention of nursing graduates through provision of supplemental practice experience within the workplace.

*This program's main goal is to strengthen Mississippi's future healthcare system. Remember that goal when hiring ... we want to mentor our state's future nurses—not the future nurses of other states. No disrespect intended, but let's let other states train their own.*

## *The Partners:*

The externship program relies on the work of the following entities:

The **Externship Committee**,  
the **School of Nursing**,  
the **Extern**,  
the **Hospital**, and  
the **MHA Mississippi Center  
for Quality and Workforce**



### *Piece 1: The Externship Committee*

The Externship Committee is made up of representatives from schools of nursing (SON) and hospitals from across the state. The chair position rotates from an SON representative to a hospital representative. Each board member serves a minimum two-year term.

The Externship Committee meets in the Fall/Winter of each year at the Mississippi Hospital Association to review, edit, and approve the following documents for the coming year's program:

- ◆ Application: Hospital (online app then email attachments to Robin Powell)
- ◆ Application: School of Nursing (online app then email attachments to Robin Powell)
- ◆ Program Guidelines
- ◆ Skills Checklist with Exclusion List
- ◆ Student Participation Agreement
- ◆ Student Funding Eligibility Form (if funding is assigned to that particular extern)

The Committee also reviews the survey results from the previous year's program to see if the overall experience was favorable. The Committee works to resolve any unfavorable issue that results from the survey. Those results are posted on the website link shown below.

Once the documents are approved/finalized by the Committee, they are uploaded to the following website:

- ◆ <https://mhanet.org/Online/MCQW/Workforce.aspx>

**Piece 2: The Mandatory Orientation Meeting: Today**—Attendance is required for '24 participation.

**Piece 3: The Documents** The application to participate is SUBMITTED ONLINE asap. Both the SON and the hospital must submit an application. Each hospital participating must submit an application (systems must submit one app for each hospital). Required attachments are then emailed to [rpowell@mhanet.org](mailto:rpowell@mhanet.org). All applications will be reviewed / approved by the Externship chair and/or a member of the committee. Once approval is received, the point of contact (POC) will be notified that their facility / SON can proceed with next steps. All approved facilities are grouped in MHA's database and are updated weekly on the following website:

<https://mhanet.org/Online/MCQW/Workforce.aspx>

**Piece 4: The Connections** The hospital and SON must have a Clinical Affiliation signed and in effect. The hospital will notify their partnered SONs regarding the # of externship positions available at their facility.

The SON will direct students to participate based on that availability.

These students must be enrolled in the summer externship course at the SON.

The SON will give each student a **LETTER OF GOOD STANDING** that must be taken to interviews.

The SON point of contact will connect the students to the hospital point of contact.

The hospital point of contact (POC) and the hospital (HR) contact will interview, hire, shepherd the incoming externs through the hospital's orientation process. They also ensure the student completes and returns the *Student Participation Agreement*.

Once hiring is finalized, the hospital POC will send a final hired list to each SON and a complete hired list to [rpowell@mhanet.org](mailto:rpowell@mhanet.org).

The hospital POC and SON preceptor will ensure the Skills Checklist / Exclusion List is adhered to by the extern.

**Piece 5: The Mandatory Number: 320 hours minimum** The extern completes the eight week program by working the **REQUIRED 320 hours. All externs must complete 320 hours of work in order to receive 3.0 hours of college credit for the course.** Externs who do not report working 320 hours of externship work will not receive college credit. **The hours are tallied per the pay check stub—NOT BY THE extern's work schedule.**

**Piece 6: The Survey** The extern completes the online survey. (The survey link is provided to the hospital POC.) PLEASE VERIFY that the extern has completed 320 hours before giving the survey link. The survey text instructs the extern to contact [rpowell@mhanet.org](mailto:rpowell@mhanet.org) to receive a completion certificate. The completion cert is sent to the extern, the hospital, and the school of nursing representatives.

**LISTS TO EMAIL TO RPOWELL@MHANET.ORG AS SOON AS THEY ARE AVAILABLE**

**SON: SEND LIST OF STUDENTS ENROLLED IN THE EXTERNSHIP COURSE.**

**SON: SEND LIST OF STUDENTS WHO BECOME INELIGIBLE TO PARTICIPATE DUE TO GRADES AND MUST BE REMOVED FROM THE PROGRAM.**

**HOSPITALS: SEND LIST OF STUDENTS INTERVIEWED FOR EXTERNSHIP.**

**HOSPITALS: SEND LIST OF STUDENTS HIRED FOR EXTERNSHIP.**



**COMING SOON**

## **2024 Coffee Conversations**

Monthly Zoom Calls  
For hospital and SON personnel  
involved with Externship '24  
To discuss whatever  
Topic is brewing at the time.

This idea was proposed at the  
Externship Committee Meeting.

Watch for the meeting appointment  
zoom from Robin. Join in when you can.

Participation Optional,  
Coffee required.



**SUBMITS ONLINE EXTERNSHIP APPLICATION.  
SENDS REQUIRED DOCUMENTS TO RPOWELL@MHANET.ORG.**

**THE LIST OF ALL APPROVED PARTICIPATING FACILITIES WILL BE SUBMITTED TO ALL  
POINTS OF CONTACT (POC) LISTED FOR THE HOSPITALS AND SONS.**

OPENS COURSE FOR SUMMER REGISTRATION. ALLOWS ONLY ELIGIBLE NURSING STUDENTS TO REGISTER. ALL STUDENTS PARTICIPATING MUST ENROLL. GIVES EACH STUDENT A LETTER OF GOOD STANDING.

WORKS WITH APPROVED LOCAL HOSPITALS TO ENSURE ELIGIBLE STUDENTS ARE GIVEN OPPORTUNITIES FOR EMPLOYMENT.

IF STUDENTS BECOME INELIGIBLE DUE TO SEMESTER GRADES, THE SON COMMUNICATES THOSE NAMES TO THE HOSPITALS AND RPOWELL@MHANET.ORG

PERFORMS MANDATORY CHECKS AND FOLLOW-UPS WITH THE EXTERN AS OUTLINED IN THE PROGRAM GUIDELINES.

COMMUNICATES OFTEN WITH HOSPITAL POC TO ENSURE STUDENT IS MEETING ALL REQUIREMENTS AND COMPLETING THE MANDATORY 320 HOURS.

UPDATES / COMPLETES ALL STUDENT RECORDS AT THE END OF THE SUMMER PROGRAM. EACH COMPLETING EXTERN RECEIVES 3.0 SEMESTER HOURS FOR THE SUMMER EXTERNSHIP PROGRAM.

CONTACTS APPROVED SONS FOR RECRUITMENT OF SUMMER EXTERNS.

ASSIGNS PRECEPTORS.

SENDS NAMES (only) OF ALL EXTERNS INTERVIEWED TO RPOWELL@MHANET.ORG.

SENDS CONTACT INFO OF HIRED EXTERNS. (by completing spreadsheet provided by RPOwell)

FUNDING OPPORTUNITIES ARE COMMUNICATED TO HOSPITAL BY RPOWELL VIA MEMORANDUM OF UNDERSTANDING.

ENSURES ALL GRANT FUNDED EXTERNS COMPLETE ALL REQUIRED PAPERWORK WITH THE WIOA CENTER PRIOR TO ORIENTATION / 1ST DAY OF EMPLOYMENT.  
\*new form: Funding Recipient Eligibility

RETURNS COMPLETED FUNDING RECIPIENT ELIGIBILITY FORM TO RPOWELL.

ENSURES ALL EXTERNS COMPLETE 320 WORK HOURS.

SUBMITS (READABLE) TIME SHEETS AND ONE INVOICE TO RPOWELL FOR REIMBURSEMENT FOR GRANT FUNDED EXTERNS. (Invoice template provided by RPOwell.)

DOES NOT RELEASE EXTERN UNTIL THE EXTERN COMPLETES THE ONLINE SURVEY.  
Survey link will be supplied to all hospital points of contact and housed at  
<https://mhanet.org/Online/MCQW/Workforce.aspx>

**EXTERNSHIP QUESTIONS?**  
Check out the Q&A booklet on our website  
or Contact Robin Powell,  
[rpowell@mhanet.org](mailto:rpowell@mhanet.org) or  
601 368 3321

[SCHOOL LOGO]

## 2024 Summer Student Nurse Externship Program

### ***Letter of Good Standing - The following student:***

- ◆ Is successfully enrolled in the SON externship course defined below,
- ◆ Meets all participation criteria presented in the Program Guidelines, and
- ◆ Is eligible for participation in the 2024 Summer Student Nurse Externship Program, based on current grade status. If his/her eligibility changes as the semester completes, an SON representative will contact the hospital POC.

**Students must present this Letter of Good Standing at time of interview at clinical partner.**

**Clinical partner may make a copy for the student's interview folder. The original remains with student.**

STUDENT NAME:	
STUDENT ID#:	
STUDENT CELL PHONE #:	
SCHOOL OF NURSING:	
SCHOOL OF NURSING LOCATION:	
COURSE NAME:	
COURSE NUMBER:	
SCHOOL OF NURSING POINT OF CONTACT:	
SCHOOL OF NURSING POINT OF CONTACT PHONE #:	
SCHOOL OF NURSING POINT OF CONTACT EMAIL:	
SIGNATURE SCHOOL OF NURSING POINT OF CONTACT	DATE



## STUDENT PARTICIPATION AGREEMENT

The Externship program is a joint effort between the Mississippi Council of Deans and Directors of Schools of Nursing and the Mississippi Hospital Association Organization of Nurse Executives.

### The goals of the student nurse externship program are as follows:

- ◆ **Provide** students in nursing with an opportunity to enhance previously learned competencies, i.e., critical thinking, clinical judgment, critical reasoning, time management, communication, teamwork, people management; under the supervision of experienced registered nurses in the healthcare setting.
- ◆ **Assist** students of nursing to experience acceptance in a work situation appropriate to their potential as future registered nurses;
- ◆ **Prepare** students in nursing to assume responsibilities of full-time employees with respect to performance requirements, policies, and procedures of a health care agency; and
- ◆ **Encourage** retention of nursing graduates through provision of supplemental practice experience within the workplace.

### As a participant in the student nurse externship program, I acknowledge that I;

**Am enrolled** in an approved MS Summer Student Nurse Externship course for the summer 2024 term.

**Am enrolled** in an accredited program preparing candidates for registered nursing licensure and have successfully completed one academic year of clinical courses in nursing or two clinical semesters of clinical courses in nursing.

**Will fully commit** to this summer's program and complete the 320-hour requirement as quickly as possible. Furthermore, I will not purposely or knowingly schedule activities (trips, vacations, etc.) that require my absence from the workplace.

**Am in good standing** in the school of nursing documented by the office of enrollment management / registrar's office.

**Have completed content** identified on the SKILLS CHECKLIST within the assigned clinical area.

**Have read and agree** to abide by the Mississippi Student Nurse Externship Guidelines.

**Authorize my school** of nursing and the agency in which I will be an extern to exchange information related to my student record; externship application; pre-employment screening, including but not limited to drug screening; performance as an extern; and any other information relevant to me as a student nurse extern.

### By signing this document, I confirm that I meet the criteria outlined in this agreement.

<b>Date:</b>	<b>Student Nurse Extern Signature:</b>	<b>Witnessed by Signature:</b>
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# **STATE OF MISSISSIPPI**

## **2024 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM**

### **2024 PROGRAM GUIDELINES**

The MS Summer Student Nurse Externship Program is a joint effort between the Mississippi Council of Deans and Directors and the Mississippi Hospital Association Organization for Nurse Executives. The Education/Service Liaison Committee developed the guidelines with input from the Mississippi Board of Nursing.

#### **PROGRAM GOALS:**

Provide students in nursing with an opportunity to enhance previously learned competencies; i.e, critical thinking, time management, communication, teamwork, people management; under the supervision of experienced registered nurses in the healthcare setting;

Assist students of nursing to experience acceptance in a work situation appropriate to their potential as future registered nurses;

Prepare students in nursing to assume responsibilities of full-time employees with respect to performance requirements, policies, and procedures of a health care agency; and

Encourage retention of nursing graduates through provision of supplemental practice experience within the workplace.

#### **PROGRAM PURPOSE OF GUIDELINES:**

To set forth the criteria for the development, approval, implementation, and evaluation of the Student Nurse Externship Programs offered by hospitals in Mississippi to students of nursing.

#### **ELIGIBILITY OF STUDENT NURSE EXTERNS:**

To be accepted in a Student Nurse Externship Program, a student must:

Be enrolled in an accredited school of nursing program within the United States preparing candidates for registered nursing licensure and have successfully completed one academic year or two clinical semesters of clinical courses in nursing.

Authorize school of nursing and agency in which he/she will be an Extern to exchange information related to student nurse record; externship application; pre-employment screening, including but not limited to drug screening; performance as an extern; and any other information relevant to him/her as a summer student

Obtain verification that all Student Nurse Externs are qualified for the program and are in good academic standing.

Assure that an instructor who is a Registered Nurse is responsible for the program, for follow-up on the progress and problems of Externs, and for verifying that guidelines are not violated in any clinical area.

Provide copies of the state approved Externship Guidelines and Skills Check list to Externs and Preceptors.

In the event of a report of alleged violations of the guidelines, the Education/ Service Liaison Committee Chairperson, upon notification by the committee, the agency involved will:

Conduct a fact-finding investigation; and

Report to the Education/Service Liaison Committee the results of the investigation and actions taken to correct any violations of the guidelines if applicable.

To meet the criteria of participating in the Student Nurse Externship Program, an agency must:

Agree to perform only the clinical procedures and activities on the skills check list in order to protect his/her potential candidacy for RN licensure. Failure to follow the rules will mean termination from the program.

Authorize school of nursing and agency in which he/she will be an Extern to exchange information related to student nurse record; externship application; pre-employment screening, including but not limited to drug screening; performance as an extern; and any other information relevant to him/her as a summer student nurse extern.

Hold the Director of Nursing and the Student Nurse Externship Program Coordinator responsible and accountable for the program. One of these positions must be an RN.

Provide a Student Nurse Externship Program with a minimum of 320 hours in hospital and have a current affiliation with a Registered Nurse education program. The 320 hours are determined by the extern's paystub showing actual worked hours – not their scheduled work plan.

Assure that the Student Nurse Extern participates in an orientation to the agency.

Provide a list of objectives for clinical experience in addition to objectives for orientation classes.

Assure that there is a Registered Nurse, **with a minimum of one year of clinical practice as a Registered Nurse**, to provide direct supervision on the patient care unit to which the Student Nurse Extern is assigned and during the hours when the extern is working.

Each Student Nurse Extern must be assigned to a Registered Nurse Preceptor with appropriate training during the Student Nurse Externship Program.

A MSN- or BSN-prepared preceptor may serve as the Primary Preceptor for baccalaureate or associate degree students of nursing. SEE \*\* BELOW

An ADN-RN may serve as a Secondary Preceptor for the baccalaureate students of nursing. SEE \*\* BELOW

An ADN-RN Preceptor may serve as the Primary Preceptor for the associate degree students of nursing. SEE \*\* BELOW

*\*\* It is allowable for a BSN student to be assigned an ADN preceptor with the requirement that a BSN is on the floor when the ADN preceptor is guiding the BSN extern.*

All participating preceptors should attend a workshop prior to the student nurse externship program to review the Mississippi Student Nurse Externship Program Guidelines, Skills Check List, Job Descriptions and scope and limitations of practice for the students.

Alternate preceptors for the students of nursing are acceptable with appropriate training.

If the preceptor is not available, an alternative qualified preceptor would be sought or the Extern must be reassigned to a unit where a qualified RN is available to act as a preceptor or must be placed in an observation experience.

Assure that all Registered Nurses in the agency with whom the Externs work are informed about the scope and limitations of Extern's activities as listed in the guidelines/skills check list.

Abide by the approved activities in the guidelines/skills check list, i.e., not knowingly permit Extern to violate the approved list of activities.

Collaborate with school(s) of nursing for specific skills that Externs may perform. The skills are to be agreed upon by both the school(s) and the agency.

Validate that the Extern may safely perform the procedures listed. The agency reserves the right and has the responsibility for supervision of Externs in performance of specific procedures on the list that are deemed relevant to the agency prior to the Extern's performance of the procedures independently.

Have a formal Student Nurse Extern Job Description for the Extern, provide copies to the Extern and Preceptor and review during training.

Provide copies of the state approved Externship Guidelines and Skills Check list to Externs and Preceptors.

Not permit Externs to function as either Charge Nurse or Team Leader.

Obtain the signed consent from each Extern to release information regarding the extern's performance to the school, if requested, and to the Education/Service Liaison Committee (Externship Committee).

Carry out an evaluation of the Externship Program, utilizing the state approved evaluation form designed by the Committee for evaluation of the externship programs. (A discussion between agency members and the externs about the strengths and weaknesses of the program and any problems encountered by either party is desirable.)

Each student must complete the on-line evaluation at the conclusion of the program. The survey link will be provided to all hospital POCs to share with student(s).

Provide information as follows to the Externship Committee about the agency's program in order to obtain and maintain status of the agency on the list of programs recognized as having met the externship guidelines.

Submit online externship program application to the Education/Service Liaison Committee Chairperson by January 31 2024. The link to the survey is posted at <https://mhanet.org/Online/MCQW/Workforce.aspx>.

Within one week after the program begins, send a list of the names of the enrolled Student Nurse Externs with their respective schools of nursing to the chairperson of the Externship Committee: Alicia Ciarloni at [Alicia.ciarloni@bmhcc.org](mailto:Alicia.ciarloni@bmhcc.org)

Submit to the Education/Service Liaison Committee Chairperson on completion of the program the names and schools of nursing of the Externs who successfully completed the program and those who did not.

In the event of a report of alleged violations of the guidelines, the Education/ Service Liaison Committee Chairperson, upon notification by the committee, the agency involved will:

Conduct a fact-finding investigation; and

Report to the Education/Service Liaison Committee the results of the investigation and actions taken to correct any violations of the guidelines if applicable, when application is made for recognition of the externship program for the next year.

Submit the names of the Externs that complete the Externship Program to the student's assigned School of Nursing.

The title "Extern" is not transferable from one participating agency to another for employment purposes.

After completion of the formal program, the Student Nurse Extern that continues employment with the agency **must** not perform procedures that are unique to the Student Nurse Extern position, e.g. IV therapy or other RN-level clinical skills.

## STUDENT NURSE EVALUATION OF EXTERNSHIP PROGRAM:

The Education/Service Liaison Committee consists of an equal number of members of the Mississippi Council of Deans and Directors and of the Mississippi Hospital Association Organization of Nurse Leaders. Each respective group appoints membership to this committee. The committee will serve as a standing liaison group for nursing education/service affairs and will meet at least twice a year. (For approval of agencies and evaluation of the program.)

The Education/Service Liaison Committee will:

- Provide guidelines to applicant agencies;
- Determine if application from agency, applying for Externship Program, meets the criteria. If not, provide assistance to the applying agency to meet the criteria;
- Review the Extern evaluations of their programs on an annual basis; (May request appropriate information to enable the committee to conduct a valid evaluation based upon criteria for the programs);
- Report overall results from analysis of the evaluations to the Deans and Directors and the Mississippi Hospital Association Organization of Nurse Leaders;
- Report any alleged violations or problems to the agency involved to investigate and take appropriate actions;
- Provide support and guidance to the agency in making any corrections and/or improvements in their programs if requested;
- Take no disciplinary action except to exclude from the list those agencies that do not give evidence of meeting the criteria for externship programs; and
- Carry out any other relevant matters of mutual interest to the Deans and Directors or Mississippi Hospital Association Organization of Nurse Leaders as requested within the scope of the committee.
- Evaluations of the Student Nurse Externship Program are reviewed, analyzed, and reported. Any significant findings about an agency will be discussed with the Nurse Executive of the agency. At the request of a service agency, a meeting may be held with the committee to discuss the general findings about the agency's program.
- Open meetings may be held periodically to review the guidelines and skills check list and to obtain suggestions for correction and improvement.
- Notification of the application review dates and publication of the annual list of externship programs that meet the externship criteria will be circulated to nursing service agencies by letter, electronic mail or through various statewide publications and the website of the Mississippi Office of Nursing Workforce.
- An annual report will be made at the annual meeting of the Mississippi Hospital Association Organization of Nurse Leaders.

Externship Program files will be maintained at MHA headquarters for a minimum of three years.

## **STUDENT NURSE EXTERN RIGHTS AND RESPONSIBILITIES:**

The Student Nurse Extern:

- Must communicate to all facilities as soon as he/she accepts a position (in the event he/she applied at multiple facilities for an externship position).
- Is responsible for taking the Skills Check List to the school of nursing for completion and to be provided to the agency;
- Has the right to refuse to do clinical procedures not on the approved Skills Check List in order to protect his/her candidacy for Registered Nurse licensure;
- Has the right and responsibility to understand and utilize appropriate channels of authority for problem resolution in the agency. If problems are unresolved, the Extern may contact the Education/Service Liaison Committee Chairperson;
- Has the responsibility to complete the online evaluation form for the Externship Program required by the Education/Service Liaison Committee. The evaluation provides information that may be helpful in the development and improvement of future Externship Programs. The evaluation is confidential to protect the identity of the Extern; and
- Shall abide by policy, procedures, and the dress code as determined by the agency in conjunction with the school of nursing.

Formulation Date: 1981

Last Reviewed/Revised: 11/09, 11/10, 11/11, 11/12, 11/13, 12/14, 10/15, 11/16, 12/17, 1/18, 11/18, 12/18 11/19 1/20 11/20, 12/20, 12/21, 12/22, 10/23





# CLINICAL SKILLS CHECK LIST

<b>Name of Student Nurse Extern:</b>
<b>Name of School of Nursing:</b>
<b>STUDENT AGREEMENT:</b>
<p>I request the Clinical Skills Check list be released to <i>(insert hospital/agency name below)</i></p> <p>I have read the approved list of nursing activities and procedures on this skills check list, and I agree to perform only approved skills in my role as a summer student nurse extern. I also agree to complete the extern evaluation form at the end of the externship.</p>
<p><i>Signature of Student Nurse Extern</i> <span style="float: right;"><i>Date</i></span></p>

**INSTRUCTIONS TO THE SCHOOL OF NURSING** - Place a check in the appropriate column below to indicate if content has been covered in theory. On the attached skills check list indicate: 1) that content has been covered in theory, and 2) the student has had clinical experience in performing the skill. Comment as appropriate. **Sign and date as indicated.**

Content Relevant To:	Theory:
Obstetrical Nursing	
Pediatric Nursing	
Medical Nursing	
Surgical Nursing	
Mental Health/Psychiatric Nursing	
Other	

<i>Comments:</i>
<i>Signature of Faculty Member</i>
<i>Date</i>

**INSTRUCTIONS TO THE PRECEPTOR** - Date and sign **CLINICAL SKILLS CHECKLIST** form validating the Extern’s performance on skills and that the student nurse extern has covered theory and/or clinical experience. Indicate the method of validation used by the preceptor using the key provided on the form at the bottom of each page and initial each entry. All procedures are to be performed in the presence of the preceptor until the preceptor validates safe performance of the skill.

All necessary forms should be downloaded from our website.

Ensure that the

## Clinical Skills Checklist

From the website has

The following footer on each page:

*Procedures must be performed in the presence of the preceptor until the preceptor validates competence.*

*Method of validation of safe performance of skill/competence should be indicated in the last column above as 1-4: 1-Observation on the job; 2-Simulation; 3-Documentation Review; or 4-Verbalization.*



2024 SUMMER STUDENT NURSE EXTERNSHIP PROGRAM | Clinical Skills Check List

Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
<b>I. NURSING PROCESS</b>					
A. ASSESSMENT					
Participates in data collection of nursing history.					
Participates in therapeutic communication.					
Performs physical assessment.					
Provides information needed to RN for discharge planning.					
B. ANALYSIS					
Formulates nursing diagnosis based on assessment data.					
C. PLANNING					
Contributes to nursing plan of care.					
D. INTERVENTION					
Observes and participates in assessment of behavior/health state and responses to therapy.					
Temperature 1. Oral					
2. Axillary					
3. Rectal					
4. Tympanic					
Pulse 1. Apical					
2. Peripheral					
Respirations					
Blood Pressure					
Neurological Checks					
2. Provides proficient nursing care based on validation of skills.					
3. Charts nursing care and observations.					
4. Reflects nursing care plan into record by proper charting.					
5. Communicates pertinent nursing observations to appropriate members of the health care team.					

Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
E. EVALUATION					
1. Participates in evaluation of nursing care given.					
2. Participates in planning of future care based on results of evaluation.					
3. Seeks and assists in evaluating feedback regarding nursing care to determine necessary changes in the care plan and in own performance.					

<b>II. PROCESSES</b>					
A. PARTICIPATES IN ADMISSION/DISCHARGE AND TRANSFER					
1. Admission Procedure					
2. Transfer					
3. Discharge Procedure					
4. Post Mortem Care					

B. PARTICIPATES IN ASSESSMENT OF SKIN AND APPLICATIONS OF HEAT AND COLD					
1. Aqua Pad					
2. Hot/Cold Compresses					
3. Ice Bags					
4. Heat Lamp					

C. ASSISTS IN NURSING ROLE RELATED TO DIAGNOSTIC PROCEDURES					
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D. APPLIES BANDAGING AND DRESSINGS					
1. Ace Bandage					
2. Binders					
3. Support Hose					
4. Sterile Dressings					
5. IV Site Dressings (Central-PICC) PRESENCE OF PRECEPTOR					
6. Suture Removal					
7. Staple Removal					

E. INSERTS N/G TUBE					
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Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
<b>F. DIETARY NEEDS</b>					
1. Feeds Patient					
2. Provides Nourishment					
3. Prepares Patient for Meals					
4. Peg Tube Feeding					
5. Gastric Tube Feeding					
6. N/G Tube Feeding					
<b>G. ELIMINATION</b>					
1. Bedpan and Urinal: Gives, removes, observes content					
2. Bowel Training Program					
3. Bladder Training Program					
4. Urinary Catheterization (Adult)					
<i>a. Intermittent</i>					
<i>b. Indwelling</i>					
5. Urinary Catheterization (Pediatric)					
<i>a. Intermittent</i>					
<i>b. Indwelling</i>					
6. External Catheter					
7. Enemas					
8. Ostomies					
9. Rectal Tubes					
<b>H. HYGIENE</b>					
1. Bath					
<i>a. Bed</i>					
<i>b. Shower</i>					
<i>c. Sitz</i>					
<i>d. Tub</i>					
<i>e. Therapeutic</i>					
2. Bed Making					
<i>a. Occupied</i>					
<i>b. Surgical</i>					
<i>c. Unoccupied</i>					
3. Oral Hygiene					
<i>a. Dentures</i>					
<i>b. Routine Conscious</i>					
<i>c. Routine Unconscious</i>					
4. Peri Care					
5. Routine Newborn Care					
6. Skin Care					
<i>a. Prevention of Decubitus</i>					
<i>b. Decubitus Care</i>					
<b>I. EMERGENCY MEASURES</b>					
Basic CPR and Heimlich Maneuver					

Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
J. INFECTION CONTROL					
1. Handwashing					
2. Care of Soiled Items					
3. Universal Precautions					
4. Special Isolation Procedures					
5. Donning / Doffing PPE					

K. INTAKE AND OUTPUT					
1. Measures I&O					
2. Records I&O					

L. INTRAVENOUS THERAPY: NOTE: ALL IV PROCEDURES <u>MUST</u> BE DONE IN THE PRESENCE OF PRECEPTOR <u>AT ALL TIMES</u>					
1. Initiate Venipuncture					
<i>a. Initiate INT</i>					
<i>b. Hang Continuous IV Fluids</i>					
2. IV push medications					
3. Hang Basic and Balanced Electrolyte Solutions					
4. Hang Primary Solution with approved medications <b>labeled</b> by RN or Registered Pharmacist					
5. Hang IV Piggybacks <b>to Peripheral, Central, and</b> PICC IV Lines and Buretrols.					
6. Withdraw blood from Central Line.					
7. May administer medications and intravenous fluids through Peripheral, Central, PICC and implantable ports. May access the "pig tail" of the implantable port but not insert the HUBER Needle.					
8. Monitors IV Rate					
9. Records IV Intake					
10. Discontinue Peripheral IV					

M. IRRIGATIONS					
1. Bladder					
2. Colon (non-medicated)					
3. Vaginal					
4. Nasogastric					

N. PERITONEAL DIALYSIS: NOTE: MUST BE DONE IN THE PRESENCE OF PRECEPTOR AT ALL TIMES					
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Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
O. MEDICATION ADMINISTRATION					
1. Oral					
2. Subcutaneous					
3. Intramuscular					
4. Intravenous					
5. Mucous Membrane Application					
<i>a. Sublingual</i>					
<i>b. Buccal</i>					
<i>c. Inhalants</i>					
<i>d. Vaginal</i>					
<i>e. Rectal</i>					
6. Topical					
<i>a. Dermal</i>					
<i>b. Transdermal</i>					
<i>c. Ophthalmic</i>					
<i>d. Otic</i>					

P. MOBILITY AND IMMOBILITY CARE					
1. Ambulation with devices					
2. Bed Cradle					
3. Bicycle					
4. Footboard					
5. Scales					
<i>a. Bed</i>					
<i>b. Upright</i>					
<i>c. Infant</i>					
<i>d. Wheelchair</i>					
6. Special Beds/Mattresses					
7. Range of Motion					
<i>a. Active</i>					
<i>b. Passive</i>					
8. Safe Patient handling equipment					
9. Positioning					
10. Prosthetic Devices					
11. Restraints, care of patients					
12. Side Rails					
13. Stretcher					
14. Wheelchair					
15. Radiation Therapy Precautions					

Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
Q. PATIENT TEACHING					

R. PRE-OPERATIVE CARE					
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S. POST-OPERATIVE CARE					
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T. RESPIRATORY CARE					
1. Humidifiers					
2. Oxygen					
<i>a. Cannula</i>					
<i>b. Mask</i>					
3. Tracheal Suctioning					
4. Trach Care					
Aerosol Therapy					

U. SPECIMENS, COLLECTION OF					
1. Sputum					
2. Stool					
3. Urine					
<i>a. Routine Voided</i>					
<i>b. 24-Hour</i>					
<i>c. Clean Catch</i>					
<i>d. Culture and Sensitivity</i>					
4. Blood					
<i>a. Venipuncture</i>					
<i>b. Neonatal Heel Stick / PKU only when Preceptor is present</i>					
<i>c. Bedside Glucose</i>					
5. Wound Culture					



Skill	Theory	Clinical Experience	Comments	Date	Method of Validation/ Preceptor Initials
V. SUCTION					
1. Gastric					
2. Chest Tube Maintenance					

W. TRACTION MAINTENANCE					
1. Cervical					
2. Bucks Extension					
3. Pelvic					
4. Halo Vest					
5. Pin Care					

See NEXT PAGE for Skills Exclusion List.

Attached to the Skills is a list of clinical skills that **MAY NOT** be performed by an extern. Schools and/or hospitals/agencies may identify additional skills that are not to be performed by summer student nurse externs. Please list below any additional skills that **may NOT** be performed:

<i>Student Nurse Extern: Printed Name (print in space below)</i>	<i>Date</i>
<i>Student Nurse Extern: Signature (sign in space below)</i>	<i>Date</i>
<i>Preceptor Name: Printed Name (print in space below)</i>	<i>Date</i>
<i>Preceptor Name: Signature (sign in space below)</i>	<i>Date</i>

Prepared by:  
Externship Committee

Formulation Date: 9/81  
Last Reviewed/Revised: 11/09, 12/10, 12/11, 11/12, 11/13, 12/14, 10/15, 11/16, 12/17, 1/18, 11/18, 11/19, 12/20, 12/21, 12/22, 1/23, 10/23



## SKILLS EXCLUSION LIST

*(Skills That the Student Nurse Extern MAY NOT PERFORM)*

Each Student Nurse Extern enrolled in the Summer Student Nurse Externship Program is provided a **Skills Check List** that outlines what skills can be performed under the supervision of the preceptor.

The following clinical skills MAY NOT be performed by a Student Nurse Extern.

- 1) Hang lipids, hyperalimentation, chemotherapy, rejection medications, epidurals, and/or experimental drugs or monoclonal antibody infusions.
- 2) Titrate IV medications. This includes but not limited to Pitocin or Magnesium Sulfate Drips in L&D.
- 3) Administer or restart blood products including albumin, HESPERAN, platelets, RhoGAM, and fresh-frozen plasma.
- 4) Check out blood products from the blood bank.
- 5) Withdraw blood from arterial lines.
- 6) Discontinue PICC or Central IV lines.
- 7) Conduct cardiac outputs or manipulate *(to include but not limited to instillation of fluids, inflation of balloon, adjustment of parameters in any manner)* arterial and/or invasive monitoring lines (including removal of catheter).
- 8) Access controlled medications and/or independent access to narcotics.
  - 8A. Once the process has been validated by the Preceptor, the Extern can give the medication.
- 9) Remove or hang narcotics for PCA pumps.
  - 9A. The Extern can hang the narcotics with the mandatory requirement that the Preceptor is present at the time of administration.
- 10) Access dialysis devices or give meds.
- 11) Access implantable ports - permanent or temporary.
- 12) Tape, extubate, or manipulate *(to include but not limited to taping, extubate, maneuver, or adjust in any manner)* endotracheal tubes.
- 13) Manipulate *(to include but not limited to taping, maneuvering, or adjusting in any manner)* respiratory ventilator equipment, auto-infusion devices, and/or dialysis devices.
- 14) Discontinue chest tubes.
- 15) Perform vaginal examinations.
- 16) Transport a client per ambulance or helicopter.
- 17) Ride in ambulance or helicopter.
- 18) Take verbal or telephone orders.
- 19) Sign as a witness for an informed consent.
- 20) Defibrillate.
- 21) Procedural sedation.
- 22) Insert ultrasound, guidewire assisted peripheral IV (example: AccuCath)



Not sure?  
Contact [rpowell@mhanet.org](mailto:rpowell@mhanet.org)  
who will confer with the  
Committee for resolution.

If schools have additional exclusion items that are not listed above,  
those exclusions must be communicated in writing from the school to the hospital personnel, once the student is hired.

## EXTERN EVALUATES PRECEPTOR'S PERFORMANCE

<b>Today's Date:</b>							
<b>Extern's Name:</b>							
<b>School of Nursing:</b>							
<b>Unit:</b>							
<b>Preceptor's Name:</b>							
<b>Degree:</b>	<b>DIPL</b>	<b>MA</b>	<b>ADN</b>	<b>BSN</b>	<b>MSN</b>		
<b>Nurse Manager:</b>							
<b>Orientation Start Date:</b>							
<b>Orientation End Date:</b>							

Professional role model (eg, on time, dress code, honest, accountable, etc.)	NOT AT ALL	MINIMAL	MODERATE	GREAT
Displays a positive attitude about their role as a nurse and preceptor.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Clearly communicates roles and expectations.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Provides an environment that was conducive to learning.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Available and takes time to explain things and answer questions.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Treated you as an individual (e.g., set realistic goals, recognized your learning needs, recognized your strengths, etc.)	NOT AT ALL	MINIMAL	MODERATE	GREAT
Guided you to learn the workflow of the unit, procedures, and available resources. Helped you build relationships with other departments, providers, (Resp Therapy, Radiology, Case Mgrs, Dietary, etc.)	NOT AT ALL	MINIMAL	MODERATE	GREAT
Models teamwork in an effective manner.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Models excellent patient care skills at the bedside based on clinical proactive standards.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Provides prompt positive and negative (constructive) feedback.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Helps orientee improve spoken and written communication with healthcare team.	NOT AT ALL	MINIMAL	MODERATE	GREAT

Emphasized ways of solving problems rather than just giving solutions.	NOT AT ALL	MINIMAL	MODERATE	GREAT
Met with you weekly (minimum) and set goals with you that were within a reasonable time frame.	NOT AT ALL	MINIMAL	MODERATE	GREAT

Did the preceptor show you how to look up *POLICIES AND PROCEDURES*?

<b>YES</b>	Yes, the preceptor showed me how to look up P&P.	
<b>NO</b>	No, the preceptor did not show me how to look up P&P.	

List the strengths of your Preceptor.

(REQUIRED ITEM: List a minimum of two responses.)


Provide constructive suggestions that could be used by this Preceptor to improve.

(REQUIRED ITEM: List a minimum of two responses.)


\_\_\_\_\_  
Preceptor Signature | Date

\_\_\_\_\_  
Nurse Extern Signature | Date

This form is provided as a sample to use if an on-site evaluation is needed.

Each hospital can edit this evaluation to fit their specific setting.

This is not a required document for the program.

The document is housed on our website:

<https://www.mhanet.org/Online/MCQW/Workforce>

# PRECEPTOR: Evaluation of Student Nurse Extern

Date: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Name of Student Extern: \_\_\_\_\_

School of Nursing Affiliation: \_\_\_\_\_

Name of Preceptor: \_\_\_\_\_

Unit: \_\_\_\_\_

S - SATISFACTORY | U - UNSATISFACTORY

ASSESSMENT	S	U	COMMENTS
Assesses the biophysical and psychosocial aspects of assigned patients.			
Assesses patients' ability to carry out ADL, educational needs, discharge planning needs, and environmental needs upon discharge.			
Reports significant assessment data to preceptor / charge nurse.			
Documents assessment on the appropriate nursing forms.			
NURSING DIAGNOSIS	S	U	COMMENTS
Identifies appropriate nursing diagnosis from assessment sheet.			
Prioritizes nursing diagnosis.			
Documents nursing diagnoses on appropriate nursing forms.			
PLANNING	S	U	COMMENTS
Plans appropriate nursing interventions based on identified nursing diagnosis.			
Discusses correct rationale for nursing interventions.			
IMPLEMENTATION	S	U	COMMENTS
Abides by the approved activities in the guidelines and skills checklist. Works under the direct supervision of a preceptor.			
Functions within hospital policies.			
Performs skills using correct procedure.			
Provides for patient safety and comfort.			
Provides for a safe, clean patient environment.			
Organizes nursing care efficiently.			
Teaches patients and families the aspects of health care, health promotion, and discharge teaching utilizing principles of teaching and learning.			
Intervenes in emergency situations appropriate for level of student.			
EVALUATION	S	U	COMMENTS
Evaluates patient's response to nursing care.			
Revises list of nursing diagnoses as appropriate.			
Revises and implements nursing care based on patient's response, as appropriate.			
Presents shift report on assigned patients in an organized manner.			

PROFESSIONAL BEHAVIOR	S	U	COMMENTS
Dresses in appropriate uniform for the unit. Clean and neat at all times.			
Arrives to work on time.			
Completes assigned care in a timely manner.			
Treats all individuals with dignity and respect.			
Maintains patient privacy and confidentiality at all times.			
Seeks learning experiences appropriate for student level. (I.e., is a self starter; asks questions, etc.)			
Completes skills checklist.			
Works in harmony with co-workers and other health team members.			
Possesses an adequate knowledge base in regard to patient's health problems and therapy.			
Actively seeks guidance from preceptor when there is an area of weakness or need.			

**COMMENTS OF STUDENT NURSE EXTERN PRECEPTOR**

**COMMENTS OF STUDENT NURSE EXTERN**

\_\_\_\_\_  
SIGNATURE: PRECEPTOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE: STUDENT NURSE EXTERN

\_\_\_\_\_  
DATE

This form is provided as a sample to use if an on-site evaluation is needed.

Each hospital can edit this evaluation to fit their specific setting.

This is not a required document for the program.

The document is housed on our website:

<https://www.mhanet.org/Online/MCQW/Workforce>



LABOR & DELIVERY: OB Packet Module:

If needed at your facility for your extern/preceptor, please download the packet by going to:

<https://www.mhanet.org/Online/MCQW/Workforce>

When the extern has completed 320 hours of employment at the hospital (**VIA PAYSTUB**),

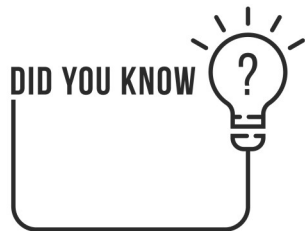
**And the hospital personnel has verified that the 320 hours have been completed,**

Then the link to the online survey is given and the extern completes the evaluation before leaving the hospital campus.

At the end of the survey, the extern is instructed to email [rpowell@mhanet.org](mailto:rpowell@mhanet.org) to receive his/her completion certificate. It is imperative that the hospital personnel verify the 320 hours prior to the extern receiving the cert. The cert is sent to the extern, the hospital and the SON, and the PDD (if a funded extern).

The online survey link will be shared with all hospital points of contact later in the program.

The Q&A Booklet is a compilation of all questions/answers received during the program since 2019. If you have questions during the process, please download the Q&A booklet from <https://www.mhanet.org/Online/MCQW/Workforce> And see if your question has already been answered.



If it is not included in the booklet, reach out to [rpowell@mhanet.org](mailto:rpowell@mhanet.org) with your question. The Externship Committee will respond and your submitted Q&A will then be included in the booklet.

**SON personnel may stay or depart. Travel safe and thanks for coming!**

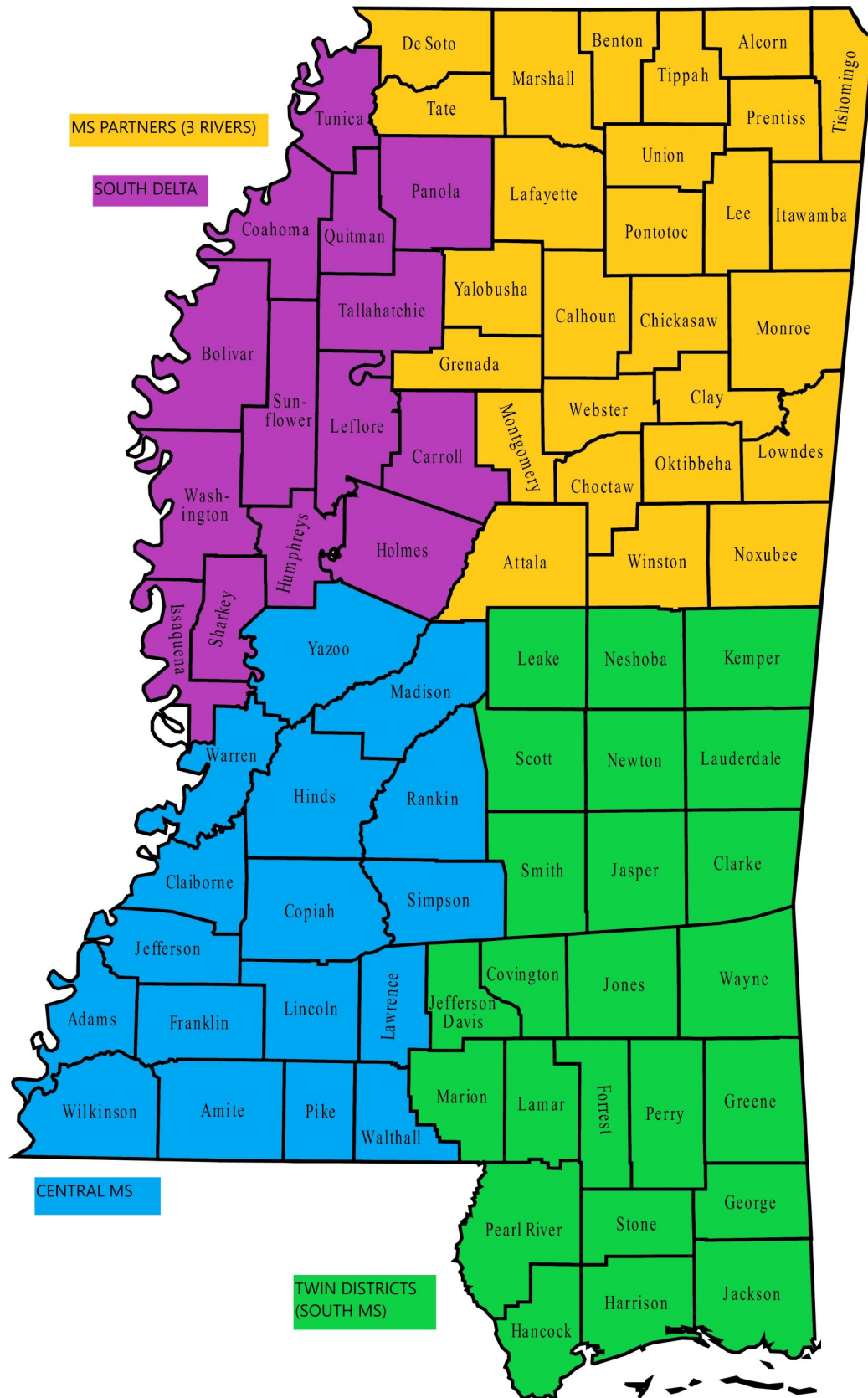
**Breakout Sessions for Funding Discussions**

**Funding Recipient Eligibility (PG 36) —All Districts**

- |   |   |
|---|---|
| ◆ Central MS Planning and Development—<br>LouSonya Horton             | <b>Classroom</b> ( <i>Move to front please</i> )  |
| ◆ South Delta Planning and Development—<br>Mitzie Woods, Cindy Goodin | <b>Lakeover Conference Room</b> ( <i>Exit classroom to foyer, go past the patio exit door. On right</i> ) |
| ◆ Twin Districts Planning and<br>Development—Marilyn Minor not here   | <b>Dining Room</b> ( <i>Networking only / Zoom will be scheduled</i> )                                    |
| ◆ MS Partners Planning & Development<br>No Funding                    | <i>Can meet in Madison if you'd like to network.</i>  |



# Funding Opportunities through the Planning & Development Districts



# WIN Job Center Locations

SOUTH DELTA	MS PARTNERS (3 RIVERS)	CENTRAL MS	TW DISTRICTS (SOUTH MS)
<p><b>BATESVILLE</b> 662 563 7318 103 WOODLAND RD #16 BATESVILLE 38606</p>	<p><b>HOUSTON</b> 662 407 1219 210 S MONROE ST HOUSTON 38851</p>	<p><b>BROOKHAVEN</b> 601 833 3511 545 BROOKWAY BLVD BROOKHAVEN 39602</p>	<p><b>COLUMBIA</b> 601 736 2628 1111 HWY 98 COLUMBIA 39429</p>
<p><b>CLARKSDALE</b> 662 624 9001 236 SHARKEY AVE 3RD FL FEDERAL BLDG CLARKSDALE 38614</p>	<p><b>IUKA</b> 662 423 9231 1107 MARIA LANE IUKA 38852</p>	<p><b>JACKSON</b> 601 321 7931 5959 I 55 N FRONTAGE RD STE C JACKSON 39213</p>	<p><b>FOREST</b> 601 469 2851 536 DEER FIELD DR FOREST 39074</p>
<p><b>CLEVELAND</b> 662 843 2704 119 N COMMERCE AVE CLEVELAND 38732</p>	<p><b>LOUISVILLE</b> 662 773 5051 790 N COURT AVE LOUISVILLE 39339</p>	<p><b>LEXINGTON</b> 662 834 2426 303 YAZOO ST LEXINGTON 39095</p>	<p><b>GULFPORT</b> 228 897 6900 10162 SOUTHPARK DR GULFPORT 39505</p>
<p><b>GREENVILLE</b> 662 332 8101 DELTA PLAZA SHOPPING CTR 800 MARTIN L KING BLVD STE C54 GREENVILLE 38704</p>	<p><b>MARSHALL COUNTY</b> 662 838 3805 227 HWY 309 S BYHALIA 38611</p>	<p><b>MADISON COUNTY</b> 601 859 7609 152 WATFORD PKWY DR CANTON 39046</p>	<p><b>HANCOCK COUNTY</b> 228 466 5425 856 HWY 90 STE D BAY ST LOUIS 39520</p>
<p><b>GREENWOOD</b> 662 459 4600 812 W PARK AVE GREENWOOD 38935</p>	<p><b>MAYHEW</b> 662 243 1751 8731 SOUTH FRONTAGE RD MAYHEW 39753</p>	<p><b>MCCOMB</b> 601 684 4421 1400 A HARRISON AVE MCCOMB 39648</p>	<p><b>HATTIESBURG</b> 601 584 1202 1911 ARCADIA ST HATTIESBURG 39401</p>
<p><b>INDIANOLA</b> 662 887 2502 226 N MARTIN L KING DR INDIANOLA 38751</p>	<p><b>NEW ALBANY</b> 662 407 1226 301 NORTH ST NEW ALBANY 38652</p>	<p><b>MENDENHALL</b> 601 847 1322 150 W COURT AVE MENDENHALL 39114</p>	<p><b>LAUREL</b> 601 399 4000 2139 HWY 15 N STE D LAUREL 39440</p>
<p><b>AMORY</b> 662 256 2618 AND 662 256 5617 1619 HIGHLAND DR AMORY 38821</p>	<p><b>OXFORD</b> 662 236 7201 1310 BELK BLVD OXFORD 38655</p>	<p><b>NATCHEZ</b> 601 442 0243 107 COLONEL JOHN PITCHFORD PKWY NATCHEZ 39121</p>	<p><b>MERIDIAN</b> 601 553 9511 2000 HWY 19 N MERIDIAN 39307</p>
<p><b>CALHOUN COUNTY</b> 662 412 3170 237 S MURPHREE ST PITTSBORO 38951</p>	<p><b>PONTOTOC</b> 662 407 1226 316 COFFEE ST PONTOTOC 38863</p>	<p><b>PEARL</b> 601 321 5441 212 ST PAUL ST PEARL 39208</p>	<p><b>NEWTON</b> 601 683 2021 107 ADAMS ST NEWTON 39345</p>
<p><b>CORINTH</b> 662 696 2336 2759 S HARPER RD CORINTH 38834</p>	<p><b>TATE COUNTY</b> 662 562 3351 NW COMMUNITY COLL 4975 HWY 51 N SENATOBIA 38663</p>	<p><b>TYLERTOWN</b> 601 222 2161 200 BALL AVE, COURTHOUSE TYLERTOWN 39667</p>	<p><b>PASCAGOULA</b> 228 762 4713 1604 DENNY AVE PASCAGOULA 39568</p>
<p><b>DESOTO COUNTY</b> 662 280 6218 NWCC DESOTO CAMPUS WIN JOB CENTER RM #300L 5197 W E ROSS PKWY SOUTHAVEN 38671</p>	<p><b>TUPELO</b> 662 842 4371 AND 662 407 1213 ADAMS FARM RD STE 4 BELDEN 38826</p>	<p><b>VICKSBURG</b> 601 619 2841 755 HWY 27 S VICKSBURG 39180</p>	<p><b>PHILADELPHIA</b> 601 389 3431 1016 SAXON AIRPORT RD PHILADELPHIA 39350</p>
<p><b>GRENADA</b> 662 226 2911 1229 A SUNSET DR GRENADA 38901</p>	<p><b>WEST POINT</b> 662 243 2647 1899 EAST TVA RD WEST POINT 39773</p>	<p><b>CARTHAGE</b> 601 267 9282 202 C O BROOKS ST CARTHAGE 39051</p>	<p><b>PICAYUNE</b> 601 798 3472 2005 WILDWOOD RD PICAYUNE 39466</p>
		<p><b>CHOCTAW MS</b> 601 663 7722 266 INDUSTRIAL RD CHOCTAW 39350</p>	

# MANDATORY FORM FOR FUNDED EXTERNS ELIGIBILITY / PG 39

## The Hospital:

- 1) Hires externs.
- 2) Finds out from MHA how many funded positions they receive via MOU.
- 3) Assigns those funded slots to specific hired externs.
- 4) Gives form (see next page) to the extern that has been assigned funding. The extern and the hospital complete their specific sections. The extern keeps the original.

## The Extern:

- 1) Follows the directions of the PDD to set up registration with the WIN Job Center. It will include a face to face interview and the externs are asked to dress appropriately for this interview.
- 2) Takes the form with him/her to the interview and asks the WIN representative to complete their section. The extern keeps the original.
- 3) Once WIN Job Center registration is complete, the extern takes the original form, now completed, back to the hospital POC.

## The Hospital:

- 1) Takes the original form from the extern. Ensures it's complete.
- 2) Emails a scanned copy of the form immediately to [rpowell@mhanet.org](mailto:rpowell@mhanet.org).
- 3) Places the original form in the extern's summer file.



## Robin @ MHA:

- 1) Ensures all externs that have been reported as funded have returned their form.
- 2) Shares all completed forms with the appropriate PDDs.
- 3) Matches completed forms with completed funding spreadsheets (PG 40) that hospitals return to MHA.

**Robin Powell will be in constant communication with you via email. Ensure that your computer's firewall doesn't block, hide, or reject emails from [rpowell@mhanet.org](mailto:rpowell@mhanet.org)**

**mandatory form circulates through to completion then returned to robin**



**2024 MS SUMMER STUDENT NURSE EXTERNSHIP PROGRAM: FUNDED EXTERNS ONLY  
PLANNING AND DEVELOPMENT FUNDING RECIPIENT ELIGIBILITY**

1. Funding from the Planning and Development Districts across the state will be contracted with the MS Center for Quality and Workforce (MCQW).
2. MCQW will let each hospital POC know how many funded slots have been given to each hospital.
3. The hospital will assign those funded slots to hired externs who meet funding criteria. The funding is assigned to an extern that is an American citizen and lives / works within the Planning and Development District.
4. Those assigned externs are now referred to as “funded.” The “funded” extern will receive this form. *(Hospital: Choose hired externs that can easily and quickly carry out the WIOA registration.)*
5. Each “funded” extern will have this form completed and returned to the hospital HR representative.

**1. Funded Extern**

FUNDED EXTERN NAME:

FUNDED EXTERN PHONE:

FUNDED EXTERN EMAIL:

FUNDED EXTERN HOME ADDRESS:

FUNDED EXTERN LIVES IN COUNTY:

FUNDED EXTERN LAST FOUR DIGITS OF SS#:

**2. Hospital Rep**

HOSPITAL NAME AND LOCATION:

HOSPITAL REP NAME AND PHONE:

*I verify that the above extern is hired by our hospital and is a candidate for the funding provided by the Planning and Development District in our area:*

*Hospital Representative Signature and Date*

**WIOA Rep**

*I verify that the above extern has been successfully enrolled in WIOA at the following WIN Job Center:*

WIOA JOB CENTER NAME AND LOCATION:

WIOA REPRESENTATIVE NAME:

DATE FUNDED EXTERN MAY START WORK:

WIOA REPRESENTATIVE PHONE AND EMAIL:

**4. MCQW**

**FUNDED EXTERN RETURNS THIS COMPLETED FORM TO THE HOSPITAL POC.  
THE HOSPITAL POC EMAILS A COPY OF THIS FORM TO RPOWELL@MHANET.ORG**

# SAMPLE MOU REQUIRED FOR FUNDING



MEMORANDUM OF UNDERSTANDING (MOU) | PARTICIPATING  
2024 MS SUMMER STUDENT NURSE EXTERNSHIP FACILITY

This document constitutes an agreement between the MHA HEALTH, RESEARCH, AND EDUCATIONAL FOUNDATION, INC. (“MHA-F”) and the Hospital (“Hospital”) identified below. Either party may terminate this MOU for convenience upon fifteen (15) days written notice to the other party. Notwithstanding this MOU may be terminated at any time during the term by mutual agreement of the parties. It is also understood and agreed upon that the obligation of the MHA-F to the Hospital under this MOU is conditioned upon the receipt of federal and/or state funds made available through grants to the MHA-F pursuant to the Workforce Innovation and Opportunity Act. If funds anticipated for continuing fulfillment of this MOU are, at any time, not forthcoming or insufficient, said unavailable or insufficient funds shall constitute grounds for the voidance or termination of this MOU without damage, penalty, cost or expense to the MHA-F of any kind whatsoever. The effective date of termination shall be provided by MHA-F to Hospital as quickly as possible but need not comply with the fifteen (15) day written notice described above. Under no circumstances shall the positions funded pursuant to this Agreement be considered employees, contractors or agents of MHA-F.

<b>Hospital:</b>	<b>2024 FUNDED POSITIONS:</b>
<b>Address:</b>	
<b>Hospital’s Primary POC:</b>	
<b>Hospital’s Alt POC:</b>	
<b>Hospital’s HR POC:</b>	
<p>This MOU allows for \$12 per extern plus FICA and Worker’s Compensation for funded summer student nurse externs. This MOU does not include tuition reimbursement for schools of nursing.</p>	

**SCOPE OF WORK** The MHA Organization of Nurse Executives and the MS Council of Deans and Directors of Schools of Nursing jointly sponsor the Summer Student Nurse Externship Program (Externship Program). The Externship Program is designed to:

- ◆ **Provide** nursing students with an opportunity to enhance previously learned competencies, i.e., critical thinking, time management, communication, teamwork, people management, under the supervision of experienced registered nurses in the healthcare setting.
- ◆ **Assist** nursing students to experience acceptance in a work situation appropriate to their potential as future registered nurses.
- ◆ **Prepare** nursing students to assume responsibilities of full-time employees with respect to performance requirements, policies, and procedures of a health care agency.
- ◆ **Encourage** retention of nursing graduates through provision of supplemental practice experience within the workplace.

**In return, the Hospital shall:**

- ◆ **Require** all FUNDED externs to register with the WIN Job Center in their district. All funded externs must follow the registration procedure as directed by the Planning and Development District.
- ◆ **Adhere to** the 2024 Summer Student Nurse Externship Program Guidelines and
- ◆ **Provide** contact information of funded nurse extern(s) along with payroll documentation as he/she is paid by the Hospital using the funds provided under this Agreement with MHA-F to rpowell@mhanet.org.

**CONTRACT FEES:** This MOU allows for \$12 per extern plus FICA and Worker’s Compensation for funded summer student nurse externs.

Signatures below indicate that parties agree to the terms and conditions set forth in the above agreement.

<p>Kim W. Hoover, RN, PHD, President/CEO   Date <i>MHA Health, Research and Educational Foundation, Inc.</i></p>	<p>Hospital Representative   Date</p>

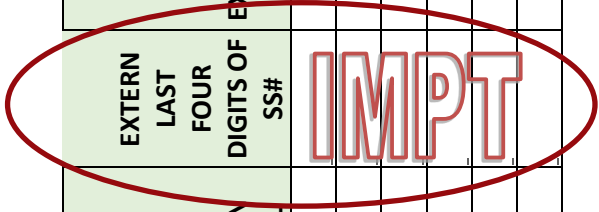
# SAMPLE: MS SUMMER STUDENT NURSE EXTERNSHIP PROGRAM - GRANT FUNDED POSITIONS SPREADSHEET EACH HOSPITAL RETURNS

Robin provides this spreadsheet to each hospital, once funded positions are distributed. The hospital completes the spreadsheet for the funded externs at their location and returns the spreadsheet to Robin as soon as possible.

## HOSPITAL NAME:

# OF PDD FUNDED SLOTS GIVEN	# OF PDD FUNDED SLOTS USED	CITY	WHICH PDD: CMPDD, SDPDD, OR TWDIS?	GRANT FUNDED EXTERN NAME	Is enrolled in this SCHOOL OF NURSING's summer externship course:

REQUIRED: EN-ROLLED / COMPLETED WIN JOB CENTER REQUIREMENT PLACE AN X IF THIS HAS BEEN COMPLETED	HIRE START DATE	HIRE END DATE	EXTERN EMAIL	EXTERN LAST FOUR DIGITS OF SS#	EXTERN HOME ADDRESS	HOME ADDRESS - CITY / ZIP	HOME ADDRESS - COUNTY	EXTERN CELL PHONE



THANK

**CENTRAL MISSISSIPPI PLANNING AND  
DEVELOPMENT DISTRICT:**

LouSonya Horton  
lhorton@cmpdd.org  
(601) 321-2175

YOU

**SOUTH DELTA PLANNING AND DEVELOPMENT DISTRICT:**

Cindy Goodin  
cgoodin@sdpdd.com  
(662) 721-5480

FOR YOUR

**TWIN DISTRICTS PLANNING AND DEVELOPMENT DISTRICT:**

Marilyn Minor  
mminor@smpdd.com  
(228) 314-1487

SUPPORT.

A NOTE TO REMEMBER

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— thank you —