

World Mission University
Department of Nursing

**NUR 342 Community and Public Health Nursing Practice
Orientation & Guidelines**

Spring 2022

**Faculty: Prof Sasaki Kim/ Prof. Youngwook Kim
supervisor: Prof. Youngjoo Lee(Director)**

Course Description 과목 소개

This course will explore and apply the role of the community/public health nurse caring for individuals, families, communities, and populations through designing, implementing, and evaluating population-based interventions that promote the health of a community and its members. Emphasis is given to health promotion and disease/injury prevention within vulnerable and at-risk populations and minimizing health consequences of emergency and disaster situations.

PROGRAM LEARNING OUTCOMES (PLOs)

Upon completing this program, students will be able to:

- 1. Integrate nursing education to professional nursing practice**
- 2. Demonstrate evidence- based practice with critical thinking**
- 3. Demonstrate professional communication with critical and spiritual competence**
- 4. Demonstrate Leadership skills for health promotion during the life cycle**
- 5. Apply systems, finances and policies to professional nursing care**

COURSE LEARNING OUTCOMES (CLOs)

At the completion of this course, students will be able to:

- 1. Explore how social and health determinants, genetics, culture, ethnicity, spirituality, health beliefs, health literacy, and global perspectives influence the care of individuals, families, communities, and populations. (PLO 4)**
- 2. Examine data from reliable sources of evidence in the context of population-based care. (PLO 5)**
- 3. Investigate the influence of the environment on the current and future health of individuals, families, communities, and populations. (PLO 4)**
- 4. Explore the nurse's role as an advocate for vulnerable and at-risk individuals, families, communities, and populations. (PLO 4)**
- 5. Analyze the scope of practice, roles, and responsibilities of the professional nurse in caring for individuals, families, communities, and populations in various community and public health settings. (PLO 5)**
- 6. Demonstrate professional interpersonal communication and collaboration with clients, colleagues, interdisciplinary staff members at the hosting agency, as well as other members of community agencies as part of improving patient health care outcomes." (PLO 5)**

ESSENTIAL	Program Learning Outcomes (PLO)	Course Learning Outcomes (CLOs)
ESS #7: Clinical Prevention and Population Health	PLO 4: Demonstrate Leadership skills for health promotion during the life cycle.	CLO 1: Explore how social and health determinants, genetics, culture, ethnicity, spirituality, health beliefs, health literacy, and global perspectives influence the care of individuals, families, communities, and populations. (PLO # 4)
ESS #3: Scholarship for Evidence Based Practice	PLO 5: Apply systems, finances and policies to professional nursing care	CLO 2: Examine data from reliable sources of evidence in the context of population-based care. (PLO# 5)
ESS #7: Clinical Prevention and Population Health	PLO 4: Demonstrate Leadership skills for health promotion during the life cycle.	CLO 3: Investigate the influence of the environment on the current and future health of individuals, families, communities, and populations. (PLO# 4)
ESS #5: Healthcare Policy, Finance, and Regulatory Environments	PLO 4: Demonstrate Leadership skills for health promotion during the life cycle.	CLO 4: Explore the nurse's role as an advocate for vulnerable and at-risk individuals, families, communities, and populations. (PLO# 4)

What Does NUR 342 Community and Public Health Nursing Practice Requirement Entail?

- **As part of RN to BSN program, a 90-hour community and public health nursing practicum is required.**
- In order to receive credit, you **MUST** go through a formalized process and course, which include:
 - Acceptance to complete the internship at a single approved site.
 - Receiving a Director's permit to enroll in NUR 342.
 - Completing 90 hours of fieldwork at the approved site.
 - Completing the requirements of NUR 342, which include:
 - 3 days in-class meetings or Zoom meeting (4 times - brief presentation)
 - Weekly logs: Every other week, monthly, end of semester reflections
 - Time sheets: Each student submit their timesheets (Due on a month after the orientation)
 - Proposal of Learning Plan: 1st pre-practicum proposal (provided template) with a course registration
 - Evaluation: 15th weeks

Public Health Practice

NUR 342 Community and Public Health Nursing Practice Prerequisites

In order to register for NUR 342 and carry out your practice, you must:

- Have advanced Senior standing and completed in your final semester.
- Receive permission via a permit from Director of Nursing Department

PHN certification

1. **FEMA (*Federal Emergency Management Agency*)**

training US Dept. of Homeland Security

two clinical days of credits & continue Education certification

2. **Child Abuse**

8hours for PHN Certification 8 hours

7 hours Training at Dept. of Children and Family

1 hour quiz (Continue Education certification)

Resources for Clinical Practicum in Community Public Health Settings

- 211LA : www.211la.org
 - Go to my 211, enter your zip code
 - Select Health Care, DV or Substance Abuse
 - Select Community Clinics, Hospice, Women's Health Care or Home Health Care
 - Some examples of the clinics associated with Zip 90006 include: St John's Well Child and Family Center; T.H.E. Clinic Inc; KHEIR; Queenscare Health Centers; Asian Pacific Healthcare Venture; Planned Parenthood LA; Downtown Women's Center Residence (homeless support for women); AIDS Project LA (under Substance Abuse)
 - Some agencies offer volunteer opportunities
- 211OC Services: www.211oc.org

Other Resources

- LA County Department of Children and Family Services
- LA County Department of Public Health
- LA County Department of Health Services; Mental Health, Social Services, etc.

[Community Emergency Preparedness Teams \(CERTS\) Training](#)

The following process is necessary after you find the site.

1. Provide the information of the practicum site to the school to enroll as official clinical practicum site.

- The following process is necessary.
 - Visit the potential clinical practicum site to see if they are interested to precept for 90 hours.
 - The site must meet objectives of community and public health nursing course.
 - The site must provide Public/Community Health_internship opportunities.

The following process is necessary after you find the site.

2. Enroll the site for NUR 342 to school (Use provided template)

- Name of the site, address, and website address
- Name of supervisor/preceptor(at least BSN degree, active RN license), position, telephone number, email address, website of facility.
- Reasons why you need to complete practicum in that site.
- The purpose of practicum and detailed objectives.
- Reasons why that practicum site might be a good fit to other students if you want to recommend
- Submit proposal one month before the practicum starts to the director of Nursing Department.

Student:

- Proposal
- Internship contract (appendix 1)
- FEMA -Certification
- Child Abuse Certification
- Weekly Log: 12wks (appendix 2)
- Final presentation(ppt 10 page) for 20 mins presentation and comments - End of Semester

Practicum instructor:

- Instructor weekly log(appendix 2)

Establish a Learning Plan

- Plan out a learning plan in details.
- You will need to develop:
 - Service Objectives : Primary responsibility at the site (Liability)
 - Learning Objectives: the ways in which your practicum will support/further your coursework related to your interest. Also, how will you apply community and public health nursing, community and public health analysis technique and theories during practicum.

Complete the application to register.

- You need to complete the Application to Register for NUR 342 Community and Public Health Nursing Practice
- 2nd floor of school office will prepare the form, upload in WMU moodle
 - Complete Register Form (Director's signature is required) - During the course enrollment term.
 - Learning Plan (Record learning Objectives in details) -Submit one month after the orientation.
 - Participation Guideline Sign - Download from Moodle and submit before the practicum.
 - Student Professional Liability Insurance -Prepare when choosing practicum site.

PARTICIPATION GUIDELINES

1. I will devote ____ hours per week towards completion of the service and learning objectives listed in my learning plan for a total of 90 service hours, effective from ____/____/____ to ____/____/____ (“learning activity”). I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity.
 2. I understand and acknowledge that there are potential risks associated with this learning activity, some of which may arise from (a) my assigned tasks and responsibilities, (b) the location of the learning activity, (c) the physical characteristics of the Learning Site, (d) the amount and type of criminal activity or hazardous materials at or near the location of the learning activity, (e) any travel associated with the learning activity, (f) the time of day when I will be present at the Learning Site, (g) the criminal, mental and social backgrounds of the individuals I will be working with or serving, and (h) the amount of supervision I will receive. I further understand and acknowledge that my safety and well being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage.
 3. Being aware of the risks inherent in this learning activity, I nonetheless voluntarily choose to participate in this learning activity. I understand that I may stop participating if I believe the risks become too great.
 4. While participating in this learning activity, I will (a) exhibit professional, ethical and appropriate behavior; (b) abide by the Learning Site’s rules and standards of conduct, including wearing any required personal protective equipment; (c) participate in all required training; (d) complete all assigned tasks and responsibilities in a timely and efficient manner; (e) request assistance if I am unsure how to respond to a difficult or uncomfortable situation; (f) be punctual and notify the Learning Site if I believe I will be late or absent; and (g) respect the privacy of the Learning Site’s clients.
 5. While participating in this learning activity, I will not (a) report to the Learning Site under the influence of drugs or alcohol; (b) give or loan money or other personal belongings to a client; (c) make promises to a client I cannot keep; (d) give a client or representative a ride in my personal vehicle; (e) engage in behavior that might be perceived as harassment of a client or Learning Site representative; (f) engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, mental capacity, or ethnicity; (g) engage in any type of business with clients during the term of my placement; (h) disclose without permission the Learning Site’s proprietary information, records or confidential information concerning its clients; or (i) enter into personal relationships with a client or Learning Site representative during the term of my placement. I understand that the Learning Site may dismiss me if I engage in any of these behaviors.
 6. I agree to contact the University’s Director of Nursing or Dean of Student at (213) 388-1000 #132 if I believe I have been discriminated against, harassed or injured while engaged in this learning activity.
 7. I understand and acknowledge that neither the University nor the Learning Site assumes any financial responsibility in the event I am injured or become ill as a result of my participating in this learning activity. I understand that I am personally responsible for paying any costs I may incur for the treatment of any such injury or illness. I acknowledge that the University recommends that I carry health insurance.
- I have read, understand and agree to comply with these guidelines.

Student Signature: _____ Date: _____

Student Professional Liability Insurance (SPLIP)

- Price: \$ 60
- Submit Student Professional Liability Insurance when you enroll for the class
 - Register liability as individuals. (e.g. NSO: nurses service organization)
 - Submit it to the Director of Nursing Department as well.

Community and Public Health Nursing Practice

Formalize the Practice Site.

- Permit (Register NUR 342 community and Public Health Nursing Practice)
- Proposal of Learning Plan
- Time sheets
- Register Form
- Student Professional Liability Insurance (NSO)

Course Enrollment

- Community and Public Health Nursing Practice (NUR 342)
- Nursing Director's approval signature
- During regular enrollment term

Carry out your practice

- Obtain Syllabus from the Nursing Director.
- Regular classroom meeting or Zoom Conference : General class meeting, small group meeting
 1. Small group meeting
 - 1) Pre-orientation: 2hrs. (Each student gets 15-20 minutes) x 3 times = 6 hrs.
 - 2) Community Clinical practice: Post-conference: 3hrs (Each student gets 20 to 25 minutes) x 5 times = 15 hrs.
 2. Group meeting & Final Presentation (3hrs) X 4 times = 12 hours
- Assignment: FEMA training certification, Child Abuse Certification, pre-clinical proposal, weekly log (12 times), final report (at 15th week), final presentation (at 15th week)
- Practicum 90 hours must be completed by the end of the semester.

FAQ

- Can a new incoming student take this course? (No, it allows in their last semester;3rd semester)
- Can I complete my hours at more than 1 site? (Must complete at the same site. can be various practice site under clinical faculty approval)
- Can I get paid? (If you find one. However, most practicums are unpaid)
- What types of sites and tasks are appropriate for a practicum? (Refer to Nursing Director)
- I already work at a clinic. Can I do my practicum there? (Encouraged to do a practicum at a site other than where you work.or different field)

Can't accept your current job as practicum. It needs to be a different 90 hours of practicum. (Different field needs an approval of the practicum site and the Nursing Director)

- Do I have to complete 90 hours in one semester? (Yes, if not, you need to retake the class)

If you experience an unforeseeable/emergency situation, you may be need to get approval from the Nursing Director.

< sample >

Preceptor - Student Instruct Report Form

N 342 Community and Public Health Nursing Practice - 2022

Students Orientation

Date : 1/12/22

Time: 6pm - 8:30pm

Student name : _____

Preceptors: name _____, position _____, Sign_____

1. 211 LA: Nonprofit guide to the services and information -<https://www.211la.org>
2. 211 OC - <https://211oc.org/>
3. MRC LA - <http://www.mrclosangeles.org/>
4. Department of Public Health LAC - <http://publichealth.lacounty.gov/>
5. Introduction to Community Emergency Response Team (CERTs) IS-317.A
<https://training.fema.gov/is/courseoverview.aspx?code=IS-317.a>
6. Board of Registered Nursing Public Health Nurse Cert
<https://www.rn.ca.gov/pdfs/applicants/phn-app.pdf>

Commnet / Feedback : _____

<sample>



Individual Professional Liability Insurance Occurrence Application

1100 Virginia Dr., Ste. 250 Ft. Washington, PA 19034

Toll Free #: 1-800-247-1500 • Fax #: 1-800-739-8818

YES! I want individual Professional Liability Insurance with limits of up to \$6,000,000.00 aggregate, up to \$1,000,000.00 each claim. (10)

Office use only:

Name: _____ Date of Birth: _____
 Home Address: _____ Preferred Telephone #: _____
 City: _____ Social Security #: _____
 State: _____ Zip: _____ Email: _____

- **I am:**
Indicate your classification or certification:
- **Requested Effective Date:**
- **Do any of the following apply:**
 - You have received notification of a lawsuit for malpractice;
 - You have become aware of any incident that may result in a malpractice claim or lawsuit;
 - You have received complaints (complaints, charges, disciplinary actions, investigations, inquiries, or document requests) from a trusted institution (court, licensing board, government agency, regulatory agency responsible for maintaining the professional standards).

Insurance Agent: Michael J. Loughran Florida License #A158896, IA License #IA241616

Total Due =

Enrolled in AutoPay:
Bill me through NSO e-Billing:
Date/Time:

I have answered these questions truthfully, accurately, and completely. I have not withheld any information that would influence the judgment of the Insurance Company. My signing of this application does not bind the Company to complete the insurance. This application will be the basis of the contract should a Certificate of Insurance be issued. I agree that the statements in the application shall be deemed material to the acceptance of the risk assumed by the Insurance Company under the policy and Certificate of Insurance, if issued, and that this application shall be on file with the Company or Program Administrator and shall be deemed to be attached to and made part of the policy and Certificate of Insurance, if issued, as if physically attached thereto. I understand that any misrepresentation in the application will render the Certificate of Insurance, if issued, void from inception and agree that the Insurance Company will not defend or pay any amounts or claim expense for any claim based on, arising out of, or in any way involving such incidents, circumstances or allegations asked about previously in this application, whether disclosed or not.

FRAUD NOTICE

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false or incomplete information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

Signature: X _____ **Date:** _____

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Questions? Call Toll-Free 1-800-247-1500



Name:
Home Address:

City:
State:
Zip:

WORLD MISSION UNIVERSITY
DEPT. OF NURSING
and

World Mission University, domiciled in the City of Los Angeles, State of California (hereinafter called "UNIVERSITY") and Mega Wellness Clinic, domiciled in the City of Brea, State of California (hereinafter called "FACILITY"), hereby agree:

RECITALS

UNIVERSITY is an institution of higher learning, which presently offers RN to BSN programs, fully accredited by the ABHE. FACILITY is an institution, which offers health services and facilities, and maintains appropriate state licensure.

UNIVERSITY and FACILITY desire to assist and cooperate with each other in providing instruction and clinical experience to students of nursing, which leads to the awarding of elective credit toward a RN to BSN degree, from World Mission University.

UNIVERSITY has determined that its utilization of FACILITY comports with the requirements of section 1427 of title California Code of Regulations.

TERMS OF AGREEMENT

1. ACCREDITATION:

It is recognized that UNIVERSITY is under the jurisdiction of various accrediting agencies with whose standards it must comply if UNIVERSITY is to maintain accreditation, and it is therefore agreed that UNIVERSITY will administer the Degree Program, and that UNIVERSITY will prescribe curriculum and courses of study. It is agreed that the Program is the responsibility of UNIVERSITY, and that UNIVERSITY is in authority of the administration of the same. UNIVERSITY personnel recognize the responsibility to plan and work collaboratively and cooperatively with FACILITY, in providing student learning and patient care. Appropriate representatives of UNIVERSITY and FACILITY will meet as needed for the

purpose of interpreting, discussing and evaluating students' clinical experience at the FACILITY.

Upon failure of either party to this AGREEMENT to obtain or maintain its certification or accreditation/the party hereto which has certification or accreditation, at its election, may terminate this AGREEMENT at the end of the academic year of the UNIVERSITY by giving at least one semester's written notice thereof to the party that does not have its said certification or accreditation and thereupon, this AGREEMENT shall terminate without further liability hereunder by either party to the other, except as provided for in Section 7 of this AGREEMENT. The term semester as used herein, means one half of a regular school year as now conducted by UNIVERSITY or its then equivalent.

2. TRANSPORTATION OF NURSING STUDENTS BETWEEN UNIVERSITY AND FACILITY:

Neither UNIVERSITY nor FACILITY will provide transportation for nursing students between campus of UNIVERSITY and FACILITY. Each nursing student shall be responsible for his or her transportation between UNIVERSITY campus and FACILITY.

3. INSURANCE

- (a) **Professional Liability Insurance:** FACILITY shall carry professional liability insurance coverage in the amount of \$ 1,000,000 per limit and \$3,000,000 in the aggregate, for its employees and agents. UNIVERSITY shall carry professional liability insurance coverage in the amount of \$1,000,000 per limit and \$3,000,000 the aggregate, for its employees, agents, and students.
- (b) UNIVERSITY maintains proof of all insurance coverage and will provide said proof to FACILITY upon request. Further, in the event of any modification, termination, expiration, non-renewal or cancellation of any insurance coverage required by this Agreement, UNIVERSITY shall give written notice thereof to FACILITY not more than ten (10) days following the date of UNIVERSITY'S receipt of such notification.
- (c) FACILITY maintains proof of all insurance coverage and will provide said proof to UNIVERSITY upon request.

4. CONFIDENTIALITY:

All verbal and written information exchanges, as well as proprietary information relating to business practices, procedures or methods of the FACILITY or the project shall remain strict confidential and shall not be disclosed without consent of the FACILITY.

The University shall notify students that they are responsible for respecting and maintaining the confidentiality of all Health Information with respect to all patients of the

FACILITY, including without limitation, all Health Information regarding a patient's: 1) Medical treatment and condition; 2) Psychiatric and Mental Health; and 3) Substance abuse and Chemical dependency, which the student may receive pursuant to this Agreement. The student agrees to comply with the terms and conditions of the: (i) Confidentiality of Medical Information Act of 1981, California Civil Code Section 56 et seq. (General Patient Medical Records); (ii) California Welfare & Institutions Code §§328.6 and §528.7 (Mental Health Records); and (iii) 42 U.S.C. §§290dd-2; (iv) Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the Regulations promulgated there under (42 U.S.C. Sections 1320d-2 and 1320d-4; 45 C.F.R, Subtitle A, Subchapter C, Parts 160-164), as amended from time to time.

5. STUDENT AGENCY ASSIGNMENT:

The assignment of nursing students within the FACILITY shall be made by the UNIVERSITY, or UNIVERSITY faculty assigned to the facility (if any), in accordance with students' educational needs as determined by the curriculum of the UNIVERSITY'S program. Physical facilities of FACILITY for such assignments will be made available therefore by FACILITY, and FACILITY will adhere to the placement objectives set forth by the UNIVERSITY.

- The student will be officially enrolled in a nursing course of study at World Mission University.
- The student will work with a FACILITY preceptor/supervisor(s) agreed upon by FACILITY, UNIVERSITY and student.
- The UNIVERSITY and/or student will prepare objectives for the clinical experience with the approval of UNIVERSITY faculty and FACILITY preceptor/supervisor(s), and FACILITY'S preceptor/supervisor(s) shall instruct students in their clinical training at FACILITY in accordance with those objectives.
- The clinical hours to meet the student's learning needs will be jointly arranged by the UNIVERSITY, FACILITY, and student.
- Student evaluations will be the responsibility of the UNIVERSITY faculty with input from the FACILITY preceptor/supervisor(s).
- The student will meet all time obligations or otherwise notify the FACILITY preceptor/supervisor(s) of alterations in advance.
- The UNIVERSITY shall notify students that they are responsible for following the internal protocol, policies, procedures, rules and regulations established by FACILITY.

6. RESERVATION OF RIGHTS:

FACILITY reserves the right for its Administrator to exercise exclusive control over the administration, operation, maintenance and management of FACILITY, and faculty and students

are in residence at the FACILITY and subject thereto. UNIVERSITY reserves the right to exercise control and supervision over the operation, curriculum, faculty and students of the School of Nursing within the prescribed framework.

7. **TERMINATION AND TERM LENGTH OF THIS AGREEMENT:**

The AGREEMENT may be terminated by either party thereto by delivery of thirty (30) days prior written notice of termination to the other party hereof; the UNIVERSITY and FACILITY will continue to discharge their obligations as expressed herein to each other as to the nursing students then enrolled. This AGREEMENT is for the term of three (3) years, unless earlier terminated pursuant to the terms of this Agreement.

8. **MISCELLANEOUS:**

- (a) **Patient Care:** The FACILITY shall remain in charge of and provide appropriate supervisory personnel for patient care. FACILITY is at all times responsible for care and supervision of its patients, and FACILITY warrants that FACILITY has adequate staffing to ensure safe and continuous health care services to FACILITY'S patients, and that students shall not be substituted for FACILITY staff necessary for reasonable coverage.
- (b) **Orientation:** The FACILITY will provide for the UNIVERSITY and its nursing students and faculty appropriate orientation prior to and, if required, during each semester. Orientation shall include familiarization with relevant FACILITY purpose, policies, procedures and facilities.
- (c) **Hepatitis B:** UNIVERSITY requires the hepatitis B vaccine and vaccination series for all of its health care students who have occupational exposure. UNIVERSITY also follows up with all students who have had an exposure incident, once the student has received the required training and within ten working days of initial assignment. Students are assured that if the hepatitis B vaccination has previously been declined (for which a signed declaration has been obtained) that the vaccination series is still available to such student
- (d) **Universal Precautions:** The UNIVERSITY nursing curriculum contains Universal Precautionary Practices, which include a general explanation of the epidemiology and systems of blood borne disease, modes of transmission, and information on the hepatitis B vaccination, as well as other pertinent information.
- (e) **Health Clearance:** The UNIVERSITY assumes responsibility for maintaining a current (within a year) certification of health clearance of students, including verification of a titer test or proving immunity to listed below.

- Proof of immunization of DPT Vaccine (Tetanus, Diphtheria, Pertussis) (Tdap) within the past 10 years.
- Two immunizations of MMR (Measles, Mumps, Rubella) if not, Ab test.
- Proof of no active tuberculosis through annual TB testing.
- Proof of immunization, three series, or positive titer of Hepatitis B if not, Ab test.
- Two immunizations or positive titer of Varicella-zoster virus (Chicken Pox) if not, Ab test.
- Proof of annual flu shot.

UNIVERSITY shall ensure compliance with this Paragraph and shall maintain files of all health examinations of students assigned to FACILITY.

9. **MUTUAL INDEMNIFICATION:**

- (a) UNIVERSITY shall indemnify, save and hold harmless FACILITY, its officers, directors, agents and employees from and against all obligations, claims and liabilities of any kind under state or federal law (including costs and attorneys fees) that may arise out of negligent acts or omissions of UNIVERSITY officers, directors, agents, and employees during the course and scope of a UNIVERSITY student's clinical training.
- (b) FACILITY shall indemnify, save and hold harmless UNIVERSITY, its officers, directors, agents and employees from and against all obligations, claims and liabilities of any kind under state or federal law (including costs and attorneys fees) that may arise out of negligent acts or omissions of FACILITY officers, directors, agents or employees during the course and scope of a UNIVERSITY'S student's clinical training.

10. **AMENDMENTS:**

This AGREEMENT and each of their terms and provision hereof may be amended from time to time by the parties hereto by written amendment only and executed by the parties hereto.

11. **STATUS OF STUDENTS:** The employment status of students and the responsibility for insurance coverage for student activities depends upon the status of the students as set forth below:

- (a) **Student Participating in Unpaid Internship not at Student's Place of Employment:** It is understood by the parties that the UNIVERSITY'S students are fulfilling specific requirements for clinical experiences as part of a degree requirement, and therefore, the UNIVERSITY'S students do not thereby become employees or agents of

UNIVERSITY by virtue of their clinical training. The UNIVERSITY shall be responsible for providing professional liability, for such students.

- (b) **Students Participating in Unpaid Internship at Student's Place of Employment:** It is understood by the parties that the UNIVERSITY and FACILITY shall keep the clinical training and work duties of the UNIVERSITY'S students strictly separate. The UNIVERSITY shall be responsible for providing, professional liability, for such students' clinical training, and the FACILITY shall be responsible for providing insurance coverage for such students' activities as an employee.
- (c) **Students Participating in Paid Internship:** If the UNIVERSITY'S students are provided with a nominal stipend from the FACILITY intended to reimburse them for estimated expenses related to their clinical training, the UNIVERSITY'S students do not thereby become employees or agents of FACILITY, and UNIVERSITY shall be responsible for providing, professional liability for such students; however, FACILITY shall be responsible for issuing a Form 1099 reporting the stipend to the Internal Revenue Service. If, however, the UNIVERSITY'S students are paid by the FACILITY for their services, then they become employees of the FACILITY, and FACILITY is responsible for all employee obligations and for insuring the activities of such students.

12. **GOVERNING LAW:**

This Agreement shall be construed and enforced in all respects to the laws of the State of California. Both Parties agree that any action brought under this Agreement shall be exclusively in the County of Los Angeles.

13. **ATTORNEY'S FEES:**

If any action at law or in equity is brought to enforce or interpret the terms of this Agreement or to enforce any obligation owing under the Agreement, the prevailing Party shall be entitled, in addition to such other relief as may be granted, to the attorney's fees, expert witness fees, and costs incurred by reason of the litigation or arbitration. The amount recoverable includes attorney's fees and expert witness' fees incurred in preparation for or investigating any matter relating to the litigation or arbitration.

14. **ENTIRE AGREEMENT:**

This Agreement contains the entire understanding between Parties with respect to the subject matter of this Agreement and incorporates all of the covenants, conditions, promises, and agreements exchanged by Parties hereto. This Agreement supersedes any and all prior or

Clinical Facility Evaluation by Student

Clinical Facility: _____ Semester & Term: _____

INSTRUCTIONS: Please choose one number which best describes your experience: Rating Scales: 4 – Strongly Agree 3 – Agree 2 – Disagree 1 – Strongly Disagree

The unit environment was appropriate to your learning needs:

1. Orientation to the clinical site	4	3	2	1	
2. Number of Patients	4	3	2	1	
3. Variety of Diagnosis	4	3	2	1	
4. Equipment	4	3	2	1	
5. Unit Resources		4	3	2	1
6. Learning Resources (library, reference materials)	4	3	2	1	
7. Facilities (dining, parking, storage space)	4	3	2	1	

The nursing staff maintained open communication appropriate in meeting your learning needs:

8. Knowledge level		4	3	2	1
9. As role models		4	3	2	1
10. Supportive	4	3	2	1	
11. Fostered independence		4	3	2	1
12. I feel I have benefited from this experience	4	3	2	1	

PLEASE ADD YOUR OPINIONS AND SUGGESTIONS

13. The strengths of this clinical experience were:

14. My recommendation for improvements of this clinical experience:

15. Additional information or experience I would like to have been provided:

contemporaneous negotiations, agreements, or communications, whether written or oral, between the Parties with respect to the subject matter of this Agreement.

15. SEVERABILITY:

If any provision of this Agreement is found to be invalid or unenforceable by any court, such provision shall be ineffective only to the extent that it is in contravention of such applicable laws without invalidating the remaining provisions herein, unless such an invalidity or unenforceability would defeat an essential business purpose of this Agreement,

IN WITNESS WHEREOF, the Parties to this AGREEMENT have hereunto set their hands in duplicate, this ____ day of _____, 2022

Name:
Address:

WORLD MISSION UNIVERSITY
500 Shatto Place,
Los Angeles, CA 90020
213-388-1000 Phone
yjlee@wmu.edu



By _____
Agency/Clinical Preceptor

By _____
Young Joo Lee, RN, Ph.D
Director of Nursing, Dept of Nursing