

**DEPARTMENT OF VETERANS AFFAIRS
VA BOSTON HEALTHCARE SYSTEM**

Medical Center Memorandum-118-008-LM

MAY 2019

NURSING AFFILIATIONS WITH ACADEMIC INSTITUTIONS

1. PURPOSE: To establish the policy governing nursing affiliations with educational institutions that enable nursing training programs in clinical practice, clinical research, and leadership settings.

2. POLICY

a. All nursing affiliation programs with academic institutions will be formalized with an appropriate Affiliation Agreement and the supporting documentation required before students may enter training at this Healthcare System.

b. The Associate Chief of Nursing Service/Academic Affiliations, and the Associate Chief of Staff/Education in council with the Associate Director of Nursing/Patient Care Services are designated as the official staff responsible for ensuring that all nursing affiliations are in the proper format and ensuring that nursing affiliation agreements are reviewed and updated as required.

3. ACTION

a. The Associate Chief of Nursing Service/Academic Affiliations will establish procedures for affiliation agreements such as providing guidance to academic affiliates, reviewing affiliations and preparing Affiliation Agreements.

b. The following criteria will apply in deciding if a program affiliation will be initiated or continued:

(1) The academic nursing program supports the healthcare system's mission of providing high quality healthcare to veterans served.

(2) The academic nursing program demonstrates competence to produce high quality graduates by evidence of accreditation by a U.S. Department of Education recognized nursing accrediting agency.

(3) There is a documented demand for graduates of the academic nursing program to fill a real need in the healthcare delivery system.

(4) Academic nursing program affiliations are established with the expectation of regular assignments of trainees to this healthcare system. Academic nursing program

affiliations will not be established on an intermittent basis for the convenience of the affiliating institution or a student.

(5) Potential programs will not conflict with or detract from established and ongoing academic nursing affiliations and programs.

c. When it is determined that the academic nursing program meets the VA Boston Healthcare system's criteria, the following documents must be completed.

(1) AFFILIATION AGREEMENT Directive: This Veterans Health Administration (VHA) directive assigns statutory authority for oversight of health professions education programs, trainees, and academic affiliations to the Office of Academic Affiliations (OAA). VHA Directive 1400, Office of Academic Affiliations, dated November 9, 2018. VA Form10-0094g

(2) SUPPORTING DATA: Supporting documentation containing the following will be prepared as a Program Letter of Agreement after the execution of the initial Affiliation Agreement and updated as necessary through the duration of the Affiliation:

- a) Clinical Instructor Profile
- b) Course Name, Number and Course Objectives
- c) Health Clearance for Students/Faculty
- d) Names of Students/Faculty, Social Security Numbers and Unit Assignments
- e) Beginning and Ending Dates of Clinical Affiliation
- f) Faculty Contact Information
- g) Nursing License for Faculty, RN to BSN Students, and Graduate Students
- h) Facility and Unit Orientation
- i) BCMA/CPRS Orientation as needed

(3) Master and doctoral level students represent a special case. Such students must present their projects for approval by the VA Boston HCS Nurse Scientist Workgroup prior to initiation of their project. Such projects may include a master's capstone project, thesis, doctoral dissertation, or other similar scholarly work. In most circumstances these students must have an identified mentor from the VA Boston HCS Nurse Scientist Workgroup to guide their project through the necessary institutional and other approval processes including but not limited to the Institutional Review Board (IRB). The Associate Chief of Nursing Service/Academic Affiliations will create and modify over time as appropriate an Academic Project Proposal template that all students must complete prior to the academic semester to be reviewed by the VA Boston HCS Nurse Scientist Workgroup for determination of next steps and guidance while project is being conducted at the VA Boston HCS. Appendix B.

(4) As specified in the Memorandum of Affiliation, close cooperation will exist between the affiliating institution and Healthcare System Staff. This cooperation will involve advance detailed planning of items such as schedules of trainee rotations,

specific clinical assignments and orientation to this healthcare System's Nursing Affiliations policies.

(5) As part of the agreement, schools are required to provide all documentation as outlined in Appendix A.

(6) Affiliations agreements will be reviewed periodically but not less than every 10 years by Nursing Service in consultation with the affiliating institution.

4. REFERENCES:

VHA Handbook 1400.03, Veterans Health Administration Educational Relationships, February 16, 2016.

VHA Directive 1400.04, Supervision of Associated Health Trainees, March 19, 2015.
VA Boston HCS Nursing Service Policy No. 118-4-120 Affiliated Schools of Nursing, July 2016.

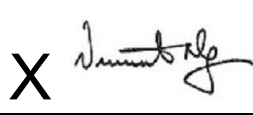
VHA Directive 1400. Transmittal Sheet, November 9, 2018.

MCM-00-111-LM.0815 Research and Development Committee

5. RECISSIONS: Nursing Service Policy No. 118-4-120

6. RESPONSIBILITY: This policy will be reviewed by the Associate Chief of Nursing/Academic Affiliations and reissued no later than May 2024.

 Invalid signature

 X

Vincent Ng
Director, VA Boston Healthcare System
Signed by: Vincent Ng

CREDENTIALING REQUIREMENTS

STUDENTS:

PhD/DNP/APRN/MSN students - bring the following documents to credentialing

- PIV form
- Health information
- [USCIS I-9 Employment Eligibility Verification](#)
- [VA Form 10-2850a \(APPLICATION FOR NURSES AND NURSE ANESTHETISTS\)](#)
- [VA Form 4682-2 Certification of Licensure](#)
- [Declaration for Federal Employment](#)
- [Statement of Commitment and Understanding for VA trainees](#)
- [Orientation Manual Supplement for Clinical Trainees \(only need last page signed\)](#)
- [Prevention of Patient Abuse](#)
- TMS certificates (VA online orientation)
- Massachusetts Centralized Clinical Placement Ticket (State online orientation)
- **Fingerprinting must be completed prior to any clinical placement.**

BSN RN/ADN RN students - bring the following documents to credentialing

- PIV form
- Health information
- [USCIS I-9 Employment Eligibility Verification](#)
- [VA Form 10-2850c \(APPLICATION FOR ASSOCIATED HEALTH OCCUPATION\)](#)
- [Declaration for Federal Employment](#)
- [Statement of Commitment and Understanding for VA trainees](#)
- [Orientation Manual Supplement for Clinical Trainees \(only need last page signed\)](#)
- [Prevention of Patient Abuse](#)
- TMS certificates (VA online orientation)
- Massachusetts Centralized Clinical Placement Ticket (State online orientation)
- **Fingerprinting must be completed prior to any clinical placement.**

LPN students - bring the following documents to credentialing

- PIV form
- Health information
- [USCIS I-9 Employment Eligibility Verification](#)

- [VA Form 10-2850c \(APPLICATION FOR ASSOCIATED HEALTH OCCUPATION\)](#)
- [Declaration for Federal Employment](#)
- [Statement of Commitment and Understanding for VA trainees](#)
- [Orientation Manual Supplement for Clinical Trainees \(**only need last page signed**\)](#)
- [Prevention of Patient Abuse](#)
- TMS certificates (VA online orientation)
- Massachusetts Centralized Clinical Placement Ticket (State online orientation)
- **Fingerprinting must be completed prior to any clinical placement.**

CNA/ Surgical Techs. / Sterile Processing Students - bring the following documents to credentialing

- PIV form
- Health information
- [USCIS I-9 Employment Eligibility Verification](#)
- [VA Form 10-2850d \(APPLICATION FOR HEALTH PROFESSIONS TRAINEES\)](#)
- [Declaration for Federal Employment](#)
- [Statement of Commitment and Understanding for VA trainees](#)
- [Orientation Manual Supplement for Clinical Trainees \(**only need last page signed**\)](#)
- [Prevention of Patient Abuse](#)
- TMS certificates (VA online orientation)
- Massachusetts Centralized Clinical Placement Ticket (State online orientation)
- **Fingerprinting must be completed prior to any clinical placement.**

VA EMPLOYEES IN CLINICAL TRAINEE ROLE:

- VABHS Without Compensation (WOC) Form

FACULTY:

- PIV form
- Health information
- VA-Form 4682-2 (CERTIFICATION OF LICENSURE, REGISTRATION, OR BAR MEMBERSHIP)
- Copy of current BLS card
- Resume / CV
- Recommendation letter from the affiliate school.
- Mandatory computer classes (BCMA & CPRS)

- Official & sealed Undergrad or Graduate transcript (proof of terminal nursing degree).
- **Fingerprinting must be completed prior to any clinical placement.**

Complete these additional forms & online training prior to the on-site credentialing:

- VABHS Without Compensation (WOC) Form
- USCIS Form I-9, Employment Eligibility Verification
- VA Form 10-2850a (APPLICATION FOR NURSES AND NURSE ANESTHETISTS)
- OPM Optional Form 306 (DECLARATION OF FEDERAL EMPLOYMENT)
- Statement of Commitment and Understanding for VA trainees
- VA Form 10-0105b, Clinical Instructor Profile
- VHA Mandatory Training
- Massachusetts Centralized Clinical Placement Online Orientation (State of Massachusetts requirement) <http://www.mass.edu/mcncps>

▪ **Appendix B**

For questions and assistance in completing the checklist and approval process please contact _____.

Checklist for Students Conducting Academic Projects Within VA Boston HCS	
Project Title	
Name	
Position	
Unit/Service Line	
Nurse Manager / Immediate Supervisor	
University	
University Advisor	
VA Boston HCS Preceptor and VA Nurse Scientist	

I am conducting an academic project (e.g. Capstone project, etc.) in partial fulfillment of the following degree:

MSN

DNP

PhD

-----Other. Please specify: _____

Anticipated graduation date: _____

When do you plan to conduct your project? _____

Key Stakeholders: Please provide units/care areas where you plan to conduct the project.

Unit/Care Area	Nurse Manager	Service Line/ Associate Chief Nurse	Other (Please specify Position)
1.			
2.			
3.			
4.			

Project Proposal Information

Instructions:

1. All students conducting an academic project at VA Boston HCS will be required to complete a [Project Proposal](#).
2. If your project involves data collection & analysis, include a detailed description of your data collection and security plan in your Project Proposal.
3. Submit your Project Proposal to the ACNS/Academic Affiliations
4. Contact other key stakeholders as directed and include additional information as specified in the instructions below.

NO	YES	Project Plan	Instructions
<input type="checkbox"/>	<input type="checkbox"/>	a. Does the University have an Affiliation Agreement with VA Boston? You may not conduct a school related project at VA Boston without an Academic Affiliation Agreement.	Contact the ACNS/Academic Affiliations for verification.
<input type="checkbox"/>	<input type="checkbox"/>	b. Will you be utilizing the VISN 1 Library services for this project?	If yes, contact VISN 1 Library Services for more information.
<input type="checkbox"/>	<input type="checkbox"/>	c. Does your project involve education for staff?	If yes, include a detailed Staff Teaching Plan (Attachment B) and the pre/post test (if applicable) with your project proposal.

		If yes, does your project involve a pre-test/post-test component? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<input type="checkbox"/>	d. Does your project involve education for patients?	If yes, Include a detailed Patient Teaching Plan (Attachment C) with your proposal.
<input type="checkbox"/>	<input type="checkbox"/>	e. Does your project involve a nursing practice or process change?	If yes, attach relevant policies or procedures to your project proposal.
<input type="checkbox"/>	<input type="checkbox"/>	f. Does your project involve an administrative practice or process change?	If yes, attach the relevant policies to your proposal.
<input type="checkbox"/>	<input type="checkbox"/>	g. Does your project involve a secondary analysis of current practice or processes?	If yes, provide a complete description of the secondary analysis plan in your project proposal.
<input type="checkbox"/>	<input type="checkbox"/>	h. Does your project involve conducting a staff survey?	If yes, provide a copy of the survey and a description of your plan to conduct the survey.
NO	YES	Project Plan	Instructions
<input type="checkbox"/>	<input type="checkbox"/>	i. Does your project require AFGE notification?	If yes, provide verification of notification with your proposal.
<input type="checkbox"/>	<input type="checkbox"/>	j. Does your project involve the presentation or collection of any data (patient, staff or organization level data)?	<p>If yes, a formal VA Boston IRB Quality Assurance(QA)/Quality Improvement (QI) determination is required prior to starting the project. Refer to the QA/QI Determination Submission Instructions (Attachment D).</p> <p>The QA/QI determination will establish if your project is QA/QI or research. The IRB Chair or designee will notify you of your project status determination. Please allow 4-6 weeks for a QA/QI determination. See the QA/QI Determination Flowchart below.</p> <p>1. <u>If your project is determined to be QA/QI</u>, you will need approval to conduct the project from key VA Boston stakeholders, including the unit/care</p>

			<p>area Nurse Manager(s), Associate Chief Nurse(s), including Academic Affiliations and VA Boston HCS Nurse Scientist listed in the table on the first page. Other approvals may be required based on the scope of the project</p> <p>2. <u>If the project is determined to be research</u>, IRB and R&D approval are required before you can conduct the project. Do not start the research study until you receive a letter from the ACOS R&D indicating that you have permission to conduct the study. This letter is required before you can conduct an academic project within VA Boston that is determined to be research.</p>
--	--	--	--

Yes	No	Dissemination Plan	Instructions
<input type="checkbox"/>	<input type="checkbox"/>	<p>k. Permission to disseminate project results outside VA Boston has been obtained from 1) your immediate supervisor; 2) VA Boston HCS Institutional Review Board (IRB) 3) Associate Chief of Nursing or Service Line Chief and 3) Director's Office</p>	<p>NOTE: Permission to disseminate project results outside VA Boston is <u>required</u> through the Director's Office as outlined in <u>VA Handbook 1058.05</u> and <u>VA Memorandum LD-077 VHA OPERATIONS ACTIVITIES AND RESEARCH</u>. This includes dissemination in the form of oral presentations and/or manuscripts submitted to your academic institution. Please allow 3-4 weeks to obtain the necessary signatures required for dissemination.</p>

Attachment A: Project Proposal

Project TITLE:

Background and Significance:

Project Goal / Key Practice Question / PICO-T Question:

Description of the Project or Practice Change:

Description and Timeline of Implementation Plan:

Evaluation of Project or Practice Change (Process and Outcomes):

Data Collection and Security Procedures (How are you managing and protecting the data):

Practice Implications / Sustaining Measures:

References:

Attachments:

Attachment B: Staff Teaching Plan

Presentation Title:

Intended Audience:

Timeframe:

Learner's Objectives:

Content Outline:

Teaching Methods:

Evaluation Plan:

Attachment C: Patient Teaching Plan

Presentation Title:

Intended Audience:

Who will conduct the teaching?

Learner's Objectives:

Content Outline:

Teaching Methods:

Evaluation Plan:

Will the teaching be recorded in the patient's record? If so, who is responsible for documentation?

**Attachment D: Quality Assurance (QA) /Quality Improvement (QI) Determination
Submission Instructions**

1. All QA/QI determination submission will be electronic (through email). Contact Judith Wendt for information on who to include on the email submission.
2. Include in the email subject line: **Academic Capstone QA/QI Determination Request**
3. Include the following language in the body of your email (cut and paste)

I am submitting the following project (project title) for QA/QI determination.

This project is being completed in partial fulfillment of a (specify degree) at (specify university).

I have informed my Nurse Manager (or immediate supervisor), Service Line Associate Chief Nurse, Associate Chief of Nursing Service/Academic Affiliations, and the VA Boston Healthcare System Nurse Scientist Workgroup of my proposed plan to conduct this project. They are included on this email.

I have read the QA/QI policy and understand that my project may meet the definition of research as specified in VHA Handbook 1058.05. If my project is determined to be research, I will submit my project for review to the appropriate VA Boston review committees. I will not initiate any work on the project until I have received notification from the Associate Chief of Staff for Research and Development (ACOS/R&D) that my project has received all required approvals.

Project Implementation: Please check one:

The project has not been started. I will not implement my proposed project or collect any data related to this project until I receive all the required VA Boston approvals. I will contact the IRB Chair and the VA Nurse Scientist representative immediately if project activities occur prior to receiving all required VA BOSTON approvals

The project has been started. I agree to stop project implementation until I receive all the required VA Boston approvals. Please provide complete detail as to what has been done up to this date.

The following attachments are included:

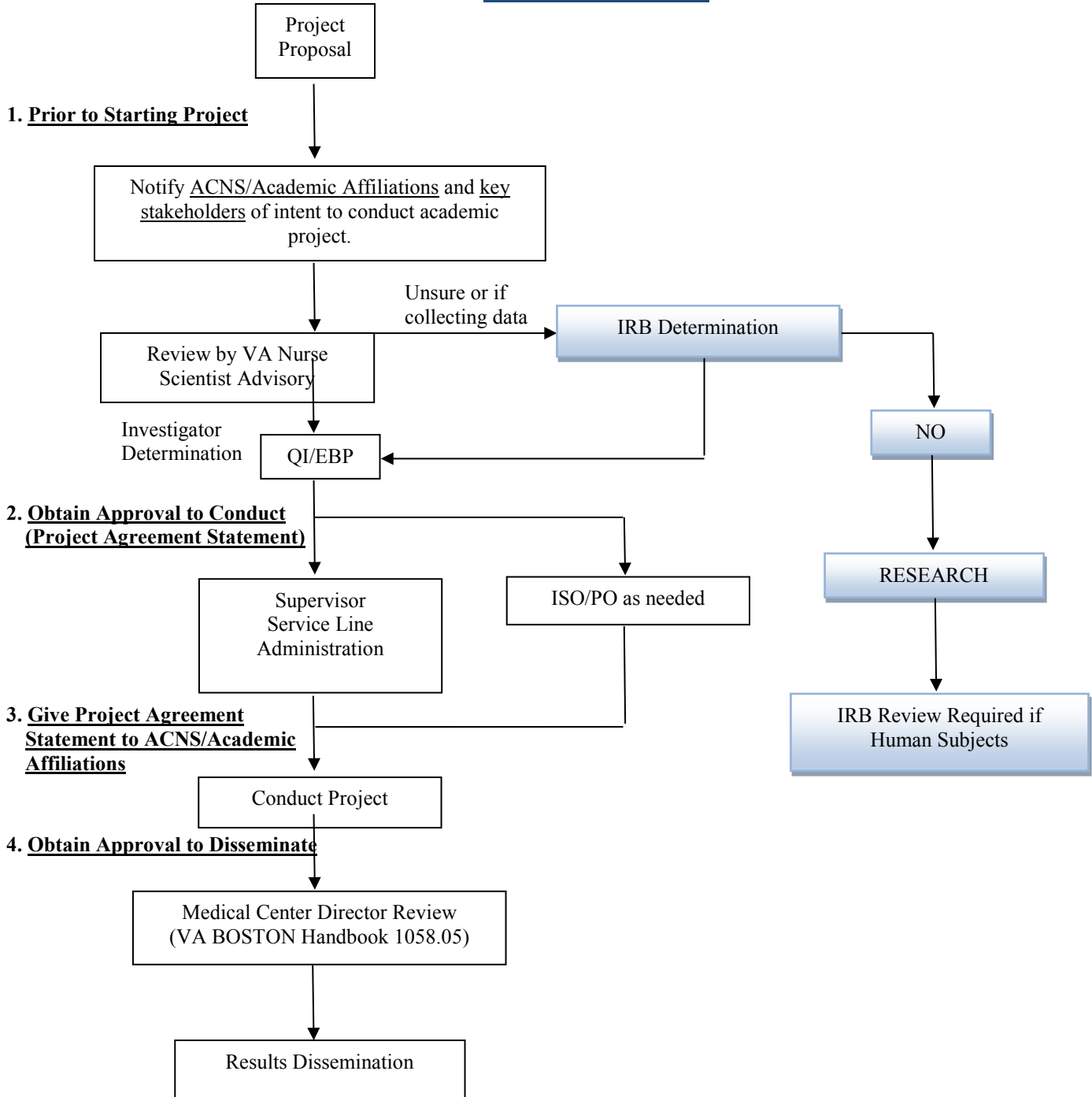
1. *Project Proposal*
2. *VA BOSTON QA/QI Worksheet*

Thank you for your consideration.

4. Include the following documents in your email:

- a. Project Proposal
 - b. QA/QI Checklist
 - c. Evidence of stakeholder support – Please contact ACNS/Academic Academic Affiliations for help in securing stakeholder support.
5. Allow for minimum of 4-6 weeks turn-around time between submission and determination.

Quality Assurance (QA)/Quality Improvement (QI) Determination for Academic Projects Flowchart



Attachment E: Academic Project Determined to be Quality Assurance (QA)/Quality Improvement (QI) Project Agreement Statement

Date: _____

To the Associate Chief Nurse Service/Academic Affiliations,

I have completed VA Boston annual security training requirements on _____ (date) and will comply with all VHA information security standards and requirements.

My project was determined to be QA/QI on _____ (date). A copy of the QA/QI Determination is attached.

I have read and will comply with VA Boston guidance and policies on conducting QA/QI projects at VA BOSTON.

I will not start my project until I have received final concurrence from the key stakeholders as listed on the Academic Project Checklist.

I have read and will comply with the guidance on disseminating QA/QI projects as outlined in Handbook 1058.05 and Memorandum LD-077 VHA OPERATIONS ACTIVITIES AND RESEARCH. I will obtain all required approvals prior to disseminating the results of my project.

Name (printed):

—

Signature: _____ Date

Project Title:
