

## GUIDELINES FOR CLINICAL SUPERVISION

The following may be helpful to you in order for you to complete the evaluation of the student.

1. Please call immediately with any problems or questions regarding student schedule, attendance, grading, or any changes at the clinical affiliate that affects the student.
2. Student is expected to report to the clinical affiliate at the time scheduled. Mutual adjustment of schedule is permitted. The college clinical coordinator should be notified of any change. The student is responsible for notifying the clinical affiliate **and** the college coordinator of any absences. A Leave of Absence Form must be completed by the student for any early dismissal or full day absence. Any time missed must be made up with suitable arrangements with the clinical affiliate. Exceptions include: a ) Facility and/or college has a holiday. Student must follow facility/college schedule. b) Student is dismissed for lack of work at the affiliate.
3. It is recommended that the clinical affiliate have a prepared schedule for the student with the activity listed and the person they will be working with. This will save both the affiliates time as well as the students time. (See enclosed sample)
4. Please expose the student to activities not housed in the Health Information Management Department (i.e. Utilization, QA, Admitting). Make arrangements with the coordinator of each of these activities.
5. The clinical affiliate can accommodate the competency to the particular facility. The numbers on the competency sheets are suggestions, not required.
6. It is imperative for the integrity of the program that students are not used as employees. They may work independently, but with supervision.
7. The following is required for final completion of the clinical packet.
  - a. Complete front sheet with requested signature
  - b. Complete competency sheet with date.
  - c. Add any activities not listed on competency sheet that apply to a particular affiliate
  - d. Complete time sheet with dates and amount of hours with signature.
  - e. **Review competency sheet and time sheet with student.**
  - f. Return entire completed packet by date listed to college clinical coordinator.