



Day in the Life of a Nurse™

Best Practices Toolkit

INTRODUCTION

Day in the Life of a Nurse™, is a shadowing program developed by the Nursing Consortium of South Florida to encourage Junior and Senior High School students to consider a career in nursing. Hospitals and nursing schools in Broward, Miami-Dade and Palm Beach counties have been participating in this annual event since 1998. More recently, the program has been expanded to Hendry, Glades, and Monroe counties.

The purpose of this *Best Practices Toolkit* is to assist host facilities in the planning of the Day in the Life of a Nurse™ (DITLOAN) event. The majority of sample templates included herein were contributed by host facilities that have participated in this activity for several years, and made generic for use by others.

Sample Templates

1. To Do List
2. Letter/ E-mail to Teacher
3. Student Application
4. Confidentiality Agreement
5. Consent to Photograph or Interview
6. Student Participation Letter
7. Sample Agenda – Tour Model
8. Sample Agenda – Mentor Model
9. Thank You Letter
10. Photo Guidelines

To Do List

- 1) Facilities interested in hosting students should contact the Nursing Consortium of South Florida for the date of the event and to provide the contact information for its facility coordinator and the number of students the facility can host for Day in the Life of a Nurse™ (DITLOAN).
- 2) **Three to six months before the event :**
 - a) Discuss the program to secure commitment of people, time and resources for the event.
 - i) PEOPLE: approval from Nursing Administration, names of nurses to speak to visiting students, provide tours, and participate in the wrap-up at the end of the day.
 - ii) TIME: a monthly meeting to develop a program that will best suit your facility is recommended
 - iii) RESOURCES:
 - (1) Once you decide how many students you can accommodate secure a room for greeting the group of students and conduct a wrap-up
 - b) Visit the Johnson & Johnson website www.discovernursing.com to order free videos, posters, pamphlets and pins. Your facility Recruiter or HR may also have materials you can use.
 - c) Call or email local Teachers to establish interest and confirm participation in the event.
- 3) **Three to four weeks before the event:**
 - a) Call or email the designated Teacher at the assigned school to: confirm number of students that can be accommodated, notify of intent to send required forms for completion by students and their parent/legal guardian, notify that a hyperlink for student pre-experience surveys will be forthcoming, specify where students should be dropped off in the morning and picked up in the afternoon. It is recommended that a highlighted map be provided.
 - b) Send required forms via email to the Teacher/ Program Coordinator.
 - c) Contact your facility's Public Relations department to encourage their promotion of this activity to local media.
 - d) Arrange for food/meal passes and AV equipment
 - e) Identify nurses who will share information about program at unit staff meetings
 - f) Collect giveaway items for students.
- 4) **Two weeks before the event:**
 - a) Follow up phone call to Teacher to remind them of required forms and pre-experience surveys.
 - b) Request that the Teacher accompanying students have a spreadsheet with emergency information, i.e. student name and parent/legal guardian contact information.
 - c) Create folder for "Approval for photo/interview". Public Relations will want these readily available.
- 5) **One week before event:** double check people and resources are all secured
- 6) **No later than one week after event:**

Send a thank you note to Teacher/ Program Coordinator and reminder to have students complete the Post-Experience Surveys.

Letter/Email to Teacher

(Date) _____

(Name)

I am very pleased to be working with you on the *A Day in the Life of a Nurse*[™] event. This year we will be able to accommodate up to _____ students. The purpose of this program is to give students the opportunity to spend time with nurses who work in many different roles within a healthcare facility. The goal is that they be better able to evaluate whether nursing may be the career for them.

I have enclosed a sample agenda for the day and the 3 forms that all interested students are required to complete with their parent/legal guardian if they wish to participate in this program.

Form 1: Student application – including mandatory dress code

Form 2: Confidentiality agreement

Form 3: Photo release form

If School chaperones are provided they will also need to abide by the dress code.

Students must turn in completed forms to you. Please return all students' forms to me in one envelope no later than (Date) _____.

Please contact me if you have any questions.

Yours truly,

(Name) _____

(Phone) _____

(E-mail) _____

(Fax) _____

Form 1 of 4: Student Application

DAY IN THE LIFE OF A NURSE™

(Date) _____ (Host Facility) _____

The *Day in The Life of a Nurse™* program is a shadowing experience designed to introduce you the student to the many roles of today's professional nurse. The program will provide the student with a unique opportunity to assist in making a career decision.

Student Name _____

Home Address _____ Phone _____

City _____ Zip _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Daytime Phone # (Emergency Contact) _____

School _____ Grade Level _____

1. Why do you want to participate in the "Day in the Life of a Nurse" program & what do you hope to learn about Nursing?

2. Are you considering Nursing as a career? _____ Yes _____ No

3. Are you considering another health care career? _____ Yes _____ No

If yes, please indicate your additional career interest _____

MANDATORY DRESS CODE

A photo ID is required for security reasons, either a school ID or other form of photo ID.

Hospital professional dress for visiting students:

ACCEPTABLE:

Shirt for boys, shirt/blouse for girls
Full length, solid color slacks
Comfortable, closed shoes or sneakers

NOT ACCEPTABLE:

Tee shirts, visible undergarments, cleavage
Shorts, low hung riders, visible undergarments
Crocs, sandal, flip flops, high heels

Body piercing jewelry, dangling earrings and acrylic nails are NOT ACCEPTABLE as they can present both the risk of infection and a hazard in patient care areas.

All 4 forms must be completed and returned to your teacher for presentation to the host facility prior to your program participation.

Form 2 of 4: Acknowledgement of Patient Confidentiality Requirement

DAY IN THE LIFE OF A NURSE™

I, _____, am a student in the _____
County School System. The School Board in conjunction with _____
Hospital, and the Nursing Consortium of South Florida, Inc. is sponsoring a workplace student/employee event,
DAY IN THE LIFE OF A NURSE™. My participation in this event will include visiting patient care areas and
interacting with hospital personnel. I acknowledge that I may become aware of confidential patient information.

I acknowledge and agree that I am aware that any patient related information I may learn during this
experience in the hospital setting is confidential and must not be divulged to anyone at anytime in the future
unless authorized by the patient.

Print Student Name

Signature Student Address

Student Signature

City Zip

Print Parent/ Guardian Name

Witness /Teacher/School Program Coordinator

Parent/Guardian Signature

Student School Grade

Form 3 of 4: Consent to Photograph and/or Interview

DAY IN THE LIFE OF A NURSE™

I hereby grant permission to the Nursing Consortium of South Florida, Inc., _____ (“ Host Facility”), and media representatives to film, photograph, tape, record and edit my participation in the Day in the Life of Nurse™ Program. This includes, without limitation, my appearance, likeness, identity, name, behavior, actions, voice, conversations and sounds. I hereby irrevocably and unconditionally grant to the Nursing Consortium of South Florida, Inc. and the above named hospital the right (but not the obligation) to utilize my appearance and any information, to:

- (a) copyright the same in its own name and any other name they may choose.
- (b) use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion and advertising and trade, and
- (c) use my name in connection therewith if they choose.

I hereby release from liability and discharge the Nursing Consortium of South Florida, Inc., all media outlets, the above named hospital, and all employees, contractors, and agents thereof from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel.

I agree that this authorization and release shall also inure to the benefit of anyone contracted to record sounds or images, and to the benefit of legal representatives, licensees, and assigns of the Nursing Consortium of South Florida, Inc., the above named hospital, and media outlets.

I understand that this authorization and release is voluntary and that my eligibility to participate in the Day in the Life of Nurse™ Program will not be determined on the basis of whether or not this consent and authorization is signed.

ACCEPTED, ACKNOWLEDGED AND AGREED:

PARENT/GUARDIAN CONSENT
FOR MINORS (17 years and younger)

Print Name of Student (or Student Escort/Teacher)

I hereby give my consent and warrant that I am of full age and have every right to contract for the student minor whose name and address appears on this document. I state further that I have read the above authorization, release and agreement, prior to its execution, and that I am fully familiar with the contents thereof.

Street Address

City State Zip

Phone

Print Name of Student Guardian

Signature of Student (or Student Escort/Teacher)

Signature of Student Guardian

Date

Date

Signature of Witness Date

Form 4 of 4: Observer Release and Waiver of Liability Form

DAY IN THE LIFE OF A NURSE™

For and in consideration of the benefit provided the undersigned student participant ("Observer") in the form of an observational experience at

_____ ("Host")

Observer and the Parent and/or Legal Guardian of Observer releases Host and each of its commissioners, officers, employees, and agents, and the Nursing Consortium of South Florida, Inc. and its directors, staff, and contractors ("Consortium") from liability arising out of the Observer's participation in the Day in the Life of a Nurse™ program.

Observer and the Parent and/or Legal Guardian of Observer, understand and agree that the scope of Observer's relationship with Host is limited to an observational position and that no compensation or benefits traditionally associated with employment will be provided.

Observer and the Parent and/or Legal Guardian of Observer, understand and agree that they are responsible for providing insurance coverage in the event of personal injury or illness sustained by Observer as a result of Observer's presence at any Host facility for the purposes of participating in the Day in the Life of a Nurse™ program.

Observer and the Parent and/or Legal Guardian of Observer, understand and agree that the Observer is required to act and perform in a mature, responsible, and professional manner at all times during the Day in the Life of a Nurse™ program and further agree to be held responsible for unfitting behavior.

Observer and the Parent and/or Legal Guardian of Observer, understand and agree that Observer shall observe all federal, state and local laws and all rules, regulations, and policies of Host.

Waiver and Release

1. **Waiver and Release:** Observer and the Parent and/or Legal Guardian of Observer, release and forever discharge and hold harmless Host and its successors and assigns and Consortium and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Observer's participation in the Day in the Life of a Nurse™ program.

I understand and acknowledge that this Release discharges Host and Consortium and its directors, staff, contractors, and assigns from any liability or claim that I may have against Host with respect to bodily injury, personal injury, illness, death, or property damage, including but not limited damage to my clothing and personal belongings, whether caused by the negligence of Host, releases or third parties, that arise or may hereafter arise from the Observer's participation in the Day in the Life of a Nurse™ program.

2. **Insurance/Compensation:** I understand that neither Host nor Consortium assumes any responsibility for or obligation to provide Observer and the Parent and/or Legal Guardian of Observer with financial or other assistance, including but not limited to medical, health, or

disability benefits or insurance of any nature in the event of my injury, illness, death or damage to the Observer and/or my property. I expressly waive any such claim for compensation or liability on the part of Host or Consortium.

3. **Assumption of Risk:** I understand that Observer's participation in the Day in the Life of a Nurse™ program is completely voluntary and at my own risk. I fully understand the scope of the activities and risks involved in Observer's participating in the Day in the Life of a Nurse™ program. I hereby expressly assume the risk of injury or harm arising from Observer's participation in the Day in the Life of a Nurse™ program and release Host and Consortium from all liability for injury, illness, death, or property damage, including any and all liability for any and all claims, demands, actions, causes of action of whatever kind or nature, costs and expenses of any nature, including attorneys' fees that I and/or Observer may have or may hereafter accrue to me and/or Observer, arising out of or related to any harm, loss, damage or injury, including but not limited to suffering, death, or property loss that may be sustained by me and/or Observer, whether caused by my and/or Observer's action or negligence or the action or negligence of releases or third parties in connection with, or occurring while, Observer is participating in the Day in the Life of a Nurse™ program.

4. **Other:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

I have carefully read this Release and fully understood its contents. By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

The undersigned acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this agreement the undersigned attests to understanding that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Observer, signing adults represent that they are a legal parent or guardian of the minor Observer.

Observer (Student participant):

Parent/Legal Guardian of Observer

Signature

Signature

Please print name

Please print name

Relationship _____

Date _____

Sample Student Participation Letter

DAY IN THE LIFE OF A NURSE™

(Date) _____

Dear Student,

We are looking forward to your participation in the Day in the Life of a Nurse™ program on Friday, October 4, 2019, from 8am to 2pm. The following information is to assist you in preparing for the day.

MANDATORY DRESS CODE

A photo ID is required for security reasons, either a school ID or other form of photo ID.

Hospital professional dress for visiting students:

ACCEPTABLE

Shirt for boys, shirt/blouse for girls

Full length, solid color slacks

Comfortable, closed shoes or sneakers

NOT ACCEPTABLE

Tee shirts, visible undergarments, cleavage

Shorts, low hung riders, visible undergarments

rocs, sandals or high heels

Body piercing jewelry, dangling earrings and acrylic nails are NOT ACCEPTABLE as they can present both the risk of infection and a hazard in patient care areas.

ARRIVAL AND DEPARTURE POINT

Please arrive at the information desk in the lobby of your assigned hospital by no later than _____ am. A hospital representative will meet you there and take you to the meeting room. A continental breakfast will be served. Departure will be from the same location at _____ pm.

AGENDA

- 8:00am Meet _____ the hospital's Program Coordinator for this event in the lobby to be accompanied to the Opening Session.
- 8:15 – 9:00 General introduction and welcome; information on the day's activities
- 9:00 – 12:00 Observation/Tour time
- 12:00 - 1:00 Lunch with our nurses
- 1:00 – 2:00 Activities & evaluation

Students often request a specific clinical specialty in which they would like to spend the day. Due to the many varied requests and availability of nursing staff, we may be unable to meet individual preferences. However, we are confident the day will assist in your career exploration.

Sincerely,

Day in the Life of a Nurse™
Program Coordinator

_____ Hospital

SAMPLE AGENDA – TOUR FORMAT

Welcome to Day in the Life of a Nurse™ October 4, 2019

_____ Hospital

- 8:30am Meet Program Coordinator _____ in lobby of Main Hospital entrance
 8:45am Registration & Breakfast in Special Events Room
 9:00am Welcome & Introductions
 9:15am Infection Control
 10:00 am Group Leaders to bring students to assigned areas for ‘Talk & Tour.’ (It is recommended that photos be taken during this activity)

Group	10:05–10:20	10:25-10:40	10:45-11:00	11:05-11:20	11:25-11:40	11:45-12:00
1 Ann	ER	Pre-Admitting	Telemetry	MRI	OR	NICU
2 Bob	NICU	ER	Pre-Admitting	Telemetry	MRI	OR
3 Carol	OR	NICU	ER	Pre-Admitting	Telemetry	MRI
4 Debbie	MRI	OR	NICU	ER	Pre-Admitting	Telemetry
5 Ed	Telemetry	MRI	OR	NICU	ER	Pre-Admitting
6 Fara	Pre-Admitting	Telemetry	MRI	OR	NICU	ER
Unit Contact	Chad Johns	Beth Ramey	Chris Wolly	Sherry Land	Lee Garcia	Liz Wood

- 12:00pm** Lunch with Tour Guides & Unit Contacts
1:00 pm Pictures with mentors, pictures of group, share stories – Main Auditorium
1:30pm Nursing School and Scholarship Information (Remind students to complete Post-event surveys online.)
2:00 pm Students returned to Main Lobby for pick up

SAMPLE AGENDA – MENTOR FORMAT

**Welcome to
Day in the Life of a Nurse™
October 4, 2019**

_____Hospital

- 8:30 am** Meet in Main Lobby
- 8:45am** Registration & Breakfast - Main Auditorium/Conference Room
- 9:00am** Welcome & Introductions
- 9:15 am** Infection control – J&J Video
- 10:00am** Mentors pick up Students – Time on unit and Lunch (Meal Tickets provided) (It is recommended that photos be taken on units of students and nurses.)
- 1:00 pm** Pictures with mentors, pictures of group, share stories – Main Auditorium
- 1:30pm** Nursing School and Scholarship Information (Remind students to complete post-event surveys online.)
- 2:00 pm** Students returned to Main Lobby for pick up

Sample Thank You Letter

(Date) _____

Dear _____:
(Title & last name, i.e.: Ms. Smith)

I would like to thank you for allowing your students to spend Friday the 4th of October with us here at _____ Hospital. DAY IN THE LIFE OF A NURSE™ gave the students the opportunity to experience what it is like to be a healthcare professional.

In addition to hearing stories directly from nurses in the field, they were able to shadow the nurse for the morning and actually see for themselves some of the joys and challenges of nursing. I hope they were able to go back to their classrooms and share their experiences with others.

We hope the students enjoyed the day as much as we enjoyed having them on our campus. You would certainly have been proud of how the students represented your school. If we helped one student to make the decision to become a healthcare professional, it will have made the day a true success. Please remind all students that participated this year to complete a post event survey online. If you do not have the URL for the post event survey, please request it by sending an email to egues@nursingconsortium.us.

Sincerely,

Photo Guidelines

DAY IN THE LIFE OF A NURSE™

Photographs need to be in high resolution – To assure that photos can be used online and in print, the Nursing Consortium of South Florida, Inc. requests that all photos are high-resolution, high-color format:

- Resolution of 300dpi or a minimum of 600x900 pixels
- JPEG and TIFF files are ideal, GIF and Bitmap are manageable
- Color photos are preferred

Photographs need to depict activity of the day— Ideally; the Nursing Consortium of South Florida, Inc. would like photographers to capture candid images showing students interacting with nurses in various health care related activities. Organized group shots of students and/or nurses should include aspects of the program (i.e. background showing facility, students sporting health care instruments like stethoscopes, nurses grouped with students interacting with equipment).

Additional photo tips—The Nursing Consortium of South Florida, Inc. offers these additional tips for Day in the Life of a Nurse™ photographers:

- Maintain at least six feet separation between the camera and the subject— If the subject is closer than six feet to the camera, his/her facial features will be distorted. For best results, hold the camera more than six feet from the subject and use the camera's optical zoom.
- Red-eye reduction— Reduce red-eye by asking the subject to look at the photographer, not the camera.
- Shadow— Eliminate harsh and unpleasant shadows by ensuring that the subject isn't standing or sitting within three feet of a wall, bookcase or other background objects.

Photo distribution—Photos taken should be shared with the Nursing Consortium of South Florida. This can be done by attaching one or two photos to an e-mail addressed to egues@nursingconsortium.us, or by burning the photos onto a disk and mailing the disk to: Ralph Egües, Executive Director, Nursing Consortium of South Florida, 5751 SW 58th Court, South Miami, FL 33143-2349. The e-mail or a cover letter should:

- identify the participating hospital and school,
- list the photographs attached (or enclosed on the disk) with a description of the captured activity or location/unit,
- identify all persons appearing in each photo from left to right, and
- include attached copies of the photo releases from those featured in the photos.