



**KAMUZU UNIVERSITY**  
OF HEALTH SCIENCES

# **Clinical Policy**

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**MARCH, 2024**



<b>Policy Name</b>	Clinical Policy
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<b>Stakeholders Subjected to this Policy</b>	Staff, students, vendors, and/or any other parties with a business interest with the University.
<b>Responsible Officer(s)</b>	Registrar, Executive Deans, Heads of Department, Director of Quality Assurance, Director of TLDC
<b>Responsible Office(s):</b>	Deputy Vice Chancellor

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## **5. FOREWORD**

Clinical placements are the bridge between theory and practice in classroom learning and real-world patient care. They represent a critical phase in the development of future healthcare professionals, providing an invaluable opportunity to apply knowledge, gain hands-on experience, and cultivate the skills and values that define the profession.

This Clinical Policy serves as our guidebook, outlining the principles, practices, and expectations that shape the clinical placement experiences of students. We understand that successful clinical placements are not only essential for our learners, but also central to our commitment to deliver safe, compassionate, and high-quality healthcare.

The policy has been meticulously crafted with the input of experts, such as health care educators, clinicians, communities, and students themselves. This reflects the university dedication to maintaining the highest standards of patient care, fostering a culture of inclusivity, diversity, and equity, and ensuring that all stakeholders involved in clinical placement such as students, faculty, healthcare institutions, and communities have a clear understanding of their roles and responsibilities. The Policy aims to ensure the safety and welfare of patients, students, and the community; provide guidance to both students and faculty on the expectations, rights, and responsibilities during clinical placements; promote the values of professionalism, ethical conduct, and respect for diversity within the healthcare field; and encourage collaboration and partnerships with healthcare facilities to enhance the quality of the clinical learning experience.



Professor Francis Moto  
**Chairperson of Council**

## **6. PREFACE**

I am pleased to present this Clinical Policy, a document that holds profound significance for our commitment to the education and training of future healthcare professionals. Clinical placements are an essential component of healthcare education, providing students with the opportunity to bridge the gap between classroom learning and real-world practice. It is in these clinical settings that our students put theory into action, gain valuable experience, and develop the skills and qualities necessary for success in the healthcare field.

The purpose of this policy is to provide clear and comprehensive guidelines for the administration, management, and execution of clinical placement within our institution. It is a product of collaborative efforts and engagement with diverse stakeholders including students, faculty, healthcare institutions, and communities. By formalising these guidelines, we aimed to ensure that all individuals involved in the clinical placement process have a clear understanding of their roles and responsibilities.

The university commitment to patient safety, quality care, and ethical conduct of healthcare professionals is paramount. This policy reinforces commitments by setting standards for clinical placements that prioritise patient welfare, student development, and community well-being.

I believe that this Clinical Policy not only reflects our dedication to excellence, but also serves as a testament to our commitment to the betterment of healthcare education and, ultimately, the well-being of the individuals and communities we serve.



Professor MacPherson Mallewa

**Vice Chancellor**

## **7. ACKNOWLEDGEMENTS**

This policy is an outcome of the hard work and dedication of members. This Policy was the result of several players working together. Kamuzu University of Health Sciences invested a lot of time and resources to have the Policy completed. We thank the following technical team members Dr Samuel James Meja, Dr Chimwemwe Mula, Dr Wyness Gondwe, Mr Humphrey Kumwembe, Mr. Misheck Issa and Dr Mandayachepa Chriford Nyando. We also appreciate KUHeS management for their guidance and financial support. The University is also indebted to other members of the staff, students, and key stakeholders who provided input during consultations. The following committees have contributed immensely in the development of this policy: The KUHeS Senate, KUHeS Council Committee on Staff and Students Welfare and the KUHeS Council.

## **8. ABBREVIATIONS**

KUHeS	:	Kamuzu University of Health Sciences
TLDC	:	Teaching and Learning Development Centre
MoU	:	Memorandum of Understanding
UNIMED	:	University of Malawi Medical Scheme

## 9. DEFINITIONS

- Clinical Education:** The practical and hands-on learning experiences that students in healthcare professions undergo to apply and integrate their theoretical knowledge in real-world clinical settings.
- Clinical Guidelines:** Clinical guidelines are evidence-based recommendations or protocols that provide healthcare practitioners with guidance on the appropriate approach to patient care for specific medical conditions or situations.
- Clinical Learning:** The educational process in which students acquire knowledge, skills, and competencies through direct hands-on experiences in real-world clinical settings.
- Clinical Teaching and Supervision:**  
Process in which a more experienced and qualified healthcare professional oversees and guides the work of a less experienced colleague or student. It involves clinical teaching and learning for all students including undergraduate students.
- Clinical Placement:** The specific setting in a clinical site or facility where students or trainees are assigned to gain practical experience as part of their educational program. For example in a hospital setting it be could a labour ward, medical ward etc
- Clinical Preceptor:** An experienced and qualified healthcare professional who guides, mentors, and

	supervises students or less experienced colleagues during their clinical education or training.
Clinical Procedures:	Clinical procedures are specific step-by-step actions or tasks that healthcare professionals perform to assess, diagnose, treat, or manage a patient's health condition.
Clinical Regulations:	Clinical regulations refer to the rules, standards, and guidelines set by regulatory bodies, professional organizations, or institutions governing the practice of healthcare professionals in clinical settings.
Clinical Site:	The physical location or facility where clinical education or training takes place. It could be a hospital, clinic, private practice, community health centre, or any other setting where healthcare services are provided.
Clinical Teaching:	Clinical teaching involves the process of imparting knowledge, skills, and practical experience to students in a clinical setting.
Vendor:	A vendor is a term for anyone who buys and sells goods or services to the university.
Learning by living:	Learning by Living is an innovative educational approach that immerses students in real-world experiences, allowing them to learn through active engagement with the world around them.

## 10. BACKGROUND & SCOPE

Clinical education is an integral component of healthcare training that enables students to apply theoretical knowledge to practical patient care settings. As part of our institution's commitment to excellence in healthcare education, this Clinical Policy has been developed to establish clear guidelines and standards for the administration, management, and execution of clinical placements.

Clinical placement is a critical phase in the journey of healthcare students, offering invaluable opportunities to learn and grow while contributing to patient care. The development of a policy that addresses the unique requirements, challenges, and ethical considerations surrounding clinical placements is essential to ensure the safety, quality, and professionalism of educational programs.

This policy is developed based on a thorough review of best practices, relevant regulations, and the input of various stakeholders, including students, faculty, healthcare institutions, and communities. It is a testament to our commitment to enhance the educational experiences and ethical standards of our students while maintaining the highest level of care for patients and communities.

This Clinical Policy outlines the principles, practices, and expectations governing clinical placement at KUHeS. It covers the following key areas:

- a. **Objectives:** The overarching direction to guide the actual implementation of this Policy.
- b. **Principles:** The actual practical approaches to implementing this policy.
- c. **Roles and responsibilities:** Outline the duties and expectations of students, faculty, and healthcare institutions in the clinical placement process.

- d. **Ethical and Professional Expectations:** Details of the ethical and professional conduct required of students during their clinical placement.
- e. **Safety Measures:** Addresses issues related to patient safety, infection control, and risk management in clinical settings.
- f. **Processes for Placement:** Describes procedures for selecting, evaluating, and assessing clinical placements.
- g. **Accommodations and Support Services:** Outlines provisions for available accommodation and support services to ensure that all students and faculty members have equal access and opportunities during their clinical placement.

This policy applies to all students enrolled in healthcare programs at our institution that involve clinical placements. It also extends to faculty members and healthcare institutions that collaborate with us to provide clinical education. KUHeS recognises that healthcare education is a dynamic field, and that this policy will evolve to meet the changing needs and challenges faced by students, institutions, and communities. Regular reviews and revisions will ensure that this policy remains relevant and aligns with our shared mission to deliver outstanding healthcare education. We invite all stakeholders to provide feedback and suggestions to help us continually improve the clinical placement experiences for our students and the quality of care we deliver to our patients and communities. KUHeS is committed to maintaining the highest standards of excellence in healthcare education and clinical placements, and this policy underscores this commitment.

## **11. RATIONALE FOR THE POLICY**

Clinical placement is a fundamental component of healthcare education, allowing students to gain practical experience, apply theoretical knowledge, and develop the skills and professionalism necessary for a successful healthcare career. The development of Clinical Policy is based on the following key rationale:

- a. **Ensuring Patient Safety and Welfare:** Clinical placement involves students providing patient care under supervision. Ensuring patient safety and welfare is of paramount concern. This policy outlines the principles and procedures that safeguard patients' well-being, emphasising the importance of ethical care and adherence to professional standards.
- b. **Maintaining Quality Education:** Clinical placements are instrumental in healthcare education, offering students the opportunity to acquire hands-on experiences. A structured policy ensures the quality of these experiences by aligning them with the program objectives and the desired learning outcomes.
- c. **Defining Roles and Responsibilities:** For successful clinical placement, clear roles and responsibilities must be established for students, faculty, and host healthcare institutions. This policy outlines the expectations and accountability of all stakeholders, reducing ambiguity and ensuring a cohesive learning environment.
- d. **Promoting Ethical and Professional Behaviour:** Healthcare students must exhibit the highest ethical and professional standards when interacting with patients, families, and healthcare professionals. This policy encourages students to uphold these principles, fostering a culture of integrity, compassion and respect.
- e. **Enhancing Collaboration with Healthcare Partners:** Collaboration with healthcare institutions is essential for effective clinical placement. This policy encourages strong partnerships, emphasising mutual benefits, clear communication, and collaborative problem-solving.
- f. **Safety and Risk Management:** In dynamic healthcare environment, safety measures, including infection control and risk management, are crucial. This policy addresses these concerns to minimise potential risks to students, patients, and the broader community.

- g. **Equity and Inclusion:** Our institution is dedicated to promoting equity and inclusion in healthcare education. The policy includes provisions for accommodation and support services to ensure that all students, regardless of their background or abilities, have equal access and opportunities during clinical placements.
- h. **Compliance and Accountability:** Adhering to established policies is essential to institutional compliance and accountability. This policy sets expectations and consequences for non-compliance, ensuring the responsible execution of clinical placements.

## **12. KUHeS VISION**

A world-class university and centre of excellence in health education, research, and innovation.

## **13. KUHeS MISSION**

To advance knowledge, professional competencies, skills, and innovations in health sciences through high-quality student-centred and innovative education and research that responds to and influences global/national policy, health, and development needs in an efficient, sustainable, and result-oriented manner.

## **14. AIM**

The aim of Clinical Policy is to provide a clear, ethical, and structured framework that supports the educational development of students, safeguards the well-being of patients, and upholds the institution's commitment to delivering high-quality healthcare education.

## **15. OBJECTIVES**

The specific objectives of the policy are as follows:

- a. To establish a clear framework of clinical regulations, guidelines, and procedures for the design, implementation, monitoring, assessment, and review of the intended learning outcomes of

clinical teaching and learning with respect to academic programs at KUHES.

- b. To ensure that the academic program and specific learning outcomes meet the current and emerging demands of clinical teaching sites and the requirements of various professional bodies as well as academic-related requirements, including the use of evidence-based practices.
- c. To provide benchmarks to guide the planning, development, design, and implementation of clinical teaching to ensure institutional clarity and quality in the management of program-specific learning outcomes.
- d. To describe the professional expectations of clinical preceptors, mentors, and supervisors of their students in specific clinical programs.
- e. To set clear expectations for students that will guide the practice, reduce risk during practice, and improve performance.
- f. To ensure that support mechanisms such as human and material resources are made available to support clinical teaching.

## **16. POLICY PRIORITY AREAS**

### **16.1 Policy Priority Area 1: Professional and Ethical Conduct During Clinical Teaching and Learning**

#### **Policy issue**

Healthcare professionals are bound to operate by an ethical code of conduct, and it is expected that professionals in training should operate under the same principles of ethics, in particular adhering to their respective professional bodies' set standard requirements. The overarching ethical principles governing clinical practice are outlined as follows:

- Justice
- Autonomy
- Non-maleficence

- Beneficence
- Accountability
- Fidelity

### **Policy Statement**

KUHeS shall provide support to students and faculty during clinical practice in all settings to maximise clinical teaching and learning.

### **Strategies**

While clinical teaching and learning are taking place, the following expected professional behaviours from students and staff should be adhered to:

#### **Students:**

- i. Respect for persons including (but not limited to) patients, caregivers, teachers, supervisors, fellow students, and other healthcare workers.
- ii. Display civil and non-violent behaviour in the clinical teaching areas and designated lodging places.
- iii. Integrity and honesty: A student shall maintain the truth while discharging their duties and refrain from lying, partiality, and all other vices to ensure professional integrity. This extends to documentation in medical records and case-record books.
- iv. Teamwork and collaboration: The student shall ensure collaboration with team members and ask for help from other students, supervisors, and other healthcare workers to ensure patient safety. The student shall accept the student status and form part of a clinical care team.
- v. Accountability and responsibility: The student shall be responsible for their clinical learning, knowledge, and skill acquisition through the guidance of their clinical supervisors, clinical tutor/instructor, and the teams in all clinical sites or placements. The student shall ensure adherence to expected

standards for learning, including timely completion of assignments and following up on investigations and procedures contributing to the care of the patients they are learning from.

- vi. Reporting for clinical learning: The student shall report at the clinical learning site on time, in line with program-specific requirements. In the case of delayed reporting/absenteeism for any reason, the supervisor shall be informed a day prior. This may have to been done by the students themselves or their classmates.
- vii. Dressing: a student shall always dress professionally in the clinical teaching area. These are the set requirements for all the professions. Dressing measures are meant to protect practitioners and patients from infection.
  - o Medical Students – as prescribed by the Medical Council of Malawi: White Lab coat over decent clothes no jeans dress type, covered polished Shoe, hair should not dangle below the nape, identification, non-dangling jewellery (ear/neck), and nothing below the elbow. Protective Clothing (scrub suits) should be worn only in the clinical teaching area.
  - o Nursing and Midwifery students – as prescribed by the nurses and midwifery council of Malawi: Nurses uniform with matching epaulettes, covered polished shoes, hair should not dangle below the nape, non-dangling jewellery (ear/neck), and nothing below the elbow.
  - o Pharmacy, and all allied health professions students – as prescribed by their regulatory bodies, plus covered polished shoes and no jeans dress type. Their uniforms and scrub suits to be used in appropriate clinical sites
- viii. Use of drugs and alcohol: Use of drugs, alcohol, and other controlled substances is greatly prohibited. The use of alcohol

and abuse of drugs while caring for a patient constitute a disciplinary action. However, the university should first provide remedial measures to assist all students with alcohol or drug misuse problems. The university shall use its resources to ensure that rehabilitative measures are put in place before instituting disciplinary proceedings against the student.

- ix. The use of technology, including computers, smartphones, and tablets headphones, ear pieces and or any other technological gadgets in all clinical settings and sites is prohibited at all costs (but where necessary and allowed by the clinical teacher or staff the electronic gadgets can be used).
- x. The student shall be required to index with relevant regulatory bodies before commencement of first clinical placement.

**Faculty shall:**

- xi. Respect for persons including (but not limited to) patients, caregivers, teachers, supervisors, and other healthcare workers. The faculty shall display civil and non-violent behaviour in the clinical teaching areas and designated lodging places.
- xii. Integrity and honesty: A faculty shall maintain the truth while discharging their duties and refrain from lying, partiality, and all other vices to ensure professional integrity. This extends to documentation in students' records and case-record books.
- xiii. Teamwork and collaboration: The faculty shall ensure collaboration with team members and ask for help from other faculty, supervisors, and other healthcare workers to ensure patient safety. The faculty shall form part of a clinical care team.
- xiv. Accountability and responsibility: The faculty shall be responsible for their clinical teaching and guide students according to the level of the students. The faculty shall ensure

students adhere to expected standards for learning, including timely completion of assignments and following up on investigations and procedures contributing to the care of the patients.

- xv. Reporting for clinical teaching: The faculty shall report at the clinical teaching site on time, in line with program-specific requirements. In the case of delayed reporting/absenteeism for any reason, the faculty shall inform the clinical site a day prior.
- xvi. Dressing: Faculty shall always dress professionally in the clinical teaching area. These are the set requirements for all the professions. Dressing measures are meant to protect practitioners and patients from infection.
  - o Medical Faculty – as prescribed by the Medical Council of Malawi: White Lab coat over decent clothes no jeans dress type, covered polished Shoe, hair should not dangle below the nape, identification, non-dangling jewellery (ear/neck), and nothing below the elbow. Protective Clothing (scrub suits) should be worn only in the clinical teaching area.
  - o Nursing and Midwifery Faculty – as prescribed by the nurses and midwifery council of Malawi: Faculty uniform with matching epaulettes, covered polished shoes, hair should not dangle below the nape, non-dangling jewellery (ear/neck), and nothing below the elbow.
  - o Pharmacy, and all allied health professions faculty – as prescribed by their regulatory bodies, plus covered polished shoes and no jeans dress type. Their uniforms and scrub suits to be used in appropriate clinical sites.
- xvii. Use of drugs and alcohol: Use of drugs, alcohol, and other controlled substances is not allowed at all costs. The use of alcohol and abuse of drugs while caring for a patient

constitute a disciplinary action. However, the university should first provide remedial measures to assist all faculty with alcohol or drug misuse problems. The university shall use its resources to ensure that rehabilitative measures are put in place before instituting disciplinary proceedings against the faculty.

- xviii. The use of technology, including computers, smartphones, and tablets headphones, ear pieces and or any other technological gadgets in all clinical settings and sites is prohibited at all costs (unless being used as part of clinical teaching).
- xix. The faculty shall be required to renew their registration with relevant regulatory bodies each year in order to teach students in the clinical sites.
- xx. Faculty shall keep student appropriate records and document all clinical teaching activities.

## **16.2 Policy Priority Area 2: Facilitation of Clinical Teaching and Supervision**

### **Policy issue**

To ensure quality clinical teaching and learning, KUHES shall ensure the availability of staff and teaching resources to enable the teaching areas to host students. Likewise, students are also required to contribute to their learning in clinical areas.

### **Policy statement**

The University shall ensure that adequate human and material resources are available for clinical teaching and learning in time.

**Strategies:**

- a. The University shall:
  - i. Provide the following resources based on existing MoUs with clinical sites: gloves, masks, aprons, Snellen Chart, weighing scale, handwashing supplies such as soap and sanitizer and mattresses.
  - ii. Ensure that adequate clinical teaching faculty and clinical preceptors are made available to all clinical sites in time.
  - iii. Ensure that transport is available in time for both students and faculty for clinical teaching and learning.
  
- b. Students shall be required to obtain the following resources
  - i. Supplies - Personal protective equipment (lab coat, uniform, scrub suits, head gear, gumboots, clogs, eye goggles aprons)
  - ii. Equipment - Stethoscope, thermometer, pen light/torch, sphygmomanometer, Patellar Hammer, pulse oximeter [optional], watch (digital stopwatch/with second hand), fetoscope, professional regulatory body record books, turning fork, otoscope, pulse oximeter, fundoscope; neonatal stethoscope, [optional].

**16.3 Policy Priority Area 3: Designing and Implementing Clinical Teaching****Policy issue:**

The designing and implementation of clinical teaching aims to provide comprehensive quality programme specific clinical teaching to students.

**Policy Statement**

The university shall ensure that the designing and implementation of clinical teaching is program specific and customised per module.

**Strategies:**

The university shall ensure the following:

- a. The University and its stakeholders shall develop (facilitate) all program curricula to outline their specific clinical modules.
- b. Students' accommodation: The university shall ensure that students' accommodation is made available according to its set policies in reference to the students' welfare policy and handbook.
- c. Standard Operating Procedures (SOPs): The university shall develop SOPs based on this policy and the regulatory body requirements and as per professional requirements for each profession to ensure quality clinical teaching and learning.

Faculty shall:

- a. Ensure adequate preparation and that they are available to facilitate teaching at specific sites.
- b. Be responsible for continued professional development to ensure updating of skills and clinical knowledge.

**16.4 Policy Priority Area 4: Preparation for Clinical Teaching and Learning****Policy issue**

The university shall ensure adequate preparation for clinical teaching and learning

**Policy statement**

The university, through departmental heads and program coordinators, shall identify and assess clinical teaching sites.

**Strategies:**

The university shall ensure that clinical sites are assessed before clinical teaching and learning begins for their suitability through the following processes:

- i. Scouting using recommended tools.
- ii. MoU between the University and clinical sites.

- iii. Continuous communication between facilities and the University to ensure good working relationship.

#### **16.5 Policy Priority Area 5: Professional Indemnity and Medical Insurance**

##### **Policy issue**

The university aims to provide professional indemnity and medical insurance to individual students and faculty to protect them from legal litigation and cover them for any medical conditions as a result of being involved in clinical teaching and learning.

##### **Policy statement**

The university shall ensure that professional indemnity and medical insurance are available to both students and faculty.

##### **Strategies:**

The university shall ensure that the following are done:

- i. That the student is registered with appropriate professional bodies before commencement of clinical placement where need be. This is per regulatory body specifications as other regulatory bodies may not require indexing of the students before commencement of the first clinical allocation.
- ii. That Postgraduate students obtain professional indemnity insurance to ensure liability coverage.
- iii. That the means to facilitate equitable access to indemnity insurance for students by engaging the Legal and Insurance community to facilitate this process are available.
- iv. That all students have access to medical insurance provided by UNIMED. The details of the application are provided in the student's handbook.

#### **16.6 Policy Priority Area 6: Communication**

##### **Policy Issue**

Sustainability of clinical teaching is defined as the extent to which communication is managed. KUHES believes in sustainable communication grounded in shared vision, mutual respect,

commitment, collaboration, trust, adaptive practices, and co-generative teaching and learning materials.

**Policy Statement**

The university recognises that effective communication is critical in the management of clinical teaching and learning.

**Strategies:**

The university shall develop communication strategies which will include:

- Regular correspondence between KUHES departments and host sites
- Written and electronic communication around reporting requirements and progress updates
- Use of electronic resources for clinical teaching

Communication covers the following areas.

- Student and patient/client and caregivers
- Supervisor and student
- Student and professionals/health care workers
- Student and student

**16.7 Policy Priority Area 7- Healthcare Institutions/ Clinical settings**

**Policy issue**

To ensure quality clinical teaching and learning, Healthcare Institutions/Clinical settings shall make available appropriate staff and patient care resources at all times to enable them host KUHeS students based on the MOU with KUHeS.

**Policy Statement**

The Healthcare Institutions/clinical settings shall facilitate availability of adequate resources for quality delivery of clinical teaching and learning for KUHeS students.

**Strategies:**

The Healthcare Institutions/Clinical settings shall:

- i. Prioritize resources for clinical teaching and learning for KUHeS students.
- ii. Ensure increased availability and access by KUHeS students to all healthcare services for the purposes of clinical teaching and learning.
- iii. Ensure availability of resources for patient care that KUHeS students can use during clinical teaching and learning.

## **16. 8 Policy area 8: Learning by living**

### **Policy issue**

To ensure quality clinical teaching and learning, Healthcare Institutions/Clinical settings shall make learning by living as an innovative educational approach that immerses students in real-world experiences, allowing them to learn through active engagement with the world around them.

### **Policy Statement**

The Healthcare Institutions/clinical settings shall facilitate learning living for quality delivery of clinical teaching and learning for KUHeS students.

### **Strategies:**

The university shall:

- i. Prioritize learning by living as an innovative way for clinical teaching and learning for KUHeS students.
- ii. Ensure increased period of learning by living for KUHeS students by all healthcare services for the purposes of clinical teaching and learning.
- iii. Ensure consistently availability of resources for learning by living that KUHeS students can use during clinical teaching and learning.

## **17. GUIDING PRINCIPLES FOR IMPLEMENTATION**

Guiding principles for the implementation of a Clinical Policy are foundational values and concepts that provide a framework for effectively implementing a policy. These principles help to ensure that the policy is consistently applied and that the objectives are met.

### **17.1 Patient/family-Centered Care**

The policy should prioritise the safety and well-being of patients/families at all times, emphasizing the provision of ethical, high-quality care.

### **17.2 Educational Excellence**

KUHeS strives for the highest standards in healthcare education by aligning clinical experiences with the institution's educational goals and learning outcomes.

### **17.3 Clear Roles and Responsibilities**

Clearly define the roles and responsibilities of students, faculty, and healthcare institutions to minimise ambiguity and facilitate effective coordination.

### **17.4 Ethical and Professional Conduct**

KUHeS encourages students to exhibit the highest ethical and professional behaviours when interacting with patients, families, and healthcare professionals.

### **17.5 Collaboration and Partnerships**

KUHeS seeks to foster collaboration and strong partnerships with health care institutions to create mutually beneficial clinical placement experiences and enhance patient care.

### **17.6 Safety and Risk Management**

KUHeS seeks to implement stringent safety measures, including infection control and risk-management strategies, to protect students, patients, and the community. All students and staff must be vaccinated against Hepatitis B Vaccine for students before commencement of clinical practice and any other diseases of public concern.

### **17.7 Equity and Inclusion**

KUHeS seeks to promote equity and inclusion when offering limited accommodation on campus and support services to ensure that all students have equal access and opportunities during clinical placements.

### **17.8 Compliance and Accountability**

KUHeS seeks to ensure that all stakeholders adhere to the policy's guidelines and procedures with mechanisms for accountability in place.

### **17.9 Transparency and Communication**

KUHeS seeks to promote transparent, regular and timely communication among students, faculty, and healthcare institutions in order to address issues and resolve concerns.

### **17.10 Professional Development**

KUHeS seeks to support students' professional development by creating an environment that encourages skill acquisition, reflection, and integration of theory and practice.

### **17.11 Evaluation and Assessment**

KUHeS seeks to establish procedures for regular evaluation and assessment of clinical placements to ensure that they align with educational objectives and contribute to student growth.

### **17.12 Positive Learning Environment**

KUHeS seeks to create a positive and inclusive learning environment that fosters students' engagement, critical thinking, and holistic development.

### **17.13 Regulatory and Accreditation Compliance**

KUHeS seeks to ensure that the policy aligns with relevant regulatory and accreditation standards to meet institutional obligations and enhance its reputation.

### **17.14 Cultural Competency**

KUHeS seeks to promote cultural competency among students, faculty, and healthcare institutions to ensure their sensitivity to diverse patient populations and their unique needs.

## **18. MONITORING AND EVALUATION**

Monitoring and evaluation are essential components of the Clinical Policy, as they ensure that the policy's objectives are met and that improvements can be made over time.

### **18.1 Monitoring**

- a. **Regular Assessments:** KUHeS shall conduct regular assessments of the clinical placement programme to determine if it is in compliance with the policy.
- b. **Data Collection:** KUHeS shall collect data on key performance indicators such as student performance, patient safety incidents, and feedback from stakeholders.
- c. **Site Visits:** KUHeS shall organise site visits to clinical placement locations to observe and assess the quality of the experiences and conditions in which students work.
- d. **Feedback Mechanisms:** KUHeS shall establish feedback mechanisms for students, faculty, and healthcare institutions to report issues, concerns, and suggestions related to clinical placements.
- e. **Document Review:** KUHeS shall regularly review documentation related to clinical placements, including agreements with healthcare institutions, incident reports, and student assessments.
- f. **Compliance Checks:** KUHeS shall verify that all stakeholders adhere to the policy's guidelines and procedures and promptly address non-compliance.

### **18.2 Evaluation**

- a. **Outcome Assessment:** KUHeS shall evaluate the outcomes of clinical placements by assessing whether students meet their intended educational objectives and desired competencies.
- b. **Patient Safety Evaluation:** KUHeS shall assess patient safety incidents and measures to ensure that clinical placements prioritise patient safety and welfare.
- c. **Stakeholder Feedback:** KUHeS shall analyse feedback from students, faculty, and healthcare institutions to identify areas for improvement in the clinical placement program.

- d. **Policy Review:** KUHeS shall conduct regular reviews of the Clinical Policy to determine its effectiveness, relevance, and alignment with regulatory and accreditation standards.
- e. **Data Analysis:** KUHeS shall analyse the collected data to identify trends, challenges, and opportunities for enhancement in clinical placements.

### **10.3 Reporting**

- a. **Regular Reports:** KUHeS shall provide regular reports on the results of monitoring and evaluating institutional leadership, faculty, and relevant stakeholders.
- b. **Action Plans:** KUHeS shall develop action plans based on the findings of evaluation, outlining steps for improvement in response to identified issues or weaknesses.
- c. **Communication:** KUHeS shall communicate the results and action plans to students, faculty, and healthcare institutions, and engage them in the improvement process.

### **10.4 Documentation**

- a. **Recordkeeping:** KUHeS shall maintain comprehensive records of all monitoring and evaluation activities, reports, and action plans.
- b. **Documentation Accessibility:** KUHeS shall ensure that monitoring and evaluation records are accessible to all stakeholders, as needed.
- c. **Timelines:** KUHeS shall create timelines for monitoring and evaluation activities, such as quarterly, semi-annually, or annually, and adapt the frequency based on the requirements of the clinical placement program.

### **10.5 Responsibility**

- a. KUHeS shall designate the responsible individuals or committees within the institution that will oversee and conduct the monitoring and evaluation processes.

- b. This may include a monitoring and evaluation committee, program coordinators, or faculty members.

## 19. FINANCIAL IMPLICATIONS

The financial implications of Clinical Policy are critical aspects that institutions and stakeholders must consider. Implementing and maintaining a robust Clinical Policy involves various costs and financial considerations.

- a. **Administrative Costs:** Developing, implementing, and maintaining the policy require administrative support and resources. This includes the personnel responsible for policy oversight, compliance, and enforcement.
- b. **Legal and Compliance Costs:** Ensuring that the policy aligns with legal and regulatory standards may involve legal consultation and compliance measures, which could result in legal fees and administrative costs.
- c. **Site Development and Maintenance:** Identifying, evaluating, and maintaining clinical placement sites may require financial resources. This includes the costs associated with site visits, contracts, and relationships with healthcare institutions.
- d. **Insurance and Liability:** KUHeS shall invest in insurance coverage or establish risk management measures to address potential liability issues that could arise during clinical placements.
- e. **Orientation and Training:** KUHeS requires financial resources to develop and deliver orientation and training programs for students, faculty, and healthcare institution staff involved in clinical placement.
- f. **Supplies and Equipment:** KUHeS needs to provide supplies, equipment, and resources for students during clinical placements, such as uniforms, medical equipment, and access to clinical technology, which can be expensive.

- g. **Transportation and Accommodations:** KUHeS needs transportation and to facilitate secure accommodation for students' clinical placements, as some are located in distant areas, which can incur additional costs.
- h. **Accommodations and Support Services:** KUHeS needs to ensure equity and inclusion for students with disabilities. Institutions may need to invest in accommodations and support services, such as accessible facilities and assistive technology.
- i. **Technology and Infrastructure:** KUHeS must upgrade or maintain the technological infrastructure required for studying, communication, data collection, and remote supervision of clinical placements, which may incur costs.
- j. **Evaluation and Assessment Tools:** KUHeS shall need to invest in assessment tools and software to evaluate clinical placement outcomes and student performance.
- k. **Communication and Reporting:** KUHeS needs to develop and maintain communication channels and reporting systems to collect feedback, report incidents, and facilitate communication among stakeholders can involve costs.
- l. **Continuing Education:** Faculty and staff responsible for clinical placement management require ongoing professional development and training, which can be a financial commitment.
- m. **Compliance and Quality Improvement:** KUHeS needs resources for compliance monitoring, quality improvement initiatives, and addressing issues identified through the policy's evaluation and monitoring processes.
- n. **Contingency Funds:** KUHeS needs to secure funds for unforeseen circumstances or emergencies during clinical placements to mitigate risks.