



St. Elizabeth Healthcare Nursing Instructor/Student Guidelines for Clinical Practice

Table of Contents

<u>Topic</u>	<u>Page Number</u>
Purpose	1
General Considerations	1
Contract Process	1
Scheduling Process	1
School Badges	2,3
Parking Decals & Parking Instructions	3,4
Dress Code	4
Confidentiality	5
Instructor Orientation	5,6
Instructor Role	6,7
Communication	7
Role Transition Students	7,8
Observational students	8
Alternate experience students (hands-on “observational” experiences)	8,9
EPIC Access & Documentation	9,10
General Medication Administration Guidelines	11
Alaris Pumps & IV Medication Administration	11,12
Key Points in Medication Administration	12,13
Blood Administration	14
Drawing Blood	14
Blood Glucose Monitoring	14
Epidural (for analgesia)	14
Patient Controlled Analgesia (PCA)	14
End Tidal CO ₂ (EtCO ₂) Pump	14
Bariatric Patients	14
Wound Care	14
Airborne Precautions	15
Pre-operative Care	15

Removal of Lines	15
SMART (Minimal Lift) Equipment	15
Chain of Command	15
Smoking	16
Professional Behavior	16
Manager/ ANM introduction to clinical group	16
Accessing Nursing Instructor/Student Guidelines via St E website	16
Appendix Table	16

APPENDIX

Instructor/Preceptor Guidelines Agreement-A	17
Role Transition Progress Report-B	18,19
Pyxis Access Form-C	20
St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form-D	21
Criminal Background Check Guidelines-E	22
Edgewood Campus Parking Map-F	23
Florence Campus Parking Map-G	24

Purpose:

To facilitate and maintain a consistent standard of expectations between St. Elizabeth Hospital (SHE) and affiliated schools of nursing.

To foster an environment of safety for patients, students, and instructors through clear expectations.

General Considerations:

1. The ultimate responsibility for the patient lies with the SEH employee, RN caring for the patient.
2. The ultimate responsibility for the student lies with the instructor and educational institution.

Guidelines:

1. Contract Process
 - a. The school administrator must contact Lisa Blank, Director Organizational Development and Education, to collaborate in obtaining a contract with SEH. 859-655-4374
 - b. The contract must be signed and approved before initiation of the clinical experience.

A separate contract must be obtained with St Elizabeth Physician (SEP).

Please contact SEP @ 859-212-0004, 859-344-3730.

2. Scheduling Process
 - a. Contact **SEP** @ 859-212-0004, 859-344-3730 for scheduling and onboarding processes for any SEP locations.
 - b. Nurse Practitioner students must contact Medical Affairs to be processed for their clinical practicum. Contact Angela Chambers, 859-301-9753
Angela.Chambers@stelizabeth.com The paperwork and requirements for Nurse Practitioners are different than for other nursing students.
To schedule undergraduate clinical experiences, submit the requests via CCPS. Do not go to the contact person or manager of a unit requesting observation or role transition preceptors. All requests should be channeled through-Organizational Development and Education only.
 - c. For all other postgraduate nursing practicums (RN to BSN, Master's Degree students, etc.) scheduling is directly with the practicum preceptor, but onboarding requirements and paperwork are still required through Organizational Development and Education will contact the preceptor prior to processing the paperwork to confirm agreement to provide the practicum for that student.
 - d. Once an undergraduate **clinical group site** has been approved through CCPS, contact the manager or contact person for that unit for any unit specific instructions.
 - e. Once an **observation or alternate** experience site has been approved through CCPS, the instructor or clinical coordinator **must contact** the unit manager or contact person of that observation/alternate experience to set up specific dates and students, so the area knows whom to expect. The students should have a list of

objectives to complete during that experience. Most areas would like for the students to become involved and not just observe unless they are strictly observational students.

3. School ID

- a. Any students and instructors performing clinicals at SEH must wear their school badge for admittance to any of the SEH facilities. **Employees of SEH, who are students or instructors**, must obtain and utilize their school badge.
- b. Onboarding modules and tests are revised annually (calendar year) and are available online at www.tristatenrc.org under Student Center, then look for St. Elizabeth Healthcare for our hospital specific content. Students may read the modules online, but will need to print the tests, complete them and give them to the instructor or coordinator at the school for grading. The modules/forms can be sent to the schools upon request. Answer keys will be sent to the designated program coordinator at the school for grading. **All students and instructors must complete training on the following:**
 - i. HIPAA Privacy and Security (annually - SEH module **required**),
 - ii. Infection Ctrl BB TB AIDS (annually – SEH modules optional, but student must have completed Bloodborne Pathogens, TB, and AIDS OSHA training through the school during this year to be exempt from these modules).
 - iii. Identifying and Reporting Abuse Module (annually - SEH module **required**),
 - iv. General Hospital Safety Module (annually – SEH module **required**),
 - v. Patient Experience Module (annually – SEH module **required**),
 - vi. TB skin testing/assessment (annually),
 - vii. Up to date immunizations (verify annually),
 - viii. Criminal background check (one time in student career),
 - ix. Alaris Computer Based Module (one time only),
 - x. EPIC e-learning Modules or EPIC Class (one time only)

***Note** - It is the school's responsibility to keep record of the above tests, immunizations etc. These do **not** need to be sent in to SEH. Completion of these requirements is to be recorded on the St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form (Appendix D).

St E employee students have most of the required modules on record in REACH LMS if already completed within this calendar year. Students can provide the school with a copy of the transcript from REACH LMS indicating completion of the required modules.

List all students and instructors (who have completed the requirements) in the rows provided on the form, with each completed requirement column marked.

- xi. Instructors must be identified on the Badge Authorization Form with **(instructor)** in parenthesis behind their name.
- xii. Role Transition students must have the unit/preceptor listed beside their names on the Badge Authorization Form, so we can verify their placement has been confirmed.

Upon completion of the requirements indicated on the St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form (Appendix C), the responsible faculty

member must complete the form: **This form can be accessed electronically at Tristatenrc.org>St. Elizabeth Healthcare> Badge Authorization Form**
www.tristatenrc.org

- c. This form must be received **no less than 10 working days prior** to their first clinical day.
- d. If the St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form is not filled out completely or accurately, the form will **not be accepted**, and **will be returned**.
- e. **All students who are St. E. employees must have a school student badge and EPIC access (if needed). Students may not use their employee ID, EPIC access, or any other employee codes when in the role of student.**

4. Parking Decals & Parking Instructions

- a. Prior to the first day of clinicals the students and/or instructors must stop by security at any SEH facility to register their vehicles and obtain parking decals. Instructors may pick up a stack of forms from security, have their students fill them out, and then return them to security to obtain the group of parking decals. They will need their license plate numbers to fill out the forms.
- b. Decals must be affixed to the windshield's lower left corner.
- c. Returning students who already have decals do not need to obtain another decal.
- d. Students should be encouraged to car pool due to congestion.
- e. **Never should a student or instructor park in any patient parking areas.**
- f. All students and instructors, including weekend and evening students, and employee students and instructors are to park:
 - i. **Edgewood** - "Lot S", adjacent to Gateway College on Thomas More Parkway. If an instructor employee is already parked in employee parking for work they do not need to move their car for clinical instructing. Students may not park in the garage or employee parking, or they will receive a citation. See Appendix F for parking map for Edgewood.
 - ii. **Florence** – students may **NOT** park in employee parking. Students should park in the last 5 rows of the Zone 1 overflow lot. If leaving the building (through the front) after 9pm, please exit using the Atrium Fire Exit. Evening/night shift students only may park in employee parking in the very back facing I75. See Appendix G for Florence parking map, outlining appropriate parking area.
 - iii. **Ft Thomas, Covington, Grant, other facilities** - park in employee parking. Follow signs to employee parking.
- g. All instructors and students parking on SEH property must have parking decals. Students and instructors who are employees do not need to obtain a student/instructor parking decal if they have an employee decal. Instructors may contact security ahead of time for decal stickers. Security prefers group obtain cards ahead of time.
- h. Contact security with any questions or concerns. Call (859) 301-2270 for any problems or difficulties with parking.

5. Dress Code

- a. Student and instructors affiliating with SEH must follow the SEH Dress Code policy **#HR-ER-05**.
- b. Students must wear school uniform.
- c. Closed-toe shoes with no holes on the top are required in all patient care areas for all personnel. Sandals, flip flops, or crocs with holes may not be worn in patient care areas or non-patient care areas.
- d. No hospital scrubs are allowed unless a student is performing clinicals in an area that requires scrubs, i.e. OR, LDRP.
- e. Instructors should dress appropriate to their role and be professional in appearance.
 - i. Clinical instructors in patient care areas should wear school uniform, or all navy uniform, or all royal blue uniform, or all white uniform.
 - ii. Instructors checking on students may wear professional clothing with a white lab jacket.
 - iii. Instructors working with students in areas where hospital scrubs or business attire is worn, may do so as well.
- f. Hair length or style, must in no way, interfere with care or present a hazard to the patient or associate.
- g. Jewelry worn in conjunction with a visible body piercing is to be limited to the ears only (maximum of 3 earrings per ear). Otherwise, the expectation will be that the jewelry associated with a body piercing either be covered or removed while at work (e.g., no nose piercing jewelry, eye piercing jewelry, etc.). Gage earrings are not allowed.
- h. Tattoos that are inappropriate as determined by St. Elizabeth Healthcare Management must be covered. It is preferred that all tattoos be covered when working in a patient care area and/or by individuals that have interactions with patients.
- i. Clothing should be of sufficient weight so as not to be transparent and reveal undergarments. Clothing should be of appropriate size and fit, not too tight, revealing, or in poor taste.
- j. No artificial nails allowed during patient care.
- k. When students or instructors are attending classes or other non-clinical educational events at St Elizabeth, uniform or professional casual dress must be worn. For details please see the dress code policy.
- l. Violations of dress code policy may result in the individual not being permitted to perform clinicals until the issue has been resolved.

6. Confidentiality

- a. Patient information and charts are confidential and should not be photocopied. Even with redacting or blackening out all PHI (Protected Health Information) copying is not permitted.
- b. Patient information may NOT be printed from EPIC. This is a HIPAA violation.
- c. At no time should a student or instructor remove copies of SEH patient documents or parts thereof from the premises.

- d. EPIC Production (live version) should never be accessed by a student or nursing instructors from an offsite computer. This is considered breach of confidentiality, even if it is for obtaining patient assignments or for looking up patient information on a patient the student cared for or will be caring for at clinical.

7. Instructor Orientation

- a. All new instructors must attend an orientation through Organizational Development and Education.
- b. Instructors without a KY license cannot go through nursing instructor orientation or any hospital orientation until the instructor has an active KY license. Instructors who come to orientation without an active KY license will not be able to attend and will be asked to reschedule.
- c. Instructors who were past employees of SEH and have not been employed at SEH for the past 12 months or more and have not been doing clinicals at SEH within the past 12 months, must complete an instructor orientation through Organizational Development and Education “new” clinical instructor. Instructors who have not instructed at St Elizabeth in over a year, must attend an instructor orientation before they can bring any student to clinical at St Elizabeth.
- d. Prerequisites for the class are completion of the Alaris Module and EPIC online modules (or proof of EPIC training through another facility). If these have not been completed prior to attending orientation.
- e. Instructors or students greater than 10 min late to a class will be turned away and asked to reschedule.
- f. After completing Organizational Development and Education Orientation, the instructor must contact the unit manager, assistant nurse manager, or team leader prior to the first day of clinical and complete an orientation to the nursing unit.
 - i. The instructor must have completed Organizational Development and Education orientation and obtained a badge sticker before doing a unit orientation.
 - ii. Unit orientation should include following a nurse for a minimum of 8 hrs on the shift the instructor will be doing clinical. The Nursing Instructor Unit Orientation Requirements form must be completed during the unit orientation and signed.
- g. Any returning instructor who has completed the initial 8hr unit orientation and is bringing students to clinicals on a “new” unit, must complete an orientation to that “new” unit, and must complete a Nursing Instructor Unit Orientation Requirements form. The form specifies the details of the orientation time and process. The form must be signed by one of the approved staff and submitted to Organizational Development and Education to be placed in the instructor’s file.
- h. Any new instructor, who is as an employee of SEH in the following areas:**
 - i. **Specialty area** such as ED, OR, LDRP, but will be instructing on a Med-Surg floor, should attend a brief orientation through Organizational Development and Education, Areas of significant differences in procedures, such as documentation and medication administration will be covered. Please contact NSDC@stelizabeth.com to register.

- ii. **Med-surg** area where medication administration and EPIC documentation, as well as other practices, are consistent with the area in which they will be teaching a clinical, do not need to attend instructor orientation with Organizational Development and Education. But they DO NEED to read and sign the Student/Instructor Guidelines prior to bringing their students to clinical-and obtain a badge sticker. This document is considered part of their orientation. They need to know what their responsibilities are as an instructor versus an employee since there are some significant differences. They must also complete a unit orientation to the area in which they will be instructing if it is not the same in which they work.
- i. All instructors (SEH employee and non-employee) and Preceptors, must read the latest version of the Nursing Instructor/Student Guidelines, sign the Instructor Guidelines Agreement (Appendix A) before attending clinicals at SEH. This agreement can be found at the Tristatenrc.org website: www.tristatenrc.org Tristatenrc.org>SEH>Nursing Student Forms>Instructor/Preceptor Agreement. This is an electronic form which comes directly to Organizational Development and Education office. You can also print this form and fax to 859-655-1618, or scan to an email and send to NSDC@stelizabeth.com **Instructors will not be permitted to attend clinical experience if a signed Instructor Agreement is not submitted.** Instructors who come through orientation with Organizational Development and Education will sign the instructor agreement form at this orientation, and the signed form will be filed.

8. Instructor Role

- a. Instructor must follow all SEH policies and procedures.
- b. Instructor must follow the same guidelines for care as the students. If students are not permitted to perform a task, the instructor also should not perform that task.
- c. Instructors, even if employed by SEH, when at clinicals as an instructor (employed by the school of nursing), must only provide care as an instructor and not as an employee. The instructor may need to defer some aspects of care and decision-making to the patient's primary nurse. In other words, if the instructor has taken certain classes or been oriented to certain tasks through SEH, yet those are not permitted for instructors, the instructor must defer to the patient's nurse those tasks while at SEH in the role of "instructor".
- d. Instructors should be actively involved in care provided by the student.
- e. Instructor must work in close collaboration and clear communication with the nurse and charge nurse of the patients the students are caring for.
- f. Any questions or concerns by the instructor must be addressed with the nurse and/or charge nurse of the patient involved.
- g. Instructors **only**, may come to the unit to obtain student assignments the evening before a day shift clinical. Please contact the unit for information regarding a non-busy time to come.
- h. Unit related issues, questions, concerns, must be addressed with the Nurse Manager of that unit.

- i. All instructors, whether employees of SEH or not, must sign the Instructor Guidelines Agreement (Appendix A) indicating they have read and agree to abide by the Nursing Instructor/Student Guidelines. The signed form will be completed prior to the clinical experience. Instructors will not be permitted to be in the clinical setting if this signed form is not submitted.

9. Communication

- a. Post a communication sheet on the unit to notify the nurses of assignments and what the students will be doing that clinical day.
- b. In the event a task will not be able to be completed as the instructor noted on the communication sheet, the nurse and/or charge nurse must be notified in a timely manner to prevent patient neglect or harm as a result.
- c. Students should not congregate at the nurse's station or in hallways.
- d. Students should not take breaks in visitor areas or waiting rooms to respect family privacy; or be in any clean rooms at any time to chart, do post clinicals, etc.
- e. Students must arrive early enough to receive assignments and participate in report or the student will **not** be permitted to do patient care.
- f. Please notify nurse and charge nurse when students leave floor for lunch or other purposes. At Florence & Ft Thomas, please try to coordinate lunch times with the staff to help prevent congestion in cafeterias – per cafeteria manager.
- g. Students and Instructors must be present for shift report, huddle, and bedside report. If not, this could result in dismissal from the clinical area for that day.
- h. SBAR, (Situation, Background, Assessment, Recommendation) shall be used for report.

10. Role Transition Students

- a. Role Transition students must work with the employee preceptor they are assigned to.
- b. Instructor must be readily available if needed via pager, phone, etc.
- c. Specific guidelines for role transition students are mentioned throughout this document. Guidelines are the same for students in role transition as for other nursing students unless stated otherwise.

All areas: Role Transition Expectations

- During role transition the preceptor and orientee should work side-by-side doing all nursing tasks and medications together.
- The preceptor and the student are taking the entire assignment together. This could be up to 6 patients, depending on specialty and unit.
- The preceptor will allow the student to do as much as possible intervening immediately for any safety concerns, but also based on time or patient need.

- The preceptor will provide meaningful feedback (both written and verbal), using the SEH Role Transition Student Daily Progress Reports (see pages 18 and 19).
- The preceptor will assist the orientee in developing the ability to critically think through questioning and tailor role transition experience based on the needs of the student.
- The student will be accountable for communicating their individual learning needs to the preceptor.
- The preceptor will reinforce safe medication administration using bar code medication administration (6 rights/2 patient identifiers and double- checking high-risk meds). All medications are to be given with preceptor at side.

11. Observational students

- a. According to the Board of Nursing “observational” students may only observe. No hands-on patient care.
- b. If the instructor is not available, the student is considered “observational” and may not do hands on.
- c. Students may not just “show up” at observational experiences. These must be coordinated through CCPS for all facilities.
- d. **Once approval for an observational site has been given**, the instructor or clinical coordinator must contact the unit manager or contact person of that observation experience to set up specific dates and students so the area knows who to expect. The students should have a list of objectives to complete during that experience. Most areas would like for the students to become involved and not just observe unless they are strictly observational students.
- e. **IV therapy rotation is Observation Only. (no hands on)**

12. Alternate experience students (**hands-on “observational” experiences**)

- a. Students may not just “show up” at an alternate experience. These must be coordinated through CCPS for all facilities.
- b. **Once approval for an alternate experience site has been given**, the instructor or clinical coordinator must contact the unit manager or contact person of that alternate experience to set up specific dates and students so the area knows who to expect. The students should have a list of objectives to complete during that experience. Most areas would like for the students to become involved and not just observe unless they are strictly observational students.
- c. May perform hands-on care only if all of the following are true:
 - i. The student has a clinical instructor, available by pager or phone for intervention or assistance, and is able to reach the premises rapidly within a reasonable amount of time if any major issues occur.
 - ii. The student has been assigned a nurse for the day to act as “preceptor”.
 - iii. The student performs hands-on care with the “preceptor”. The student should never be sent alone to do a procedure/task unless it is of a “nursing assistant” nature.

- iv. It is up to each of the “alternate experience areas” to determine what types of hands-on experiences the students would be allowed to perform, based on what a nurse in that specific area typically does.
- d. Students do not have to be “checked off” on all the procedures they perform with their “preceptor.” It is up to the comfort level of the “preceptor” as to what they allow the student to do.
- e. Students in alternate or hands-on observational experiences may **never** give any type of medications with the nurse or staff person they are working with.
- f. Other types of hands-on experiences such as role transition, leadership, and other students, who are in advanced roles, have an instructor responsible for them and are assigned a preceptor.

13. EPIC Access & Documentation

ALL Clinical Coordinators must send Electronic SARS requests to SEH IS/IT Department for EPIC access. Please follow the instructions previously sent from IS/IT.

- a. All instructors and students must have their own access to EPIC if planning to document or access patient information.
- b. Students may document in the patient’s chart with instructor or RN supervision.
- c. Students must document on any care they provide (assessments, treatments, medications, etc.)
- d. Instructor or RN co-signature for documentation is not necessary as long as the student and instructor “Sign In” to the treatment team for the length of their shift. In EPIC, the signature on any documentation will be for the person who logged into the system.
- e. Specific areas/tasks (not all-inclusive) which students **may perform**, but the instructor/Primary Nurse must do the initial documentation:
 - i. Insertion or discontinuation of Lines and Drains such as: Foley Catheter, IV or NG Tube
 - ii. Initial addition of a wound to the Flowsheet
 - a) Once the Primary RN has assessed the wound for the initial assessment you may perform reassessments.
 - iii. Initial application of restraints
 - a) The initial assessments must be documented by the primary RN, but students may perform reassessments.
 - iv. Patient fall
 - a) Initial documentation must be performed by the primary RN.
- f. Specific areas/tasks (not all-inclusive) which students **may not perform or document**:
 - i. Blood glucose levels
 - ii. Blood administration
 - iii. Epidurals
 - iv. Braden Scale
 - v. Wound VAC dressing changes
 - vi. Order entry

***Tasks below permitted for role transition students only at the preceptor's discretion and direct supervision, but not permitted for regular students with instructor.**

- vii. Acknowledge orders
- viii. Admission or Discharge
- ix. Add LDA – this includes new wound, foley, IV, etc. (instructor or nurse must add LDA, student may document in flowsheet once LDA added)
- x. Falls assessment (notify nurse of assessment findings impacting the fall score)
- xi. Mobility assessment (notify nurse of assessment findings impacting the mobility score)
- xii. Best Practice Advisories (don't fire for students but could fire for instructors).
- xiii. Care plan
- g. Care Plan:
 - i. Students will not document in the Care Plan, but they will need to look through the care plan to direct the care they provide.
 - ii. Click on the Care Plan, you can view problems and goals. If these are not visible, click on one of the buttons at the bottom of the screen that says "Problems" "Goals" or "Expand All".
- h. Education:
 - iii. Students may document education they have provided.
 - iv. Students (with instructor's supervision) may add other relevant education as necessary.
- i. E-learning modules/EPIC classes
 - v. All students must have completed the EPIC e-learning modules and test through one of the participating tristate hospitals-or have previously completed an EPIC class provided by St Elizabeth. The e-learning modules will provide basic navigation through EPIC. (See separate document with instructions on accessing the modules).
 - vi. Instructors must complete the EPIC e-learning modules-or bring documentation of having completed Inpatient Nurse EPIC training through another hospital prior to attending an Instructor Orientation, which includes additional St Elizabeth specific EPIC training.
- j. EPIC Access Requests

ALL Clinical Coordinators must send Electronic SARS requests to SEH IS/IT Department for EPIC access. Please follow the instructions previously sent from IS/IT.

 - i. Allow at least 10 business days for IT to process information and assign a number for access to EPIC.
 - ii. The student/instructor access numbers for login to EPIC will be sent to the coordinator or person who submitted the request.
 - iii. A student/instructor EPIC reference guide is available, please contact: Organizational Development and Education for a copy.
- k. First Day of Clinical
 - i. Students will access EPIC using access number and password.

- ii. Initial Password is the last 4 digits of the students Social Security number and the word Welcome. No spaces or commas – Example 4444Welcome
- iii. Students will be required to change their password with first login. Recommended secure password is 8 characters with at least 1 upper case letter and one number or symbol.
- iv. After all students attempt to log in to EPIC, if anyone has difficulty call the help desk at 301-2541. To save on time, please make one phone call to the help desk with all the students who have difficulty.

14. General Medication Administration Guidelines

- a. Students in training at SEH will administer medications in compliance with the SEH Medication Management Procedures if they have met the appropriate criteria from an approved education program. Students in programs of learning other than nursing will meet the criteria specified by the department.
- b. The **ratio of 1 instructor to 4 students** for medication administration will not be exceeded. Instructors should utilize and model the 6 Rights when working with students. The instructor must **always** verify the accuracy of all medications before administration by the student.
- c. Students may only give medication with an instructor or role transition preceptor. Students may NOT give any medications with an employee nurse unless it is their role transition preceptor. Students on alternates or observational experiences may never give medications with the nurse they are working with.
- d. If the student nurse learns the patient has another allergy, the student should notify the nurse/charge nurse, so the information can be entered in EPIC.

15. Alaris Pumps & IV Medication Administration

- e. Training for students –
 - i. Students **must** complete the Alaris Training module. Once the module is complete, the student **must print the certificate** and give to the instructor to keep in their training records.
 - ** **Please note** – each screen in the module must be viewed in order to print a certificate.
 - ii. Hands on training for students will be completed with their instructors or preceptors (for role transition) on the unit during unit orientation.
- f. Training for instructors –
 - i. Instructors new to St Elizabeth - **must** complete the Alaris Training module and print the certificate prior to attending instructor orientation. During instructor orientation, hands-on pump training will be provided.
 - ii. Instructors who are St Elizabeth employees – if they have had the training for their employment at St Elizabeth, will not need to complete the Alaris module or class, but will need to note completion of the Alaris module (since was done during hospital training) on the Badge Authorization Form in order to obtain a badge sticker.
- g. The instructor or preceptor must be with the student at all times during any IV medication administration.

- h. Students may only initiate IV sticks with a nurse who typically starts IVs as part of their daily/shift expectation. Example: IV Therapy, critical care, ED, etc. Students may not start IVs with their instructor. Instructors may not start IVs.

16. Key Points in Medication Administration

- i. Steps in administering a medication in compliance with current SEH policies and procedures for medication administration.
 - i. Instructors must be specific on the posted communication sheet with time span of medication administration, so the staff does not miss medications before and after. Example: “SNs will give 0900-1400 meds only”. (This will prevent confusion re: 0700 and 0730 meds.
 - ii. Look up medications prior to administration.
 - iii. Read MAR entirely, including administration times, so as not to miss or misread a medication.
 - iv. The instructor must **always** verify the accuracy of the medications and must administer all medications with the students.
 - v. The medication should **not** be removed from the unit dose container until these steps have been completed. This is preferably done at the actual time of administration. In other words, students may not carry medications around out of the packet or original container.
 - vi. **Only one patient’s medications are to be administered at a time.**
 - vii. Allergies and last time of medication administration must be verified when the medication is obtained out of the Pyxis, or if not using Pyxis, verify in EPIC.
 - viii. The student will dialogue with the patient as follows:
 - 1. State (person administering the medication) your name and title to the patient.
 - 2. Ask the patient to “verify” state back their name and date of birth.
 - 3. Verify two patient identifiers by comparing (EPIC) and scanning the patient’s ID band. Acceptable identifiers may include patient name, date of birth, and corporate or account number.
 - 4. Ask the patient if they have any allergies. Check for the red allergy bracelet.
 - 5. Tell the patient the medication name, what it is for, and side effects. Example: “White pill is Glucophage for your diabetes, could cause low blood sugar.”
 - 6. All medications must be scanned. **Once scanned, medications are not “accepted” as given until administration has been accomplished.**
 - 7. Medications given or not given are reported to the nurse caring for that patient.
 - 8. When educating patients regarding medications or other subjects, the student must document that education in EPIC.

9. Prior to leaving the unit perform MAR hygiene to ensure all scheduled medications have been given as agreed and documented.
- j. Use of Pyxis by instructors.
- i. Instructors only will have access to Pyxis to obtain medications.
 - ii. Please work with the manager, assistant nurse manager, or team leader to complete the Pyxis Form (Appendix C) prior to the first day of instruction.
 1. Bring the completed form to that facility's pharmacy (FLO/FT/EDG)
 2. Please specify the end of the instruction period and the areas (units) on which you will be teaching.
 3. If you are a SEH employee who already has Pyxis access, you **must** obtain a separate instructor access ID for instructor role.
 4. Access is only valid for the instruction period (it is not indefinite)
 5. Access is only valid for the units designated
 6. SEH employees must have separate instructor access
 7. Do not wait until the first day of instruction to obtain the responsible staff's signature, and to bring the form to pharmacy.
 8. The pharmacy should be able to give the instructor a user number even if they do not have the time to enter the information in Pyxis immediately.
 9. The initial password will be 12345678
- k. Method for handling medication errors by students.
- i. Notify that patient's nurse.
 - ii. Notify the charge nurse and collaborate on notification of physician and patient, and/or any other care required.
 - iii. The nurse manager/department manager will notify the Director of Organizational Development and Education or designee, or the department head for ancillary departments regarding the occurrence.
 - iv. The student with instructor's and/or nurse's collaboration must complete a MIDAS Report on the SEH Intranet under "Quicklinks".
 - v. The form is a tool of SEH and a copy is not to be made for the purpose of records for the school.
Fill out the form completely.
 - vi. Discuss with the student the significance of the incident report and the routing process.
 - vii. A medication given in error to the wrong patient should be documented in the narrative with time, drug name, dose, and route. All medications a patient receives should be noted in his/her medical record. Any actions taken or response to drug effects should be noted and documented. Do not write "error" or state why the medication was given. If the medication was not on the patient's MAR, no documentation on the MAR is needed.
 - viii. If an incorrect dose or route was given, or an extra dose was given, this should be documented in the time column of the MAR.

17. Blood Administration (All students including role transition)

- l. Students and instructors may **not** administer blood- may only observe blood administration and assist in obtaining vitals after the first 15 minutes.
- m. Students and instructors may **not** co-sign for blood administration or sign to pick up blood from the lab.

18. Drawing Blood

- n. Students in role transition only may draw blood from a central line at the preceptor's discretion, and only under **direct supervision** of the preceptor.
- o. Instructors and other students may not draw blood.

19. Blood Glucose Monitoring

- p. Students and instructors are not permitted to perform blood glucose finger sticks on patients at any SEH facility.
- q. Students should never utilize an employee's ID to obtain access for performing finger sticks.
- r. Students and instructors who are also employed by SEH may **NOT** obtain fingersticks even if trained as an employee, since they are in the student or instructor role (per J. Nortmann – Lab).

20. Epidural (for **analgesia**)

- s. **RN** students may care for a patient with an epidural, but students and instructors may **NOT** care for the epidural infusion, tubing, or pump, or document care of the epidural.

21. Students may **NOT** care for Bariatric Surgery Patients.

22. Patient Controlled Analgesia (PCA)

- t. Students may care for patients with PCAs.
- u. Students **may not** work with the pump, or document on the PCA section in EPIC.

23. End Tidal CO₂ (EtCO₂) Pump

- v. Students **may not** make changes in the settings. Students may read EtCO₂ value and resp rate and document. If the pump alarms, the student must carry out normal emergency procedure such as checking the patient, notifying the nurse immediately, etc.

24. Wound Care

- w. Students must notify the nurse responsible for their patient immediately, of any change noted in their skin assessment.
- x. Students may care for patients with wound VACs-but may not perform wound VAC dressing changes.
- y. Students may observe the patient's nurse or the wound care nurse performing wound VAC changes. Instructors are not to perform wound VAC dressing changes.
- z. **No one is to touch a Wound VAC over a Split thickness skin graft. Only the Wound Care nurses remove these.**

aa. Students may not document on the Braden Scale (this includes role transition students).

bb. Students may document in the wound LDA only **after** the nurse has documented the initial assessment.

cc. Students are not to measure the wounds-unless they are working side by side with a staff nurse.

dd. Students don't stage pressure ulcers.

25. Airborne Precautions

ee. Students may **NOT** be assigned to care for patients in Airborne Precautions.

26. Pre-operative Care

ff. Students may **NOT** complete the preoperative documentation.

27. Removal of lines

gg. Students and instructors, even in role transition, may not remove lines that typically require a nurse to be "checked off" prior to removing independently. Example - central lines.

hh. Exception to the rule - post mortem care, at nurse's discretion, students may pull lines.

28. SMART (Minimal Lift) Equipment

ii. Students/Instructors should always use the Minimal Lift equipment with patient transfer and movement in bed. However, students/instructors who have not completed the training should utilize the equipment only alongside a SEH staff member who has completed the SMART training.

jj. Equipment training other than Maxislides will be optional. Instructors may schedule to attend the 4hr class, if desired, to orient to all equipment, by contacting Sue Watkins Sue.watkins@stelizabeth.com.

kk. Instructors who are new to SEH, will be trained in the use of the Maxislides during their instructor orientation with Organizational Development and Education.

29. Chain of Command

ll. Instructors and students must follow the chain of command for issues at SEH.

The nurse caring for the patient must be contacted, if not already involved, the instructor must be contacted, then nurse manager, nursing supervisor, Manager of Organizational Development and Education or designee, and Director of Organizational Development and Education.

30. Smoking

Students and instructor must follow SEH smoking policy which does not allow smoking anywhere on the premises, even if in their personal car. See smoking policy.

31. Professional Behavior: Exhibits **professionalism in behaviors, attitudes, and actions** (punctual, in uniform, accountable for learning, positive attitude) SEH reserves the right to follow hospital policies for any undesirable, unprofessional behavior.

32. Manager/ANM encouraged to introduce self to clinical group on day 1 and introduce the use of Safety Equipment: gait belts, bed alarms, SMART equipment. (Team Leaders and Unit Champions may also introduce Safety Equipment if Manager/ANM are unavailable.)

33. Accessing Nursing Instructor/Student Guidelines via St E website. Go to SEH webpage <http://www.stelizabeth.com/> Click on [For Health Professionals](#) at bottom of page, under “For Health Professionals Menu” in “Education and Training” section, click on “Instructor/Student Guidelines.” in the left column of page. Or access through www.tristatenrc.org SEH>Nursing Student Forms>Nursing Instructor/ Student Guidelines.

References: Medication Administration Procedures; IV Therapy Procedures; Nurse Practice Committee; Kentucky Nursing Laws; Infection Control Nurses.

Appendix A (Instructor/Precept Guidelines Agreement pg.17)

Appendix B (Role Transition Progress Report pg.18 & 19)

Appendix C (Pyxis Access Form pg.19)

Appendix D (St Elizabeth Healthcare Facility Affiliation/Student Badge Authorization Form pg.20)

Appendix E (Criminal Background Checks Information pg. 21)

Appendix F (Edgewood parking map pg.22)

Appendix G (Florence parking map pg.23)

Appendix A

St Elizabeth Healthcare Instructor Guidelines Agreement
Instructor/Preceptor

**This form can be accessed electronically at Tristatenrc.org>St.
Elizabeth Healthcare> Instructor/Preceptor Agreement www.tristatenrc.org**

I have completed Organizational Development and Education (ODE) Orientation either as an employee or as an Instructor-and have read the latest version of the Nursing Instructor/Student Guidelines. I understand the role of the Instructor/Preceptor at SEH-and agree to comply with the Nursing Instructor/Student Guidelines, and Policies and Procedures of the SEH system while performing clinicals with students at St Elizabeth Healthcare.

Print Name: _____

Signature: _____

Date: _____

School: _____

Unit: _____

St. Elizabeth Daily Progress Report
Role Transition

- Preceptor should be with Student to perform skills/tasks while providing intense support and stepping back as student progresses.
- All medications must be given with preceptor.
- Write date and shift hrs. worked (8 or 12) in appropriate area under day #.
- Initial the amount the student was able to do without preceptor intervention.
- Complete signature section at end of form verifying you have reviewed daily with student.
- Prior to turning in, please complete the recommendation for hire.
- Notify your Manager and Monica Meier in Staff Development with any student concerns/issues.
- **Do not turn into Student's school.**

Appendix B

Student Name: _____ School: _____ Unit: _____ Start Date: _____ End Date: _____

Day #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Accomplishments, Goals, & Comments (date/initial entry)	
Date →																						
Shift hrs worked →																						
# of pts cared for:																						
Completes assessments without preceptor intervention:																						
<50% of the time																						
75% of the time																						
90-100% of the time																						
Completes frequent reassessments & interventions (Hrly CARE, IV checks, turns, etc.) within required time frame without preceptor intervention:																						
<50% of the time																						
75% of the time																						
90-100% of the time																						
Prioritizes patient care appropriately:																						
<50% of the time																						
75% of the time																						
90-100% of the time																						
Administers meds safely without preceptor intervention (ALL meds must be given with preceptor in room providing direct supervision):																						
<50% of the time																						
75% of the time																						
90-100% of the time																						
Verbalizes purpose & side effects of medications being given:																						
<50% of the time																						
75% of the time																						
90-100% of the time																						
Performs Epic documentation:																						
<50% of the time																						
75% of the time																						
90-100% of the time																						

Appendix D



**ST. ELIZABETH HEALTHCARE
FACILITY AFFILIATION/STUDENT BADGE AUTHORIZATION FORM**

College/University: _____	Program Type: _____
Practicum Location&Campus: _____	SEH Practicum Contact: _____
Practicum Day(s) of Week: _____	Practicum Shift: _____
Practicum Start Date: _____	End Date: _____

Signature below indicates that the following individuals have met the requirements as checked in the boxes beside their name, and the records are on file at our school. We understand that an individual may not begin their affiliation at SEH until all their requirements have been met. We understand that incomplete forms will be returned for completion.

NAME (Please print or type)	Infection Control IBB, TB, AIDS	HIPAA Privacy and Security (annually)	Identifying and Reporting Abuse module (annually)	General Hospital Safety module (annually)	Patient Experience Module (annually)	TB skin test or assessment of a positive TB skin test reactor (annually)	Up-to-date immunizations according to CDC Healthcare Personnel Vaccination Recommendations	Criminal Background Checks	Alaris Computer Based Module (Nursing Students only)	EPIC e-learning Modules or EPIC Class (any student needing access to patient charts)
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

School representative completing form (SIGNATURE): _____

School representative completing form (TYPE OR PRINT): _____

School representative completing form (TITLE): _____

School representative name & phone #: _____

Date form completed: _____

Please return the completed form to:

Organizational Development Engagement & Education
NSDC@stelizabeth.com
 3861 Olympic Blvd.
 Erlanger, Ky. 41018
 Phone: (859) 655-1610/859-655-1887
 FAX: (859) 655-1618

Office Use ONLY:

Saved/Sent on: _____ Initials: _____ Grid HR Grid Clinical Group / Role Transition - Grid

Verified Practicum Contact on: _____ Initials _____ Preceptor / Instructor Agreement on File

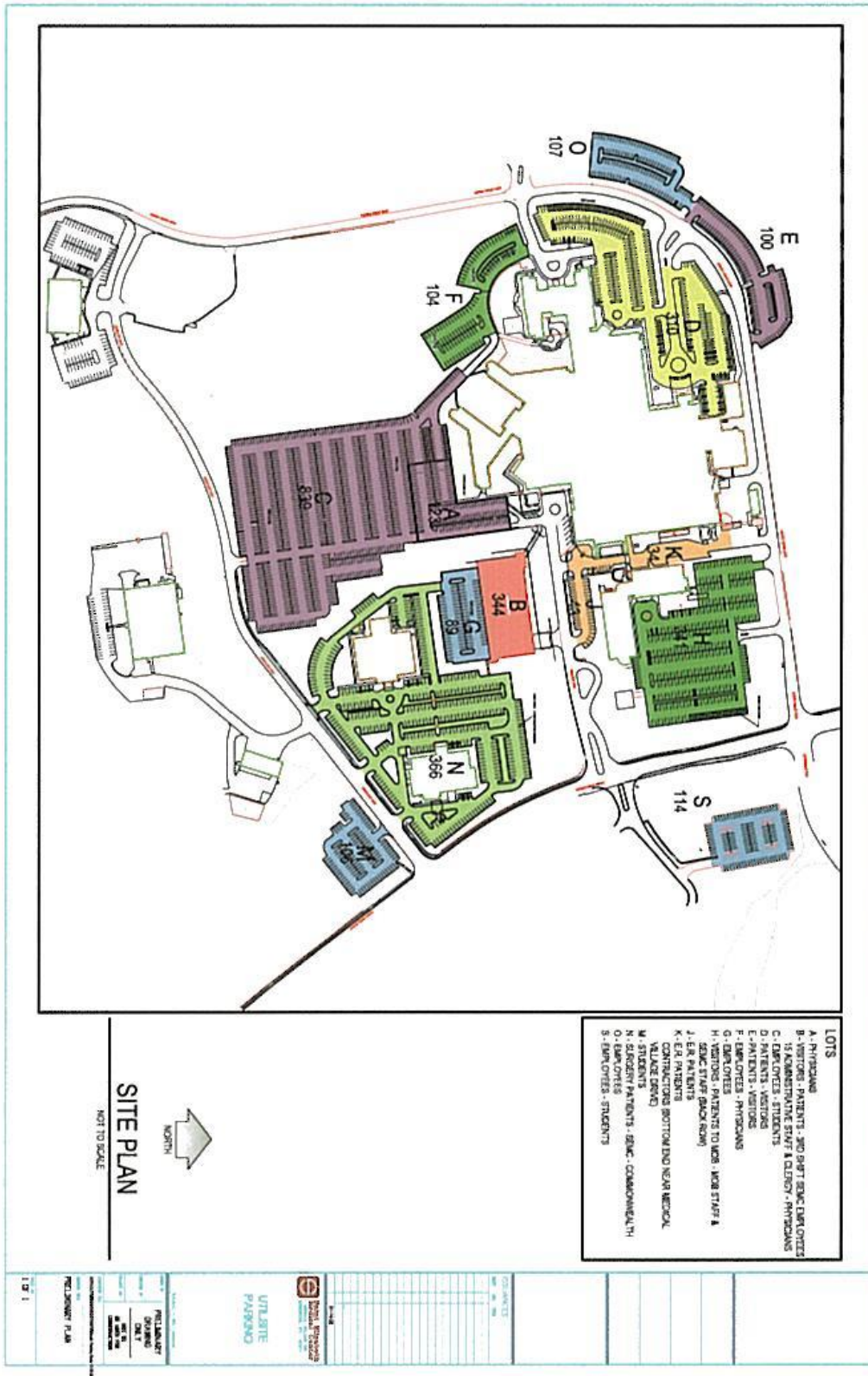
Please do NOT change the formatting of this page. If your information will not fit, please change the size of the font. Please also use an additional page if there are more than 10 students. See below for additional pages. This form must be completed in it's entirety. Incomplete forms will not be processed. Thank you!

Appendix E

Criminal Background Checks prior to clinicals at St Elizabeth Healthcare

Please contact Organizational Development and Education for questions regarding student/instructor Criminal Background Checks. 859-655-1636.

Edgewood Campus Parking Map



Appendix G Florence Campus Parking Map (Student Parking)

