**ROLE TRANSITION STUDENTS**

We are glad you have selected Mercy Health as your site for your Role Transition experience! This guideline serves as a resource for what students and preceptors may and may not perform.

**Role Transition Overview**

1. Instructor Overview
	1. Instructor must follow all Mercy Health policies and procedures.
	2. Instructors, employed by Mercy Health, when at clinical as an instructor (employed by the school of nursing), must 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 Mercy Health yet those are not permitted for instructors, the instructor must defer to the patient’s nurse those tasks while at Mercy Health in the role of “instructor”.
		1. Signature should include “instructor- name of school of nursing”
	3. Instructor must work in close collaboration and clear communication with the Preceptor nurse and charge nurse of the patients the students are caring for.
	4. Any questions or concerns by the instructor must be addressed with the nurse and/or charge nurse of the patient involved.
	5. Unit related issues, questions, concerns, must be addressed with the Nurse Manager of that unit.
2. Chain of Command
	1. Instructors and students must follow the chain of command for issues.
	2. The nurse caring for the patient must be contacted, if not already involved. The instructor nurse manager, nursing supervisor, then Manager of Staff Development, etc must also be contacted.
3. Smoking
	1. Students and instructor must follow Mercy Health smoking policy which does not allow smoking or use of tobacco products, anywhere on the premises, even if in personal cars. This includes e-cigarettes/vaping. See smoking policy.
4. Cellphone usage
	1. The usage of cell phones in patient areas is prohibited for instructors and students. If a call needs to be made it should be done in a non-patient area.
5. Dress code and Identification Badges
	1. The approved Dress Code of your school applies to patient care areas.
	2. Students will not be issued or at any time wear a Mercy employee identification tag. Students are required to wear a School identification tag.
	3. Instructors may be issued a Mercy identification tag, identified as Clinical Faculty.
	4. Students and instructors who are also Mercy Health employees may not wear Mercy Uniform scrubs when in the student/instructor role.
	5. No fleece or hoodies at any time
	6. Leather shoes with no mesh and socks must be worn.
6. Isolation precautions
	1. Instructors and students will follow Isolation precautions and use personal protective equipment per Mercy Health Policy
7. EPIC classes
	* 1. All students must have completed the EPIC virtual class and test through one of the participating tristate hospitals or have previously completed an EPIC virtual class provided by Mercy Health.

**The list below are specific tasks which role transition student *may not perform or document.* This list is not all inclusive.If the preceptor is in question of tasks the student may or may not preform, error on the side of not performing until further clarification.**

1. Epidurals
2. Wound VAC dressing changes
	1. Students may observe the patient’s nurse or the wound care nurse performing wound VAC changes. Instructors do not perform wound VAC dressing changes.
	2. **Only Wound Care nurses manage patients with Wound VACs over Split thickness skin grafts.**
3. Order entry (telephone/verbal orders from LIP)
4. Management of invasive lines (ie arterial lines, swans, etc)
5. Central Line Blood Draw and Site Care (includes central line dressings, giving IVP meds, accessing/deaccessing ports, drawing labs, changing caps, managing IV infusions)
6. Sign or witness informed consents
7. Administer or check chemotherapy/biotherapy (ie not eligible for 2nd double-checker)
8. Restraint Flow Sheets: Students may participate in the care of a restraint patient but the assessment and continuation of restraints is the responsibility of the RN in charge of the patient.
9. Blood Administration
	1. Students may not administer blood, but may observe blood administration
	2. Students may not co-sign for blood administration or sign to pick up blood from the lab.
10. Care Plan:
	* 1. Students may not document in the Care Plan, but shall look through the Care Plan to direct the care they provide.
		2. 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”.
11. Patient Controlled Analgesia (PCA)
	* 1. Students may care for patients with PCAs.
		2. Students **may not** work with the pump, or document on the PCA section in EPIC.
12. End Tidal CO2 (EtCO2) Pump
	* 1. Students **may not** make changes in the settings. Students may read EtCO2 value and respiratory 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.
13. Pre-operative Care
	* 1. Students may not complete the preoperative documentation (Consent Forms, Preop Checklist, etc.) independently of the patient’s nurse. At the staff nurse’s discretion, and only under his/her direct supervision, the student may assist in completing the documentation.
14. Removal of lines
	* 1. Students may not remove lines that typically require a nurse to be “checked off” prior to removing independently. Example - central lines. Exception to the rule - post mortem care, at nurse’s discretion, students may pull lines.

**Tasks below permitted for role transition students only at the preceptor’s discretion and direct supervision. If the preceptor is in question of tasks the student may or may not preform, error on the side of not performing until further clarification.**

1. Lines and Drains:
	1. Primary Nurse must do the initial documentation and assessment
		1. Primary nurse must add LDA, student may document in flowsheet once LDA added
	2. Student may interest or discontinue lines and drains such as urinary catheters and NG tubes
2. Wounds Care
	1. Primary Nurse must do the initial documentation and assessment- Braden Scale
	2. Student may document reassessments
3. Falls assessment (notify nurse of assessment findings impacting the fall score)
4. Mobility assessment (notify nurse of assessment findings impacting the mobility score)
5. Best Practice Alerts
6. Blood Glucose Testing- required specific on-site training.
7. Acknowledge orders
8. Admission or Discharge
9. Education:
	1. Students may document education they have provided.
	2. Students (with instructor’s supervision) may add other relevant education as necessary
10. Preform venipuncture for labs except blood cultures
11. Patient Controlled Analgesia (PCA)
	1. Students may care for patients with PCAs.
	2. Students and instructors **may not** work with the pump, or document on the PCA section in EPIC.
12. End Tidal CO2 (EtCO2) Pump
	1. Students **may not** make changes in the settings. Students may read EtCO2 value and respiratory 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.
13. Lift Equipment
	1. Students always use 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 Mercy Health staff member who has completed Lift training.
	2. Equipment training other than Maxislides will be optionalInstructors who are new to Mercy Health will be trained in the use of the Maxislides during their instructor orientation. with
14. General Medication Administration Guidelines
	1. Students in training at Mercy Health administer medications in compliance with the Mercy Health Medication Management Procedures if they have met the appropriate criteria from an approved education program. Students in programs of learning other than nursing meet the criteria specified by the department.
	2. The Nurse Preceptor must **always** verify the accuracy of all medications before administration by the student.
	3. Students may only give medication with an instructor or role transition preceptor. Students may NOT give medications with an employee nurse unless it is their role transition preceptor. Students in observational experiences may not give medications with the nurse they are working with.
	4. If the student nurse learns the patient has another allergy, the student should notify the Nurse Preceptor so the information can be entered into EPIC.
	5. The Nurse Preceptor must be with the student at all times during any IV medication administration whether IV push, or hanging IV fluids.
	6. Role transition students may start IVs under direct supervision of the Nurse Preceptor
15. Key Points in Medication Administration
	1. Steps in administering a medication in compliance with current Mercy Health policies and procedures for medication administration.
		1. 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.
		2. Look up medications prior to administration.
		3. Read MAR entirely, including administration times, so as not to miss or misread a medication.
		4. The Primary Preceptor must **always** verify the accuracy of a medication before administration by the student. With students in upper levels, it is up to the instructor to determine the competency of the individual student to administer PO medications at the bedside without direct supervision once the medication has been verified as accurate by the instructor.
		5. **IV meds must always be administered with the Primary Preceptor present.**
		6. 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.
		7. **Only one patient’s medications are to be administered at a time.**
		8. 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.
		9. The student dialogues 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 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. **Once scanned, medications are not “accepted” as given until administration has actually 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 in EPIC what education was provided.
			9. Prior to leaving the unit ensure all scheduled medications have been given as agreed and documented.
	2. Method for handling medication errors by students.
		1. Notify the patient’s nurse.
		2. Notify the charge nurse and collaborate on notification of physician and patient, and/or any other care required.
		3. The nurse manager/department manager will notify the Manager of Staff Development or designee, or the department head for ancillary departments regarding the occurrence.
		4. The student with instructor’s and/or nurse’s collaboration must complete a SafeCARE Report on the Mercy Health HUB under “Quicklinks”.
		5. The form is a tool of Mercy Health. Copies may not be made for the purpose of records for the school.

 **Fill out the form completely.**

* + 1. Discuss with the student the significance of the incident report and the routing process.
		2. 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.
		3. 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.