|  |
| --- |
|  |
| Nursing Student Placement Process |
| Mercy Health Cincinnati Hospitals – Fairfield, West, Jewish, Anderson & Clermont |

|  |
| --- |
| Revised 1/2022 |

 

**Clinical Group Placement Process**

Request for clinical placement should be placed into the Centralized Clinical Placement System (CCPS) by the school liaison:

[https://workforce.healthcollab.org/](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fworkforce.healthcollab.org%2F&data=04%7C01%7CLNLeeds%40mercy.com%7C45998d83c4e94aaadf6e08d9d792b779%7Cbb84ecdc9a5141eb880c178c5153d561%7C0%7C0%7C637777847418804578%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=mlIwlJpHv1SsuOLlhvVR6H7%2F9R%2BEZ0nx%2BzNa1APWM7M%3D&reserved=0)

**Note**: Request only needed clinical sites at each facility. For example: if you need 1 clinical for OB, please do not request multiple groups/days at Fairfield, West and Anderson. Requests will be reviewed by the School Placement Representatives group to best accommodate and ensure all requests received are granted equitable distribution.

**Role Transition Placement Process**

1. Schools will send their role transition request to the central mailbox (Cincinnati-MH-NSP@mercy.com) with the number of student requests, requested location, requested clinical area, time frame, date of request submission, number of clinical hours needed, and if the student is an existing Mercy employee (see Appendix A).
2. Student placement coordinators will review requests as a team at least 3-4 weeks prior to the earliest role transition start date.
3. Submission request dates will be considered when assigning role transition requests.

**Required Documents:**

Instructors and/or school liaison should access the Mercy Health Collaborative website <https://tristatenrc.org/Student-Center/Mercy-Health> for documents that need to be completed prior to start date of clinicals which include:

* All Sites School Documentation Form
	+ All Sites Mercy Health Confidentiality and Security Agreement– instructors signed agreement to Fran, student agreements remain on file with school
	+ All Epic Access Form – submit to Fran Kokaliaris - FXkokaliaris@mercy.com
* Nursing Instructor Department Orientation Checklist- completed with NPDA
* Covid Attestation Form; delivered to school and kept on file at school

**For Epic Access:**

Please provide the following to the Mercy Health EPIC coordinator: Fran Kokaliaris (one contact for all Mercy Hospitals) FXkokaliaris@mercy.com

Please use the [All Epic Access](https://tristatenrc.org/LinkClick.aspx?fileticket=91eEzLfo13E%3d&portalid=5) form and submit to the Mercy Health EPIC coordinator for access at least 30 days prior to starting **all** clinical rotations at any Mercy Facility.

**EPIC Training: Students**

* All students must attend a 1-hour virtual training session prior to arriving on campus for first rotation. Attendance is a one-time event for all clinicals at Mercy Health.
* Attendance is mandatory will be taken in the virtual classroom.
* Training sessions are via Zoom and accessed via a desktop or laptop for visual. Audio is available either through the computer or by phone.
* Classes are offered every Wednesday at 1 pm and Thursday at 4 pm (except holidays). There is no need to sign up in advance. Class offerings and Zoom link are attached.

**EPIC Training: Instructors:**

* All instructors new to Mercy Heath must attend the same 1-hour virtual training session prior to arriving on campus for first rotation. Epic accounts will be unlocked after completion of training.
* Instructors must have completed training before students will be granted access.
* Instructors that are Mercy Health nurses working inpatient areas, already have access and do not need to attend.
* Training sessions are accessed via a desktop or laptop for visual. Audio is available either through the computer or by phone.
* Classes are offered every Wednesday at 1 pm and Thursday at 4 pm (except holidays). There is no need to sign up in advance. Class offerings and Zoom link are attached.

**ALL:**

* Onsite classroom time must be arranged with the appropriate site contacts for each clinical rotation as soon as possible.
* Please allow 30 minutes on site for students and instructors to change passwords and log in to EPIC for account set up. Tip sheets will be provided.
* Efforts will be made to arrange time in a classroom to align with first clinical day but cannot be guaranteed

**Site specific EPIC training coordinators:**

 West Hospital             Fran Kokaliaris             FXkokaliaris@mercy.com

 Fairfield Hospital        Ellen Hensler             EEHensler@mercy.com

 The Jewish Hospital   Maria Phillips             MAPhillips@mercy.com

 Anderson Hospital      Jennifer LaCortiglia         JRLacortiglia@mercy.com

 Clermont Hospital      Jennifer LaCortiglia         JRLacortiglia@mercy.com

**Mercy Health Site coordinators for clinical placement**

**Mercy Health - West:**    Sarah Holmes SJHolmes@mercy.com

**Mercy Health - Fairfield**:  Laura Davis  LNLeeds@mercy.com

**The Jewish Hospital:**  Amy Voris  / Lisa Masterson

AVoris@mercy.com; LMMasterson@mercy.com

**Mercy Health - Anderson**:  Jake Tribull  / Chelsea Pace JTTribull@mercy.com; CPace1@mercy.com

**Mercy Health - Clermont**:  Sarah Roberts  SRoberts0@mercy.com

****

**BSMH Student Epic Training**

**2022**

**Instructor Orientation/Shadowing Expectations**

Instructors are to schedule orientation on the unit with the NPDA at least 2 weeks prior to the start of the clinical. Department Orientation Checklist: Nursing Instructor (Appendix B) must be returned to Student Placement NPDA at the completion of orientation and annually.

Checklist for instructor orientation

* Virtual EPIC training.
* Omnicell
* Badge information
* Locate and review the following
	+ Emergency exits
	+ Fire extinguishers
	+ Crash cart
	+ Med/supply room
	+ Nutrition
	+ Call light system in patient rooms
	+ Orientation to patient room, and safety measures
	+ Assignment sheets and recommend practices for making assignments, including communication of student assignment
	+ Resources personnel (ie Manager, Unit Clerk, Charge Nurse)
	+ IV pumps
	+ Contact charge nurse if canceling clinical
* Shadow RN on unit
	+ For new instructors to teaching the recommendation is 2-4 hours
	+ For instructors new to Mercy the recommendation is 2-4 hours.
	+ For instructors not new Mercy, but new to the unit the recommendation is 1-2 hours.
	+ Please schedule the amount of time to help you be successful with your students.

**General Clinical (Not Role Transition) Student and Instructor Guidelines**

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

**Instructor Overview**

1. Instructor Role
	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. Instructors should be actively involved in care provided by the student.
	4. Instructor must work in close collaboration and clear communication with the nurse and charge nurse of the patients the students are caring for.
	5. Any questions or concerns by the instructor must be addressed with the nurse and/or charge nurse of the patient involved.
	6. Unit related issues, questions, concerns, must be addressed with the Nurse Manager of that unit.
2. Communication
	1. Post a communication sheet on the unit at the beginning of the shift, to notify the nurses of assignments and what the students will be doing that clinical day.
	2. 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.
	3. Students should not congregate at the nurse’s station or in hallways.
	4. Students should not: take breaks in visitor areas or waiting rooms to respect family privacy; chart or meet for post clinical, etc. at any time in clean rooms. Students must arrive early enough to receive assignments and participate in report or the student will **not** be permitted to do patient care.

Please notify nurse and charge nurse when students leave floor for lunch or other purposes.

* 1. Students/Instructors update the primary nurse throughout the shift and report off at the end of the shift.
1. 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, and Student Placement NPDA for the facility must also be contacted.
2. 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.
3. 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.
4. 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.

1. Isolation precautions
	1. Instructors and students will follow Isolation precautions and use personal protective equipment per Mercy Health Policy
	2. Students are **not** to be assigned to care for patients in Airborne Precautions.
2. Lift Equipment
	1. Students/Instructors 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. Unit equipment training other than Maxislides will be optional. Instructors who are new to Mercy Health will be trained in the use of the Maxislides during their instructor orientation.

**Specific areas/tasks (not all-inclusive) which students *may perform,* but the Primary Nurse must do the initial documentation:**

1. Provide patient care/assessments according to their school’s curriculum and syllabus
2. Lines and Drains: Insertion or discontinuation of Lines and Drains such as: Foley Catheter, NG Tube
3. Wound Care
	1. Students must notify the nurse responsible for their patient immediately, of any change noted in the skin assessment.
	2. Students may care for patients with wound VACs but may not perform wound VAC dressing changes.
	3. Students may observe the patient’s nurse or the wound care nurse performing wound VAC changes. Instructors do not perform wound VAC dressing changes.
	4. **Only Wound Care nurses may manage patients with Wound VACs over Split thickness skin grafts.**
	5. Students may document in the wound LDA only **after** the nurse has documented the initial assessment.
	6. Students are not permitted to measure wounds, unless working side by side with a staff nurse.
	7. Students may not stage pressure injuries (ulcers).
4. General Medication Administration Guidelines
	1. Students in training at Mercy Health, may 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 ratio of 1 instructor to 4 students for medication administration is not exceeded. Instructors should utilize and model the 5 Rights when working with students. The instructor 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/charge nurse so the information can be entered into EPIC.
	5. The instructor or preceptor must be with the student at all times during any IV medication administration whether IV push or hanging IV fluids.

1. 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 eMAR entirely, including administration times, so as not to miss or misread a medication.
		4. The instructor 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. But **IV meds must always be administered with the instructor present.**
		5. 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.
		6. **Only one patient’s medications are to be administered at a time.**
		7. Allergies and last time of medication administration must be verified when the medication is obtained out of the Omnicell, or if not using Omnicell, verify in EPIC.
		8. 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. Use of Omnicell by instructors.
		1. Instructors have access to Omnicell to obtain medications.
		2. Please work with pharmacy to complete the Omnicell access prior to the first day of instruction.
		3. Please specify the end of the instruction period and the areas (units) on which you will be teaching.
		4. Mercy Health employees who have Omnicell access, do not need separate instructor access for the instructor role.
		5. Access is only valid for the instruction period (it is not indefinite)
		6. Access is only valid for the units designated.
	3. 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 Student Placement NPDA, and 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 BSMH Central under “Quicklinks”.
		5. The form is a tool of Mercy Health. Copies may not be made for the purpose of records for the school.
		6. **Fill out the form completely.**
		7. Discuss with the student the significance of the SafeCare report and the routing process.
		8. 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 eMAR, no documentation on the eMAR is needed.
		9. If an incorrect dose or route was given, or an extra dose was given, this should be documented in the time column of the eMAR.

**Specific areas/tasks (not all-inclusive) which students *may not perform or document*:**

* + 1. Braden Scale
		2. Fall assessment
		3. Students may not start IVs with their instructor. Instructors may not start IVs.
		4. Order entry (telephone/verbal orders from LIP)
		5. Management of invasive lines (ie arterial lines, swans, etc)
		6. Central Line Blood Draw and Site Care (includes central line dressings, giving IVP meds, accessing/deaccessing ports, drawing labs, changing caps, managing IV infusions)
		7. Sign or witness informed consents.
		8. Administer or check chemotherapy/biotherapy (ie not eligible for 2nd double-check)
		9. 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.
		10. Acknowledge orders
		11. Admission or Discharge
		12. Add LDA – this includes new wound, foley, IV, etc. (instructor or nurse must add LDA, student may document in flowsheet once LDA added)
		13. Mobility assessment
		14. Best Practice Alerts
		15. Care Plan:
			1. Students do 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”.
		16. Blood Administration (All students including role transition)
			1. Students and instructors may not administer blood, but may observe blood administration
			2. Students and instructors may not co-sign for blood administration or sign to pick up blood from the lab.
			3. Instructors and students may not draw blood.
		17. Blood Glucose Monitoring
			1. Students and instructors are not permitted to perform blood glucose finger sticks on patients at any Mercy Health facility.
			2. Students and instructors who are also employed by Mercy Health may **NOT** obtain finger sticks if trained as employees, since they are in the student or instructor role.
			3. Students should never utilize an employee’s ID to obtain access for performing finger sticks.
		18. Epidurals (for analgesic): Instructors and students may **NOT** care for the epidural infusion, tubing, or pump, or document care of the epidural.
		19. Patient Controlled Analgesia (PCA): Students and instructors **may not** work with the pump, or document on the PCA section in EPIC.
		20. 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.
		21. Wound Care, including Wound VACs
1. Students must notify the nurse responsible for their patient immediately, of any change noted in the skin assessment.
2. Students may care for patients with wound VACs but **may not** perform wound VAC dressing changes.
3. Students may observe the patient’s nurse or the wound care nurse performing wound VAC changes. Instructors do not perform wound VAC dressing changes.
4. **Only Wound Care nurses manage patients with Wound VACs over Split thickness skin grafts.**
5. Students may document in the wound LDA only **after** the nurse has documented the initial assessment.
6. Students are not permitted to measure wounds, unless working side by side with a staff nurse.
7. Students do not stage pressure ulcers.
	* 1. Pre-operative Care
8. 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.

 23.Removal of lines

1. Students and instructors may not remove lines that typically require a nurse to be “checked off” prior to removing independently. Example - central lines.
2. Exception to the rule - post mortem care, at nurse’s discretion, students may pull lines.

**ROLE TRANSITION STUDENT GUIDELINES**

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. E-learning modules/EPIC classes
	* 1. 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 Mercy Health. The e-learning modules will provide basic navigation through EPIC. (See separate document with instructions on accessing the modules).

**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-check)
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- with supervision of primary nurse.
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.

1. Lift Equipment
	1. Students should always use Lift equipment with patient transfers 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. 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
3. 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 Omnicell, or if not using Omnicell, 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 BSMH Central under “Quicklinks”.
		5. The form is a tool of Mercy Health. Copies may not be made for the purpose of records for the school.
		6. **Fill out the form completely.**
		7. Discuss with the student the significance of the incident report and the routing process.
		8. 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.
		9. 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.

Appendix A

**Request for Role Transition Clinical Placement at**

**Mercy Health Cincinnati Hospitals**

**Name of School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Requested**: **Date Fulfilled**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mercy Site Requested:** Anderson Clermont Fairfield Jewish West

**Type of Program:** AD BSN ABSN Master Other: \_

**Dates of Role Transition:** **Start** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **End**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total number of Hours required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Liaison name and contact information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are students permitted to care for COVID patients?** Yes No

**Are any of the students current Mercy Employees?** Name & Current Site/Unit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of requests:**

|  |  |  |
| --- | --- | --- |
| **Type of Unit** | **Number of requests** | **Special Requests** (if placing at multiple sites include # & site. Ex: 3 – Fairfield & 3 – Jewish) |
| ICU |  |  |
| CVU |  |  |
| PCU |  |  |
| Family Birth Center |  |  |
| Progressive Care |  |  |
| Med/Surg |   |  |
| Pre/Post  |  |  |
| Cath Lab |  |  |
| OR |  |  |
| ED |  |  |

Send Role Transition request to Cincinnati-MH-NSP@mercy.com at least 2 months prior to placement request. We will do everything we can to accommodate requests.

Appendix B

**Department Orientation Checklist**

**Nursing Instructor**

**Name:**  **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee:** Yes No **Returning Instructor:** Yes No

**Date of Initial Orientation:** **Department/Site:**

Directions: Each new nursing instructor receives a department orientation that is consistent, planned and supervised by unit designee. You should be introduced to your preceptor during your first few hours of shadowing experience.

The following list is to serve as a **guide** for you as you begin your department orientation. Check each item off this list as it is explained to you or discussed. This is the best time to ask questions and clarify issues which are of the most concern to you as a new instructor. No question is insignificant.

**PRIOR TO NEW CLINICAL START DATE**

* Epic IT request placed (Must have Employee’s last 4 digits of SS#)
* Attend a 4-hour virtual training session prior to arriving on campus for first rotation.
* Contact the School Placement NPDA at least 2 weeks before clinical start date to discuss orientation.
* Confirm the following forms have been provided to the site by from the school prior to clinical start.
* [All Site School Documentation Form](http://tristatenrc.org/Portals/5/Users/085/85/85/ALL%20Site%20School%20documentation%20form%20to%20return%20to%20Mercy.xlsx?ver=2017-08-07-122855-903)
* [All Site EPIC Access Form](http://tristatenrc.org/Portals/5/Users/085/85/85/All%20SIte%20EPIC%20Access%20form%208.10.17.xlsx?ver=2017-08-11-145958-720)
* COVID attestation Form

**INSTRUCTOR AND STUDENT RESOURCES**

* TriState NRC web link: <http://tristatenrc.org/Student-Center/Mercy-Health>
* Important information for students and instructors

**DEPARTMENT STRUCTURE**

* Introductions to manager, charge nurse
* Who to go to with problems and concerns, chain of command

**DEPARTMENT DESCRIPTION**

* Understand who are our customers- patients, students, and nurses
* Instructor and Student responsibilities and workflow
* Tour of the department

**CLINICAL SCHEDULE**

* My clinical rotation schedule dates- any exceptions noted
* Handling special requests- Shadowing in other departments

**PERSONAL BELONGINGS**

* Where to store personal belongings
* What is appropriate to wear and not to wear/appropriate foot wear
* Name badge as part of uniform- How to sign in and out
* Omnicell access

**COMMUNICATION**

* Posting Daily Assignment expectations
* Within 30 minutes of start of clinical day
* Outlines all responsibilities for the students for the day, i.e. med passes, beds/baths, rounding
* Personal Phone Calls
* Who to contact when late or absent
* Report- beginning of shift and end of shift

**CUSTOMER SERVICE/QUALITY IMPROVEMENT**

* What do our customers expect from us
* Instructor and student’s role in improving quality- Unit specific

**MANDATORY EDUCATION AND TRAINING**

* BSMH Central
* Documentation-and why it is important. (Co-signature of student charting)
* Location of resource manuals:

\_\_\_\_\_ MSDS

\_\_\_\_\_ Infection Control

\_\_\_\_\_ Emergency Preparedness

\_\_\_\_\_ Department Policies and Procedures

* Infection Control (as appropriate for department)

\_\_\_\_\_ Location and use of personal protective equipment

\_\_\_\_\_ What to do in the event of a needlestick or exposure incident

\_\_\_\_\_ Department specific infection control policies & procedures

* Safety (as appropriate for department)

\_\_\_\_\_ Fire safety

\_\_\_\_\_ Hazardous materials

\_\_\_\_\_ Unit equipment

\_\_\_\_\_ Fall Prevention

\_\_\_\_\_ Back injury prevention- LIFT Equipment- Maxi Slides and Steady (Sara Steady)

The Unit designee and I have reviewed all the material on this checklist. I am aware of the resources, materials and people in my department and in my facility.

New Instructor Signature Date

Manager / Clinical Coordinator Signature Date