



St Elizabeth Healthcare (SEH) Nursing Instructor/Student Guidelines for Clinical Practice

Table of Contents

<u>Topic</u>	<u>Page Number</u>
Purpose	4
General Considerations	4
Affiliation Agreement Process	4
Clinical Placement Process	4
SEH Training Modules	5
Additional Onboarding Requirements	5
Placement Authorization Form	6
System Access Request (SAR) for EPIC, Network, Pyxis	6
School ID	6
Parking Decals & Parking Instructions	6,7
Dress Code	7,8
Confidentiality	9
SEP or Nurse Practitioner Student Placement Process	9
Instructor Orientation	9,10
Instructor Role	10,11
Notification of Errors by Students	11,12
Instructor Pyxis Access/Use	12
Clinical Student Guidelines Section	12
First Day of Clinical EPIC Access	12
EPIC Documentation	12,13
General Medication Administration Guidelines	13
Key Points in Medication Administration	13,14
Alaris Pumps & IV Medication Administration	14
Blood Administration	14
Central Line Blood Draw/Dressing Change	14
Blood Glucose Monitoring	14,15
Epidural (for analgesia)	15

Bariatric	15
Patient Controlled Analgesia (PCA)	15
End Tidal CO2 (EtCO2) Pump	15
Wound Care	15
Airborne Precautions	16
Pre-operative Care	16
Removal of Lines	16
SMART (Minimal Lift) Equipment	16
Chain of Command	16
Smoking	16
Professional Behavior	16
Manager/ ANM introduction to clinical group	16,17
<u>Observational</u> students	17
Dedicated Education Unit (DEU)	17
<u>Role Transition</u> Preceptor Expectations	17
<u>Role Transition</u> Student Guidelines	18
How to Access Documents (Student Guidelines, Role Transition Evaluation)	18,19
References	20

APPENDIX

Instructor/Preceptor Guidelines Agreement-A	21
Criminal Background Check Guidelines-B	22
Edgewood Campus Parking Map-C	23
Florence Campus Parking Map-D	24
Ft. Thomas Campus Parking Map-E	25
Dearborn Indiana Campus Parking Map-F	26
Covington Parking Map-G	27
Grant Parking Map-H	28

Purpose

1. To facilitate and maintain a consistent standard of expectations between St. Elizabeth Healthcare (SEH) and affiliated schools of nursing.
2. To foster an environment of safety for patients, students, and instructors through clear expectations.

General Considerations

1. The responsibility for the patient lies with the SEH nurse caring for the patient.
2. The responsibility for the student lies with the clinical instructor and educational institution.
3. SEH is a safe space free from racism, misconduct, sexual harassment, and discrimination from any patient or visitor because of race, color, ethnicity, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity/expression) or any other personal attribute.
4. Students are responsible to be emotionally, physically, and cognitively fit for learning and to be free of performance altering chemicals while attending clinicals and providing care to SEH patients. To help ensure this goal, no medication which has the potential to impair an individual's ability to practice should be taken at least 8 hours prior to reporting to clinicals. If a prescribed medical treatment requires use of a medication that can alter the student's state within the 8 hours prior to clinicals, the student would not be able to participate in clinicals at SEH.

Affiliation Agreement Process

1. The school administrator must contact Ellen Ash, Organizational Development-Coordinator Clinical Outreach Programs, at 859-655-4798 to collaborate in obtaining an affiliation agreement with SEH.
2. 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 @ 859-655-7244.

Clinical Placement Process

1. Clinical placements for SEH are requested by the school's Clinical Coordinator through Centralized Clinical Placement System (CCPS).
2. Requests are processed by the SEH Coordinator of Clinical Outreach Programs.
3. Historical requests are prioritized over new requests.
4. Clinical placements and role transitions are assigned via CCPS by the Coordinator of Clinical Outreach Programs and communicated with nursing units.
5. The Dedicated Education Units (DEU) are scheduled based on unit resources as available. The DEU is currently only offered for NKU and Gateway.
6. BSN preceptors are prioritized for BSN nursing students during clinical rotations, role transition, and additional experiences.

SEH Training Modules and Onboarding Requirements

1. Prior to attending a practicum, all students coming to the St Elizabeth facilities, must complete training annually (calendar year) on the information listed below.
2. Onboarding modules and tests are revised annually (calendar year) and are available online at <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/>
3. 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/tests can be sent to the school coordinator upon request. Answer keys will be sent to the designated program coordinator at the school for grading. **All students and instructors new to St. Elizabeth Healthcare must complete training on the following:**
 - i. HIPAA Privacy and Security (annually),
 - ii. Identifying and Reporting Abuse Module (annually),
 - iii. General Hospital Safety Module (annually),
 - iv. Obesity: Understanding, Awareness and Sensitivity (annually),
 - v. Therapeutic Crisis Intervention (annually),
 - vi. EPIC e-learning Modules or EPIC Class (one time only)
 - vii. Must complete education related to Infection Control Blood Borne Pathogens, TB, and HIV/AIDs either through OSHA training through the school or the SEH Infection Control Modules (annually)
4. **Students who are SEH associates have most of the required modules on record in our Learning Management System (LMS) if already completed within this calendar year.**
5. **Students can provide the school with a copy of the transcript from the LMS indicating completion of the required modules.**

Additional Onboarding Requirements

1. Additional Requirements:
 - i. TB skin testing/assessment or blood test (annually),
 - ii. Up to date immunizations-(verify annually),
 - a. Varicella,
 - b. Measles, Mumps, Rubella (MMR),
 - c. Tetanus, Diphtheria, and Pertussis (Tdap) or Tetanus and Diphtheria (TD),
 - d. Annual Flu vaccine if student is in SEH facilities from October through March (Spring and Fall Clinicals or Role Transitions),
 - e. Hepatitis B is recommended due to exposure risk, SEH associates sign waiver acknowledging exposure risk if refusal.
 - iii. Criminal background check (one time in student career),
2. ***Note - It is the school's responsibility to keep record of the above tests, immunizations, and background check as these are auditable. These do not need to be sent to SEH.**

Placement Authorization Form

1. Once all learning modules are completed and all onboarding requirements are met, the School Clinical Coordinator, **not the student** completes/submits a **Placement Authorization Form** through Organizational Development at the link listed below.
2. The **Placement Authorization Form** can be located at <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/>, or directly from this link: **Placement Authorization**.
3. This form must be received **no less than 10 working days prior** to the first clinical day.
4. List all students and instructors (who have completed the above requirements) on the Placement Authorization form, with **each completed requirement box marked**.
 - i. Instructors must be identified on the **Placement Authorization Form**.
 - ii. Role Transition students must have the unit/preceptor listed beside their names on the **Placement Authorization Form**, for verification of their placement.
5. If the **Placement Authorization Form** is not filled out completely or accurately, the form will **not be accepted**, and **will be returned**.
6. **SEH associates who are students may not use their ID, EPIC access, or any other associate codes when in the role of student.**

System Access Request (SARS)

1. All School Clinical Coordinators must request EPIC Access through the SARS Application process for all students and clinical instructors.
2. School Clinical Coordinators must request Pyxis access for clinical instructors using the SARS Application process. Must include unit, start date, and end date of clinical instruction.

SEH School ID

1. Any students and instructors performing clinicals at SEH must wear their school badge for admittance to any of the SEH facilities.
2. **Associates of SEH, who are students or instructors**, must obtain and utilize their school badge. There is no “physical” SEH student badge.

Parking Decals & Parking Instructions

1. 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.
 1. Security offices at Covington, Dearborn, Edgewood, Florence, and Grant are in the ED lobby.
2. The Security office at FTT is located across from the Gift Shop.

2. Decals must be affixed to the windshield's lower left corner.
3. Returning students who already have decals do not need to obtain another decal.
4. Due to all associate entrances being badge access and students and instructors not having access, parking must be in the designated locations listed below. This includes evening and weekend clinicals.
 - i. **Edgewood** - "Lot S", adjacent to **Gateway College** on Thomas More Parkway. Shuttles run Monday-Friday from 6am to 6pm. **Take the shuttle to the visitor entrance/1A entrance (opens at 8am) next to the ED, and you can enter through the night entrance with your school ID badge.** Weekday students may not park in the garage or employee parking, or they will receive a citation. **Weekend, evening, or night shift**-students can park in main employee Lot C. See **Appendix C** for parking map of Edgewood.
 - ii. **Florence** – Students will park in either Associate parking lot along Turfway or Houston Road noted on the map and enter hospital through the 1A Patient/Visitor Main Entrance circled in yellow (opens at 6am). See **Appendix D** for Florence parking map.
 - iii. **Ft Thomas** - Students will park on the **3rd and 4th lower levels** of the parking garage, take the elevator up and enter through the main entrance (opens at 6am). See **Appendix E** for Ft. Thomas parking map.
 - iv. **Dearborn** – students are to park on the 4th floor (top) of the parking garage. Take the elevator down to main entrance. See **Appendix F** for Dearborn parking map.
 - v. **Covington** – Students will park in the front lot which is closest to the main entrance (opens at 6am). See **Appendix G** for Covington parking map.
 - vi. **Grant** – Students will park in the farthest end of the ED lot which is closest to the main entrance (opens at 6am). See **Appendix H** for Grant parking map.
 - vii. **Other facilities** – Check with unit manager of clinical site to determine if a SEH badge is needed to enter clinical site on off hours if applicable. Follow signs to employee parking.
 - viii. Contact security with any questions or concerns. Call (859) 301-2270 for any problems or difficulties with parking.

Dress Code

1. **All students and Instructors must wear the School ID Badge when on the premises for Clinical Rotations or Role Transition.**
2. Student and instructors affiliating with SEH must follow the SEH Dress Code policy #HR-ER-05.
3. Students must wear school uniform.

4. 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.
5. No hospital scrubs are allowed unless a student is performing clinicals in an area that requires scrubs, i.e. OR, LDRP.
6. Instructors should dress appropriate to their role and be professional in appearance.
7. Clinical instructors in patient care areas should wear school uniform.
8. Instructors checking on students may wear professional clothing with a white lab jacket.
9. Hair will be clean, neatly trimmed and properly groomed. Its length and style must, in no way, interfere with job performance or present a hazard to the patient or associate. Sideburns, beards, mustaches and goatees, if worn, must be kept clean and neatly trimmed at all times. St. Elizabeth Healthcare does not condone race-based discrimination relating to hair texture, hairstyles, and protective hair coverings.
10. Jewelry is permitted as long as it does not conflict with specific regulations of a department or interfere with the job or create a safety hazard for patients or associates. Jewelry should be tasteful and conservative.
11. Nose rings are not allowed. Small nose studs are acceptable. Gage earrings are not allowed.
12. Tattoos are permitted; however, tattoos that contain inappropriate language, inappropriate symbols, or symbols or phrases that may be offensive to any segment of our associate or patient population are not permitted. In these circumstances, the tattoos will be required to be covered. Facial tattoos are not permitted.
13. Clothing should be of sufficient weight so as not to be transparent and reveal undergarments.
14. Clothing should be of appropriate size and fit, not too tight, revealing, or in poor taste. Slacks are to be of an appropriate length.
15. Fingernails must be neat and trimmed. If polish is used, it must be well maintained. Length of fingernails should be less than ¼ inch in length and not interfere with job duties. Associates, who perform direct patient care, prepare food or sterile items must have natural fingernails (natural fingernails without an artificial covering {no acrylic nails or nail tips} other than fingernail polish.) Wearing gloves does not alter this standard.
16. When students or instructors are attending classes or other non-clinical educational events at SEH, uniform or professional casual dress must be worn.
17. Violations of dress code policy may result in the individual not being permitted to perform clinicals until the issue has been resolved.

Confidentiality

1. Patient information from the electronic medical records are confidential and should not be printed. Even with redacting or blackening out all PHI (Protected Health Information) copying is not permitted. This is a HIPAA violation.
2. At no time should a student or instructor remove copies of SEH patient documents or parts thereof from the premises.
3. EPIC Production (live version) should never be accessed by a student or clinical 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.

SEP or Nurse Practitioner Student Placement Process

1. Contact **SEP** @ 859-655-7244 for scheduling and onboarding processes for any SEP locations.
2. The Graduate Medical Education Office uses Clinician Nexus to onboard students for **rotations with providers credentialed through medical affairs**. Please go to the following link at least 14-days prior to the start of the rotation and follow the instructions there: <https://forms.office.com/r/5eAQ7S5um4>
Feel free to contact Rotations@stelizabeth.com if you have any questions.

Clinical Instructor Orientation

1. All new clinical instructors must complete an orientation through Organizational Development Scheduled by the school Clinical Coordinator.
2. Prerequisites for the unit orientation are completion of hospital specific modules (Annual required modules, Alaris IV Pump, Maxi Slides), EPIC online modules (or proof of EPIC training through another facility) and successfully passing the EPIC test. Restraints and gait belt competencies must be completed with Organizational Development.
3. Instructors without a KY license cannot go through nursing instructor orientation or any hospital orientation until the instructor has an active compact license.
4. Instructors who were a past associate of SEH and have not been employed at SEH for the past 12 months and/or not been doing clinicals at SEH must complete an instructor orientation through Organizational Development.
5. After completing Organizational Development 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. Unit orientation should include following a nurse for a minimum of 8 hours on the shift the instructor will be doing clinical.
 - ii. During Unit Orientation, review of the Alaris pump operations is required.
 - iii. The Nursing Instructor Unit Orientation Requirements form must be completed during the unit orientation signed and sent back to Organizational Development as soon as completed.
6. 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 and process. The form must be signed by one of the approved staff and submitted to Organizational Development to be placed in the instructor’s file.

7. **Any new instructor, who is an SEH associate in the following areas:**

- i. **Specialty area** such as ED, OR, LDRP, but will be instructing on a Med-Surg floor, will complete EPIC eLearning modules as part of their orientation which covers documentation and medication administration as there are differences from Specialty areas. Other practices education materials will be provided.
- 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 complete EPIC eLearning modules or other practices education as part of their orientation. But they DO NEED to read and sign the electronic Student/Instructor Guidelines form on the <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> website, prior to bringing their students to clinical rotation. 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.

8. All instructors (SEH associates and non-associate) and Preceptors must read the latest version of the Nursing Instructor/Student Guidelines **and complete the Instructor Guidelines Agreement** before attending clinicals at SEH. This **agreement** can be found at this website: <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> . **Instructors will not be permitted to attend clinical experience if a completed Instructor Agreement is not submitted.**

Clinical Instructor Role

1. Instructor must follow all SEH policies and procedures. Policies are available in PolicyStat located on the Shortcuts page.
2. Procedures are available in Clinical Skills located on the EPIC button drop down box under TOOLS when logged in or the Shortcuts page. Check unit huddle boards for practice notifications and updates.
3. 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.**
4. Instructors, even if an SEH associate, when at clinicals is employed by the school as a clinical instructor and must only provide care as an instructor and not as an associate. The instructor may need to defer some aspects of care and decision-making to the patient’s primary nurse.
5. Instructors should be actively involved in care provided by the student.

6. Instructor must work in close collaboration and clear communication with the nurse and charge nurse of the patients the students are caring for.
7. Clinical Instructors who are SEH associates are not permitted to use any SEH accesses (Pyxis and EPIC) except school access.
8. Any questions or concerns by the instructor must be addressed with the nurse and/or charge nurse of the patient involved.
9. 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.
10. Unit related issues, questions, concerns, must be addressed with the Nurse Manager of that unit.
11. It is the instructor's responsibility to post a communication sheet on the unit to notify the nurses of assignments and what the students will be doing that clinical day.
 - 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.
12. 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.
13. Students should not congregate at the nurse's station or in hallways.
14. 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.
15. Students must arrive early enough to receive assignments and participate in huddle/report, or the student will **not** be permitted to do patient care.
16. 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 starting at 11:15 or later– per cafeteria manager.
17. Students may not leave the premises alone during clinical time. They must be accompanied by a security officer, the instructor or designee. No student can accompany another student off the premises during clinical time.

Notification of Errors by Students

1. Notify that 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 Coordinator of Clinical Outreach Programs 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 MIDAS Report on the SEH shortcuts page.
5. 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.**
6. Discuss with the student the significance of the incident report and the routing process.

Use of Pyxis by Clinical Instructors/Access

1. If you are a SEH associate who already has Pyxis access, you **must** obtain a separate instructor access ID for instructor role.
2. Access is only valid for the instruction period (it is not indefinite)
3. Access is only valid for the units designated

Clinical Student Guidelines:

First Day of Clinical

1. Students will access EPIC using access ID and password.
2. Initial password is the students last 4 digits of the Social Security Number with the word Welc@me "W" is a capital letter. Example 9999Welc@me, with "Last4SSN" representing the last four digits of the user's social security number. (Important to note, the "o" in Welcome is replaced with "@")
3. 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.
4. 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.

EPIC Documentation

1. Students may document in the patient's chart with instructor or RN supervision.
2. Students **must** document on any care they provide (assessments, treatments, medications, etc.)
3. 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.
4. 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, or NG Tube
 - ii. New wound LDA
 - a. Once the Primary RN has assessed the wound for the initial assessment the clinical student may perform reassessments.

- iii. Initial application of restraints
 - a. The initial assessments must be documented by the primary RN, but clinical students may perform reassessments.
 - iv. Patient fall
 - a. Initial documentation must be performed by the primary RN.
- 5. 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
 - vii. Consents

General Medication Administration

1. 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.
2. The **ratio of 1 instructor to 4 students** for medication administration will not be exceeded.
3. 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.
4. Students may only give medication with an instructor or role transition preceptor. Students may **NOT** give any medications with an associate unless it is their role transition preceptor.
5. Students on observational experiences may never give medications with the nurse they are working with.
6. If the student nurse learns the patient has another allergy, the student/instructor should notify the nurse/charge nurse, so the information can be entered in EPIC.

Medication Administration Process

1. Look up medications prior to administration.
2. Read MAR entirely, including administration times, so as not to miss or misread a medication.
3. The instructor must **always** verify the accuracy of the medications-and must administer all medications with the students.
4. 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.
5. **Only one patient's medications are to be administered at a time.**

6. 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.
7. The clinical student will communicate with the patient as follows:
 - i. State (person administering the medication) your name and title to the patient.
 - ii. Ask the patient to “verify” their name and date of birth.
 - iii. Verify two patient identifiers by comparing (EPIC) and scanning the patient’s ID band. Acceptable identifiers may include patient full name, date of birth, and corporate or account number.
 - iv. Ask the patient if they have any allergies. Check for the red allergy bracelet.
 - v. 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.”
 - vi. All medications must be scanned. **Once scanned, medications are not “accepted” as given until administration has been accomplished.**
 - vii. Medications given or not given are reported to the nurse caring for that patient.
 - viii. When educating patients regarding medications or other subjects, the student must document that education in EPIC.
 - ix. Prior to leaving the unit perform MAR hygiene to ensure all scheduled medications have been given as agreed and documented.

Alaris Pumps & IV Medication Administration

1. Hands on training for Alaris Pumps & IV Medications for students will be completed by their instructors or preceptors (for role transition) on the unit during unit orientation.
2. The instructor or preceptor must always be with the student during any IV medication administration.
3. Students may not start IVs with their instructor. Instructors may not start IVs.

Blood Administration

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

Central Line Blood Draw/Dressing Change

1. Instructors and clinical students **may not** draw blood or change central line dressing.

Blood Glucose Monitoring

1. Students and instructors are **not** permitted to perform blood glucose finger sticks on patients at any SEH facility.
2. Students should never utilize an associate’s ID to obtain access for performing finger sticks.

3. Students and instructors who are also employed by SEH may **NOT** obtain fingerstick blood glucose even if trained as an associate, since they are in the student or instructor role (per SEH Lab).

Epidural (for analgesia)

1. RN students may be assigned a patient with an epidural
2. Students and instructors may **NOT** care for the epidural infusion, tubing, or pump, or document care of the epidural.
3. Students cannot ambulate patient for the first time.

Bariatric Surgery Patients

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

Patient Controlled Analgesia (PCA)

1. Students may be assigned patients with PCAs.
2. Students/instructors **may not** work with the pump, or document on the PCA section in EPIC.

End Tidal CO2 (EtCO2) Pump

1. Students/instructors **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 instructor and nurse immediately, etc.

Wound Care

1. Students must notify the nurse of the patient immediately, of any change noted in their skin assessment.
2. Students may be assigned 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.
 1. Instructors are not to perform wound VAC dressing changes.
4. **No one is to touch a Wound VAC over a Split thickness skin graft. Only the Wound Care nurses remove these.**
5. **Students may not document on the Braden Scale (this includes role transition students).**
6. Students may document in the wound LDA only **after** the nurse has documented the initial assessment.
7. Students are not to measure the wounds-unless they are working side by side with a staff nurse.
8. Students don't stage pressure ulcers.

Airborne Precautions

1. Students may **NOT** be assigned to care for patients in Airborne Precautions, except for Role Transition students who have N95 mask fit testing completed and provide a copy of the testing form to the unit manager where clinicals are being conducted.

Pre-operative Care

1. Students may **NOT** complete the preoperative documentation, including consents.

Removal of lines

1. 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.
2. Exception to the rule - post mortem care, at nurse’s discretion, students may pull lines.

SMART (Minimal Lift) Equipment

1. 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 associate who has completed the SMART training.

Chain of Command

1. Instructors and students must follow the chain of command for issues at SEH.
2. The nurse caring for the patient must be contacted, if not already involved, the instructor must be notified, then nurse manager, and/or nursing supervisor, Coordinator of Clinical Outreach Programs, Manager of Organizational Development, and Director of Organizational Development.

Smoking

1. 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.

Professional Behavior

1. 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.

Unit Manager/ANM Introduction

1. 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.)

Observational Clinical Students

1. If the instructor is not available in the immediate area, the student is considered “observational” and may not do hands on.
2. Students may not just “show up” at observational experiences. These must be coordinated through CCPS for all facilities.
3. **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.
4. **IV therapy rotation is Observation Only. (no hands on)**

Dedicated Education Unit (DEU)

1. Two clinical students are assigned to an SEH BSN nurse as their clinical instructor.
2. The clinical instructor for the school is preset on the unit and available.
3. SEH nurses’ complete additional education related to DEU structure and clinical instructor responsibilities.
4. See Role Transition Guidelines for skills and documentation.

Role Transition Preceptor Expectations

1. During role transition the preceptor and role transition student should work side-by-side doing all nursing tasks and medications together.
2. The preceptor and the role transition student are taking the entire assignment together. This could be up to 6 patients, depending on specialty, unit, and care model.
3. The preceptor will allow the role transition student to do as much as possible intervening immediately for any safety concerns, but also based on time or patient need.
4. The preceptor will provide meaningful feedback (both written and verbal), using the SEH Role Transition Student Daily Progress Reports.
5. The preceptor will assist the role transition student in developing the ability to critically think through questioning and tailor the role transition experience based on the needs of the student.
6. The role transition student will be accountable for communicating their individual learning needs to the preceptor.
7. 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.

Role Transition Student Guidelines

1. Role Transition students must work with their assigned SEH preceptor.
2. Instructor must be readily available if needed via pager, phone, etc.
3. Guidelines are the same for students in role transition as for other nursing students unless stated otherwise.
4. **Skills below permitted for role transition students only at the preceptor's discretion and requires direct supervision**
 - i. Acknowledge orders
 - ii. Admission or Discharge
 - iii. Add LDA – this includes new wound, foley, IV, etc. (the nurse preceptor must add LDA, role transition student may document in flowsheet once LDA added). Role Transition students may start IVs with direct supervision of their preceptor if the preceptor is skilled and competent to start IVs.
 - iv. Falls assessment
 - v. Mobility assessment
 - vi. Best Practice Advisories (don't fire for students)
 - vii. May draw blood from a central line and/or perform a central line dressing change
5. Care Plan
 - i. Role Transition 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. Role Transition Students may view by Care Plan to 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".
6. Education
 - i. Students may document education they have provided.
 - ii. Students may add other relevant education as necessary with preceptor supervision.

How to Access Documents

1. **Role Transition Daily Progress Evaluation**- Access through Intranet>Organizational Development>Orientation>Preceptor Program> Role Transition Daily Evaluation or at

[RoleTransitionStudentDailyEvaluation 4-2023 .pdf](#)

(This Document should be e-mailed to **Sara Newberry in Organizational Development**, once completed.)

2. 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 “Students in healthcare programs”, click on “Instructor/Student Guidelines.” under Clinical Programs Available section. Or access through <https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/> Student Forms>Nursing Instructor/ Student Guidelines.

References

Elsevier Clinical Skills (2024). 2020 St. Elizabeth Healthcare infusion therapy general principles. https://point-of-care.elsevierperformancemanager.com/skills/646/extended-text?skillId=ZZ_010&virtualname=stelizabethhealthcare-kyedgewood#scrollToTop

Elsevier Clinical Skills (2024). St. Elizabeth Healthcare Medication Administration and Documentation. https://point-of-care.elsevierperformancemanager.com/skills/9076/notes?skillId=ZZ_097&virtualname=stelizabethhealthcare-kyedgewood

Kentucky Board of Nursing. (2018). AOS #18 nursing students. <https://kbn.ky.gov/KBN%20Documents/aos18-employ-students.pdf>

St. Elizabeth Healthcare Policy (2022). Clinical Skills, Nsg Admin-M-04. *PolicyStat* ID-12130509. <https://stelizabeth-system.policystat.com/policy/12130509/latest>

St. Elizabeth Healthcare Policy (2022). Dress Code, HR-ER-05. *PolicyStat* ID-14554303. <https://stelizabeth-system.policystat.com/policy/14554303/latest>

St. Elizabeth Healthcare Policy (2023). Entering a Midas Report for Medication Events. *PolicyStat* ID-13535723. <https://stelizabeth-system.policystat.com/policy/13535723/latest>

St. Elizabeth Healthcare Policy (2023). Patient & Visitor Conduct: Discriminatory or Insensitive Behavior. *PolicyStat* ID-14261989 <https://stelizabethsystem.policystat.com/policy/14261989/latest>

St. Elizabeth Healthcare Policy (2023). Fitness for Duty. *PolicyStat* ID-12626678 <https://stelizabeth-system.policystat.com/policy/12626678/latest>

Appendix A

St Elizabeth Healthcare Instructor Guidelines Agreement Instructor/Preceptor

This form can be accessed electronically at

<https://workforce.healthcollab.org/students/clinical-placement-for-nursing-students/st-elizabeth-healthcare/>

OR

Click [HERE](#)

I have completed Organizational Development 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: _____

Appendix B

Criminal Background Checks prior to clinicals at St Elizabeth Healthcare

The school should have a background check on file for health sciences students as part of admission process.

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

Appendix C
EDGEWOOD CAMPUS PARKING MAP
(Park in Lot S, by Gateway Community College)

Park Here. LOT S Gateway College



“Lot S”, adjacent to Gateway College on Thomas More Parkway. Shuttles run Monday-Friday from 6am to 6pm. Take the shuttle to the visitor entrance/1A entrance (opens at 8am) next to the ED, and you can enter through the night entrance with your school ID badge. If at EDG on the weekend or evening/night shift, students can park in the main employee lot C.

Appendix D
FLORENCE CAMPUS PARKING MAP
(Student Parking)

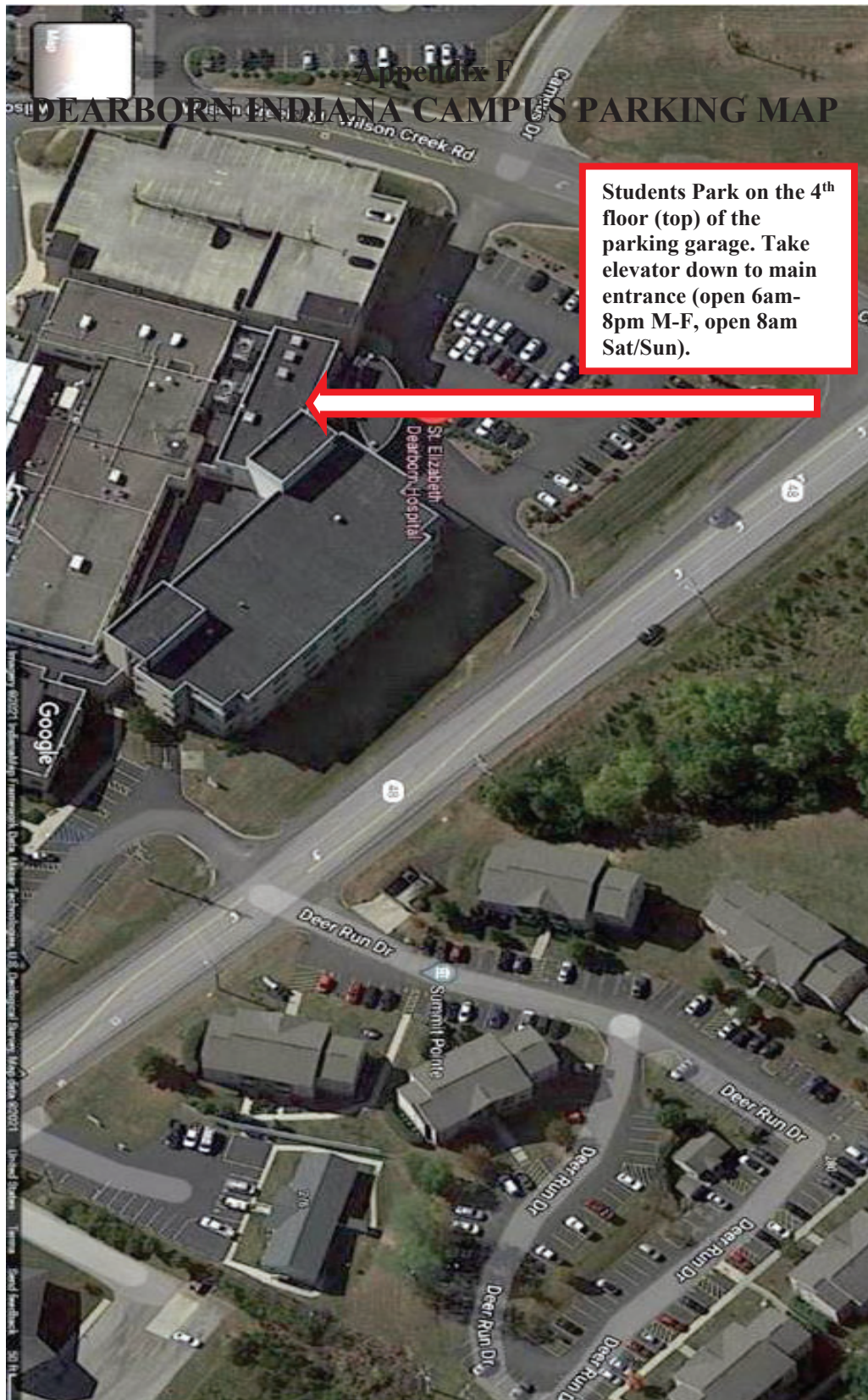


Students will park in either associate parking lot along Turfway or Houston Road noted on the map and enter hospital through the 1A Patient/Visitor Main Entrance circled in yellow (opens at 6am).

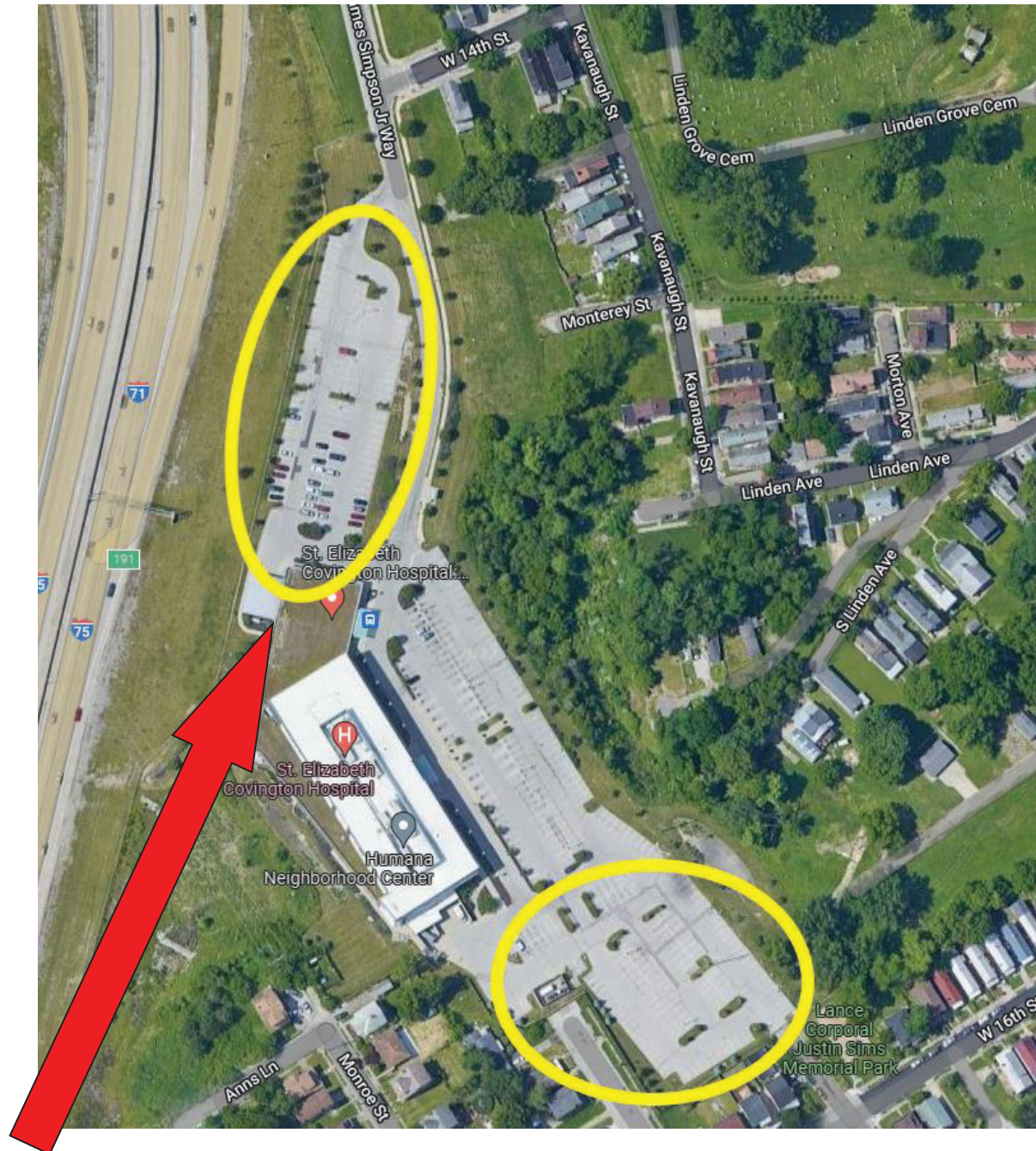
Appendix E FORT THOMAS CAMPUS PARKING MAP



Students will park on the **3rd and 4th lower levels** of the parking garage, take the elevator up and enter through the main entrance (open 6am-8pm). The top level of the parking garage is for patients and visitors, and the second level is for physician parking



Appendix G COVINGTON CAMPUS PARKING MAP



Students will park in the front lot which is closest to the main entrance (opens at 6am).

Appendix H GRANT CAMPUS PARKING MAP



Students will park in the farthest end of the ED lot which is closest to the main entrance (opens at 6am).