

Guidelines Governing Student Nurses at Mercy Hospital

Standards:

Student nurses will be held to the standards of competent professional nurses when performing all nursing duties.

Confidentiality Statement:

All students will be required to print off and sign a confidentiality statement found above under students to be given to your instructor and placed in your school file.

Safety Test:

All students will be required to take the MMC Safety test above under students. Results and certificate will be printed off and given to your instructor for your file.

Ethical Religious Directive and Mission/Value Statement:

All students are required to read the Ethical and Religious Directives and the Mission/Value Statement found above.

Uniform:

The school of nursing student will wear appropriate uniform and ID badge while on duty in this hospital. Lab coats are permitted and ID badges are required when the student is picking up an assignment. Students are expected to follow the dress code policy of the hospital.

Reporting Off:

The charge nurse is responsible for the unit during the shift. If unable to come to clinical, call your unit and ask for the charge nurse. Give your name, school and instructor's name and reason for absence.

Clinical Responsibilities:

- Patient Report – Students must receive a patient report to find out your patient's needs, scheduled tests, lab results and condition. It is imperative that you notify the primary care nurse when there is a change in your patient condition, or a problem with equipment. You must report off to the primary care nurse when leaving the floor or at the end of your clinical day.
- Clinical Skills/Procedures – The instructor must be present if the student has not attained clinical competency in a procedure. Your instructor will provide guidance about which skills may be performed independently.
- Medications – Students are to demonstrate safe medication practices. This includes knowledge of the five rights to medication administration, medication action, safe dosage for adults, seniors and children, side effects and special considerations for administration.

Nursing instructors will check ALL medications prior to student administration. Select medications must be double- checked by two licensed individuals prior to administration. This may include the following medications but not limited to: insulin, anticoagulants or any weight-based medications.

ALL intravenous medications are to prepared and administered under the direct supervision of a licensed nurse.

Students may not hang IV chemotherapy.

- Documentation – Documentation must be by the clinical instructor prior to entry in the medical record. Student’s signature shall include the first initial and full last name, student status and school affiliation.
- Physicians Orders – Students are not permitted to receive telephone/verbal orders. Transcription of orders is permitted only in supervised preceptorship or management courses.
- Photocopying – Students may NOT photocopy any part of the patient’s medical record or have in their possession any individually identifiable health information belonging to a patient.

Student Parking Rules

Parking is provided for all students in the “Employee Parking Lot”. This is the lot behind Mercy Hall, located in the North end of the Medical Center campus.

- 1. Read Administrative Policy 102.026, Parking/Access Control.**
- 2. Park only in the yellow-lined parking spaces.**
- 3. Do Not Park in the yellow-striped, no parking areas, in the grass or in any area or space that is not designated as a parking space. This includes the following areas:**
 - **Visitor Parking Deck**
 - **Surgery Deck**

- **Volunteer Lot**
 - **Dialysis Lot**
 - **Reserved Lots**
 - **Child Kingdom Parking Area**
 - **These restrictions apply seven days a week on a 24-hour basis. (On rare occasions when Employee Parking Lot is full, a sign will be posted at the front entrance of the Medical Center and students will be permitted to park on the fourth level of the Visitor's Deck at no charge.)**
4. **Visitor Deck Parking is allowed on the third and fourth level, at no charge, for students beginning their clinical experience after 6:00 pm, and who will be out of the deck by 8:00 am.**
 5. **On snowy days, when it is impossible to see the yellow lines, Security Officers will be on duty to direct drivers into the proper parking patterns. Any driver not following these directions will be in violation of the parking policy.**
 6. **Disabled students may be granted permission to park in a reserved lot with approval from the Health Services Office.**
 7. **Emergency phones, designated by signs, are located on 4 poles (2 each), along the East and West perimeters of Employee Parking Lot. These dial directly to the Security Office. Video surveillance and patrols are maintained ongoing**
 8. **Locking vehicles and placing valuables out of view will enhance security.**
 9. **Security Escorts are available, as needed, by calling the Security Office at extension 1250. Students are encouraged to walk with other persons to the parking lot. If they**

cannot find someone else to walk with, especially after dark, calling for an escort is encouraged.

A Brief Synopsis of the Ethical and Religious Directives For Health Care Service

This new Corporation proposes a broad window of opportunity for advancing Catholic health care services. A vision of long-term commitment to the missions of our four hospitals is considerably brightened by the prospects now possible. The Ethical and Religious Directives for Catholic Health Care Services will continue to be observed in our hospitals. The Directives were revised by the National Conference of Catholic Bishops in November, 1994.

Briefly, the purpose of the Directives is:

“First to reaffirm the ethical standards of behavior in health care that flow from the Church’s teaching about the dignity of the human person; second, to provide authoritative guidance on certain moral issues that face Catholic health care today.”

(Taken from Directives, copyright 1995 United States Catholic Conference, Washington, DC. Used with permission.)

The Directives has six sections:

- 1. The Social Responsibility of Catholic Health Care Services**
- 2. The Pastoral and Spiritual Responsibility of Catholic Health Care**
- 3. The Professional-Patient Relationship**
- 4. Issues of Care for the Beginning of Life**

5. Issues in Care for the Dying

6. Forming New Partnerships with Health Care Organizations & Providers

The document is beautifully written and straightforward in its application to our Mission of health care. What follows is a brief explanation of each Section of the Directives.

Section 1: Social Responsibility

“Catholic health care ministry is rooted in a commitment to promote and defend human dignity; this is the foundation of its concern to respect the sacredness of every human life from the moment of conception until death. The first right of the human person, the right to life, entails a right to the means for the proper development of life, such as adequate health care.” (Page 6 of Directives: used with permission.)

As you read the Directives in this section, you will be reminded of the values and standards of service that are integral to our operations: respect for the patients, their families and for one another; care for the poor, the uninsured and the underinsured; responsible stewardship of health care resources; equal employment opportunities and just treatment of employees; responsibility of employees to respect and uphold the religious mission of the hospital; and the relationship of the hospital to the wider Church.

It is important that we take time to reflect on what we are all about, why we choose to work in a Catholic health care facility, and what it means to continue the healing ministry of Christ. Becoming more knowledgeable about the Directives will help us to do this.

Section 2: Pastoral and Spiritual Responsibility

Pastoral Care is an integral and vital part of Catholic health care. Therefore, the terms of our new corporation guarantee that an adequately staffed Pastoral Care Department will continue in each of our hospitals. It is the role of Pastoral Care to ensure that the spiritual nature of persons be recognized and nurtured. The Directives state that “Without health of spirit, high technology focused strictly on the body offers limited hope for healing the whole person.”

In accordance with the Directives, each of our hospitals has a Pastoral Care department which includes a full-time director, certified chaplains, a priest chaplain and many lay volunteers who are trained as Eucharistic Ministers and patient visitors. The presence of a priest ensures that the sacraments, especially the Eucharist and Anointing of the Sick, are available to patients, families and staff. A chapel, with Blessed Sacrament present exists in all four of our hospitals. Each Pastoral Care staff member works closely with local clergy of all denominations to ensure that the religious beliefs and affiliations of all patients are respected. Certified chaplains, as an integral part of the health care team, respond to the spiritual and religious needs of patients, families and staff. Chaplains have input on all committees that are vital to the life of the hospital i.e., Mission/Philosophy, Ethics, Continuous Quality Improvement.

The Directives call for pastoral caregivers to be creative in responding to the needs of persons. Each department in the CSA Health System has responded uniquely to this mandate. Projects initiated by Pastoral Care include parish nurse programs, ministry to the homeless and elderly, nursing home ministry and a variety of other activities that address the needs of the communities in which each of our hospitals is located. As

you know, the Sisters of Charity of St. Augustine and the CSA Health System have established new foundations that continue to expand such services.

Section 3: The Professional/Patient Relationship

The professional health care provider enters into a relationship with the person requiring health care. This relationship must be one of “mutual respect, trust, honest and appropriate confidentiality.” The interdisciplinary team of doctor, nurse, nutritionist, therapist, social worker, chaplain and others needs to maintain these parameters.

The health care providers assist in preserving life and promoting health of body, mind and spirit. This professional-patient relationship incorporates Catholic health care guidelines that promote medical decisions in ways that respect the dignity of the person and the relationship with health care professionals. The Directives give guidance regarding the following:

- Respect for the human dignity of each person, regardless of the nature of the health care problem or social status, must be respected;
- Patient’s rights and advance directives information;
- Informing patient regarding the treatment plan, its risks and benefits, etc.;
- Respect for the privacy of patients and confidentiality;
- Medical and genetic experimentation;
- Responsibilities of the health care professional in abuse and reportable situations;

- Ethical issues and ethical consultation; In summary, “the faith that inspires Catholic health care guides medical decisions in ways that fully respect the dignity of the person and the relationship with the health care professional.”
(Page 14)

Section 4 Issues in Care for the Beginning of Life

“Issues in Care for the Beginning of Life” are perhaps among the most sensitive of all considerations. Services at hospitals within our system are strictly guided by “the Church’s commitment to human dignity, (which) inspires an abiding concern for the sanctity of human life from its very beginning... The Church’s defense of life encompasses the unborn child and the care of women and their children during and after pregnancy.” The Directives provide guidance in areas of contraception, infertility and abortion. “While we rejoice in the potential for good in (new) technologies, we cannot assume that what is technically possible is always morally right.” Artificial fertilization techniques, sterilization and abortion are, as we all know, never permitted in Catholic Health Care Institutions.

The Directives provide very clear guidelines regarding the ethical principles for formal and material cooperation. The principles are explained in the Directives, and we encourage you to familiarize yourself with them. Beyond this, your Ethics Committee is available to provide further information and/or educational programs.

Section 5: Care for the Dying

Catholic health care institutions promote respect, love and support to patients and their families throughout life’s continuum to the time of death. Health care

professionals care for people even when there may be no cure. A Brief Synopsis of the Ethical and Religious

One of the main purposes of medical treatment is to control pain and suffering. Physicians and their patients must evaluate medical technology and determine, in light of serious chronic conditions, whether further medical interventions may be futile and serve only to prolong the dying process. At times, this decision becomes confusing and/or controversial to those who are caring for the suffering and dying. We have procedures that are not beneficial or are excessively burdensome. This section of the Directives provides guidance on caring lovingly and reverently for each person as their life comes to a close.

Each hospital has an Ethics Committee, which provides an Ethics Consult service. Members of the Ethics Committee are available to provide advice, clarification of issues, conflict resolution and emotional support for patients, family members, physicians and other health care professionals. Our hospitals strive to be a community of care. In keeping with the Directives, pain management centers are being explored to alleviate the suffering of those patients challenged by chronic pain.

Section 6 Forming New Partnerships with Health Care Organizations

“Partnerships can be viewed as opportunities for Catholic health care institutions and services to witness to their religious and ethical commitments and so influence the healing profession... New partnerships can help to implement the Church’s social teaching... (They) can be opportunities to realign the local delivery system in order to provide a continuum of health care to the community; they can witness to a responsible stewardship of limited health care resources; and they can be

opportunities to provide to poor and vulnerable persons a more equitable access to basic care.” -p.25, Directives

A copy of the Directives is available to you in your department. Please feel free to contact any member of your Ethics Committee for further information and assistance in regard to the Directives. In addition, the Ethics Committee would welcome your suggestions for education programs regarding the Ethical and Religious Directives and/or other areas of interest pertinent to ethical issues.