

# Job Shadow Orientation Brochure



# Welcome to Premier Health

Thank you for your interest in job shadowing at Premier Health! Premier Health offers opportunities for students to learn about a variety of health care careers in clinical and non-clinical settings or for the college student to obtain experiences for degree requirements. In order to participate in a job shadow experience, you must review this brochure and complete the Job Shadow Orientation Brochure Content Review. You will be held responsible for the content. We will work to provide you with the best experience possible!

This brochure serves as a general orientation to:

- Job Shadow Student Responsibility
- Security Access and Parking
- Premier Health Mission, Vision, and Values
- Patient Experience
- Patient Rights
- HIPAA
- Special Signage
- Safety Information, Safety Codes
- Infection Control

Any Unit-Specific Orientation will occur when on the unit during your Job Shadow Experience with your preceptor.



## What is Job Shadowing?

Job shadowing is an observational experience that provides an opportunity for participants to learn about healthcare careers, every day routines of healthcare workers and the skills required.

Any individual 14 years of age and older is eligible to job shadow. Except to shadow in the emergency department or surgery, an individual must be 16 years of age.

## Why Consider a Health Care Profession?

- To make a difference in the quality of life and care of patients
- To be a part of a team and family-oriented environment
- To have the opportunity to meet new people every day
- To work in a high technology/fast-paced field with state of the art equipment

## What Will I Learn?

The Job Shadow Program is an observation only experience in a select department within Premier Health based on availability. The participant will have an opportunity to observe and interact with a healthcare worker as they go about their daily activities. Hands-on patient care isn't part of the job shadow experience and will not be permitted. The purpose of the job shadow experience is to foster an awareness of the skills required for a specific career and to experience healthcare culture.

## Who is a Preceptor?

You will be assigned an experienced professional in your area of interest who enjoys working with students. The preceptor is an expert in their field who is willing to share career information and review what a typical day in their life looks like.

## What are the Roles and Responsibilities of the Student?

The student should come prepared for the job shadow experience like it is the first day on a new job. The student should arrive to shadow with baseline knowledge of the career, questions for the preceptor, and a willingness to explore possibilities. For a full list of responsibilities, please refer to page 3 of the Job Shadow Orientation Brochure.

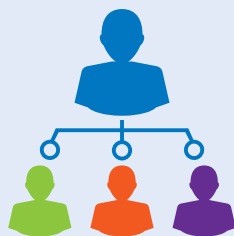
## Job Shadowing is allowed in the following areas:

### Clinical

- Nursing
- Patient Care Technician
- Respiratory Therapy
- Imaging (Radiology)
- Pharmacy
- Dietitian/ Nutrition Services
- Physical, Occupational, or Speech Therapy
- Laboratory
- Surgery

### Non-Clinical

- Environmental Services
- Plant Operations
- Hospital Administration
- Information Technology
- Marketing
- Sourcing/Materials Management



## Security Access

- You will be required to stay with your preceptor in order to gain access to different areas of the hospital.
- All students doing job shadowing must remain with their preceptors at all times!
- Once the job shadow has been completed, you must leave the building.
- Bring a state issued identification card and be prepared to present it to confirm your identity.
- If you have a college or school ID that is on a lanyard or clip on badge, please wear it while shadowing.

## Parking

Parking instructions will be included in your confirmation email. Parking is free at Atrium Medical Center, Miami Valley Hospital North, Miami Valley Hospital South, and Upper Valley Medical Center. Garage parking is available at Miami Valley Hospital for \$3.

Please be aware that campus police monitor the parking lots and you will be asked to move if you are parked illegally.

## Planning Your Visit

- Arrive 10 minutes ahead of your scheduled visit.
- Be sure to eat before you arrive. If you haven't eaten, you will not be permitted to job shadow until you do.
- Don't wear any scented lotions, perfumes, colognes, body washes/sprays or hair products on the job shadow day, especially if you are shadowing in surgery.
- Don't wear excessive jewelry or makeup on the job shadow day.
- Follow the directions given to you in your confirmation email.
- Leave valuables in your car locked up in the trunk.
- You may want to bring a small notebook to jot down information you learn while shadowing.

## Personal Illness

- Students experiencing an acute infectious process (respiratory infections, fever, gastroenteritis, bacterial conjunctivitis) will need to reschedule their visit
- If you begin to feel unwell, warm, sweaty, sick to your stomach, develop a headache, feel faint or anything abnormal, sit down immediately (floor or chair) and let your preceptor know that you aren't feeling well.

## Contact Information

Email any questions to [jobshadowing@PremierHealth.com](mailto:jobshadowing@PremierHealth.com). Allow up to 48 hours for a response during the work week.

**Thank you and have a great experience!**



### PLEASE NOTE:

*Students may be asked to leave due to unforeseen circumstances. We will attempt to reschedule the job shadow if this happens.*



# Job Shadow Participant Responsibilities

## All Participants/Students are required:

- To read and sign confidentiality statements due to HIPAA guidelines and out of respect for the patient. Parent signature is required for minors.
- To have an influenza vaccine if the job shadow falls between October 1st and March 31st. Proof of vaccination must be submitted with the job shadow application.
- To provide proof of MMR, Tdap, Varicella, and Hepatitis B vaccinations, and Tuberculosis (TB) testing.

## Behavior

- Be free from any impairment, such as drugs or alcohol.
- Behave in a respectful manner at all times.
- Listen to your preceptor and follow their instructions.
- Stay awake, if you go to sleep, you will be asked to leave.
- Leave cell phones and book bags in the trunk of your car.
- Cell phone usage is not permitted during the job shadow experience.
- Photographing is prohibited for any reason.
- No gum chewing. Food and water aren't allowed to be carried into patient care areas or ancillary area.
- Come prepared to ask questions and learn.



**Keep all information pertinent to the experience confidential, including things you may have seen or heard, as outlined in the Student Confidentiality Statement.**

**This statement is part of the Job Shadowing Packet and must be reviewed and signed.** (page 6 of the Job Shadow Application)



### PLEASE NOTE:

*If participants do not adhere to these requirements, they will not be able to complete the experience and will be sent home.*

## Premier Health Behavioral Standards

- Meets Patient Experience (Safety, Quality and Service) expectations.
- Anticipates and meets patients and their families needs.
- Puts the patient and their family at the center of care.
- Shares complaints with preceptor and/or instructor to remedy the concern.
- Builds trust.
- Understands, empathizes, adapts to individual needs and cultural needs.
- Balances technical, political and cultural factors in clinical rotation.
- Listens and communicates effectively.
- Receptive to feedback from preceptor.
- Seeks assistance in a safe, time effective manner.
- Seeks clear direction on What needs to be accomplished and How it needs to be accomplished.

### Suggested Attire:

- **School issued scrubs are acceptable if available**
- **Khaki's, dress pants, long skirts/dresses and polo or dress shirts are acceptable**
- **Solid colored tennis or soft soled shoes with socks**



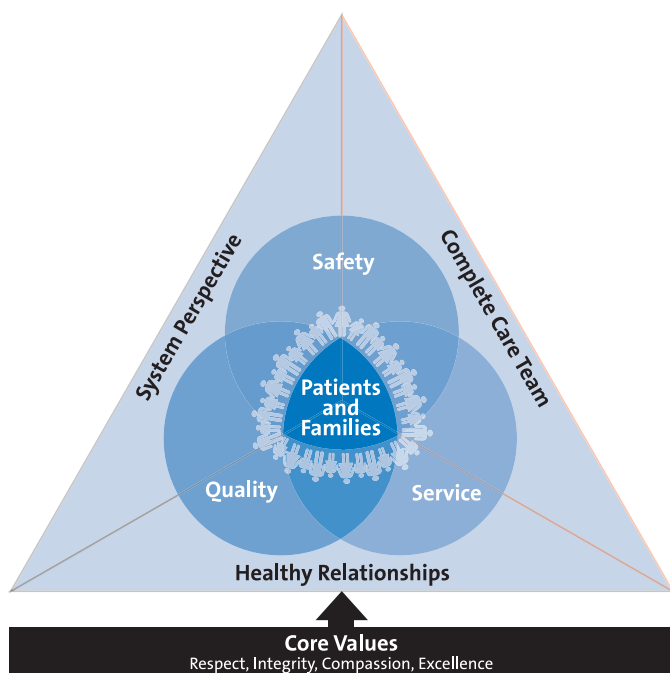
## Dress Code

- Dress in a professional manner when completing an experience within Premier Health
  - Clothing must be clean and fit properly. Upper and lower torso must be covered, no skin should show when arms are raised above your head or when you bend over. Cleavage should not be visible.
  - Socks or hose must be worn with closed toed shoes, which must be clean
  - Multiple facial piercings and tattoos that may be perceived as defamatory or offensive are not permitted to be visible.
  - Only natural shades of hair color are permitted. Colors such as purple, pink, green, blue, yellow, etc. are not allowed when job shadowing.

At Premier Health, our patients and their families are at the center of all that we do. We recognize that our actions and behaviors impact our patients, so we strive to provide excellence in every patient interaction. All positions within Premier Health adhere to this philosophy.

## Patient Experience

Patient Experience Starts with Me...  
Every Person, Every Time.



- Patients and Families are the center of all that we do... they are the only reason we are here and why *you* are able to have this experience.
- You will have the opportunity to interact with patients, families, and many staff members.
- Your facial expressions, speech, the way you interact, and how you present yourself *all* have an effect on the Patient's Experience, whether you know it or not.
- Therefore, please act as you would if it were your own family member in that patient's place.



We all impact Patient Experience—the complete care team includes everyone from the storeroom to the boardroom.

## PREMIER HEALTH'S MISSION, VISION AND VALUES

### MISSION

We will **IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE** with others who share our commitment to provide high-quality, cost-competitive health care services.

### VISION

People will **CHOOSE** Premier Health over any health system in southwestern Ohio.

We will **EARN** their choice, and **GROW** our market leadership, by anticipating their needs and exceeding their expectations.

### VALUES

We ...

**RESPECT** each person's dignity.

act with **INTEGRITY** to do the right thing in all aspects of our responsibilities.

serve with **COMPASSION** that embraces each individual's concerns and hopes.

commit to **EXCELLENCE** as measured to the highest level of performance.

# Patient Rights and Responsibilities

Health care is a shared experience involving patients and their families and those who provide care. Premier Health facilities and employees recognize the personal worth and dignity of each patient. Your patient rights and responsibilities are offered as an expression of our philosophy and commitment to you.

## Patient Rights

1. You have the right to considerate, respectful, and responsive care. You have the right to medical treatment regardless of your age, race, color, national origin, religion, language, sex, gender identity or expression, sexual orientation, disability, socioeconomic status, or sources of payment for care.
2. You have the right to receive the visitors whom you designate (or your support person designates, as appropriate) including, but not limited to, a spouse, a domestic partner, another family member, or a friend. You may also deny or withdraw consent of a visitor or visitors at any time. Premier Health hospitals do not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability. Please note that Premier Health hospitals may limit visitors at times for clinical and safety reasons as appropriate.
3. You have the right to respectful consideration of your psychosocial, spiritual, and cultural values, needs, and preferences. You have the right to request and receive pastoral/spiritual care services.
4. You have the right to prepare a living will and/or appoint a surrogate to make decisions on your behalf in accordance with Ohio law. You have the right to present your advance directive (living will and/or health care power-of-attorney) at the time of admission and have hospital staff and practitioners comply with your directive to the extent permitted by law and hospital policy. Premier Health is opposed to and will not participate in assisted suicide and/or active euthanasia, nor will life-sustaining treatment be withheld or withdrawn in the presence of a viable fetus. Should you want to formulate your wishes through an advance directive during or after admission, you have the right to do so. To arrange for this, speak to your nurse or call the patient experience department (see phone numbers on reverse side).
5. You have the right to have your physician promptly notified of your admission to the hospital.
6. You have the right to have a family member or representative of your choice notified of your admission to the hospital upon request.
7. You have the right as a competent adult to be involved in all aspects of your care. If you are unable to make decisions for yourself, we will involve your surrogate decision maker, next-of-kin, or a family member as appropriate and allowed by law.
8. You have the right to and are encouraged to obtain timely, relevant, current, and understandable information concerning your diagnosis, treatment, and prognosis from your physicians and other direct caregivers.
9. You have the right to be informed about any proposed treatment options so that you understand the potential risks, benefits, and possible side effects of those options, the likelihood of achieving your goals, problems that might occur during recuperation, and alternative courses of treatment and their associated risks, benefits, and side effects as well as the risks of not receiving treatment before making decisions about your medical care.
10. You have the right to be informed about the outcomes of care, treatment, and services, including unanticipated outcomes, that you need to know about in order to participate in current and future health care decisions.
11. You have the right to appropriate assessment and management of your pain consistent with accepted medical standards.
12. You have the right to know the name of the physician who has primary responsibility for your care as well as the names of other professionals responsible for authorizing and performing treatments.
13. You have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal. This refusal includes, but is not limited to, experimental research.
14. You have the right to a reasonable response to your requests for hospital services within the available resources of the hospital based upon priority of need and continuity of care. This includes discharge planning services such as facilitating transfers to another medical or extended care facility.
15. You have the right to reasonable resources to facilitate effective communications, e.g., language interpreter, sign language interpreter, and devices to assist the hearing impaired.
16. You and/or your next-of-kin, or an appointed surrogate speaking on your behalf, have the right to request and participate in appropriate discussion of ethical concerns and issues related to your care. To arrange such discussion, speak with the nursing personnel caring for you or your loved one or call the patient experience department (see phone numbers on reverse side).
17. You have the right to confidentiality in regard to your medical record and care.
18. You have the right to personal privacy and safety including access to protective services should they be required, e.g., guardianship and advocacy services. You have the right to receive care in a safe setting free from all forms of abuse, harassment, neglect, or exploitation.

*continued on next page*

19. You have the right to be free from any form of restraint and/or seclusion that is not medically or behaviorally necessary. Restraint and/or seclusion may not be used as a means of discipline, coercion, convenience, or retaliation.
20. You have the right to know the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital.
21. You have the right to access, request amendment to, and obtain information on disclosures of your health information in accordance with hospital policy and as allowed by law and regulation.
22. You have the right to receive upon request a detailed explanation of your charges and bills for medical services and treatment. You have the right to ask and be informed about the existence of business relationships among hospitals, educational institutions, and other health care providers or payers that may influence your care.
23. You have the right to receive a copy of the hospital's nursing staffing plan on request.
24. You have the right to express concerns about your care at any Premier Health hospital. Speak to your physician or the staff caring for you if you have any concerns about your care. If the issue is not resolved to your satisfaction, contact the patient experience department (see phone numbers below) to speak to a patient experience representative. Your concerns will be heard, investigated, and responded to in a timely manner.

#### **Patient Experience Department Phone Numbers**

Atrium Medical Center	(513) 974-5072
Miami Valley Hospital	(937) 208-2666
Miami Valley Hospital North	(937) 208-2666
Miami Valley Hospital South	(937) 208-2666
Upper Valley Medical Center	(937) 440-4714

You also have the right to file a complaint with The Joint Commission which accredits all Premier Health hospitals or the Ohio Department of Health, regardless of whether you choose to first use the Premier Health hospital complaint process. Complaints may be forwarded to The Joint Commission using any of the options below:

- At [www.jointcommission.org](http://www.jointcommission.org), using the "Report a Patient Safety Event" link in the "Action Center" on the home page of the website
- By fax to (630) 792-5636
- By mail to The Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181
- More information on how to file a complaint is available on The Joint Commission's patient safety event phone line at (800) 994-6610

Complaints may be forwarded to the Ohio Department of Health as follows:

Email: [HCComplaints@odh.ohio.gov](mailto:HCComplaints@odh.ohio.gov)  
 Phone: (800) 342-0553  
 Fax: (614) 564-2422

Mail: Ohio Department of Health  
 Complaint Unit  
 246 North High Street  
 Columbus, OH 43215

#### **Patient Responsibilities**

1. You have the responsibility to make informed decisions about your health care. This includes seeking and considering the information provided by your physician and other caregivers.
2. You have the responsibility to provide accurate and complete information about all matters relating to your health.
3. You have the responsibility to inform the hospital staff and your health care providers about the existence of any living will and/or health care power-of-attorney that you have prepared and to present these documents so that they are readily available and can be included in your medical record.
4. You have the responsibility to report any changes in your condition to your physician and/or the nurse caring for you.
5. You have the responsibility to follow treatment plans and instructions recommended by your physician. This includes your responsibility to ask questions when you do not understand the plan of care or instructions given to you. If you choose not to follow instructions, you are responsible for the outcome.
6. You have the responsibility to cooperate with the hospital staff caring for you and to ask questions when you do not understand instructions, need clarification, or have concerns about your plan of care.
7. You have the responsibility to express any concerns that you have about your hospital care. Speak to your physician, the staff caring for you, or call the patient experience department (see phone numbers on this page) to express and discuss concerns about your care.
8. You have the responsibility to abide by the rules that apply to your conduct and that of your family and visitors while you are a patient at any Premier Health hospital. You also have the responsibility to be considerate of the hospital's staff and property as well as other patients and their property, privacy, and confidentiality.
9. You have the responsibility to ensure payment of your bill(s) for care and treatment received. This includes the responsibility to cooperate with appropriate hospital staff to provide accurate information for processing insurance forms and other payment processes.
10. You have the responsibility to send valuables home with your family/friends or to secure them in the hospital safe by notifying your nurse while you are a patient at any Premier Health hospital.





# Patient Confidentiality and Patient Satisfaction

- Keep all information pertinent to the experience confidential, including things you may have seen or heard, as outlined in the Student Confidentiality Statement. This statement is part of the Job Shadowing Packet and must be reviewed and signed.
- A patient may want to protect their privacy by declining a request to have you shadow. It is the patient's right to do so. In this case, you will politely excuse yourself and wait where the preceptor asks you to while care is provided to the patient.
- Ask your preceptor to explain **AIDET** – Acknowledge, Introduce, Duration, Explanation and Thank You.
- Ask your preceptor about Hourly Rounding if you are in an inpatient care area.



## Special Signs

A sign may be posted outside of a patient's room. The sign shares information to those entering a patient's room. It is every employee's responsibility to notice and respond to the information displayed on the sign.

An example of a sign, is one announcing that the patient in the room is at risk for a fall. If a fall risk sign is displayed outside the door, the patient should not be out of bed without assistance. If the patient is attempting to get out of bed by himself, ask the patient to wait until you can get help.



## Special Safety Considerations When Job Shadowing

Unsafe situations can arise in any situation even in hospitals or patient rooms. Maintain an awareness of your environment at all times. When you are in a patient room, always keep yourself positioned near the door for a quick exit. Always follow your preceptor's directions.

### Patient Armband Color

**RED – Allergy Alert**



**YELLOW – Fall Risk**



**WHITE – Patient ID**



**PINK – Do not use arm for blood pressure or blood draws**



**BLACK & WHITE - DNR**





Use the following facility phone numbers when reporting an emergency.

**Offsite Locations** – Ask your preceptor for emergency number.

**SAFETY CODES** – Listen to **What** code is called and **Where** it is. Individuals participating in a job shadowing experience are required to be aware of these emergency codes.

# Safety Codes, Numbers, and Your Role...

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
Medical Emergency – Pediatric	Code Pink
Disaster	Code Yellow
Crisis Prevention Intervention/Violent Patient	Code Violet
Active Shooter/Person with Weapon/Hostage	Code Silver
Missing Adult Patient	Code Brown

**Dial in Case of Emergency**  
MVH ..... (937) 208-3333 UVMC ..... (937) 440-4444  
Atrium ..... (513) 974-5555 MVHN ..... (937) 734-3333  
MVHS ..... (937) 438-2411 Satellites ..... 911  
Jamestown ... (937) 374-5370

**R.A.C.E.**    Rescue Alarm Contain Extinguish/Evacuate  
**P.A.S.S.**    Pull Aim Squeeze Sweep  
**S.D.S.**      Safety Data Sheet

MIAMI VALLEY HOSPITAL

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
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ATRIUM MEDICAL CENTER

EVENT	CODE
Fire	Code Red
Child/Infant Abduction	Code Adam
Bomb Threat	Code Black
Severe Weather/Tornado Warning	Code Gray
Hazardous Material Spill	Code Orange
Medical Emergency – Adult	Code Blue
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UPPER VALLEY MEDICAL CENTER

 Premier Health

**Mission** – We will improve the health of the communities we serve with others who share our commitment to provide high-quality, cost-competitive health services.

**Values**  
Respect  
Integrity  
Compassion  
Excellence

“Act as if what you do makes a difference... It does.”  
William James

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UPPER VALLEY MEDICAL CENTER

# Infection Prevention

## Hand Washing Must Occur...

- Before entering a patient room and upon leaving the room. This includes job shadowing participants!
- Before eating or drinking
- After using the restroom
- After contact with an inanimate object in the immediate vicinity of the patient

## Isolation

No job shadow student will be allowed in isolation rooms. Patients may be put in isolation due to confirmed or suspected highly contagious infections. Ask your preceptor how to identify isolation patients in your particular area. Possibilities include signage and yellow isolation carts.

\* **Do not** enter a patient's isolation room for any reason!



## Biohazard Waste

- Biohazard waste is disposed of in **RED BAGS**
- Examples of biohazard waste:
  - Disposable items dripping or caked with blood
  - Disposable items that are able to release blood if compressed/squeezed, including peri pads in OB
  - Liquid excretions in disposable items (e.g. nasogastric suction fluid)
- Examples of what does not go in biohazard bags:
  - Food or food/drink containers
  - Newspapers, paper, regular trash

## How Can You Protect Yourself?

- Refrain from touching your mouth, eyes or nose while job shadowing.
- Wash your hands frequently, before and after patient contact and as instructed.
- If there is potential to exposure to bodily fluids, do not enter a patient room.
- Follow policy and protocol...if in doubt, ask your preceptor.

## What Do You Do If An Exposure Occurs?

- **Do Not** wait until the end of your shift/time to report an exposure!
- Wash the area with soap and water **IMMEDIATELY!**
- Report the incident to your preceptor and follow policy for the next steps to take.

# Patient Experience Tools

Ensuring that our patients have the best possible experience is a top priority at Premier Health. Below is a brief description of some of the tools we use to promote consistent and excellent care.



## AIDET

The tool we use to ensure that consistent introductions are used each time a staff member or student enters a patient room is called AIDET. Using AIDET consistently helps minimize patient and family anxiety.

### A — Acknowledge

Always personally engage the patient, family and member of the care team at the bedside; make eye contact and be present.

### I — Introduce

Always introduce yourself; identify who you are, state your credentials, and explain the purpose of your visit.

### D — Duration

Always explain approximately how long it will take you to complete your task.

### E — Explanation

Always explain what you are going to do and answer any questions the patient may have.

### T — Thank You

Always thank the patient with compassion and empathy—and let them know how much we appreciate the opportunity to care for them.



## Bedside Handoff

All RNs and PCTs give report at the bedside. Doing so allows the patient to hear that you are transitioning their care appropriately; it also allows the patient to comment and ask questions, engaging them in their own care. It is the expectation for all nursing students to make every effort to be part of bedside handoff. This will allow the patient to see that you are partnering with their nurse in their care.



## Hourly Rounding

It is our expectation that each patient will be rounded on every hour. Please check with your RN to determine if you should round on even or odd hours. When conducting hourly rounding, please do the following every time you enter a patient's room:

- Use AIDET
- Use the key phrase “hourly rounding” when interacting with the patient to help the patient remember they were checked in on every hour. (i.e., “Mr./Mrs. \_\_\_\_\_? I am \_\_\_\_\_, a nursing student from \_\_\_\_\_. I am here to do my hourly rounding on you.”)
- Conduct the following assessments every time you enter the room:
  - Assess 3 Ps
    - 1. Pain**—Use the pain scale (check with RN if treatment is required)
    - 2. Potty**—Does the patient need assistance with the bathroom? Is the urinal within reach?
    - 3. Position**—Does the patient need assistance with turning or positioning?
  - Assess other things, such as: filling water pitcher, adjusting pillow/blankets, etc.
  - Assess environment: clean up, clear clutter, check floor for cords and debris, make sure call light/phone is within reach, etc.
- Ask, “Is there anything else that I can do for you? I have time.”
- Tell the patient “Myself or another member of your care team will return in about an hour. If you have an immediate concern before then, please use your call light.”
- Document—create your accountability. If you did not chart your rounding, then it was not done.