NON-EMPLOYEE — AHC UNDER DIRECT PHYSICIAN SUPERVISION

Job Description Form – Please check the entity(ies) where you will be assisting your sponsoring physician:

☐ Methodist University Hospital  ☐ Methodist Hospital-Germantown
☐ Methodist Hospital-North  ☐ Methodist Hospital-South
☐ Le Bonheur Children’s Medical Center  ☐ Methodist Extended Care Hospital (MECH)
☐ Methodist Olive Branch Hospital (MOBH)

POSITION TITLE: Rounding Nurse – (RN)
DATE CREATED: 05/17/07, revised 01/28/10, 12/29/10, 8/15/13, 3/27/15
REPORTS TO: Supervising Physician

JOB SUMMARY: In collaboration with and under the direction of the supervising Medical Staff member and consistent with the scope of practice as defined by the Tennessee and/or Mississippi Nurse Practice Act and Rules, Regulations, and Policies of the Tennessee and/or Mississippi Board of Nursing, as applicable, the Authorized Registered nurse may perform the following core duties:

KEY JOB RESPONSIBILITIES:

- Collect nursing assessment data for communication to the physician, patient/family, and or nursing staff for facilitation of the Medical Staff member’s assessment, medical plan of care and management of the patient.
- Visit patients as directed by the supervising provider for the purpose of collecting data through chart review, interview, and observation.
- May perform histories; the physician must validate the medical history, sign for it within 24 hours, and assume responsibility.
- Registered nurses who are not credentialed at MHMH as Advanced Practice Nurses cannot perform or complete a physical.
- Review medical, nursing and multidisciplinary data in the medical record and communicate findings to the physician.
- Record, aggregate, and document results of relevant systematic observations, diagnostic and therapeutic tests in the medical chart. Example of data includes vital signs, laboratory findings, and wound descriptions. The registered nurse may not document medical assessment/impression or plan of care/management.
- All documentation must include the time, date of the charting as well as the Methodist ID # of the recorder.
- The supervising provider must daily validate this, sign for it, and assume responsibility for this position of the progress note.
- Assist in the medical plan for management of the patient by performing interventions within the Registered Nurse scope of practice as defined by the Tennessee nurse Practice Act and Rules, Regulations, and Policies of the Tennessee Board of Nursing.
- Record telephone orders from supervising provider on the medical record consistent with hospital policy. This includes reading back the telephone orders and following all current policies related to this process.
- Record data for discharge summary with additional notation, completion, and countersignature by supervising physician including dictation of discharge summary only after review of data with supervising physician.
- Clarify and answer questions for patients/families and nursing staff about the supervising physician’s medical plan of care.
- Participate with the supervising physician in providing/family education regarding: diet, medications, disease information, Exercise/activity, discharge planning and follow-up care.
- Perform procedures consistent with hospital policy/procedures, including: complete dressing changes, removal of sutures, assist physician with treatments and examinations.

MINIMUM EDUCATION/TRAINING & EXPERIENCE:

- Must hold an unencumbered license to practice in the state of Tennessee and/or Mississippi, as applicable, as a Registered Nurse.

PHYSICAL CONDITIONS:

- Frequent patient transfers, bending, stooping, able to stand on feet for long periods of time.
- Move and carry equipment.
- Visual and hearing acuity, manual dexterity.
- Exposure to hazardous material, infectious body fluids, airborne particulates, and temperature extremes.

SAFETY REQUIREMENTS:

- Knowledge of safety policies and procedures relative to facility location.
- Knowledge of infection control policies and procedures relative to facility location.
I acknowledge that I have read the above job description. I understand that I can only function under the direction of my supervising physician and that I may not function outside the scope of my job responsibilities.

Printed Name of Allied Health Caregiver (AHC)

Signature of AHC				Date

Supervising Physician Statement

I hereby verify that ___________________________ will be under my direction at all times for the performance of the above functions. I agree to assume full responsibility for his/her actions in dealing with my patients who are hospitalized at Methodist Healthcare – Memphis Hospitals. I will be responsible for notifying the Medical Staff Office if he/she is no longer employed by me.

Printed Name of Supervising Physician

Signature of Supervising Physician				Date