I. SCOPE / PURPOSE

This policy/procedure applies to all schools of nursing and agencies requesting or placing nursing students in a Novant Health Facility and services for an educational clinical experience.

II. POLICY

1. Each affiliating school/agency shall have a current agreement approved by the Vice President of Learning and Development on file with the Student Programs Office.
2. Nursing students interact with patients, families and healthcare team members to learn the principles of nursing/medical care for patients with complex health problems. Staff and/or faculty supervise these students as they observe and/or participate in the care of patients and families in inpatient areas. For guidelines related to students for other disciplines see Post Secondary Students, Educational Experiences - NH-HR-8001
   The Division of Nursing accepts the responsibility of providing an environment for clinical experience, which will enhance the education of affiliating nursing students.
3. Nursing team members will be assigned to patients along with students and retain accountability and responsibility for care the patient receives.
4. Instructors, students, and other team members shall abide by all nursing and hospital policies and procedures.
5. Prelicensure nursing students:
   a. As with all procedures, appropriateness will be determined through collaboration of faculty member clinical instructor, primary nurse and nursing unit leadership.
6. Graduate and above level nursing students doing research should have projects approved by nursing research council and Institutional Review Board.

III. QUALIFIED PERSONNEL

Nursing Students (RN/PN), nurse refresher students, nursing faculty, licensed nursing team members
IV. EQUIPMENT

N/A

V. PROCEDURE

The procedure serves as a guideline to assist personnel in accomplishing the goals of the policy. While following these procedural guidelines personnel are expected to exercise judgment within their scope of practice and/or job responsibilities.

A. Clinical Experience Schedules
   1. Each school/agency requests use of the clinical areas in writing to the Student Programs office who notifies educational institution or agency if the request is granted, modified or denied. Changes in schedules during the year are made through the Student Programs office or appropriate facility Student Program Coordinator.
   2. Each school/agency shall notify the Director Student Program/Student Program Coordinator (or designee) prior to the beginning of each semester the:
      a. Program and course title,
      b. number of students and their status,
      c. Specific dates and times of actual clinical experience,
      d. Names, license numbers (if applicable), and telephone numbers of the instructors
   3. The school/agency notifies the Nurse Manager/Designee in writing before the beginning of each semester:
      a. Program and course title,
      b. number of students and their status,
      c. Specific dates and times of actual clinical experience,
      d. names, license numbers (if applicable), and telephone numbers of the instructors
   4. Instructor shall meet with unit Nurse Manager/Designee prior to the beginning of each semester.

B. Orientation of Affiliating Instructors
   1. Orientation shall be arranged by the Nurse Manager/Desigenee for the clinical area.
   2. The instructor shall contact the Nurse Manager/Designee at least 2 weeks in advance of the date to arrive with students to arrange orientation. The schedules are as follow:
      a. Plan A: 16 hours of orientation on the unit
      b. Plan B: Instructors returning to a unit or employees are expected to talk with the Nurse Manager/Desigenee prior to the beginning of the clinical experience to discuss any unit changes and/or policy and procedure changes with which faculty and students are expected to comply.
   3. The Nurse Manager/Designee signs the Instructor’s orientation checklist when orientation is complete. A copy of this form is to be sent to the Director Student Program/Student Program Coordinator.

C. Responsibilities
1. An instructor must be present with each clinical group of students providing direct patient care. Exceptions are:
   a. Students in an area for observation only. Arrangements are made with the Nurse Manager prior to the experience.
   b. Senior nursing students assigned with a RN Preceptor for clinical experience.

D. Faculty:
   1. Completes the orientation packet, found on the student website, prior to arrival in clinical areas, and annually
   2. Electronic Health Record/Dimensions Inpatient computer training will be required for all faculty/Instructors leading a clinical experience where applicable.
   3. Maintains American Heart Association CPR certification or by the American Red Cross, which certifies by AHA standards.
   4. Ensures that the Orientation Packet is completed by all students and forwards the appropriate documents to Director Student Program/Student Program Coordinator.
   5. Ensure faculty/student compliance with requirements for health immunizations including PPD.
   6. Develops and communicates the clinical learning objectives and clinical rotations to the student and the Nurse Manager/Designee and determines that they are met.
   7. Collaborates with the Nurse Manager/Designee to prepare student patient care assignments.
   8. Supervises the student and serves as a resource of consultation, related to the level of the student’s clinical involvement (i.e., direct care).
   9. Provide review of medical record documentation and co-sign as indicated in electronic health record. (Dimensions co-sign), (Dimensions Student Co-sign)
   10. Evaluates the student’s clinical performance with input from the clinical nurse as appropriate.
   11. The Nurse Manager/Designee and Clinical Coordinator collaborate to determine the number of students and learning objectives for the students.
   12. Faculty/Instructors and students will follow the Student/Faculty Dress Code and wear ID badges according to facility and school requirements.
   13. The instructor and/or student shall give patient reports to the Team Leader/designee, prior to leaving the unit and as needed for changes in patient condition or when the patient leaves the unit for procedures and therapy.
   14. Instructors shall post the student assignment in the units’ designated area prior to beginning of shift. Instructor and student shall alert the team members of the assignment for that shift. The student assignment will be saved with the unit team member assignments for the required time period.
   15. Patients receiving care from nursing students will have their care supervised by team members and/or clinical instructors.
   16. For Behavioral Health areas with Key access, faculty/instructors will check/sign out keys each shift and return the keys to Clinical Unit Leader/designee prior to the end of shift.
E. Students
   1. Completes orientation packet, found on the student website, prior to arrival in clinical areas
   2. Maintains American Heart Association CPR certification or by the American Red Cross, which certifies by AHA standards.
   3. Prepare for their clinical rotation prior to their arrival in the areas appropriate for the level of participation expected.
   4. Communicate the clinical learning objectives to the clinical nurse and collaborate with them to delineate patient care activities, documentation and reporting
   5. Students shall wear uniforms including school ID badge according to their school policy.
   6. Where applicable, Students may take charts to unit conference rooms for review with unit leader approval.
   7. Students will allow providers and team members access to charts when necessary.
   8. Student conferences shall be held in unit conference rooms or other areas depending on available space.
   9. Electronic Health Record/Dimensions Inpatient computer training will be required for all nursing students participating in a clinical experience where applicable.
   10. Instructors and students may attend continuing education classes when space allows. There may be a charge associated with some classes.

F. Procedures performed by Prelicensure nursing students: instructor must be present or readily accessible (e.g. telephone, pager). They may not perform any activities that are restricted to the Scope of Practice for the RN or LPN
   1. No procedure shall be performed for the first time by a student without the direct supervision of the Instructor, Nurse Manager/designee.
   2. Activities that prelicensure nursing students may perform during clinical rotation according to clinical course objectives and school policies include but is not limited to the following:
      a. Assist patient with AM and/or PM care
      b. Assist patient with meals/feeding
      c. Perform bed baths and mouth care
      d. Empty urinary catheter drain bags, and Nasogastric drainage
      e. Obtain specimen collections not requiring credentialing to obtain
      f. Take vital signs
      g. Perform blood glucose checks following validation
      h. Perform stool tests following validation
      i. Perform O₂ saturation monitoring
      j. Assist RN with in-hospital transport of patients
      k. Provide care of drains and tubes (e.g. Jackson-Pratt and Hemovac) under the direction and guidance of assigned RN
      l. Perform assessments in collaboration with and under the direct supervision of assigned RN
      m. Perform simple dressing changes under the direction and guidance of assigned RN
      n. Students may perform nursing procedures with a validated nurse or clinical instructor providing guidance and supervision.
G. Medication Administration: Prelicensure nursing students and RN refresher students will administer medications under the direct supervision of the Instructor or assigned Clinical Nurse until student is deemed safe by Instructor/Clinical Nurse.

1. If the individual's school of nursing has more restrictive rules, they are to be followed.

2. Oral medications will not be administered to pediatric patients without a licensed RN present to verify the “Rights of Medication Administration” (1) Right Drug, 2) Right Dose, 3) Right Route, 4) Right Time, 5) Right Patient and correct patient identification used, 6) Right Documentation), 7) Right Reason, 8) Right patient education, and validated with electronic medication administration technology (bar code/scanning) where available. Medication Administration

3. IV therapy policy Intravenous (IV) Therapy Management - NH-PC-IV-1800

May administer medications to patients as deemed appropriate by collaboration with faculty member/clinical coordinator or primary nurse. Exception: Medications will not be administered to patients in Neonatal Intensive Care Unit (NICU)/Special Care Nursery (SCN), Pediatric Intensive Care Unit (PICU), or patients in the Pediatric Emergency Department.

4. Medications will not be administered in the following areas:
   a. Neonatal Intensive Care Units/Special Care Nurseries,
   b. Pediatric Intensive Care Units,
   c. Pediatric Emergency Department
   d. Exceptions will be defined by Emergency Department Leadership as to what medications are appropriate for nursing student administration.

5. Medication errors shall be addressed according to facility and school policy. Should an event occur, the facility and school representatives will collaborate to determine next steps for those involved, the instructor and/or student nurse.

6. Students shall not have access to medication dispensing system

7. Instructors may have access to medication dispensing system to obtain medications for students.

8. The Nursing staff may pull medications including controlled substances from the medication dispensing system and hand off to the instructor. The assigned nurse retains accountability for the medication(s) and must verify that the medication(s) including narcotics were administered prior to instructor and student leaving the unit and documented in the patient’s medical records.

   Exception: If the instructor is unable to obtain the narcotic(s) from medication dispensing system in a timely manner, staff nurse will pull and administer the narcotic(s).

9. Ensure co-signatures are obtained on medical record documentation.

H. Intravenous Therapy-including Blood Administration

1. Nursing students who have completed the didactic on IV Therapy may perform the following under the direct supervision of the Instructor/Unit Manager/RN designee:
   a. Start IV on ADULTS start IVs on ADULTS.
      i. Reconstitute and administer IV medications per mini bag through a central vascular access device, where an existing IV fluid is infusing.
      ii. Perform central line site care with supervision of instructor
      iii. Administer solutions and admixtures from the Pharmacy after they are checked by the student and the patient’s nurse.
d. Administer scheduled IV medications via IV tubing, prn adapter or central line

e. Obtain blood specimens for analysis from a peripheral venipuncture or central line

2. Senior nursing students may give peripheral IV push medications under the direct supervision of the instructor/Unit manager/Registered Nurse preceptor.

3. Students may not start IVs on pediatric patients or infants.

4. Students may check blood with a RN and the Instructor (Students shall not be second person to verify blood products) but may NOT initiate/start the infusion of Blood or Blood product.

5. Students may monitor patients receiving blood or blood constituents.

I. Clinical Nurse:
   1. Maintains responsibility for the total care of the patient to which the student is assigned.
   2. Provides review of medical record documentation and co-signs.
   3. Administers all STAT, code medications and blood products.

   Exception: Adults in Emergency Department: Students may administer non-code or non-resuscitative medications as approved by staff and Instructor in ED.

   4. Supervises the administration of RhIG (Rh Immune Globulin) by the student nurse.
   5. Communicates the student’s performance to faculty.
   6. Acts as a role model and clinical resource for the student and faculty

J. Nurse Manager:
   1. The Nurse Manager in collaboration with the Director Student Programs/Student Program Coordinators determines the appropriate number of students and learning objectives in the clinical area.
   2. Ensures faculty is oriented to the clinical area

K. Director Student Programs/Student Program Coordinators:
   1. Generate and maintains Clinical Education Agreement with individual schools of nursing.
   2. Manages all requests for nursing student clinical placements in collaboration with the Nurse Manager and the requesting educational institution
   3. Receives requests for clinical placement from schools of nursing.
   4. Grants clinical placement requests based on availability of space.
   5. Communicates approved clinical placements to the Nursing Director/Manager of the appropriate Novant Health Facility
   6. Communicates annually with representatives from the various schools of nursing to discuss clinical placements, negotiate scheduling conflicts, communicate any process changes, serves as a resource and provides access information for the student website.
   7. Maintains rosters and required documents from students and faculty who have completed the orientation process.

L. Faculty/Student Compliment/Complaints
   1. Students
      a. Compliments may be communicated directly to the student and then to
the faculty member, or directly to the faculty member for communication to the student

b. Complaints should be documented factually and forwarded to the faculty member for counseling and/or disciplinary action as appropriate.

2. Faculty
   a. Compliments may be communicated directly to the faculty member and/or to the school administrator/dean.
   b. Complaints should be documented factually and forwarded to the faculty member and school administrator/dean/Director Student Programs/Student Program Coordinators for counseling and/or disciplinary action as appropriate.

M. Channels of Communication
   1. Affiliating schools of nursing are required to evaluate their clinical experience. The evaluation serves as a tool for the Nurse Manager/Designee and instructor to jointly identify goals, objectives, issues and opportunities to improve. Completed evaluations shall be audited by the Nurse Manager/Desigee and forwarded to the Director Student Program/Student Program Coordinator/facility designee. Evaluations are also sent to the nursing students to get their input about the clinical experience and sent to the Director Student Program/Student Program Coordinator/facility designee.
   2. Instructors shall submit name, address, home and business phone, school or agency represented dates and areas to work in the hospital to the Nurse Manager. Students who need to be contacted after leaving the hospital can be reached by contacting the instructor should the nursing school or agency be closed.
   3. Instructors shall refer any problem to the Nurse Manager/Designee or the Director Student Programs/Student Program Coordinators/facility designee.

VI. DOCUMENTATION

- Agreement between School and Novant Health
- Required Training and Orientation Documents
- Student Roster

VII. DEFINITIONS

Clinical Group: Designated number of students who work under the guidance and direction of an approved RN Instructor.

Nursing Leadership: designated leadership team of unit student assigned to includes: Nurse Manager, Clinical Unit Leader, Clinical Shift Manager, Assistant Nurse Manager,

Clinical Rotation: A nursing student’s clinical experience performing direct patient care as appropriate under faculty’s auspices.

Credentialed Procedures: Procedures requiring skills validation and defined by unit leaders and team for their unit. The list of Credentialed Procedures will be maintained on each unit.
**Direct Supervision:** Actual observation by faculty/staff of student/activity while it is being performed

**Observation:** Any student observing in selected clinical areas as a component of their clinical rotation. This student does not provide any patient care.

**PN:** Practical Nursing student

**Preceptorship:** A senior nursing student's clinical experience that is designed to transition the student nurse into the role of professional nurse by working closely with an experienced nurse functioning in the preceptor role.

**Refresher Student:** A licensed nurse who has been out of nursing practice for 5 or more years and enrolled in a nurse refresher program.

**Senior Student:** Student in their final year of their current educational program.

**Student/Prelicensure Nursing Students:** A student in a nursing program that upon graduation is eligible to take the National Council Licensing Examination, and to seek a licensure.

VIII. RELATED DOCUMENTS

- Medication Administration
- Blood and Blood Product Administration - NH-PC-PS-1715
- Students Educational Observation Experiences - NH-HR-8000
- Post Secondary Students, Educational Experiences - NH-HR-8001
- Student and Faculty Criminal Record Check and Drug Screens - NH-HR-8015

IX. REFERENCES

- National Council State Board of Nursing Position Paper, 2005, **Clinical Instruction in Prelicensure Nursing Programs.** It is the position of National Council State Board of Nursing that:
  a. Prelicensure nursing educational experiences should be across the lifespan.
  b. Prelicensure nursing education programs shall include clinical experiences with actual patients; they might also include innovative teaching strategies that complement clinical experiences for entry into practice competency.
  c. Prelicensure clinical education should be supervised by qualified faculty who provide feedback and facilitate reflection.
  d. Faculty members retain the responsibility to demonstrate that programs have clinical experiences with actual patients that are sufficient to meet program outcomes.
  e. Additional research needs to be conducted on prelicensure nursing education and the development of clinical competency.
- Nursing Practice Act State of North Carolina,
- South Carolina
- Virginia
X. SUBMITTED BY

Director of Student Program Novant Health

XI. KEY WORDS

Student clinical experience, school of nursing, Student, Nursing student, Student medication administration, Student blood administration, Student patient care, observation, Student clinical experience, preceptorship

XII. INITIAL EFFECTIVE DATE: May 15, 2015
DATES REVISIONS EFFECTIVE Oct 15, 2018
DATES REVIEWED (No changes) October 2021
Date Due for Next Review

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<td>VP Nursing &amp; Market CNO</td>
<td>Michael Vaccaro</td>
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COMMITTEES APPROVED BY:

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<td>NHPNC</td>
<td>Susan Tharp</td>
<td>07/23/2018</td>
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<td>John Card, MD</td>
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