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Owner: Marisa Gillaspie Aziz: Prof Prac
Qual Research Sr Mgr
Policy Area: Hospital Administration
References:
Applicability: OR - Oregon Region

School of Nursing Clinical Requirements

PURPOSE:

1. Define the responsibilities of the department of nursing and affiliated schools of nursing during clinical rotations at Providence Health & Services-Oregon Nursing (PH&S-OR).
2. Provide guidance to the department of nursing on the supervision requirements with assigned students.
3. Describe the process for preparing the student/ instructor assigned to PH&S-OR Nursing units prior to the beginning of the academic term.

POLICY STATEMENT:

Providence Health & Services-Oregon (PH&S-OR) Nursing Administration recognizes the importance of providing clinical facilities for the education of student nurses. The collaboration between the schools of nursing and PH&S-OR is mutually beneficial. PH&S-OR has the obligation and responsibility to our patients, community, and staff to provide safe, quality patient care. Schools of nursing that use PH&S-OR for clinical learning will be expected to follow all patient safety initiatives as established by Providence Health & Services, local facility standards, safety regulations, as well as the Oregon State Board of Nursing Nurse Practice Act and Scope of Practice for RN/LPN.

DEFINITIONS:

Clinical Affiliation Agreement: Signed contract between Providence Oregon Regional Nursing and the School of Nursing/ facility to provide clinical placement for students. The agreement specifies the expectations, responsibilities, and accountability of the clinical facility and the School of Nursing during their tenure at PH&S-OR facilities. All clinical agreements or contracts are managed through the Oregon Regional Nursing Office in collaboration with Human Resources Department.

Clinical Coordinator: The PH&S-OR facility employee who coordinates the clinical experiences for nursing students in the facility. This individual usually works in the Nursing Education Department.

Clinical Faculty: Qualified nurses employed by the school of nursing to supervise student nurses during their clinical rotations at PH&S-OR. **The Clinical Faculty** will be onsite directly overseeing cohort students. For Precepted or DEU students, the Clinical Faculty may be available by pager / phone to oversee students who are assigned to a specific RN/LPN preceptor from the assigned unit; for these students the Clinical Faculty must be available for communication but is not required to be on site at all times. **Clinical Faculty** must complete an orientation to the facility and each unit to which the student(s) will be assigned to

Cohort: A group of nursing students whose clinical experience is being coordinated and supervised by the Clinical Instructor.

Dedicated Education Unit (DEU): A model of clinical nursing education where the PH&S clinical unit/facility is developed into an optimal teaching/learning environment that is exclusive to a single school of nursing. In this model, nurses possess dual roles of both PH&S staff nurse and adjunct faculty for a school of nursing.

DEU Instructor: Qualified RN/LPN employed by Providence Health & Services – Oregon to supervise and precept the student nurse under the oversight of the Clinical Faculty. This occurs on a Dedicated Education Unit.

University of Portland (UP) DEU Instructors: The UP DEU Instructor differs from a RN/LPN Preceptor in that the DEU instructor is an adjunct faculty member at the University of Portland, has undergone orientation by the University of Portland, and is employed on a Dedicated Education Unit.

DEU Instructors for Universities Other Than UP: The process for establishing, training, and orienting DEU instructors for Universities other than UP will be determined if/when they establish a DEU with Providence Health & Services

Married State Model for Precepting: An innovative model grounded in best practice research and reported experiences by new graduate nurses. This model is utilized by preceptors in Providence Oregon facilities. The Married State Model for Precepting partners the new graduate nurse or student nurse with their preceptor at all times. The dyad works together at all times to manage a full patient load. The tasks of the new graduate nurse or student nurse increase exponentially as they transition into practice.

Oregon State Board of Nursing Scope of Practice: This document presents the scope of practice and limitations of RN/LPNs and student nurses in RN/LPN programs. It identifies the community standard of practice for RNs and LPNs as stated in the Nurse Practice Act.

Re-Entry RN: A nurse who desires to re-enter the nursing profession after allowing their nursing license to lapse. A re-entry nurse has attended a re-entry program that has provided didactic content on current nursing practices. Re-entry nurses must complete precepted clinical hours to meet OSBN requirements for re-entry into practice. Their clinical hours are completed under the direct supervision of a PH&S –OR RN/LPN.

RN/LPN Preceptor: Is a designated role carried out by a PH&S-OR nurse who has completed preceptor education and who is assigned to a specific student. The preceptor is responsible for the coordination and supervision of the clinical experiences and to provide appropriate learning experiences to meet the clinical objectives. In addition, the preceptor will provide an evaluation to the identified **Clinical Faculty** on the student's work. The preceptor follows the Married State Model for Precepting as outlined in Oregon Region Preceptor Policy.

School of Nursing: Colleges with accredited Associate Degree in Nursing, Baccalaureate Degree or Master's Degree in Nursing.

Smart Business Attire: This dress is intended to be a step up from casual but not as formal as professional attire (which is typically described as suits, ties, dresses, skirts, etc.). For the purpose of this policy, is it the recommended dress for a typical workday when job duties require meeting attendance, patient care, or patient and public interaction. Clothing can be comfortable but still neat/clean, professional-looking and put-together to present a positive image of the Providence - Oregon.

Student Nurse: An individual who attends an accredited school of nursing program. All students will have a designated **Clinical Faculty** from the School. Student nurses are expected to follow all PH&S-OR standards,

safety initiatives, and clinical practice guidelines.

- **Precepted** students work under the direct supervision of a PH&S-OR RN/LPN. Typically precepted students are in their final clinical rotation prior to graduation.
- **Cohort** students' clinical experience is coordinated and supervised by Clinical Faculty employed by the school of nursing.

EXPECTATIONS:

1. An RN student nurse is precepted only by a RN. RN students cannot be assigned to a staff LPN, however LPN students may be assigned to a staff LPN.
2. The assigned RN maintains responsibility and accountability for all patient care.
 - a. The RN makes decisions regarding the extent of the student's participation in the patient care and therapeutic or diagnostic procedures.
 - b. The RN assigns and supervises patient care activities when a student nurse is involved in that patient's care.

The precepting RN/LPN must perform and document his/her own assessment of the patient (in addition to any performed by the student).
 - c. The RN reviews all assessment information collected by the student and evaluates student documentation.
3. Oregon State Board of Nursing policy does not require cosigning of student documentation by the RN/LPN. Students do not work under the RN/LPN's license (no one works under a nurse's license except the nurse themselves). However, the RN/LPN must make a note in the medical record to indicate that they concur with or provide exception to any assessment data as documented by the student nurse.
4. Student nurses are unlicensed caregivers and as such, shall not practice independently. They shall be supervised by an RN at all times.
5. The preceptor RN/LPN shall remove the precepted student from the clinical assignment if the student is unprepared, lacks knowledgeable about the assignment, the RN/LPN suspects that the student is under the influence of drugs or alcohol, and/or the RN/LPN assesses the situation as unsafe for the patient.
 - a. For precepted students, the RN/LPN Preceptor will immediately notify the Clinical Faculty of the decision to remove the student. In addition, the situation leading to the removal should be documented in writing (via e-mail) and submitted to the pertinent clinical chain of command (e.g. charge nurse, assistant nurse manager, nurse manager, nursing supervisor, etc..), Clinical Faculty, and Clinical Coordinator.
 - b. For cohort students who are observed demonstrating inappropriate or unsafe behavior, the RN/LPN who observes the behavior must immediately notify the Clinical Faculty, Charge RN, and nurse manager, associate nurse manager, or nursing supervisor that the student is to be removed from the clinical environment.
6. Students are prohibited from reporting to work or remaining on duty while under the influence of or impaired by a drug(s) or alcohol.
 - a. Students removed for suspicion of drugs or alcohol must be reported to the Regional Clinical Coordinator.
 - b. Students removed for suspicion of drugs or alcohol will not be allowed to return to any Providence facility for any future clinical placement.

7. Students taking prescribed or over-the-counter medications will be responsible for consulting the prescribing physician and/or pharmacist to determine whether the medication could impact the ability to safely perform their jobs. Prescription and over-the-counter drugs are allowed when taken in standard dosage and/or according to a LIP prescription.
8. Students must report any identified work restrictions to their Clinical Faculty prior to commencing work and ensure they are able to safely perform their job functions without risk of harm to themselves or others.
9. **Administration of Medications**
 - a. Students must have direct supervision by their assigned PH&S-OR RN/LPN or their Clinical Instructor during all aspects of the medication administration process.
 - b. Pyxis Access
 1. Student nurses may not have access to Pyxis before validating competence in medication administration, successfully completing Pharmacology and Pathophysiology classes, and passing medication calculation assessment.
 - i. Pyxis access to medication for these students falls to the Clinical Faculty; the Clinical Faculty must be present for the administration of medications unless arrangements have been made with the staff nurse and the staff nurse agrees to supervise the student.
 2. Students who have validated competence in medication administration, successfully completed Pharmacology and Pathophysiology classes, and passed medication calculation assessment may have access to Pyxis that restricts controlled substances and overrides. The school must communicate this status during the pre-boarding process.
 - c. Medication administration
 1. The student may not administer medications via any route without supervision. All medications will be given under the direct supervision of the Clinical Faculty or staff RN/LPN
 2. The student may not administer IV medications or IV flushes without direct supervision.
 - d. Controlled substances:
 1. Students and instructors will not have access to controlled substances. If a patient for whom the student is caring requires a controlled substance, a Providence RN must obtain the controlled substance and the substance must be in the RN's view at all times. With direct RN supervision, the student may co-waste (waste with a 2nd RN while 1st RN is observing), administer, & document the controlled substance administration, but the RN is to co-sign indicating that it was witnessed.

Note: in order to be in compliance with the Drug Enforcement Administration (DEA) the documentation must show that the Providence RN has clear chain of custody of the controlled substance at all times (from sign out/waste in Pyxis, to wasting in Pyxis to co-signature on medication administration record)
 - e. Medication Errors:
 1. If a medication error is made by student and/or faculty:
 - i. Ensure patient is safe, perform any needed rescue behaviors
 - ii. Notify patient's direct care nurse & charge nurse ASAP.
 - iii. Notify LIP: faculty & student work with patient's direct care nurse & charge nurse to determine who will make the LIP notification (student, faculty, or Providence nurse)

- iv. Notify Quality: Event must be reported by following Providence Unusual Event Reporting process (e.g. Datix)
Note: the process for event evaluation is that the nurse manager of the unit will investigate the event and make recommendations for process improvement. The school/student/faculty may not learn of these recommendations; they would only hear if the response required follow up by school/faculty/student.
- v. Student/faculty complete school required error notification process. It is the responsibility of the school/faculty to notify unit manager that report was made and outcome of report (e.g. change in process, coaching/counseling, etc.).

10. The Clinical Faculty:

- a. Complies with and communicates to the students all pertinent standards and practice guidelines.
- b. Completes orientation in the primary focus of the clinical rotation where students are assigned. Orientation includes:
 - 1. Meets with the PH&S-OR Education Coordinator (or designee) to review pertinent facility and unit information as well as the establishment of clinical competencies including (but not limited to):
 - Key equipment (e.g. how to credential on IV pump, point of care testing equipment, restraints etc.)
 - Parking
 - Conference Room scheduling procedures
 - Dress code for students and faculty (Appendix 1)
 - Obtaining PH&S-OR ID badges (not required for students in ambulatory care as long as have a school identification badge)
 - Expectations of faculty and nursing staff
 - Supervision of students
- c. Meets with the Nurse Manager (or designee) to review clinical goals and learning objectives for the students.
- d. Provides a list of student names and contact numbers to the Clinical Education Coordinator.
 - i. Contacts their school of nursing clinical coordinator if EMR codes are not available or don't work as expected.
 - ii. If the computer access codes do not work, the Clinical Faculty refers the students to contact their local SON coordinator to problem solve the issue. If the local SON coordinator cannot help, the student should be referred to the Providence Help Desk
- e. Ensures students are oriented to the unit and complete the orientation checklist ([See Addendum A](#)).
- f. Returns completed orientation checklist to the School of Nursing storage and, if requested, provides the orientation checklist upon request (when asked to provide by regulatory agents to prove orientation).
- g. Verifies that students' regulatory requirements are complete prior to allowing the student to attend clinicals. This includes current BLS certification, safety education, HIPAA/confidentiality information, immunizations, health information, health screening (TB) and criminal background check

verification.

- h. Oversees the receipt and return of Providence Student ID badges. Badges must be returned on the last day of student clinical activities at the Providence facility. Loss or failure to return badges will jeopardize future clinical placements for the school. In the event a badge is misplaced or lost, the Ministry Clinical Coordinator must be notified.
- i. Provides supervision of the students during the clinical rotation. The Clinical Faculty will be on site (in the building) when supervising cohort students.
 - a. **NOTE:** Clinical Faculty who are also Providence employees need to maintain clear boundaries between the two roles. (Ex: While working as a Clinical Faculty an employee may not take an independent patient assignment, nor can the employee access or waste controlled substances). When working as a direct care nurse the employee may not add the student supervisory role. Exception is the DEU Clinical Faculty where the nurse is expected to operate as both Direct Care Nurse and Clinical Faculty
- j. Monitors behavior of students & addresses issues as needed.
- k. Provides availability to the student and unit through pager or cell phone numbers.
- l. Communicates with the Nurse Manager when necessary regarding student concerns.
- m. Makes the student assignments or communicates assignment process to the Nurse Manager or their delegate.
- n. Supervises no more than 8 students on site per clinical instructor (OSBN requirement).
- o. Communicates with the Clinical Education Coordinator regarding student placement requests, concerns or questions.
- p. Complies with the schedule and placement offered by the facility for their students' clinical experience.
 - a. **NOTE:** Clinical Instructors may not negotiate any elements of student placement with managers. Any negotiations regarding student placement are to be managed through the Clinical Education Coordinator. Disregard of this policy places the school in jeopardy of losing future clinical placements in any Providence facility.

11. **The student nurse:**

- a. Participates in direct care of patients in accordance with their skill level and abilities under supervision of the Clinical Faculty or staff RN/LPN.
- b. Must have the Clinical Faculty present to perform a skill or procedure. If the instructor is unable to respond immediately or patient care cannot wait, the instructor may direct the student to the responsible RN/LPN for assistance. The RN/LPN may choose to perform the needed care or supervise the student.
 - a. **NOTE:** Student nurses are not to perform skills for which additional education and/or competency is required by PHSOR or Ministry Standard, unless they complete the required PHS-OR or Ministry education and/or competency validation at their clinical site. The student nurse must be in direct observation of the RN or Clinical Faculty when performing the skill.
- c. Will collaborate with the responsible RN/LPN regarding the patient's plan of care or changes in the patient's status.
- d. Must wear school picture ID as well as a Providence-issued Student ID Badge (not required for

- students in ambulatory care as long as have a school identification badge) at chest level at all times.
- e. Collaborate with Clinical Faculty for the receipt and return of Providence Student ID badges. Badges must be returned on the last day of student clinical activities at the Providence facility. Loss or failure to return badges will jeopardize future clinical placements for the school. In the event a badge is misplaced, lost, or otherwise not returned, the Ministry Clinical Coordinator must be notified.
 - f. Must provide a minimum of 2 hours advance notice (prior to shift start) to the clinical area if they are unable to attend clinical.
 - g. Communicates and documents information in the medical record per policy (cohort students collaborate with Clinical Faculty; precepted students collaborate with precepting RN/LPN).
 - h. Maintains and updates Student Passport information regarding current BLS certification, safety education, HIPAA/ confidentiality information, immunizations, health information, health screening (TB) and criminal background check verification. Keeps the Student Passport with them when in the clinical setting.
 - i. Complies with the schedule and placement offered for their clinical experience.
 - a. **NOTE:** Students may not negotiate any elements of student placement with managers. Any negotiations regarding student placement are to be managed through the Clinical Coordinator. Disregard of this policy places the school in jeopardy of losing future clinical placements in any Providence facility.

12. **The Nurse Manager (or designee):**

- a. Communicates any problems regarding student placement to the Clinical Education Coordinator and the instructor as appropriate.
- b. Assists with the orientation of faculty and students to the specific unit.
- c. Meets with the Clinical Instructor prior to the beginning of the rotation to review clinical objectives and identify any unit orientation needs.
- d. Directs all inquiries or requests for student placement to the Nursing Education Coordinator
- e. Facilitates student and instructor participation in care conferences, procedures, and educational offering that would promote learning and collaboration between team members.

13. **The Nursing Education Department** (or designee for facilities without a nursing education department):

- a. Validates there is a current Affiliation Agreement in effect with the school of nursing.
- b. Coordinates the clinical placement assignments on the units in collaboration with the schools, nurse managers or designate.
- c. Coordinates the clinical assignments with the Nurse Managers and the schools of nursing.
- d. Monitors clinical placements by periodic contacts with the instructors and nurse managers.
- e. Participates as a liaison with the schools of nursing and Regional Nursing Administration

14. **The School of Nursing**

- a. Validates there is a current Affiliation Agreement in effect with the facility.
- b. Validates the Clinical Faculty supervising students has current RN licensure, BLS certification, immunizations, criminal background check, drug screen, signed confidentiality agreement, signed acceptable use agreement, signed code of conduct form, and has completed a facility / unit orientation.

- c. Coordinates the clinical placement assignments on the units in collaboration with the facility designee.
- d. Provides Providence with lists of student names & data necessary for regulatory compliance and electronic medical record training & access purposes at least 30 days prior to clinical rotation.
- e. Provides students with access codes to electronic learning management for purposes of completing EMR training. Verifies EMR training occurred (views certificate of completion), then provides student with EMR access codes.

ADDENDUM A: Student Nurse Safety Orientation Checklist

KEY WORDS:

SON, school of nursing, nursing school, student, nursing student, dress, dress code, expectations, faculty

WRITTEN BY:

Oregon Education Council (OEC)

IN COLLABORATION WITH:

PHS-OR Practice Informatics Education and Development (PIED) Council

APPROVED BY:

PHS - Oregon Nurse Executives

REFERENCES/RESOURCES:

Oregon Nurse Practice Act

Oregon Region Preceptor Policy

[Married State Preceptorship Model \(MSPM\): A synergistic collaborative approach in sustaining newly graduated registered nurses' role transition](#)

Standards of Conduct Policy

Personal Appearance Guidelines Policy

Manual for Standards of Nursing Practice

Facility Access Control

Appendix 1: PHS-OR DRESS CODE FOR STUDENTS AND FACULTY

General Appearance Guidelines

- Clothing, footwear and accessories must conform to the [Smart Business Attire \(see definitions\)](#). Be clean in appearance, safe and appropriate for work duties and setting and in accordance with infection prevention standards.

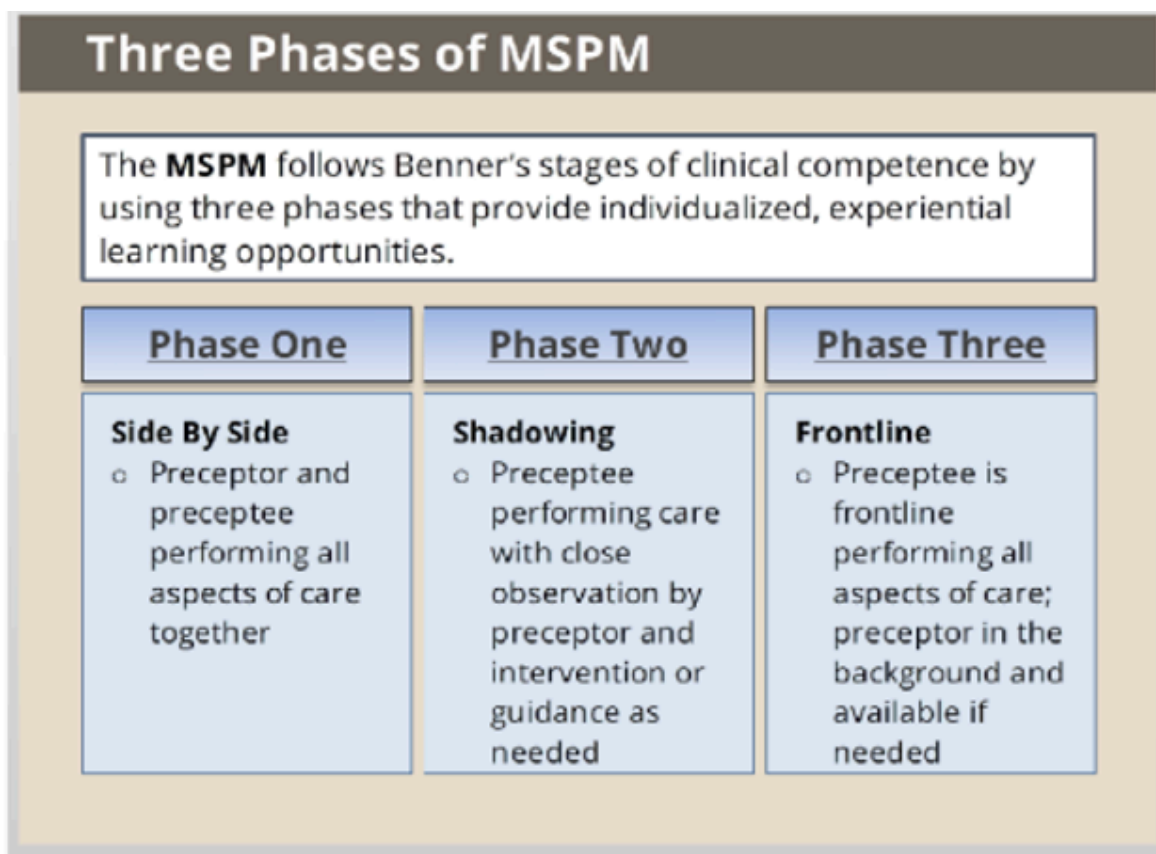
- Clothing, footwear and individuals must be clean, neat and must be free of fragrance or odor.
- Clothing and footwear style should reflect the work environment, in general, should always be free of dirt and debris, and in good repair. All seams should be finished and article of clothing that have words, terms or pictures that may be offensive to others is unacceptable.
- Clothing that reveals too much skin including cleavage, back, chest, and stomach or underwear, is never appropriate at work.
- Any questions should be taken to your unit/department core leaders.

The following table reflects *examples* or types of apparel which are acceptable and unacceptable clothing choices (*list is not intended to be all-inclusive*).

TYPE	ACCEPTABLE	UNACCEPTABLE
Personal clothing	<ul style="list-style-type: none"> • Clothing should be appropriate based on position and job responsibilities 	<ul style="list-style-type: none"> • Denim jeans (only exception is on approved casual days as designated by CE, see definitions) • Leggings (unless worn under dresses, skirts, long tops) • Overalls • Shorts • Hats or other head coverings (unless for infection prevention, medical or religious reasons) • Exercise pants • Clothing that is sheer, revealing or low cut • Fleece (in clinical areas)
Footwear	<ul style="list-style-type: none"> • Loafers, dress shoes, dress sandals or clogs • Dress boots • Athletic shoes or walking shoes 	<ul style="list-style-type: none"> • Open-toed shoes are unacceptable if core leader determines it necessary to avoid a safety or public health risk • Flip flops/shower shoes or similar footwear
Adornments	<ul style="list-style-type: none"> • The work environment and people interaction should be considered regarding adornments, as well as patient safety and community perception. Core leaders have 	<ul style="list-style-type: none"> • Any jewelry that would pose a safety risk for staff or

	<p>the final determination.</p> <ul style="list-style-type: none"> • Tattoos: Unless visible tattoos are portrayed as, or are perceived as, violent, discriminatory, offensive (such as profanity, sexually-related references, or promoting drugs or alcohol) or otherwise inappropriate as determined by the Director or unit Core Leader. • Piercings: Unless piercings would pose a safety risk for staff or patients or otherwise give the impression of non-professional environment • Nail decoration: Unless nails would pose a safety risk for staff or patients. Refer to infection control policy. 	patients	
Fragrances	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • For the safety and comfort of our patients and staff with allergies, scented products are unacceptable. • Examples include perfume, cologne or lotion 	
Personal grooming	<ul style="list-style-type: none"> • Clean and neat • Makeup appropriate to a professional work environment 	<ul style="list-style-type: none"> • Lack of personal hygiene 	
Identification badge	<ul style="list-style-type: none"> • Badge worn above waist • Name and job title are visible 	<ul style="list-style-type: none"> • Defacement of badge (i.e: stickers that cover name or job title) 	

Appendix 2: Married State Preceptorship Model



Attachments

[Addendum A – Student Nurse Safety Orientation Checklist.pdf](#)

Approval Signatures

Approver	Date
Melissa Anderson: Exec Dir-Reg Nursing	03/2021
Melissa Burns: Coo/Cne	03/2021
Jennifer Gentry: Chief Nursing Officer PPMC	03/2021
Tina Mammone: Chief Nursing Officer Pstvc	03/2021
Rebecca Kopecky: Chief Nursing Officer	03/2021
Helene Anderson: Reg Dir-Capacity Throughput	02/2021
Lisa Halvorsen: Chief Nursing Officer PWF	02/2021
Katherine Kitchell: CNO PPMC Interim	02/2021

Approver**Date**

Michael Dahlen: Chief Nursing Officer PMH

02/2021

Mary Waldo: Reg-Nsg Practice/Qual Dir

02/2021

Applicability

OR - Clinical Support Staff (CSS), OR - Connections, OR - Credena Health (CH), OR - Home Health (HH), OR - Home Medical Equipment (HME), OR - Home Services, OR - Home Services Pharmacy (HSRx), OR - Hospice (HO), OR - Providence Ctr for Medically Fragile Children, OR - Providence Hood River Memorial Hospital, OR - Providence Medford MC, OR - Providence Medical Group, OR - Providence Milwaukie Hospital, OR - Providence Newberg MC, OR - Providence Portland MC, OR - Providence Seaside Hospital, OR - Providence St. Vincent MC, OR - Providence Willamette Falls MC

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