



NURSING POLICY: *Nursing Student Clinical Experiences*

Date Written: 05/2014

Date Reviewed/Revised: 07/2014

Page 1 of 7

PURPOSE

The Nursing Practice Act permits students enrolled in a Board of Registered Nurses approved prelicensure nursing program to render registered nursing services when these services are incidental to a course of study in the program (Business and Professions Code 2729a). The purpose of this policy is to ensure that nursing student clinical rotation placements are congruent with established Board of Registered Nurses, University, and Medical Center Allied Health policies, well matched to the program's learning objectives, and aligned with medical center clinical resources, values and standards.

I. POLICY

- A. A current authorized Allied Health Agreement between UC Irvine and the school must be in place prior to the establishment/implementation of any student clinical rotation/placement. (Refer to General Administrative Policy: Allied Health Programs, Nursing Policy: Academic Request for Individual Preceptored Clinical Placement or Shadowing)
- B. The Department of Nursing Quality, Research, and Education is responsible for maintaining information regarding current nursing school affiliations, to facilitate requests for a new nursing school affiliation and to add a program to a current affiliation.
- C. The Department of Nursing Quality, Research, and Education will coordinate the placement of nursing students for clinical practice and training programs following the process outlined through the Orange County/Long Beach Consortium.
- D. The Department of Nursing Quality, Research, and Education will coordinate the placement of nursing students with a preceptor. The approval of a clinical rotation does not guarantee the accommodation of individual preceptorships.
- E. Students and faculty shall comply with the UC Irvine Health policies and procedures at all times.
- F. UC Irvine Health licensed employees retain ultimate responsibility for the delivery of patient care when working with a student.
- G. The nursing school is responsible for assuring that students are prepared to carry out assigned responsibilities commensurate with their course objectives, verifying competence by evaluation in a skills lab or comparable setting before assigning such responsibilities in the clinical setting.
- H. During a clinical rotation, students practice under the supervision and direction of the clinical faculty identified by the educational institution and with the assigned UC Irvine Health RN. During a preceptorship or Dedicated Education Unit rotation, the student functions under the direction and supervision of the assigned RN.
- I. The clinical instructor has the responsibility for teaching students new procedures, supervising, and evaluating their clinical practice.



NURSING POLICY: *Nursing Student Clinical Experiences*

Date Written: 05/2014

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Page 2 of 7

- J. The clinical instructor must discuss all procedures with the assigned RN prior to proceeding with any procedure or patient care activity.
- K. Students may not assume responsibility for patient care when assigned RN is absent from the nursing unit. Students will work as a team with the assigned RN and will not care for patients without RN supervision.
- L. Students can administer medications, and insert urinary catheters, peripheral IVs, enteral feeding/gastric tubes under the direct supervision of the clinical faculty and/or assigned UC Irvine RN.
- M. Notify the unit manager or designee and the NQR&E nursing school when problems occur with an individual student and/or faculty member. The goal is to resolve the issue at the unit level and if that is unsuccessful, at the organizational level. It is the responsibility of the individual faculty member and nurse manager and/or nursing school liaison to facilitate a resolution. If problems are not resolved in a timely manner, the dean of the nursing school must facilitate a resolution.
- N. If problems continually arise or are not resolved in a timely manner, this may jeopardize the clinical rotation up to and including cancellation of the rotation at UC Irvine.
- O. Students and faculty are authorized to be on-site and involved in patient care or other aspects of health systems operations under the following conditions:
 - 1. Approval of a clinical placement.
 - 2. Students and on-site faculty meet contractual requirements.
 - 3. Agency faculty orients their students to the requirements delineated in the syllabus.
 - 4. Students and faculty complete appropriate training for utilizing the electronic health record, receive access code, submit required forms, demonstrate health clearance, obtain proper identification/badge access, and attend orientation prior to placement in the clinical area.
 - 5. Students and faculty follow the departmental dress code/policy and display photo identification (ID) badge and UC Irvine badge.

II. GUIDELINES

Appendix A: UC Irvine Health NQR&E Nursing School Liaison Responsibilities

Appendix B: Nurse Manager or Designee Responsibilities

Appendix C: Staff RN Responsibilities

Appendix D: School Faculty (Dean) Responsibilities

Appendix E: Nursing Program Onsite Clinical Instructor Responsibilities

Appendix F: Student Responsibilities

Appendix G: Limitations to Nursing Students' Scope of Practice

III. RELATED POLICIES

General Administrative Policy: Allied Health Programs,



NURSING POLICY: *Nursing Student Clinical Experiences*

Date Written: 05/2014

Date Reviewed/Revised: 07/2014

Page 3 of 7

Nursing Policy: Academic Request for Individual Preceptored Clinical Placement or Shadowing

IV. REFERENCES

California Board of Registered Nursing. Clinical learning experiences: Nursing students.

<http://www.rn.ca.gov/pdfs/regulations/npr-b-66.pdf>

California Board of Registered Nursing. Student workers. www.rn.ca.gov

California Board of Registered Nursing. Background checks for student clinical placement. www.rn.ca.gov

California Nurse Practice Act. www.rn.ca.gov/regulations/npa.shtm

V. AUTHOR/REVIEWED BY

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APPROVALS

Nursing Practice Council (Informational Only) 8/2014

Nurse Executive Council 8/2014



NURSING POLICY: School Faculty/Clinical Instructor Responsibilities

APPENDIX A-G

Page 4 of 7

Appendix A: UC Irvine Health NQR&E Nursing School Liaison Responsibilities:

- A. Validate a current Allied Health Agreement exists with the school.
- B. Approve group rotations, preceptorship requests, and supplementary observational experiences directly with nurse managers and school clinical coordinators.
- C. Provide and/or facilitate medical center orientation and clinical orientation for nursing faculty.
- D. Collect required documentation- Preceptee Profile or Clinical Profile is required from school designee or faculty prior to beginning of student experiences.
- E. Facilitate scheduling for EMR training, and obtain/submit the required identification information for UC Irvine EMR access for each student and faculty.
- F. Participate in Orange County/Long Beach Consortium with affiliating agencies or school of nursing to discuss available clinical learning experiences, to elicit feedback from faculty and students on quality of student experience, and to provide updates on facility's policies and initiatives.
- G. Assist in resolution of school or student related concerns or problems.
- H. Compile data from student clinical experiences and present to nursing administration.
- I. Maintain membership and attendance in monthly Orange County/Long Beach Consortium meetings.

Appendix B: Nurse Manager or Designee Responsibilities

- A. Refer all requests for student clinical placement to the Department of Nursing Quality, Research, and Education nursing school liaison.
- B. Assist in the unit orientation of the clinical faculty.
- C. Coordinate staff RN assignments with faculty to facilitate student learning.
- D. Provide to clinical faculty any unit specific policies and procedures relevant to the student clinical experience, e.g. infant security policy on postpartum unit.

Appendix C: Staff RN Responsibilities

- A. Maintain responsibility for patient assessment and provision of appropriate patient care.
- B. Provide information regarding care of student's assigned patient(s) at beginning, during, and at the completion of shift or clinical assignment.
- C. Maintain open line of communication with students and faculty in order to:
 - a. Identify patients, procedures, and experiences that may enhance student learning.
 - b. Identify potential or actual student problems and intervene appropriately.
- D. In collaboration with clinical faculty, may directly supervise student in the performance and documentation of nursing care and assessments for which student has received instruction in their nursing curriculum.
- E. Ensure direct supervision to student when obtaining, preparing or administering medications or when performing invasive procedures such as feeding tube placement, urinary catheter, etc.
- F. Provide and document any required patient care that student is not able to perform either due to UC Irvine Health policy or student's level in the program.



NURSING POLICY: School Faculty/Clinical Instructor Responsibilities

APPENDIX A-G

Page 5 of 7

- E. Nurses who function in dual roles, such as UC Irvine Health staff and faculty for local agency/schools, cannot oversee students in a patient care area when functioning in their UC Irvine employee role.
- F. Nurses who function in dual roles, such as UC Irvine Health staff and faculty for local agency/schools, must follow the processes outlined in this policy.

Appendix D: School Faculty (Dean) Responsibilities

- G. Ensure students (and faculty if on-site) receive and understand all current UC Irvine Health orientation packets which are located on the Orange County/Long Beach Consortium website.
- H. Inform NQR&E nursing program liaison information pertaining to the school's policy related to injury/exposure sustained by student during clinical rotation/preceptorship.
- I. Provide NQR&E nursing program liaison course clinical objectives; faculty and student contact information; clinical rotation schedule.

Appendix E: Nursing Program Onsite Clinical Instructor Responsibilities

- A. Provide documentation of current California RN licensure to nursing school liaison.
- B. Meet contractual employee requirements including health clearance, signed confidentiality agreements, and BLS certification.
- C. Faculty members new to the facility must participate in on-site orientation with NQR&E nursing program liaison to applicable facility policies, procedures, and initiatives.
- D. Submit quarterly/semester information to the NQR&E nursing school liaison including:
 - 1) Clinical rotation schedules and approved skills for current quarter/semester
 - 2) Pre-clinical documentation, including OCLB Clinical Profile, faculty and student information, e.g. date of birth, flu vaccine information, etc. as necessary, Student electronic health record (EHR) confidentiality agreements.
 - 3) Conference room requests for quarter/semester
- E. Conduct unit/facility orientation for students prior to the clinical rotation.
- F. Ensure students are knowledgeable regarding current UC Irvine policies and procedures.
- G. Ensure student's immunizations and flu vaccination requirements are up to date.
- H. During a clinical rotation, provide a level of supervision commensurate with the level of the students in the curriculum and must be available (whether on premises, by phone or pager) to students and staff at all times during the students' clinical hours.
- I. Facilitate and monitor the total clinical experience for the student.
- J. Collaborate with RN staff, charge nurse, and/or manager to determine student assignments focused on clinical objectives.
- K. Ensure and confirm that the maximum number of students allowed per unit per day is not exceeded.
- L. Assess and evaluate student competence and clinical performance.
- M. Inform manager or designee of any patient care problem involving a student and submit appropriate documentation of problem/event.
- N. Discuss any issues or concerns with the nursing school liaison



NURSING POLICY: School Faculty/Clinical Instructor Responsibilities

APPENDIX A-G

Page 6 of 7

Appendix F: Student Responsibilities

- A. Complete and submit all required training prior to the first clinical day. Student may not participate in clinical experiences until all requirements are complete.
- B. Perform direct patient care in accordance with UC Irvine Health policies and procedures.
- C. Student may not assume responsibility for patient care when assigned RN is absent from the nursing unit.
- D. Act in a professional manner when preparing for and/or providing patient care.
- E. Comply with the school and UC Irvine dress code standards. Lab coats and appropriate attire may be worn in indirect patient care settings and while doing patient selection/preparation. A uniform must be worn when providing direct patient care, unless surgical scrubs have been issued by the department (i.e. Operating Room, Labor and Delivery).
- F. Display school photo identification badge, UC Irvine Health badge and any department or facility specific ID badge at all times while on UC property.
- G. Report to assigned unit/department on time to verify patient assignment and review bedside/area report with their designated staff RN.
- H. Maintain patient confidentiality following HIPAA and California state law. May not remotely access, photocopy or print from the electronic health record any patient specific information. Student may not remove any identifiable patient specific information from the health system.
- I. Perform responsibilities within the scope of practice commensurate with their course objectives and their level in the nursing curriculum.
- J. Convey to the staff/preceptor information regarding skill level and ability in performing assigned intervention based upon level in the program and previous school clinical experience.
- K. Perform all new skills under the supervision of their clinical faculty or appropriate UC Irvine Health staff member.
- L. Promptly report changes of the patient's condition to the assigned RN.
- M. Initiate appropriate BLS interventions and call staff RN immediately in emergencies.
- N. Complete required documentation for patient assignments. Review initial documentation into the medical record with either clinical instructor or assigned RN/RCP. Co-signature of student entries is not required.
- O. Work under the direct supervision of UC Irvine Health staff or school instructor and is not included in staffing ratio for the facility.
- P. Staff from UC Irvine Health completing their clinical rotation as a nursing student at the medical center must follow the processes outlines in this policy.

Appendix G: Limitations to Nursing Students' Scope of Practice

- A. Student practice limitations are based on school/semester policy, UC Irvine Health policy, departmental standards, and the Board of Registered Nursing regulations. Additional restrictions may apply from a clinical department or specialty area for the safety and well-being of the patient.



NURSING POLICY: School Faculty/Clinical Instructor Responsibilities

APPENDIX A-G

Page 7 of 7

- B. RN students may not perform the following at any time:
 - a. Receive or report to physician/allied health practitioner critical test values.
 - b. Witness consents.
 - c. Take or transcribe health care provider order.
 - d. Serve as one of the two authorized personnel performing the independent double check at the patient's bedside when preparing or administering high-risk medications by any route.
 - e. Serve as one of the two required authorized personnel when obtaining blood products or identifying patient to receive blood products.
 - f. Be the primary initial contact informing patients/families of change in patient status or emerging health problems.
 - g. Insert feeding tubes with metal stylet.
 - h. Administer chemotherapy.
- C. RN students may perform, only with direct observation by either a licensed staff RN or clinical faculty, the following procedures/tasks:
 - a. Report changes in condition, test results, provide status updates to the physician or allied health practitioner and answer queries from the physician or allied health practitioner
 - b. Participate with authorized personnel in the preparation and administration of High Alert Medication.
 - c. Following identification of correct blood products and match with correct patient by two licensed personnel, administer blood product.
 - d. Administer, but not independently sign out narcotics from the Pyxis. Narcotics must be obtained from the PYXIS by staff RN who provides co signature for obtaining medication.
 - e. Initiate, make dose/rate adjustments, reload narcotics for Patient Controlled Analgesia (PCA) or continuous narcotic infusions.
 - f. Perform venipuncture to establish Intravenous (IV) therapy.
 - g. Perform peripheral IV (PIV) care and maintenance including flushing or locking the PIV with normal saline.
 - h. Perform central venous catheter dressing change
 - i. Perform waived testing, e.g. blood glucose monitoring under the direct supervision of a RN or LVN.