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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 (PHSOR).
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 PHSOR Nursing units prior to the beginning of the academic term.

POLICY STATEMENT:

PHSOR Nursing Administration is committed to providing safe, quality patient care and fostering clinical experiences for the education of student nurses. recognizes the importance of providing clinical facilities for the education of student nurses. Students and instructors that use PHSOR clinical sites must follow all patient safety initiatives as established by Providence St Joseph Health, Providence Health & Services-Oregon (PHSOR), the local facility and unit of assignment, as well as the Oregon State Administrative Rules.

DEFINITIONS:

Clinical Affiliation Agreement: Signed contract between Providence Oregon Regional Nursing and the School of Nursing for the 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 PHSOR facilities. All clinical agreements or contracts are managed through the Oregon Regional Nursing Office in collaboration with Human Resources Department.

Clinical Coordinator: The PHSOR facility employee who coordinates the clinical experiences for nursing students in the facility. The Regional Nursing Clinical Coordinator is employed by Regional Nursing Administration and serves as PHSOR liaison to the schools of nursing.

Clinical Faculty: Qualified nurses employed by the school of nursing to supervise student nurses during their clinical rotations at PHSOR. **The Clinical Faculty** will be on-site directly overseeing cohort students. For Precepted or DEU students, the Clinical Faculty may be available by 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.

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 PHSOR 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 PHSOR 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 ([Appendix 2](#))

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

Students, as unlicensed individuals, do not have a scope of practice. They learn nursing process, nursing skills, and tasks under the oversight of a licensed nurse.

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 PHSOR nurse.

Preceptor: Is a designated role carried out by a PHSOR nurse who is assigned to a specific student at the discretion of the manager. 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.

Providence Health and Services- Oregon Region (PHSOR): Providence Health facilities in Oregon, including Providence Portland Medical Center, Providence St Vincent Medical Center, Providence Medford Medical Center, Providence Willamette Falls Medical Center, Providence Newberg Medical Center, Providence Milwaukie Hospital, Providence Hood River Memorial Hospital, Providence Seaside Hospital, Providence Center for Medically Fragile Children, Providence Benedictine Nursing Center, Providence Home Health Services, and Providence Medical Group.

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 facility.

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 PHSOR standards, safety initiatives, and clinical practice guidelines.

- **Precepted** students work under the direct supervision of a PHSOR nurse. Precepted students are seniors 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.
 - a. The nurse is responsible to ensure the student nurse has the competence and training to perform assigned duties and the patient condition is appropriate for the assignment of duties to a student nurse.
 - b. The RN assigns and supervises patient care activities when a student nurse is

- involved in that patient's care.
- c. The precepting nurse must perform and document their own assessment of the patient (in addition to any performed by the student).
 - d. 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 nurse. However, the nurse 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 OSBN licensed nurse at all times.
 5. The precepting nurse shall remove the precepted student from the clinical assignment if the student is unprepared, lacks sufficient knowledge about the assignment, the nurse suspects that the student is under the influence of drugs or alcohol, and/or the nurse assesses the situation as unsafe for the patient.
 - a. For precepted students, the 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 nurse who observes the behavior must immediately notify the Clinical Faculty, Charge RN, and nurse manager, associate nurse manager, or nursing supervisor. The PHSOR nurse leader may request that the student be removed from the clinical environment.
 6. Students are prohibited from reporting to the PHSOR clinical facility 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 and must not cause mental or physical impairment during a clinical rotation in a PHSOR facility.
 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 PHSOR nurse or their

Clinical Instructor during all aspects of the medication administration process.

b. Pyxis Access

1. 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.
 - i. Pyxis access to medication for these students falls to the Clinical Faculty; the Clinical Faculty must be present during the retrieval of medications unless arrangements have been made with the PHSOR nurse and the PHSOR nurse agrees to supervise the student.

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 PHSOR nurse.

d. Controlled substances:

1. Students and instructors will not have access to controlled substances.
 - i. If a patient for whom the student is caring requires a controlled substance, a PHSOR nurse must obtain the controlled substance and the substance must be in the PHSOR nurse's view at all times.
 - ii. With direct nurse supervision, the student may co-waste (waste with a 2nd nurse while 1st nurse is observing), administer, and document the controlled substance administration, but the nurse is to co-sign indicating that it was witnessed.
Note: In compliance with the Drug Enforcement Administration (DEA), documentation must show that the PHSOR nurse 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 and charge nurse ASAP.
 - iii. Notify LIP: faculty and student work with patient's direct care nurse and charge nurse to determine who will make the LIP notification (student, faculty, or PHSOR nurse)
 - iv. Notify Quality: Event must be reported by following Providence Event Reporting process (e.g. Datix)
 - 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 facility and unit(s) where students are assigned. Orientation includes:
 1. Meets with the PHSOR 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 PHSOR ID badges (not required for students in ambulatory care as long as they 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, refer 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: Student Nurse Safety Orientation Checklist](#)).
- f. Returns completed orientation checklist to the School of Nursing storage and, if requested, provides the orientation checklist upon request.
- 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 PHSOR Student ID badges. Badges must be returned on the last day of student clinical activities at the Providence facility.
 - a. In the event a badge is misplaced or lost, the Ministry Clinical Coordinator must be notified.
 - b. Loss or failure to return badges will jeopardize future clinical placements for the school.
- i. Provides supervision of the students during the clinical rotation. The Clinical Faculty will be on site and physically present 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 and 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 (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.
 - 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 the direct supervision of the Clinical Faculty or PHSOR nurse.
- b. Must have direct oversight by a registered nurse (Clinical Faculty or PHSOR nurse) 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.

- c. Will collaborate with the responsible PHSOR nurse 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 at chest level at all times. PHSOR badge is not required for students in ambulatory care.
- 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 nurse).
- h. Maintains and updates personal information regarding current BLS certification, safety education, HIPAA/ confidentiality information, immunizations, health information, health screening (TB) and criminal background check verification.
- 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 Coordinator:**

- a. Coordinates the clinical placement assignments on the units in collaboration with the schools, nurse managers or designee.

- b. Monitors clinical placements by periodic contacts with the instructors and nurse managers.
- c. Participates as a liaison with the schools of nursing and Regional Nursing Educator Coordinator.

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 and data necessary for regulatory compliance and electronic medical record training and 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, then provides student with EMR access codes.

WRITTEN BY: Oregon Education Council (OEC) & Regional Nursing Administration, **IN COLLABORATION WITH:** PHSOR PIED - Practice Informatics Education and Development

APPROVED BY: PHS - Oregon Nurse Executives

REFERENCES/RESOURCES:

- [Oregon Nurse Practice Act](#)
- Policy: [Oregon Region Preceptor Policy](#)
- [Married State Preceptorship Model \(MSPM\): A synergistic collaborative approach in sustaining newly graduated registered nurses' role transition](#)
- HR Policy: [Standards of Conduct Policy](#)
- HR Policy: [Personal Appearance Guidelines Policy](#)
- Policy: [Manual for Standards of Nursing Practice](#)
- Policy: [Facility Access Control](#)

Addendum A: Student Nurse Safety Orientation Checklist

[Student Nurse Safety Orientation Checklist](#)

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*).

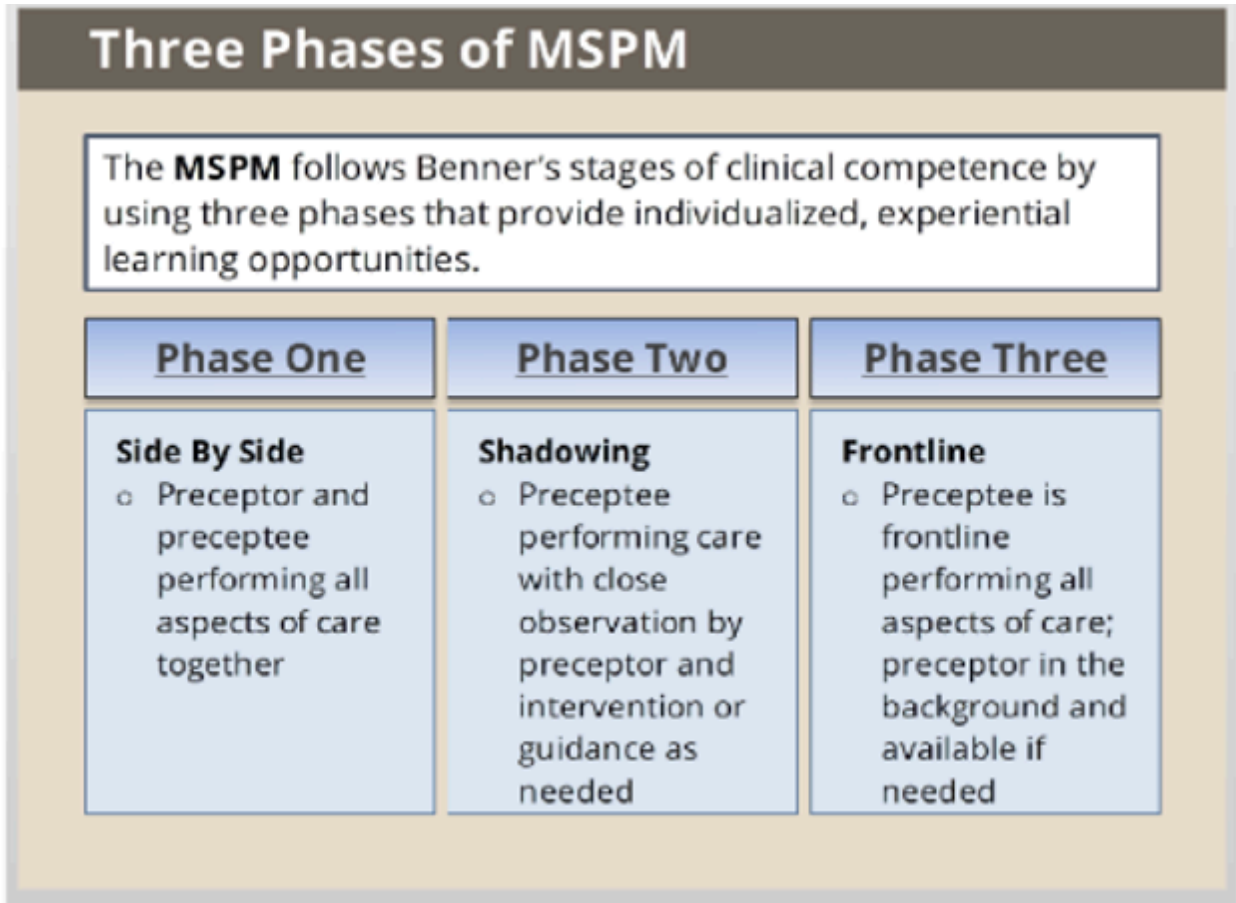
| TYPE | ACCEPTABLE | UNACCEPTABLE |
|-------------------|--|---|
| Personal clothing | <ul style="list-style-type: none"> • Clothing should be appropriate based on position and job responsibilities | <ul style="list-style-type: none"> • Denim jeans (only exception is on approved casual days as designated 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 | <ul style="list-style-type: none"> • Open-toed shoes are unacceptable if core leader determines it necessary to avoid a safety or public health |

| | | |
|----------------------|---|--|
| | shoes | <p>risk</p> <ul style="list-style-type: none"> • 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 the final determination. • 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. | <ul style="list-style-type: none"> • Any jewelry that would pose a safety risk for staff or 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 | <ul style="list-style-type: none"> • Defacement of badge (i.e: stickers that cover name or job |

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| | | |
|--|----------------------------------|--------|
| | • Name and job title are visible | title) |
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Appendix 2: Married State Preceptorship Model



Attachments

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

Approval Signatures

| Step Description | Approver | Date |
|------------------|--|---------|
| | Jennifer Gentry: Division Chief Nursing Officer - Central | 01/2023 |

| | | |
|------------------|--|---------|
| Nurse Executives | Tina Mammone: Chief Nursing Officer [JB] | 11/2022 |
| Nurse Executives | Melissa Burns: Chief Nursing Officer | 11/2022 |
| Nurse Executives | Jason Plamondon: Chief Nursing Officer | 11/2022 |
| Nurse Executives | Michael Dahlen: Chief Nursing Officer | 11/2022 |
| Nurse Executives | Katherine Kitchell: Chief Nursing Officer | 10/2022 |
| Nurse Executives | Rebecca Kopecky: Chief Nursing Officer | 10/2022 |
| Nurse Executives | Deborah Voskamp: Chief Nursing Officer | 10/2022 |
| Nurse Executives | Lisa Halvorsen: Chief Nursing Officer | 10/2022 |
| CERT | Mary Waldo: Reg-Nsg Practice/Qual Dir [AW] | 10/2022 |

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