

Faculty of Health Guideline: PRACTICE EXPERIENCES

TITLE:	PRACTICE EXPERIENCES
DATE OF REVIEW:	May 8, 2020 (Faculty of Health Curriculum Committee) May 22, 2020 (Faculty of Health Faculty Council)
REVIEWED BY:	Offices of the Vice Provost – Academic and Students Faculty of Health Curriculum Committee Faculty of Health Faculty Council
APPROVED BY:	Faculty of Health Curriculum Committee Faculty of Health Faculty Council

GUIDELINE:

These guidelines are to be followed during all practice experiences and in all practice settings. Students must adhere to FoH guidelines and practice setting policies/procedures. In the event of an incongruence between FoH guidelines and practice setting policies/procedures, students must follow whichever is stricter. In addition to these guidelines and policies/procedures, students must also adhere to the [Practice Education Guidelines \(PEG\) for BC](#)

Each program reserves the right to assign/change a student’s practice placement. When a change occurs, the student will be informed as soon as possible.

PROCEDURAL GUIDELINES:

In addition to the provisions outlined in this FoH Practice Experiences Guideline, students should also refer to KPU Policy ST16, available [here](#) for additional details regarding practicum placements, work experiences and/or community agency visits.

Students are not permitted to perform interventions that require certification or specialized education by the agency. If the agency policy permits the student to complete the education, the student is to consult with KPU faculty member(s) to ensure they follow the agency policy.

For those skills that are peer evaluated in a semester, students must have demonstrated self-directed mastery in the Skills Lab before they can perform the skill(s) in the practice area.

Students have an ethical and legal responsibility to obtain supervision when carrying out any skill related intervention for the first time. They may perform procedures independently once they have been deemed competent to do so by the practice instructor or designate, except where otherwise restricted by an agency policy. Students who carry out any intervention for the first time without appropriate supervision are deemed unsafe and may be removed from the practice setting until a follow up discussion and learning plan are in place.

PROCEDURAL GUIDELINES:**1. GENERAL PRACTICES:**

- 1.1 Students are responsible for all costs associated with practice experiences.
- 1.2 Agencies may have additional requirements for students to meet before commencing a practice experience. It is the student's responsibility to be aware of these requirements and to meet them in time to begin the experience.
- 1.3 Students will not be allowed to participate in their practice experience if their preparatory work is deemed to be insufficient by the practice instructor.
- 1.4 "Under/with supervision" is understood to mean supervision of the university practice instructor or agency RN/RPN/LPN or RTCMP/Dr TCM or designate as applicable.
- 1.5 Before having an agency RN/RPN/LPN or RTCMP/Dr TCM (if applicable) or designate assume responsibility for supervision, the student must verify this action with the practice instructor, except in the case of preceptorship experiences.

2. MEDICATIONS:

- 2.1 All calculated medication dosages (e.g. not dispensed by a pharmacy or a medication requiring dosage fractions) need to be checked by an instructor or an RN/RPN/LPN or RTCMP/Dr.TCM (if applicable) before administration.
- 2.2 The following medications must be prepared under supervision at all times:
 - anticoagulants
 - insulin
 - narcotics
 - digoxin (pediatrics)
 - fractional dosages (pediatrics)
 - high alert
- 2.3 Controlled drug preparation, wastage, and accurate counts must always be prepared under supervision and co-signed by the instructor or the unit RN/RPN/LPN. In the case of automated medication dispensing systems, the medication administration record should be co-signed by the supervising RN/RPN/LPN or RTCMP/Dr.TCM (if applicable). Controlled drugs are recorded according to agency policy, nursing regulation and the laws related to controlled substances.
- 2.4 Students may not have independent access to controlled drugs.

- 2.5 Students may not administer immunizations unless they have successfully completed the certification process. Once certified, the student must be supervised at all times.
- 2.6 Students are to identify clients as per agency policy when administering medications.
- 2.7 Students are to follow agency policy when preparing or administering PRN, STAT, and pre-anesthetic medications.
- 2.8 In the event of a medication error, the practice instructor is to be notified and the applicable documentation must be completed.
- 2.9 Students may prepare or administer some medications by IV direct with direct supervision and, if agency policy permits. Students may not administer medications by IV direct that require certification to administer or fall within the following categories:
 - sedatives
 - antineoplastic
 - hypotensive
- 2.10 Students may only access central lines including peripherally inserted central catheter lines (PICC) above the level of the IV pump to administer medications with direct instructor or RN supervision. Students may NOT directly access or flush central lines at the insertion site or anywhere below the level of the IV pump.
- 2.11 Students may not change a central line dressing.
- 2.12 Students may not administer, add, or regulate any medication used for the induction of labor.

3. PARENTERAL THERAPY:

- 3.1 With supervision, students may monitor and regulate vascular access devices (VAD*) and total parenteral nutrition (TPN), documenting and recording appropriately. Students may change the IV bag and administer medications via a VAD. *VAD = central line, central venous catheter (CVC), portacath, midline, and peripherally inserted central catheter (PICC).
- 3.2 For peripheral IVs, students may:
 - Monitor and regulate
 - change the IV bag, tubing, and dressing
 - discontinue and convert a running IV line to a saline lock
- 3.3 Students may assess and monitor advanced pain control measures with supervision (e.g. patient controlled analgesia [PCA] and epidural analgesia).

3.4 Students may not initiate any blood product transfusions. Students may not check blood products or participate as a witness for patient identification. Students may work with a RN in monitoring a patient receiving a blood or blood product.

4. INFECTION CONTROL:

4.1 Students must adhere to standard precautions throughout practice experiences

5. NASOGASTRIC TUBE INSERTION:

5.1 Students may not insert nasogastric tubes for clients with the following diagnoses:

- GI bleed (or potential bleed)
- gastric or esophageal surgery
- unconscious
- basal skull fracture
- history of facial cosmetic surgery

6. CHEST TUBE MANAGEMENT:

6.1 Students may manage chest tubes under supervision

7. MENTAL HEALTH EXPERIENCES:

7.1 A student may not be a constant 1:1 care provider.

7.2 Students may not be assigned to a security room.

7.3 Students may observe electroconvulsive therapy (ECT) and care for the client following treatment (upon return to client's room, not in PACU).

8. ESCORT SERVICES:

8.1 Students may not transport clients, clients' significant others, nurses, or instructors in their vehicles.

8.2 Students may not function as an agency escort when accompanying clients off agency grounds. Students may accompany an agency escort, however, when clients/residents are taken on special outings (e.g. shopping trips, restaurant).

8.3 Students may accompany clients in ambulances as an observer and not as a health care professional.

9. STUDENT RESPONSIBILITIES:

- 9.1** Students may not be left alone or in put in charge of any practice setting in which they are placed.
- 9.2** Students must report to the appropriate RN/RPN/LPN or designate at the beginning and end of each practice day, or more often as necessary.
- 9.3** If an adverse event occurs, the practice instructor must be notified as soon as possible. The student must complete the applicable adverse event form provided by the agency in collaboration with agency staff or instructor, following agency policy.
- 9.4** Students may not sign/witness consent forms or any other legal documents.
- 9.5** Students may not use any kind of recording device for purposes of recording conversations.
- 9.6** Students may not verify the list of valuable articles belonging to clients.
- 9.7** Students in preceptorship experiences may, under direct supervision of a RN/RPN/LPN accept telephone or verbal orders from a physician provided that the RN/RPN/LPN has also been able to witness the provision of the order.
- 9.8** Students in preceptorship experiences may transcribe and check doctor's orders provided that the RN/RPN/LPN co-signs.

10. CAMPUS CLOSURES

- 10.1** In the event of a campus closure, all clinical experiences and preceptorships are cancelled.