Faculty of Health Guideline: PRACTICE EXPERIENCES

<table>
<thead>
<tr>
<th>TITLE:</th>
<th>NURSING PRACTICE EXPERIENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DATE OF REVIEW:</td>
<td>November 18, 2017</td>
</tr>
<tr>
<td>REVIEWED BY:</td>
<td>FACULTY OF HEALTH CURRICULUM COMMITTEE</td>
</tr>
<tr>
<td>APPROVED BY:</td>
<td>Faculty of Health Curriculum Committee November 18, 2016</td>
</tr>
<tr>
<td></td>
<td>Faculty of Health Faculty Council September 19, 2016</td>
</tr>
</tbody>
</table>

GUIDELINE:

These guidelines are to be followed by all FoH nursing students during all nursing practice experiences in all settings. Where possible, students’ preference for a practice experiences will be considered within limitations of availability and appropriateness of any placements. The Program reserves the right to change a student’s nursing practice placement. When this occurs, the student will be informed of the reasons as soon as possible.

PROCEDURAL GUIDELINES:

In cases where the agency and University policies or procedures differ, the most restrictive one will apply.

Institutional policies related to Practicum Placements ST16 - Practicum Placements (Work Experience, Community Agency Visits) and related policies SR5 - Insurance/Students / SR5a-Final Release of Claims / SR5b-Final Release of Claims (Minor), ST3 – Appeals of Academic Decisions, ST7 – Student Conduct also applies to courses required in the Bachelor of Science in Nursing program.

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 may perform the intervention under direct supervision of a certified RN/RPN.

Students are not permitted to perform interventions that require a medical transfer of function or fall outside the scope of accepted nursing practice.

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

Students have an ethical and legal responsibility to obtain supervision when carrying out any nursing intervention for the first time. They may perform procedures independently once they have been judged competent to do so by the instructor or designate except where otherwise restricted. 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 follow up discussion and learning plan are in place.

Students must arrange for supervision when they anticipate being in a situation in which they are not confident to perform safely or independently.

Nursing students must adhere to the FoH Program’s Professional Conduct Policy and their related regulatory body’s Standards of Practice and Code of Ethics at all times. If these expectations are not met, the student’s performance will be considered unsatisfactory and the student may be required to withdraw from the nursing practice placement.

Students in preceptorship experiences may under direct supervision of an RN/RPN accept telephone or verbal orders from a physician provided that the RN/RPN has also been able to witness the provision of the order.

Students in preceptorship experiences may transcribe and check doctor’s orders provided that the RN/RPN cosigns.

PROCEDURAL GUIDELINES:

1. GENERAL PRACTICES:

   1.1 Students are responsible for arranging their own transportation to and from nursing practice sites.

   1.2 Students are responsible for all costs associated with practice experiences such as but not limited to travel, communicating with the faculty or preceptor.

   1.3 Some agencies may have additional requirements for students to meet before commencing a practice experience. Examples of these requirements may include but are not limited to; proof of current immunizations required by the facility, FIT testing, criminal record check within the agency time requirements, completion and proof of online agency or health authority orientation or specific learning modules, acquisition of agency student identification and medication dispensing passwords where required. It is the student’s responsibility to be aware of these requirements and to meet them as required by the agency directed by the clinical instructor or in the case of preceptorship, independently in time to begin the experience.

   1.4 Students will not be allowed to participate in their nursing practice experience if their preparatory work is judged by faculty to be unsatisfactory.

   1.5 “Under/with supervision” is understood to mean supervision of the university clinical instructor or agency RN/RPN
1.6 Before having an agency RN/RPN assume responsibility for supervision, the student must verify this action with the clinical instructor, except in the case of preceptorship experiences.

2. ASSESSMENT AND EVALUATION OF STUDENT PROGRESS:

2.1 Students are responsible to report any difficulties they are having in their clinical practice course to their designate faculty. If necessary, a learning contract will be created to address the specific issues and to outline the actions required by the student to successfully meet the course learning outcomes. A time frame for completion of the contract will also be included.

2.2 Students are expected to complete a practice appraisal for each nursing practice course. This self-appraisal is based on a process of regular documentation by the student about her/his own practice. The written documentation must be available to the faculty teaching the course upon request. The final performance appraisal will become part of the student’s file maintained by the nursing program.

3. MEDICATIONS:

3.1 All calculated medication dosages (e.g. not dispensed by a pharmacy or requiring dosage fractions) need to be checked by a faculty member or RN/RPN before administration.

3.2 The following medications must be prepared under supervision at all times:
- Anticoagulants
- Insulin
- Digoxin (pediatrics)
- Fractional dosages (pediatrics)

3.3 Narcotics dosage, wastage, and accurate count must always be prepared under supervision and co-signed in the narcotic control book by the instructor or the unit RN/RPN/LPN. In agencies where there is no longer a narcotic control book agency policy is to be followed. In the case of automated medication dispensing systems, the medication administration record should be co-signed by the supervising RN/RPN in lieu of signing the narcotic book. Controlled drugs are recorded according to agency policy, nursing regulation and the laws related to controlled substances.

3.4 Students may not have independent access to narcotics.

3.5 Students are not permitted to perform narcotic or control counts.

3.6 Students may not administer immunizations unless they have successfully completed the certification process and then they must be supervised at all times.
3.7 Medication administration records (M.A.R.’s) are to be used for client identification when giving any routine medication.

3.8 M.A.R.’s, a written record of the physician’s order, or the actual physician’s order may be used to prepare and administer p.r.n., stat., or pre-anesthetic medications.

3.9 In the event of a medication error, the clinical instructor/faculty is to be notified. The applicable incident form must be completed by the student, with assistance from an RN/RPN.

3.10 Students may prepare or administer some medications by I.V. 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 below:
- sedatives
- antineoplastic
- hypotensive

3.11 Students may only access central lines including peripherally inserted central lines (PICC) above the level of the IV pump to administer medications with direct instructor or registered nurse supervision. Students may NOT directly access or flush central lines at the insertion site or anywhere below the level of the IV pump.

3.12 Students may not change a central line dressing.

3.13 Students may not administer, add, or regulate any medication used for the induction of labor. They may observe only.

4. PARENTERAL THERAPY:

4.1 Students may monitor and regulate peripheral lines, vascular access devices (V.A.D*) and total parenteral nutrition (T.P.N.) documenting and recording appropriately.

4.2 Students may change the IV bag, tubing, and dressing on a peripheral IV site.

4.3 Students may discontinue a peripheral IV line.

4.4 Students may convert a running I.V. line to an intermittent injection device (e.g. saline lock).
4.5 Students may assess and monitor advanced pain control measures (e.g. patient controlled analgesia [PCA] and epidural analgesia)

4.6 Students may change the IV bag and administer medications via a V.A.D.
*V.A.D. = central line, central venous catheter (CVC), portacath, midline, and Peripherally Inserted Central Catheter (P.I.C.C.).

5. **INFECTION CONTROL:**

5.1 Students must adhere to standard precautions throughout practice experiences when performing any procedure involving blood or body fluids.

6. **NASOGASTRIC TUBE INSERTION:**

6.1 Students may not insert nasogastric tubes for clients with the following diagnoses:
- G.I. bleed (or potential bleed)
- Gastric or esophageal surgery
- Unconscious

7. **CHEST TUBE MANAGEMENT:**

7.1 Students may observe, report, and record characteristics of chest tube drainage. They may set up and change chest tube drainage equipment only under supervision.

8. **MENTAL HEALTH EXPERIENCES:**

8.1 A student may not be a “constant attention nurse”.

8.2 Students may not be assigned to a security room.

8.3 Students may observe electroconvulsive therapy (E.C.T.) and care for the client following treatment (on return to client’s room, not in P.A.C.U).

9. **ESCORT SERVICES:**

9.1 Students may not transport clients, clients’ significant others, nurses, or faculty in their vehicles.
9.2 Students may not function as an agency escort when accompanying clients off agency grounds. Students may assist an agency, however, when clients/residents are taken on special outings (e.g. shopping trips, restaurant).

9.3 Students may accompany clients in ambulances as an observer and not as a caregiver.

10. **STUDENT RESPONSIBILITIES:**

10.1 Students may not be left alone or in charge of any clinical setting in which they are placed.

10.2 Students must report to the appropriate RN/RPN at the beginning and end of each clinical day, and more often as necessary.

10.3 If an adverse event occurs, the clinical instructor/faculty 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 faculty following agency policy.

10.4 Students may not sign/witness consent forms or any other legal documents.

10.5 Students may not use any kind of recording device for purposes of recording conversations with clients/residents, staff, or other personnel without the written consent of the person(s) involved and the university ethics board/committee.

10.6 Students may not verify the list of valuable articles belonging to clients.