

Undergraduate Nursing Students Scope of Practice

I. Policy

Undergraduate nursing students and faculty participating in clinical experiences at Baystate Health (BH) must meet all requirements agreed upon by BH and the Western MA Nursing Collaborative and listed in the Centralized Clinical Placement (CCP) System. Students and faculty must also practice within the requirements listed in relevant BH policies.

A current agreement between the educational institution and BH must be in place prior to any student experience at BH. Faculty are responsible for ensuring that undergraduate nursing students practice within the appropriate scope and standards of care for their role as a student and only practice during designated clinical time listed in CCP. In the event that a faculty member or student is also an employee of BH, their practice during clinical experiences is defined by their role as an instructor/student and this policy.

As an academic medical center, BH is strongly supportive of student experiences, including clinical and non-clinical experiences. The commitment to our patients' and employees' privacy and safety is our priority; as such, it is important that any questions or concerns are addressed immediately.

II. Purpose

To define the scope of practice of an undergraduate student nurse caring for patients within BH, and to ensure appropriate level of supervision with a clinical instructor selected by their academic program, or, an official preceptor.

III. Scope

This policy applies to all BH nursing staff, academic and clinical faculty, and undergraduate nursing students caring for patients within BH. This policy applies to all employees and Medical Staff members of Baystate Medical Center, Baystate Franklin Medical Center, Baystate Wing Hospital, and Baystate Noble Hospital.

IV. Procedure

A. Definitions

- **Direct Supervision:** The responsible person (clinical instructor or BH nurse staff member) is physically present in the room to supervise the activity of the student nurse.
- **Indirect Supervision:** The responsible person (clinical instructor or BH nurse staff member) is not physically present in the room but is available on the unit of practice. It is understood by BH that the student will be observed by the clinical instructor for competency or has documented competency prior to an activity being performed with indirect supervision.
- **Preceptorship/Leadership:** Clinical Placement that consists of one student practicing under the direction of a BH nurse caring for the patient.

B. General Practice

1. All assigned BH Web Based Training Modules must be completed by clinical

instructor and undergraduate nursing student prior to providing direct patient care. Failure to do so will require BH to remove the students from the unit until regulatory requirements are met.

2. Student records of background checks, health clearance requirements, and mandatory orientation education as established by BH are to be kept at the educational institution and available for review as required by regulatory agencies.
3. Prior to starting clinical, each educational institution will provide the unit leader with a list of clinical objectives and expectations for students on that unit.
4. Nursing instructors will orient to their unit prior to the start of clinical (unless they are an employee on that unit). It is up to the unit leader's discretion if orientation is waived for clinical instructors who are nurses employed in different areas within the BH system.
5. Prior to starting their shift, the clinical instructor will communicate with the nurse caring for the patient what the student will be responsible for that day (i.e.: meds, bath, vital signs, ambulation, etc.).
6. Clinical instructors and students may not call or take verbal orders from Providers.
7. BH employees working as a clinical instructor or student will NOT document using their EN#. Clinical instructors and students who are BH employees will NOT use their employee access to enter restricted areas of the hospital during clinical and will NOT perform tasks/care that are not within their scope while here in the student/instructor capacity, despite certain tasks being within their scope as an employee.
8. Caregivers having any concerns with a student or clinical instructor's activities should report these to the unit leader. Once assessed by the unit leader, it will be determined if it is necessary to further speak with the school, or if the issue can be resolved within the unit setting.
9. Students or clinical instructors who have concerns regarding a patient's care or a caregiver issue should report it to the unit leader immediately.
10. Faculty and/or unit leaders should direct any unresolved issues to the Nursing Outcomes Improvement Department.

C. Supervision

1. If the clinical instructor has not arrived by the start of their shift, the charge nurse will notify leadership (manager, educator, or clinical supervisor) in real time.
 - If there has been **NO COMMUNICATION** with the clinical instructor and there is no estimated arrival time, the unit leader will send the students home.
 - If the clinical instructor **COMMUNICATES** an estimated arrival time and unit/department leadership feel comfortable and it extends beyond 30 minutes,

students may be permitted to wait. A reasonable expectation will be 30 minutes from start of their shift, after that, students may be sent home.

- If any clinical instructor is late, regardless of if there was communication with the students or unit, the Nursing Outcomes Improvement Department will be notified by unit leadership to track and follow up as needed.
2. Leadership/Preceptorship students are provided with an individualized educational experience. The student will be mentored one-on-one with a selected BH nurse preceptor. Prior to starting, BH and the educational institution meet to establish set objectives and hours to precept the student. The preceptor collaborates with the faculty to evaluate student performance. If the student *does not* perform to established expectations, the preceptor will provide feedback to the school regarding the student's performance.
 3. If a student is unprofessional, not fit for duty, or operates outside this policy, they will be **suspended from the unit and unable to continue** with the group/individual clinical placement until the unit leader, faculty, and the preceptor (if applicable) review the matter.
 4. Students may have limited access to select patients or experiences dependent upon the unit needs:
 - a. Patient may request aspects of care to exclude student experiences.
 - b. Unit leader will communicate any limitations regarding patient assignments to the clinical instructors.
 5. The nurse caring for the patient has ultimate responsibility for patient care but is not responsible for the actions of the students. Clinical instructors must remain on the unit with students or be always easily accessible. Students **cannot** be assigned 1:1 with nurse caring for their assigned patient unless they are in a leadership/preceptorship rotation.
 6. Student nurses may perform procedures under the supervision of their clinical instructor. If the student has not obtained clinical competency in the clinical procedure or technical skill, the clinical instructor must be present (direct supervision). Certain skill sets require competency verification; therefore, they are limited.
 7. Students **MAY NOT** carry out clinical procedures that are considered out of scope for their role and **RESTRICTED** are the following:
 - Administering blood products (students may monitor vital signs during transfusion)
 - Draw a type and screen
 - Administering chemotherapeutic agents
 - Obtaining informed consent
 - Signing as a witness to:
 - Consents
 - Time out procedures
 - Surgical markings
 - Accepting verbal or phone orders from physicians

- Insertion of intravenous (IV) catheters
 - Administration of epidural, PCA or intrathecal medications via pump or push (students may monitor a patient with this type of analgesia according to policy)
 - Administering of vaso-active medication or IV medication requiring cardiac or hemodynamic monitoring
 - Peritoneal dialysis
 - Inserting indwelling urinary catheter
 - Retrieving breastmilk from refrigerator
 - Caring for a patient requiring N95 masks (unless fit tested by EHS)
 - Point of care testing
 - Enter orders in the computer
 - Document in the EHR in the Birth Care Center
8. Students may perform the following with **DIRECT SUPERVISION** of the responsible person (clinical instructor or BH nurse staff member):
- Nasopharyngeal suctioning
 - Tracheostomy care, including suctioning
 - Insert an oropharyngeal airway
 - Wean oxygen
 - Chest tube care
 - Powered patient lift equipment
 - Administer IV push medication (excluding chemotherapeutic medications, ACLS medications and conscious sedation)
 - Maintain and care for subclavian and other central IV line sites
 - Infusion pumps programming and rate changes for medication infusions
 - IV medication infusion
 - Secondary lines (piggy back meds)
 - Flushing intermittent locks
 - Maintaining tubing patency
 - Changing IV tubing
 - Changing IV dressing
 - Initiate, maintain, and discontinue non-medicated IV fluids
 - Wound care
 - May communicate the needs of the patient to provider
 - Referral process to health/social agencies
 - Discharge planning process
 - Find and use community resources specific to the patient's needs
 - Administer oral medication
 - Administer topical medication
 - Administer subcutaneous medication
 - Administer intramuscular medication
 - Administer intradermal medication
 - Administer inhalant medication
 - Administer rectal medication
 - Administer ear, eye, and nose drops
 - Straight Catheterization
 - Indwelling urinary catheter removal
 - Nasogastric tube insertion
 - NG Tube/G tube medications/feedings/maintenance
 - Removal of Peripheral IV lines

- Specimen collection **Two sets of initials required. One must be a BH staff member* PLEASE NOTE STUDENTS CAN NOT DRAW TYPE & SCREEN.*
 - Ambulating high falls risk patients. **This task requires the direct supervision of a BH staff member. This does not need to be a nurse, and may be a PCT, Physical Therapist, or other staff member who has this task within their scope.**
9. Students may perform general patient care with **INDIRECT SUPERVISION** including answering call bells for all patients, activities of daily living, feeding, bathing, and vital signs. Students may ambulate patients who are not a fall risk or who are at low fall risk.

D. Documentation

1. Students do not have PYSIX ES access, they will work with their clinical instructor or BH nurse staff member.
2. Students and clinical instructors are required to strictly adhere to patient confidentiality and protect the security of patient records and patient data.
3. Students and clinical instructors will only be allowed to access the records of patients involved in their care experience.
4. The students may utilize the Electronic Health Record (EHR) under the indirect supervision of the clinical instructor. Students and clinical instructors are **NOT PERMITTED** to:
 - Copy any part of the EHR
 - Take photos of the EHR
 - Remove any part of the patient's record off unit
 Failure to comply will result in **immediate removal** from unit and **possible suspension** from clinical site.
5. The clinical instructor or official preceptor must verify all care provided by the student. The clinical instructor will validate the care provided and/or accuracy of the documentation by the student in the EHR.
6. The clinical instructor or official preceptor will co-sign all student medication administration and IV therapy.

E. Medication Administration

The clinical instructor or BH nurse staff member will check ALL medications prior to student administration. Students must verify the patient's identification according to policy and to verify medications against the electronic medication record.

F. Unit Specific Criteria

1. **Critical Care Units** - Full assignment/care will not be assigned to a student. Students may work on a "buddy system" with a BH nurse staff. All care is given under the **direct supervision of the primary BH nurse staff.**
2. **Birth Center**- Nursing care of patients in **active labor** must be given under the **direct supervision of the primary BH nurse staff.**
3. **Home Health/VNA**- Nursing care of patients at home must be given

under the direct supervision of the nurse.

G. Student Projects

1. All student projects done using BH resources, including staff, patients/patient information, and quality data, must be approved by unit leadership prior to collecting data. Some projects will require further review and approval, based on design and intent of the project. All clinical research with human subjects requires IRB review. Questions should be directed to Nursing Research/Nursing Outcomes Improvement or the Director of the Human Research Protection Program.
 - a. Approval for student projects should be obtained from a unit/department leader prior to beginning project to determine feasibility and fit with unit objectives.
 - Surveys of staff asking questions about personal practice or beliefs, demographics, or subjects of a potentially sensitive nature must be reviewed by the Nursing Research Department or the Human Research Protection Program prior to distribution.
 - Data used for improvement projects is limited to that available as part of one's role/position. If the data used is not available as part of one's routine work, it should be considered for Human Subject Research determination, which is an expedited process to determine that a project is not research.
 - b. Any undergraduate projects that involve human subjects, including quality improvement projects, require IRB determination, per BH policy. This includes, but is not limited to:
 - Any projects using patient or staff-specific data.
 - Any projects where patient chart reviews or review of retrospective data is needed.
 - Projects where the intervention, interaction, or use of identifiable private information occurs outside of the usual clinician-patient therapeutic relationship.
 - Projects with a primary objective to advance scientific or clinical knowledge through publication and presentation; it is expected that results will be published or presented to others through a peer-reviewed process.

APPROVALS:

		Date:
Approved:	BMC Nursing Policy Committee	4/15/2024 4/24/2023 8/2020
	BFMC Nursing Policy Committee	5/14/2024
	BNH Nursing Policy Committee	4/19/2024
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Policy Owner (<i>department name</i>)	Nursing Outcomes Improvement	
Originating / Revising Author	Manager, Nursing Outcomes Improvement Nurse Educator, Nursing Outcomes	

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