

## **NURSING CLINICAL GROUPS**

### **NURSING STUDENT PRACTICE STANDARDS**

#### **Drug Administration**

1. Students shall apply and demonstrate the principles of Safe Practice Behavior in daily practice.
2. Students shall not be allowed to administer drugs until the instructor has verified the student's competency with CMH's medication administration record.
3. Students shall verbalize and demonstrate a safe level of knowledge and skill in their medication administration including use, indications, dosage, side-effects and route. The school will ensure competency of medication administration and knowledge of the proper use of the medication administration record prior to the actual administration of medications at CMH.
4. Students shall verify the correct patient by always checking the patient identification band and checking against the eMAR report. (The patient's identification band contains the patient's name and birthdate as does the rounds report).
5. Students shall verify the order and the prepared dose of all parenteral medications with instructor and/ or assigned nurse. All IV pump settings shall be verified by staff or instructor.
6. Students shall always go to the instructor first if any medications are to be given. Staff should query the student if they have checked with the instructor. If staff are unable or are too busy to work with the students, staff should direct the student to work with their instructor.
7. Students shall verify all medications requiring calculations with the instructor and/ or assigned staff nurse.
8. Students shall verify all new orders for meds they are administering with the instructor and/ or assigned nurse.
9. Blood products shall be hung only under the direct supervision of an RN or the instructor. Per policy, verification of blood needs to be performed by two licensed employees.
10. Students shall not...
  - Administer any medication until the patient has been identified via their name band and eMAR;
  - Administer research protocol medications;
  - Administer chemotherapy medications;
  - Administer drugs in an emergent situation;
  - Administer drugs without medication specific information readily available;
  - Be allowed to set up or manipulate PCA/PCEA pumps;
  - Administer medications without utilizing eMAR.

#### **Documentation**

1. Before entering documentation in Epic, students shall have a rough draft approved by the instructor. The instructor may allow the student to document in Epic after competency is demonstrated, however, the documentation will still require a co-signature.
2. Instructors shall review student documentation during or after each clinical session for accuracy, appropriateness and completeness.
3. Instructors/RNs shall co-sign student documentation. The responsibility is a shared responsibility.
4. The CMH RN will perform their own charting for their patient(s) for that shift or validate the students shift summary.
5. Students shall document assessments on the appropriate flowsheets as part of a complete assessment. (For example neuro, pain, wound)
6. Admission assessments shall be completed only under the direct supervision of the unit RN or the instructor.

### **Safe Patient Care**

1. Instructors shall clearly identify what the students will and will not be doing on the student assignment sheets (passing meds or not passing meds, physical cares, etc).
2. The assigned RN is responsible and accountable for the patient. Therefore, clear communication between the assigned RN and the student must occur to ensure safe patient care. A verbal report will be given by the RN to the student prior to giving care to the patient.
3. A verbal report shall be given to the RN responsible for the patient by the student at the end of the students' clinical shift or if the student leaves the unit for any time period.
4. Students will only perform invasive procedures under the direct supervision of their instructor or RN.
5. The student will not perform any Point of Care testing.

**\*Students who are CMH employees shall follow the student guidelines during their clinical/precept.\***

## **NURSING INSTRUCTOR PRACTICE STANDARDS**

### **Drug Administration**

1. Instructors shall determine safe administration as evidenced by the student's ability to articulate the 5 rights, supporting physical examination data/ lab data, contents of the medication card template, and the clinical course competencies.
2. Instructors shall adhere to the medication policies and procedures of CMH.
3. Medications given by student nurses need to be co-signed in Epic.

### **Safe Patient Care**

1. Instructors will be expected to develop competency in clinical assignment areas.
2. Instructors shall make student assignments commensurate with the instructor's knowledge base and the level and ability of the student.
3. Instructors shall clearly identify what the students will and will not be doing on the student assignment sheets (passing meds or not passing meds, physical cares, etc).

### **Event Reports**

1. Instructors shall file a CMH event report whenever an incident involving a student error occurs.
  - a. Instructors shall complete an event report and follow-up on all events discovered during the clinical hours. If CMH discovers the error, it will be brought to the instructor's attention.
  - b. If the event is found after the clinical group has gone, pending the severity of the event, unit leadership will determine the follow-up process and will contact the instructor within 24 hours.
  - c. Event reports shall be completed when the student discovers incorrect medications in the assigned patient locations. When found, the student shall report it to the RN responsible for the patient and the RN shall complete an event report. (Students shall not independently complete any event report.)

## **Definitions**

**Competency:** An individual's demonstrated ability to achieve the expectations stated in CMH performance standards for a specific role and setting.

**Supervision:** The provision or guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

**Direct Supervision:** Immediate availability to continually coordinate, direct, and inspect at firsthand the practice of another.

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