

## Virginia Board of Nursing

### Guidance on Clinical Learning Experiences

#### Introduction/Background

This document provides information and guidance to schools of nursing (both PN and RN) in Virginia on the use of clinical learning experiences in the fulfillment of the clinical hour requirements for nursing education programs. As of April 2008, all RN nursing education programs approved in Virginia shall provide a minimum of 500 hours of direct client care supervised by qualified faculty, and all PN nursing education programs approved in Virginia shall provide a minimum of 400 hours of direct client care supervised by qualified faculty [18 VAC 90-20-120.E]. These supervised clinical hours shall encompass the attainment and maintenance of physical and mental health and the prevention of illness for individuals and groups throughout the life cycle and in a variety of settings. The clinical settings include acute, non-acute, community based, and long term care clinical settings; with experiences to include adult medical/surgical nursing, geriatric nursing, maternal/infant (obstetrics, gynecology, neonatal) nursing, mental health/psychiatric nursing, nursing fundamentals, and pediatric nursing. This document will outline the essential components and major concepts that are necessary when using clinical learning experiences, including roles and expectations for faculty, preceptors, nursing students, and clinical facilities. (Please see Guidance Document # 90-24 for additional requirements for the Use of Simulation in Lieu of Direct Client Care Clinical Learning Experiences, and Guidance Document # 90-28 for Clinical Hours for LPN to pre-licensure RN Transition/Bridge Programs).

#### Definitions of Terms

**Nursing Faculty** - a Registered Nurse who teaches the practice of nursing in nursing education programs meeting the criteria as defined in Virginia Board of Nursing Regulations Governing the Practice of Nursing (18VAC90-20-90; 18VAC90-20-95; 18VAC90-20-96). Nursing faculty member maintains the ultimate responsibility for the student's learning in the clinical setting. The nursing faculty member may directly supervise the students in the clinical area, not to exceed a one to ten ratio (faculty/student). The faculty member who is not providing direct supervision may supervise the precepted clinical experiences, not to exceed a one to fifteen ratio (faculty/student).

**Clinical Preceptor**- A licensed nurse, licensed at or above the level for which the student is preparing. The clinical preceptor is a qualified licensed healthcare professional employed by the facility in which the clinical experience occurs and is **present** with the student during the student's clinical experience. He/She agrees to serve as a role model, resource person, and supervisor of the student's clinical experience. The preceptor-student ratio may not exceed two students to one preceptor at any given time, but may be 1:1.

**Nursing Student**- An individual enrolled in an approved nursing education program. The nursing student may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned. The student is self-directed; responsible to and supervised by the nursing faculty member/clinical preceptor to achieve the clinical objectives of the specific course and nursing education program.

**Preceptorship**- A clinical experience in which a nursing student is participating in the provision of care for one or more clients and a nursing faculty member is **not** providing direct supervision on site. A preceptorship agreement is required when nursing faculty are not providing direct supervision.

**Cooperating Agency** – Any location in which the clinical practice of nursing occurs to provide learning experiences for a nursing education program as specified in a written agreement between the cooperating agency (clinical facility) and the school of nursing.

### **Statute and Regulations**

**§54.1-3001 of the Code of Virginia** allows a nursing student, while enrolled in an approved nursing program, to perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned. This statute requires that the nursing education program be approved, and as such, has requirements in regulation for the supervision of students by qualified faculty.

If the nursing education program chooses to provide clinical experiences outside of Virginia, the program is responsible for obtaining the permission or approval from that entity outside of Virginia (ie – other States or the District of Columbia, or foreign country).

#### **Regulation 18 VAC 90-20-90. Faculty**

##### *A. Qualification.*

- 1. Every member of the nursing faculty, including the program director, shall hold a current, unencumbered license as a registered nurse or a multistate privilege to practice nursing in Virginia. Persons providing instruction in topics other than nursing shall not be required to hold a license as a registered nurse.*
- 2. Every member of a nursing faculty supervising the clinical practice of students shall meet the licensure requirements of the jurisdiction in which that practice occurs.*
- 3. The program director and each member of the nursing faculty shall maintain professional competence through such activities as nursing practice, continuing education programs, conferences, workshops, seminars, academic courses, research projects and professional writing.*

##### *B. Number.*

- 1. The number of faculty shall be sufficient to prepare the students to achieve the objectives of the educational program and to ensure safety for patients to whom students provide care.*
- 2. When students are giving direct care to patients, the ratio of students to faculty shall not exceed ten (10) students to one (1) faculty member, and the faculty shall be on site solely to supervise students.*
- 3. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to fifteen (15) students.*

**Regulation 18 VAC 90-20-95. Preceptorships.**

- A. *Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. The clinical preceptor shall be licensed at or above the level for which the student is preparing.*
- B. *When giving direct care to patients, students shall be supervised by faculty or preceptors as designated by faculty. In utilizing preceptors to supervise students, the ratio shall not exceed two students to one preceptor at any given time.*
- C. *Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor may not further delegate the duties of the preceptorship.*
- D. *Preceptorships shall include:*
  1. *Written objectives, methodology, and evaluation procedures for a specified period of time;*
  2. *An orientation program for faculty, preceptors, and students;*
  3. *The performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and*
  4. *The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.*

**Regulation 18 VAC 90-20-96. Clinical practice of students.**

- A. *In accordance with §54.1-3001 of the Code of Virginia, a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct patient care tasks to which he has been assigned.*
- B. *Faculty members or preceptors providing supervision in the clinical care of patients shall be responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the patients.*

**Regulation 18 VAC 90-20-130. Resources, facilities and services.**

- A. *Periodic evaluations of resources, facilities and services shall be conducted by the administration, faculty, students and graduates of the nursing education program.*
- B. *Secretarial and other support services shall be provided.*
- C. *Classrooms, conference rooms, laboratories, clinical facilities and offices shall be sufficient to meet the objectives of the nursing education program and the needs of the students, faculty, administration and staff.*
- D. *The program shall have learning resources that are current, pertinent and accessible to students and faculty, and sufficient to meet the needs of the students and faculty.*
- E. *Written agreements with cooperating agencies shall be developed, maintained and periodically reviewed. The agreement shall:*
  1. *Ensure full control of student education by the faculty of the nursing education program, including the selection and supervision of learning experiences.*
  2. *Provide that faculty members or preceptors be present in the clinical setting when students are assigned for direct patient care.*

3. *Provide for cooperative planning with designated agency personnel to ensure safe patient care.*
  4. *Provide that faculty be available to students and preceptors while students are involved in preceptorship experiences.*
- F. *Any observational experiences shall be planned in cooperation with the agency involved to meet stated course objectives.*
- G. *Cooperating agencies shall be approved by the appropriate accreditation, evaluation or licensing bodies, if such exist.*

### **Key Components**

The Board of Nursing envisions the nursing faculty member and clinical preceptor functioning in a role which enhances the nursing students' learning experiences. Nursing faculty members or clinical preceptors providing supervision in the clinical care of patients shall be responsible and accountable for the assignment of patients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills.

#### **Direct Care Clinical Components:**

Partnerships between nursing education programs and clinical agencies are vital for providing nursing students the opportunity to practice nursing during their clinical experiences within a variety of settings with expert resources. Written agreements between the nursing education program and the cooperating agency shall be developed, maintained, and periodically reviewed. The agreement shall meet the criteria as defined in Virginia Board of Nursing Regulations Governing the Practice of Nursing (18VAC90-20-130.E.)

When supervising nursing students giving direct care to clients, the ratio of students to faculty shall not exceed ten (10) students to one (1) faculty member, and the nursing faculty member shall be on site solely to supervise students in the clinical setting. Supervising faculty shall monitor the student's clinical performance and intervene if necessary for the safety and protection of the patients.

#### **Preceptorship Components:**

Precepted clinical experiences are planned experiences for a specific nursing course. The nursing faculty member becomes the facilitator of the total preceptor experience by planning, counseling, periodic monitoring, and evaluating the preceptorship throughout its entirety. Nursing faculty members are responsible for the designation of a clinical preceptor for each student and will communicate such assignment with the clinical preceptor in collaboration with the clinical facility. When nursing faculty are not on site to supervise students, clinical preceptors may be utilized for specific learning experiences in the clinical setting. During these occasions, the faculty member may supervise up to 15 students. Supervising preceptors shall monitor the student's clinical performance and intervene if necessary for the safety and protection of the patients.

Preceptorships shall include:

1. Written objectives, methodology, and evaluation procedures for a specified period of time;
2. An orientation program for faculty, preceptors, and students;

3. The performance of skills for which the student has had faculty-supervised clinical and didactic preparation.
4. Written agreements between the nursing education program and the affiliating agency shall be developed, maintained, and periodically reviewed. The agreement shall meet the criteria as defined in Virginia Board of Nursing Regulations Governing the Practice of Nursing (18VAC90-20-130.E.)

### **Program/Faculty Responsibilities**

1. Ensure that nursing faculty members and clinical preceptors meet qualifications as outlined in 18VAC90-20-90 and 18VAC90-20-95.
2. Ensure that there are written agreements which delineate the functions and responsibilities of the cooperating agency, clinical preceptor, and nursing program.
3. Ensure that the written agreements with cooperating agencies and the nursing education program are reviewed, signed, and current.
4. Ensure that clinical experiences using clinical preceptors occur only after the student has received applicable theory and clinical skills lab experiences necessary to safely provide care to clients, as appropriate.
5. Provide the clinical preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program and course. Discuss student expectations, skills performance, and methods of evaluation.
6. Assume overall responsibility for teaching and evaluation of the nursing student.
7. Ensure student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage, as appropriate.
8. Selects clinical preceptor for nursing student.
9. Meets periodically with clinical preceptor and nursing student to determine student progress.
10. Be readily available via telephone for consultation when students are in the clinical area. The designated nursing faculty member shall be available to provide assistance or supervision of the student at the clinical site, should a problem arise that cannot be resolved by telephone.

### **Preceptor Responsibilities**

1. Participate in a preceptor orientation facilitated by the nursing education program.
2. Facilitate clinical learning experiences for no more than two nursing students at a time.
3. Orient nursing student(s) to the clinical agency and its policies and procedures.
4. Guide and supervise the student's performance of skills and other nursing activities to ensure patient safety.
5. Provide feedback to the nursing faculty member, assigned to the student, regarding clinical experience for student and suggestions for program development.
6. Provide the nursing student with feedback on his/her progress, based on the clinical preceptor's observation of clinical performance, assessment of achievement of clinical competencies, and patient care documentation.
7. Retain ultimate responsibility for the care of the clients. Fulfill nursing duties as determined by the clinical agency's policies and procedures.
8. A preceptor may not further delegate the duties of the preceptorship.

9. Contact nursing faculty member by telephone if faculty assistance is necessary.

### **Agency Responsibilities**

Written agreements between the nursing program and cooperating agency (clinical facility) shall be developed, maintained and periodically reviewed. In addition to the written agreement, the cooperating agency (clinical facility) shall:

1. Ensure full control of student education by the **faculty** of the nursing education program, including the selection and supervision of learning experiences.
2. Ensure that the nursing education program is providing appropriate clinical supervision to the students, either by faculty or clinical preceptors, and is not relying on the cooperating agency (clinical facility) staff to provide supervision to the students.
3. Retain ultimate responsibility for the care of patients.
4. Retain responsibility for the preceptor's salary, benefits, and liability.
5. Arrange for the Preceptor and nursing student to coordinate the times for the precepted clinical experience.

### **Student Responsibilities**

1. Demonstrate self direction by actively seeking learning experiences and being prepared to accomplish the learning objectives for the clinical experience.
2. Maintain accountability for safe performance of those direct client care tasks to which the student has been assigned.
3. Prepare for each clinical experience as needed.
4. Provide safe nursing care at the highest level of the student's knowledge. Participate in direct client care as assigned by the clinical preceptor.
5. Respect the confidential nature of all information obtained during the clinical experience.
6. Contact nursing faculty by telephone if faculty assistance is necessary.
7. Maintain open communications with the preceptor and faculty.

### **Expectations for Using Preceptors in Nursing Education Programs**

Preceptors may be used for supervision of nursing students only after students have demonstrated knowledge and skills that are required for the clinical situation. Nursing students must have successfully completed foundational nursing concepts prior to being assigned to a clinical preceptor such as anatomy and physiology, nutrition, growth and development, basic nursing care, ADLs, pharmacology, nursing process, promotion of a safe client environment, cultural values, physical assessment, and patient education. Medication administration may be supervised by the clinical preceptor after the student has satisfactorily completed initial instruction and clinical skills practice with nursing faculty supervision.

When the preceptorship is provided in a setting in which the student is employed, the nursing faculty member must ensure that both the nursing student and clinical preceptor understand the difference in the student's role during the preceptorship experience versus their role while employed at the clinical agency.

When students are performing direct patient care, on site supervision of students by a nursing faculty member or preceptor is required at all times. Examples of types of clinical settings include, but are not limited to: physician offices, school nurse clinics and schools, ambulatory

care settings, and in-patient facilities. These experiences can be counted toward the required supervised direct care clinical hours as defined in 18 VAC90-20-120.E.

The exceptions to direct, on-site supervision, are in the following areas:

1. The clinical experience is strictly observational.
  - a. The purpose of an observational experience is to allow the student to observe specialized or advanced areas of clinical care. In an observational experience, nursing students do not provide direct (hands-on) care.
  - b. Nursing students may be assigned at a clinical site for observational experiences without the supervision of a clinical preceptor, provided that such experiences meet the learning objectives as clearly defined. Nursing faculty remain responsible for the supervision of students involved in observational experiences (absent a preceptor) within the 10 to 1, student to faculty ratio. Examples of observational experiences include, but are not limited to: attendance at AA meetings, support groups, or birthing classes; and “shadowing” experiences where the student will observe a nurse perform his/her nursing care and provide no assistance.
  - c. Observational clinical hours do not count toward the required supervised direct client care hours as defined in 18VAC90-20-120.E.
2. The clinical experience is a community health experience meeting the following criteria:
  - a. The nursing students have successfully completed foundational nursing concepts, as identified above, and basic medical-surgical nursing concepts prior to being assigned to a community based clinical experience.
  - b. There are established clinical objectives and an appropriate orientation to the setting.
  - c. The nursing care provided by the nursing student is limited to basic screening and data collection, health teaching, and assisting with low-risk, non-invasive nursing care (height/weight; vital signs, assessments, basic activities of daily living (ADLs)).<sup>1</sup>
  - d. The nursing faculty member verifies the student’s competency in the care and/or other skills required for the clinical setting prior to the rotation.
  - e. The supervising nursing faculty member meets with the nursing students regularly to evaluate their progress toward meeting the objectives.
  - f. The supervising nursing faculty member is readily available by telephone to provide direct assistance, supervision, and evaluation as needed during the rotation.

Examples of community health experiences may include, but not limited to: Boys and Girls Club, Home Health, Health Department, Community Services Board, Child Care Centers, and Adult Day Care Centers. These experiences can be counted toward the required supervised direct care clinical hours as defined in 18 VAC90-20-120.E.

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<sup>1</sup> Medications and invasive or complex procedures and care may not be performed unless the nursing faculty or clinical preceptor is on site to provide appropriate supervision.

3. The experience is a global/international community health experience meeting the following criteria:
  - a. The nursing students have successfully completed foundational nursing concepts, as identified above, and basic medical-surgical nursing concepts prior to being assigned to a community based clinical experience.
  - b. There are established clinical objectives and an appropriate orientation to the setting.
  - c. The nursing care provided by the nursing student is limited to basic screening and data collection, health teaching, and assisting with low-risk nursing care non-invasive: height/weight; vital signs, assessments, basic activities of daily living (ADLs).<sup>2</sup>
  - d. The nursing faculty member verifies the student's competency in the care and/or other skills required for the clinical setting prior to the rotation.
  - e. The supervising nursing faculty member meets with the nursing students regularly to evaluate their progress toward meeting the objectives.
  - f. The supervising nursing faculty member is readily available by telephone to provide direct assistance, supervision, and evaluation as needed during the rotation.

Examples of global/international clinical experiences may include, but not limited to: Overseas Health Mission trips, Overseas Interdisciplinary Healthcare Team trips, Operation Smile, and Medishare.

These experiences can be counted toward the required supervised direct care clinical hours as defined in 18 VAC90-20-120.E.

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<sup>2</sup> Medications and invasive or complex procedures and care may not be performed unless the nursing faculty or clinical preceptor is on site to provide appropriate supervision.