Clinical teaching associates or preceptors are used as part of the clinical mentorship for all levels of nursing practice. Before accepting this responsibility, become familiar with the Oregon Nurse Practice Act in addition to the requirements of the student’s nursing program. The following highlights common areas of clarification for nurses accepting this clinical role. Please contact the Board’s Education Consultant for further clarification or concerns regarding RN/LPN programs, or the Board’s Advanced Practice Consultant for students enrolled in NP (includes CNM), CRNA or CNS programs.

**GENERAL RESPONSIBILITIES OF THE NURSING PROGRAM**

The nursing program is responsible to provide clinical teaching associates/preceptors with written expectations of the preceptor role, including information about the student’s specific clinical objectives. The nursing program is responsible to check and document the student’s enrollment status, licensure or certification, completion of required vaccines and any other legal requirements such as criminal background checks. The nursing program also signs and maintains records of clinical agreements with the site of the clinical practice which are reviewed and periodically updated. The nursing program may require individual contracts or agreements with clinical teaching associates/preceptors in addition to their site of practice.

The nursing program provides faculty oversight for the student’s clinical experience. All clinical completed by students must be directed and supervised by a nurse educator or nurse educator associate.

**GENERAL RESPONSIBILITIES OF THE PRECEPTOR**

The clinical teaching associate/preceptor is responsible for direct supervision of any patient care the student provides while enrolled in their clinical practicum. Clinical teaching associates/preceptors must hold an unencumbered license to practice in Oregon appropriate to the student’s learning needs and objectives. Clinical teaching associate/preceptors are additionally responsible to verify that NP students who will seek prescriptive authority specifically document prescribing hours in their practicum. The Oregon State Board of Nursing (OSBN) requires that all Nurse Practitioners seeking licensure must have documented at least 150 hours of pharmacologic management in their clinical practicum (OAR 851-056-0006(5)). In Oregon, distance learning programs must meet similar requirements to site-based programs.

**RN/LPN STUDENTS ENROLLED IN AN OREGON PROGRAM**

All Oregon based RN and LPN programs must be approved by the OSBN. Program requirements are found in Division 21 of the Oregon Nurse Practice Act (www.oregon.gov/OSBN). The Board specifies that faculty members must confer with each clinical teaching associate (individually or in groups) regularly during the clinical experience (OAR 851-021-0045). A list of approved Oregon RN/LPN programs may be found at: http://www.oregon.gov/OSBN/RN_LPNprograms.shtml.

**NP/CRNA/CNS STUDENTS ENROLLED IN AN OREGON PROGRAM**

The Oregon State Board of Nursing is currently surveying all Oregon NP programs, but does not review CRNA or CNS programs. Regulations for students seeking licensure in Oregon may be found in the appropriate Division of the Oregon Nurse Practice Act. For updates on approved Oregon NP programs please visit our website at www.oregon.gov/OSBN.

**OUT-OF-STATE PROGRAMS PLACING STUDENTS IN OREGON**

Any student placed in Oregon for clinical nursing practice from an out-of-state pre-licensure or advanced practice program is required to register with the Board before practice starts. The Board will acknowledge registration to the program and/or student. Forms for
registration with the Board are found at www.oregon.gov/OSBN/forms.shtml. Preceptors should ask the nursing student or program contact for a copy of this verification before the start of any patient practicum.

Programs placing students for clinical practice in Oregon must be able to validate that they are:

1) Nationally, and/or regionally state accredited by an agency recognized by the Council on Higher Education Accreditation (CHEA).
2) In compliance with Oregon Office of Degree Authorization requirements (see www.osac.state.or.us/oda/).
3) Approved by their home Board of Nursing (OAR 851-021-0090) if an RN/LPN program.

Students in post-licensure programs such as RN-BSN programs should ensure that their program works directly with the Oregon Office of Degree Authorization to understand required state level approval before any practicum experiences begin in Oregon.

FAQs

I’ve heard that the student is working under my nursing license. Is this true?

The nursing student does not practice under the RN’s license any more than a CNA or LPN does. The student practices under the statute of the Nurse Practice Act that allows “the practice of nursing incidental to the planned program of study for students enrolled in nursing education programs accredited by the Oregon State Board of Nursing” or another state or US jurisdiction (ORS 678.031(2)). The licensed nurse would be held responsible for assisting the student and making appropriate assignments of client care based on the level of the student’s competence. The licensed nurse retains responsibility and accountability for patient care, even if a student nurse provides a large portion of that care.

All Advanced Practice Registered Nurse students in Oregon are required to have an Oregon RN license, and are therefore practicing under the requirements of that license, in addition to the supervision of the nursing faculty in their program. Many nursing Boards do not approve or accredit Advanced Practice Nursing programs.

What are the Board’s requirements for co-signature of charts and orders?

Facility policies determine the process for confirmation and validation of continued on page 8
Charts and orders, including electronic charting. The Oregon Nurse Practice Act requires that documentation be timely and complete in any patient’s record, and compliant with state and federal law such as HIPAA. A student NP or CNS may not sign prescriptions, but may write out the text of the prescription for preceptor review in order to gain required skill and competency.

What does the Board require for students in NP or CNS programs seeking prescriptive authority?

Division 56 of the Oregon Nurse Practice Act contains requirements for prescriptive authority. In addition to completion of 45 contact hours of advanced pharmacology course consistent with the student’s field of practice, student NPs and CNSs must complete a curriculum which is consistent with American Association of Colleges of Nursing’s standards for advanced nursing degrees. Clinical preparation must integrate at least 150 hours of application of pharmacologic knowledge in completed clinical hours.

How does the mandatory reporting law impact my role as a preceptor or clinical teaching associate?

Clinical teaching associates/preceptors should initially contact the student’s programs with any concerns about clinical competency and ability to meet licensure requirements. Because Advanced Practice Registered Nursing students are licensed as Oregon nurses first, the requirements for mandatory reporting of nursing practice concerns applies even in the student role. See www.oregon.gov/DHS/abuse/mandatory_report.shtml and www.oregon.gov/OSBN/pdfs/publications/MandatoryReportingSentinel_12-10.pdf for an overview of Oregon mandatory reporting law.
I’ve been contacted by a former nurse who wants to do some hours to get her license back. What does that mean and what are my responsibilities?

Nurses contacted by someone in the above scenario must first understand whether the nurse does not have a current license because of a disciplinary action or because she/he does not meet the practice requirement. The facts of the situation can first be verified online by confirming whether a license is “expired” or has been disciplined. Nurses already approved for a reentry plan or enrolled in a re-entry program will be issued a “limited license” that can be confirmed online. For any student not enrolled in a formal re-entry program, the Board should be contacted directly to identify whether or not the proposed re-entry plan has been reviewed and approved. All advanced practice re-entry students must have their plan of study and clinical site approved by the Board before starting any clinical practice. Nurses under probation or another Board sanction will have a contact coordinator at the Board who can review specifics of their Board directed requirements. Nurses completing supervised practice for disciplinary reasons will have releases and contracts which allow direct communication with the Board.

Can a student NP bill for his or her clinical practice?

No. According to Nurse Practitioner Attorney Carolyn Buppert: “Student services are not billable; however, students may perform and document certain portions of the history. A student may perform and document the past medical history, past social history, family history, and review of systems.” Students who are obtaining a second advanced nursing license or a post-masters for the purpose of a second population specialty must be very cautious that their student clinical hours completed are not done for compensation and are approved and supervised by their program of study.

Can a student nurse do clinical in a site where they are also employed?

It depends. Many employers will not approve a clinical placement of an employee in the clinic, unit, or facility where they are also employed due to potential legal complications with insurance coverage and potential for role confusion. The Board expects that nursing programs who approve such placement have written policies explaining the criteria under which a placement can occur. As stated above, no compensation can be received by a student RN, L PN or Advanced Practice Registered Nurse for their clinical or re-entry practice experience, and billing for services is not legal.