Clinical Education Roles and Responsibilities for Clinical Faculty and Nursing Staff at Clinical Facilities

Purpose: This interpretive statement seeks to clarify the minimum standards as set in Division 21 rule by further defining roles and responsibilities for nursing program faculty and nursing staff at clinical facilities. In addition, the statement provides expectations of the responsibilities of these roles during students’ clinical rotations within various clinical experiences such as faculty-led clinicals, final practicum, rotate out/observation placements, dedicated education units, and community-based nursing clinicals. It is recognized that facility policy and clinical affiliation agreements may impose additional rules or expectations.

Background and Significance: The Board receives multiple inquiries from in and out-of-state programs regarding the roles and responsibilities associated with clinical nursing education. While nursing program policies may provide more detail, this interpretive statement may be used to guide those policies.

Board Statement: The overarching principle of the clinical experience is that nursing program faculty are the primary educators and evaluators of the students. They are available to guide and mentor the clinical nurses and preceptors who model nursing practice for the students. To that end, faculty must remain personally aware of the students’ clinical experiences and their achievement of the expected clinical outcomes.

Q: What does “ultimate oversight of nursing faculty” mean?  
This means that nursing faculty shall have ultimate responsibility for student evaluations and progression in the program with input from clinical preceptors and clinical nurses as appropriate. In the final clinical practicum experience, clinical preceptor input is documented.

Q: What are the requirements or guidelines for co-signing student documentation?  
The Board has no requirement or specific guidelines for co-signing student documentation. If the agency has a co-signing policy it must be followed.

Q: When I work with a student as a clinical nurse or clinical preceptor, is the student working under my license?  
No. The student does not work under the license of the clinical nurse or clinical preceptor. The clinical faculty and faculty of record for the class are ultimately responsible for confirming that the student is appropriately prepared for clinical experiences and has demonstrated competency in the expected patient care and treatments. The faculty are accountable to the Oregon State Board of Nursing under their license for the preparation of the students for clinical experiences.

Q: What types of situations in faculty-led clinical experience might require a lower ratio than 1:8?  
With patient and student safety being the primary factors, examples of situations where the faculty intentionally reduce the ratio to one faculty member to less than eight students might include the following: skill of facility staff; skill of the students; experience of the faculty member; physical layout and geography of the clinical site in which distances between units do not allow for meaningful
presence by the faculty member; a small unit that might not have room for eight students; facility preference for fewer than eight students; or, a facility with a high number of patients with frequent, complex treatments that would make it difficult for the faculty member to provide adequate supervision of the students. Simulation may require a lower ratio as well.

**Q: What is meant by “meaningful presence” for a faculty – led cohort?**

In faculty-led cohort clinicals, the term “readily available” and “meaningful presence” refer to the faculty member being continuously on-site during the clinical time, and rounding on the units where students are present, to observe and discuss the experience with students as appropriate throughout the shift.

Being “readily available” means the faculty member is on-site and immediately available by a communication device (pager or phone). The number is shared openly with students and nurses.

“Meaningful presence” is demonstrated when the faculty member plays an active part in the student’s learning and critical thinking. The faculty member obtains and maintains knowledge of patient assignments throughout the day by asking students to give report to the faculty member and guiding the student in formulating an ongoing plan for care delivery within the triad of student, clinical nurse, and faculty member. The faculty member plans observations of the student in patient interactions and assessments, ensures a plan for the day is communicated with the clinical nurse, identifies what students may and may not do, and shares expected learning outcomes for the day.

**Clinical Nurse responsibilities**

- Confirm the student’s clinical objectives for the day.
- Provide orientation to unit care routines.
- Confirm with clinical faculty, the procedures that require faculty supervision, RN supervision, and those that may be performed independently by the student.
- Confirm with clinical faculty, the procedures that students are not allowed by the program to do.
- Share clinical decision-making processes with the student throughout the shift, as appropriate.
- Provide immediate and specific feedback to the student when indicated.
- Involve the assigned faculty member immediately with concerns of unsafe practice or student learning needs in order for the faculty member to evaluate the student’s practice.

**Q: What is meant by “meaningful presence” for a dedicated education unit?**

On the dedicated education unit, the student, clinical preceptor and faculty member meet initially to define objectives and expected outcomes for the term. The student works alongside the clinical preceptor for a period of time described in the curriculum. During that time, the clinical faculty is available by phone and makes on-site visits with student and clinical preceptor to meet program requirements as described in the curriculum.

**Clinical Preceptor responsibilities**

- Complete all requirements of the program for this role.
- Confirm the student’s clinical objectives for the day.
- Provide orientation to unit care routines.
• Confirm with clinical faculty, the procedures that require faculty supervision, RN supervision, and those that may be performed independently by the student.
• Confirm with clinical faculty, the procedures that students are not allowed by the program to do.
• Share clinical decision-making processes with the student throughout the shift, as appropriate.
• Provide immediate and specific feedback to the student when indicated.
• Involve the assigned faculty member immediately with concerns of unsafe practice or student learning needs in order for the faculty member to evaluate the student’s practice.
• Allow the student to take increasing responsibility for decision-making in patient care throughout the term, as appropriate.

Q: What is meant by “meaningful presence” for a final practicum?
Faculty are not required to maintain an on-site presence during the final clinical practicum experience, but are expected to assess and evaluate student performance and progression during an appropriate number of in-person visits with both the clinical preceptor and with the student. For example, this might occur weekly during in-person visits at the clinical site.

In the final practicum, the student, clinical preceptor and faculty member meet initially to define objectives and expected outcomes for the term. The clinical preceptor documents and signs an agreement to be a role model and mentor to the student. The student works alongside the clinical preceptor for a period of time described in the curriculum. During that time, the clinical faculty is available by phone and makes on-site visits with student and clinical preceptor to meet program requirements as described in the curriculum.

Clinical Preceptor responsibilities
• Complete all requirements of the program for this role.
• Confirm the student’s clinical objectives for the day.
• Provide orientation to unit care routines.
• Confirm with clinical faculty, the procedures that require faculty supervision, RN supervision, and those that may be performed independently by the student.
• Confirm with clinical faculty, the procedures that students are not allowed by the program to do.
• Share clinical decision-making processes with the student throughout the shift, as appropriate.
• Provide immediate and specific feedback to the student when indicated.
• Involve the assigned faculty member immediately with concerns of unsafe practice or student learning needs in order for the faculty member to evaluate the student’s practice.
• Allow the student to take increasing responsibility for decision-making in patient care throughout the term, as appropriate.

Q: What is meant by “meaningful presence” for a community-based nursing experience?
In a community health clinical experience, the agency staff and faculty member meet to define objectives and expected outcomes for the term. The student works with agency staff in the community setting for a period of time as described in the curriculum. During that time, the clinical faculty is available by phone and makes on-site visits with student and agency staff to meet program requirements as described in the curriculum.
Q: Must the clinical faculty observe the student in a rotate out or observation experience?
A rotate-out or observation experience may include patient care settings such as day surgery, cath lab, wound care clinic, etc. where the student is spending up to 24 clinical hours. The faculty member is not required to observe the student in the experience, but remains readily available by phone.

Faculty must communicate the student’s clinical objectives for the experience and confirm the procedures that require RN supervision, and those that may be performed independently by the student. Faculty must communicate the procedures that students are not allowed by the program to do.

Q: What kind of training must clinical preceptors receive in the DEU?
DEU Clinical preceptors should be experienced nurses and receive training and support to provide clinical instruction to nursing students to meet the needs of the academic partner’s curriculum, level of student, and professional growth for the clinician. Training should be in accordance with the academic institution and DEU Clinical site and focused on providing students with a positive clinical learning environment that maximizes their learning outcomes. The strength of the DEU clinical preceptors is their capacity to teach salient clinical and critical thinking skills to the student within the context of day-to-day unit operations. The preceptor and student partnership allows the DEU clinical preceptors to establish positive mentoring relationships with their students and to learn the strengths and limitations of their students. Therefore, DEU clinical preceptors can tailor their clinical teaching strategies to the individual need of the student.

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