



Oregon

Kate Brown, Governor

Board of Nursing

17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012
(971) 673-0685
Fax: (971) 673-0684
Oregon.BN.INFO@state.or.us
www.oregon.gov/OSBN

April 2, 2020

UPDATE: Senior nursing students working as healthcare workers in acute care

The OSBN has received queries from hospitals about hiring senior nursing students to meet the demand for healthcare workers. During this emergency, the OSBN will allow senior nursing students to be employed by healthcare facilities as paid healthcare workers and to use that time as clinical practicum required in their last term.

The following guidelines must be followed:

- This is only for RN students only, in their last term of nursing school.
- Said students must be assigned a mentor each day they are on the unit where they are employed, to serve as a contact person.
- Said students will do the same work they were allowed to do as students. The mentor will co-sign high risk medications.
- Said students may not be referred to as *nurses*, which implies they are registered nurses. The alternate job title may be chosen by the healthcare facility.
- This work may count as senior practicum hours for the students
- As in any senior practicum, communication between the hospital staff and faculty member must be maintained on a schedule agreed to by both faculty and facility, and the faculty member must be available by telephone.
- At the end of the school term when the student has completed the program, final evaluations will be completed by the faculty member in consultation with the mentor or mentors.

Please let me know if you have any questions.

Nancy Irland, DNP, RN, CNM (ret)
Policy Analyst for Nursing Education & Assessment

UPDATE

March 27, 2020

Dear Nursing Program Administrators:

It has been just 11 days since I sent the previous letter (below) and much has already changed. It has now become standard practice across the state to close campuses. Most—but not all—clinical facilities are closed to students. Some programs without clinical placement denials would like to substitute face-to-face clinicals with virtual simulations, but previously this was only allowed if the clinical sites were closed to students. This has now changed.

Nursing Programs may voluntarily *choose* to meet clinical practice experience by some way other than face-to-face clinicals, *whether or not* there has been a denial or lock-out of students. The OSBN will allow for nurse administrators to decide what is best for their students.

Many programs are front-loading didactic information for now, reserving a concentrated approach to clinical experience after April 28, in hopes that the crisis might be less threatening at that time. That is also a reasonable approach.

As of this date, the information below remains in effect except for the items referring to clinical lock-outs: item #1 in the second bullet below, and the first bullet in the summary.

Thank you for your continued dedication to your students, to quality nursing education and ultimately to our patients.

Best,

Nancy Irland

* * * * *

March 16, 2020

Dear Nursing Program Administrators:

This letter is sent in light of the impact of COVID-19 on education programs and scheduled classroom and clinical experiences. There is a concern that education programs may need to close and/or health care settings could restrict or refuse student clinical experiences due to a localized outbreak, a quarantine directive by the Oregon Health Authority (OHA) or other related issues.

The Oregon State Board of Nursing is responsible for keeping Oregon's patients safe. We are partners with you in confirming that entry-level nurses have met criteria for initial practice. We understand your concerns when faced with the prospect of closed campuses and students being denied access to facilities for clinical practice. To that end, please see the information below, which will serve as the Board's most recent official response.

Prior to use of these substitutions, the following must be completed:

- A program must submit a request to the Board representative for approval.

- That request must include the following:
 1. Official letter or email of denial (lock-out) of students to complete patient care in the clinical facility and/or closure of campus
 2. Plan for students to meet course objectives without face-to-face clinical experiences (what techniques will you use?) How will students meet the clinical outcomes of the course?
 3. Total # of clock hours currently in curriculum for direct patient care this term.
 4. Total # of clock hours of direct patient care *already completed*
 5. Total # of clock hours *anticipated to substitute* for direct patient care during the emergency.
 6. If using clinical competency alone, rather than completed clinical hours as a criteria for passing the course, how will you measure clinical competency?

Replacement Options for Clinical Experience

During the current state of emergency, a nursing program may use a variety of methods to replace students' clinical experiences for both cohort and final practicum placements. We encourage the continuation of clinical practicum if possible, and programs will need to assure that strategies will be employed to assure program completion without compromising student education.

As with all aspects of education, the student assessment and competency validation are key to any decisions you make as an educational nursing program. The examples below are what the Board would find acceptable given the current circumstances. The responsibility of checking with your accreditation bodies remains with the program. If further clinical validation is required, the assumption is that it would occur once classes resume.

Alternate clinical options may include the following as a guide, but other options may be approved if applicable:

- Mid-fidelity and high-fidelity simulations.
 - Refer to the definitions of simulation in OAR 851-006-0000, definition #115.
 - Debriefing after the scenario is key, with the use of appropriate questions consistent with current national simulation guidelines.
 - 1 hour of mid-fidelity or high-fidelity simulation may replace 2 hours of actual clinical practice
- Virtual simulations through reputable companies such as Lippincott, NurseThink, and/or Shadow Health may be helpful resources
- Detailed case studies, perhaps utilizing Next Generation NCLEX question formats may be used
- Some programs are front-loading didactic or clinical hours.

Number of Hours of Clinical Practice Required

- During this emergency, the OSBN is allowing flexibility in total clinical hours for course completion.
- When using a competency-based model of assessment to determine course completion, a program must report on criteria to assess student achievement of identified competencies as well as course and program outcomes. How will you measure that a student is competent and has met course outcomes?

Summary

In summary, please note the following:

- These substitutions may only be implemented if there is no other way for the students to complete their clinical experience.
- Approval must be received from Board staff before these substitutions are implemented. Board staff understands that time is of the essence and will reply to requests as quickly as possible.
- Once the governor rescinds the state of emergency, these temporary measures must stop and will not be approved.

We all know that the supply chain of appropriately-educated nurses must continue and our goal is to support you in that. Please let me know if you have any further questions.

Kind regards,

Nancy Irland, DNP, RN, CNM (ret)
Policy Analyst for Nursing Education & Assessment

Oregon State Board of Nursing
17938 SW Upper Boones Ferry Rd.
Portland, OR 97224