



## Nursing Student Cohort Addendum 2025

Beginning Fall Term 2025, UCBH staff RN's will no longer precept cohort students. The school's clinical instructor will be required to precept the students with continuous presence on the assigned unit. This means that the UCBH RN will still retain the patient on their assigned caseload, but the clinical instructor will perform and supervise all student activities.

*Note: UCBH will continue to accept senior practicum students with UCBH staff RN preceptors.*

### **Legacy Policies**

- UCBH General Policy: [Health Professionals Student Rotations](#)
- UCBH Policy: [Medication Administration Precautions](#)
- Med passing: LH Policy [Medications Administration](#) (see page 3 for more information)
  - Students: Nursing or paramedic students in clinical practice rotations may administer prescribed medication(s) by accepted routes within the scope of their role and level of education.
    - i. Students must have direct supervision by their assigned ... [Clinical Instructor/Preceptor](#) during all aspects of the medication administration process.
    - ii. Prior to any administration and interventions, all medications will have calculations checked and cosigned on the electronic medication administration record (MAR) by [clinical faculty...](#)

*All other policies are located on the LH intranet under "Search for Policies and Procedures" using the search bar.*

### **Observation levels** for student nurse providing patient care activities

- **Direct supervision:** close observation and oversight over full process and all actions
  - Required for medication handling (see below)
- **General supervision:** general observation and oversight that does not require side-by-side presence of clinical instructor or licensed RN
  - Only applies to patients that are not escalated or exhibiting other concerning behaviors
  - Includes milieu for patient interactions
  - Includes group settings when another Unity staff is present
  - Minimum supervision level for activities in patient rooms (students should not be alone in patient rooms)

## **Assignment and Shift Process**

Though each unit may differ, the following outlines a general process for student patient assignment and nursing activities.

1. Charge RN's access the Education webpage [UCBH Education and Practice](#) to review nursing student schedules and assignments prior to start of shift. Schedules are posted as soon as approvals and student names are received and regularly updated.
2. The Charge RN identifies 1 patient from each RN that would be a good candidate for student interactions. The student will be notified of the assignment at change of shift. The clinical instructor will be notified of the unit location for students and computer use.
3. The student and UCBH RN will receive shift report together and then connect on the nursing care plan, expectations, and communication plan for the shift. The focus will be on ensuring patient and student safety and understanding the student's objectives to complete during the shift (i.e. chart review, MSE, etc.).

*Please keep in mind that for cohort students, the mental health rotation is more focused on **developing therapeutic communication, understanding behavioral health conditions, and general treatment modalities** than workflow.*

4. The student and/or clinical instructor will consistently communicate to the UCBH RN throughout the shift on nursing activities that they plan to perform, such as medication administration, vital signs, going to groups, etc. and any follow up information after the activity is completed. The UCBH RN will also communicate pertinent information to the student and clinical instructor as needed.
5. The student and UCBH RN will give shift report together. Either role can provide report to the oncoming nurse.

*Note:* The students can be present with the RN for admission and discharge, but they would not do the full assessment independently. If required for a school assignment, please connect with the assigned RN to reduce duplication of patient activities.

*See page 5 for more information on documentation requirements, including co-signing.*

## **Operations**

**Space** for clinical instructor and up to 4 students (for clinical practice & discussions)

- Location and space will differ from unit to unit.
- Faculty and students may be moved to an alternative location dependent on unit activities and needs. Please follow Table A. below for guidance, using Location A first. The Charge Nurse or Unit Leader will be key decision-makers.
- Please do not use staff breakrooms unless indicated.

Table A.

<b>Unit</b>	<b>Location A</b>	<b>Location B</b>	<b>Location C</b>
PES	Enclosed nursing station computer	Back corner computer in outside nursing station if available	Bridge Clinic if available (milieu not visible)
1 East	Small group room	IDT room	n/a
1 West	No dedicated room. Rotate through enclosed nursing station computer as able.	Laptop in consult room if available (0900-1500 high peak times)	n/a
Unit 2	Computer between BHSS and CRN in enclosed nursing station	Use unit laptop in group room	n/a
Unit 5	1 computer in enclosed nursing station in back	IDT, north wall corner computer	Office in hall with computers or Group room/classroom if laptop/WOW is available
Unit 6	IDT room w/computers	Consult room (#3) with laptop/WOW	Computer in enclosed nursing station if available

## Nursing Student Medication Administration Guidelines

### Overview for Medication Administration

- Requirements for access to Automated Drug Dispensing Device (Omnicell)
  - Completion of required Legacy Health trainings and competencies
- Requirements for access to Electronic Health record (Epic)
  - Completion of required Legacy Health trainings and competencies
- Define level of supervision by clinical faculty (*see above*)
  - Direct supervision required: Medication retrieval, preparation, and administration is performed under the direct supervision of the clinical faculty. This includes double-checking the 5 rights of medication administration.
  - Direct supervision is required for medication administration at UCBH due to treatment that may include involuntary medications, potential for cheating or concealment, potential for overdose, and other high-risk factors.
- At any time, a UCBH clinical provider or RN can pause or negate nursing student medication administration for any reason, including clinical judgement.

### Process

If any alerts or unclear situations arise during the preparation or administration of medication, the clinical faculty and/or student should immediately alert the patient's RN. This includes, but is not limited to the following:

- Allergy alerts
- Hazardous drug alerts
- Patient/drug mismatch
- Safety alerts
- 5 Rights alerts
- Risk for violence alerts
- Change in patient condition

#### Type of medications **permitted**:

- Oral Medication, including sublingual
- Injections (broad term to include many IM and SubQ injectables)
- Vaccination
- Inhalants
- Eye drops
- Topicals
- Non-controlled transdermals

#### Type of medications **NOT permitted** (*overrides the permitted list*):

- Controlled substances
- High-Alert and Look-Alike Sound-Alike (LASA) medications, including chemotherapy
- See LH policy: [High-Alert & LASA Meds](#)
- Medications that require specific training
- Emergency meds (epinephrine, naloxone, etc)
- Medications that require an override
- Any medications as deemed inappropriate per the CNO or Pharmacy leadership

## **Documentation**

- Clinical faculty must co-sign student's medication administration documentation.
- The nursing student and clinical faculty are not permitted to serve as a witness to controlled substances.

## **EPIC**

- Cosign by clinical faculty for all student documentation (e.g. progress notes, MSE, MAR, etc.)
- All clinical instructors should have Legacy computer and Omnicell access along with their students, including Epic.

## **Reporting**

- Medication Errors
  - If a medication error occurs, the student and/or clinical faculty must alert the patient's assigned nurse immediately. The nursing student is required to fill out a safety event report (ICARE).
- Diversion
  - Any misappropriation of a medication outside of its intended purpose will be considered diversion and must be reported to the facility. This includes students, faculty, or others.
- Conduct
  - The nursing student and clinical faculty will understand and follow the Employee Conduct policy ([Employee Conduct](#)) in addition to the Nurse Practice Act and applicable OAR's. If any concerns with conduct arise, this must be reported immediately to the facility and/or nursing program.
- Escalation Process
  - Any concerning issues, including employee, student, or clinical instructor conduct, will be reported to the UCBH Nursing Education Team ([unityeducationteam@lhs.org](mailto:unityeducationteam@lhs.org)) in order to follow an appropriate escalation process.