

Scope of Practice for Student Nurses

Entry to Practice Student Nurse Program

- *Acute, sub-acute, community and Mental Health placement*



August 2021 – 4th Edition



The Royal Children's Hospital (RCH) Scope of Practice for Entry to Practice Student Nurses.

4th edition

This edition has been updated by:

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Purpose of this document

To ensure there is a clearly defined capacity with a paediatric focus, for student nurses to act within the Royal Children's Hospital.

To outline a standard scope of practice that is transparent, applicable, and accessible for use by the relevant Universities and all involved parties at the Royal Children's Hospital.

This scope of practice document was based on recommendations from a KPMG audit: "The Royal Children's Hospital, Internal audit report of Undergraduate Nurse Placement Program" September, 2009 and updated to reflect contemporary practice. This document also reflects the recently revised 2019 '*Registered nurse standards for practice*'.

Overview

A student nurse scope of practice is defined quite differently to a Registered Nurse scope of practice. The Registered Nurse scope of practice is based on a set of governing principles to help guide the Registered Nurse in making decisions while they practice, whereas the student nurse scope of practice is a more task focused set of guidelines to allow the student nurse and preceptor to focus on developing knowledge and skills which have been taught at university to build clinical competence. While this document is task focused, it is also essential that nursing students demonstrate progression towards holistic nursing care.

Students completing clinical placement at the RCH have a varied scope of practice and are students who are in either 2nd & 3rd year of Bachelor of Science program studies or 1st & 2nd year of Master of Nursing Science program studies. Students who have a placement at RCH need to recognise that their previous learning in both clinical laboratories at university level and in an adult environment will need to be adapted to working in a paediatric setting. It is for this reason that the RCH have defined a scope of practice specifically for student nurses working within a paediatric setting. This will help all who are involved in working with this group of students to have a clear definition of

what the students are able to engage in and in turn will enhance the students learning experience while at the Royal Children's Hospital.

Values

It is expected that student nurses completing clinical placement at the Royal Children's Hospital provide care in line with the hospital's values of unity, respect, integrity, and excellence.

Definitions

Student Nurse - An individual who is currently undertaking a Bachelor of Nursing or Master of Nursing or Nursing Science degree at a University and is taking part in a clinical placement at RCH as part of that course. Also called entry to professional practice student nurse.

Preceptor - A Registered Nurse who is formally assigned to provide transitional support and supervision for an agreed upon period of time to a nursing student through education, role modelling and socialisation. Enrolled Nurses (EN) are not able to supervise student nurses as the EN scope requires them to work under the supervision of a Registered Nurse.

Clinical Nurse Specialist - In Victoria, the Clinical Nurse Specialist (CNS) is defined in the EBA as a nurse who "is responsible for clinical nursing duties", therefore is recognised as someone providing direct clinical care. The CNS is a clinical expert in an area of nursing specialisation and accepts responsibility for professional activities that support service delivery and the professional development of self and others.

Education Team - Clinical Nurse Educators (CNE) and Clinical Support Nurses (CSN).

Clinical placement - The course component of the Bachelor of Nursing or entry to practice Master's in Nursing Science, taken outside the University within a health care facility where clinical education is undertaken through direct supervision by a Preceptor (or a clinical teacher).

Responsibility - The obligation that an individual assumes when undertaking planned or delegated activities.

Supervision - Supervision includes the monitoring and directing performances of specific activities according to the nature of the work delegated.

Delegation is the relationship that exists when an RN delegates aspect of their nursing practice to another person such as an enrolled nurse, a student nurse or a person who is not a nurse. Delegations are made to meet peoples' needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the risks and capabilities. In some instances, delegation may be preceded by teaching and competence assessment.

Supervision

Direct Supervision – Direct supervision is provided when the Registered Nurse is present, observes, works with, directs, and assesses the person being supervised.

Indirect Supervision – Indirect supervision is provided when the Registered Nurse works in the same area as the supervised person, is accessible, but does not constantly observe their activities. Students performing skills under indirect care are expected to

discuss plans prior to and report findings/outcomes post providing care. Phone and/or video supervision are not acceptable forms of indirect supervision.

Student Nurse Responsibilities

- Be aware of your scope of practice at all times. If you are delegated tasks outside of your scope of practice you are to decline and inform your CNE/CSN, AUM or Nurse Educator Undergraduates
- Introduce yourself to the patients and their families at the start of every shift, outline your role and request permission and consent to be involved in the child's care:

"Hello, my name is xxx, I am 3rd year nursing student from xxx university and am working with xxx Registered Nurse today, are you happy for me to be involved in your child's care today?"

- To ensure you have the appropriate education to perform a specific task
- To participate and perform direct patient care under the supervision of a Registered Nurse, preceptor or CNE/CSN
- In discussion with the preceptor and/or CNE/CSN, will complete own learning objectives as dictated by their University within two days of placement commencing.
- Clinical assessment tools will be completed with the Preceptor during and prior to completing the placement (this includes the RCH daily feedback tool)
- Be open to receiving constructive feedback throughout the clinical placement and provide constructive feedback through the feedback form at the end of placement.
- Discuss your plan for the day and inform your preceptor prior to completing any care under indirect supervision
- Be willing and prepared to discuss patient assignments and be able to articulate pertinent knowledge prior to direct patient care
- For all tasks that are undertaken during the placement, be willing to discuss with your preceptor the rationale and outcomes of the activity
- Report all findings and outcomes back to preceptor after providing care

- Any issues or concerns regarding clinical placement should be discussed with the allocated preceptor, CNE/CSN and/or Undergraduate Nurse Educator

Responsibility of Registered Nurse (RN)

The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Responsibility of the Registered nurse is to follow the RCH Nursing Preceptorship Model.

Skills and Procedures

At all times, student nurses should demonstrate that they have the knowledge, skills and abilities necessary to perform a specific task/nursing intervention. Student nurses must also adhere to their University scope of practice and should there be discrepancy the lesser scope should be followed. It is the student nurse's responsibility to be accountable for their actions and ensure they are working within the appropriate scope of practice. This is pertinent when working with 1st year students who are undertaking the Master of Nursing Science program at The University of Melbourne.

By Semester two (final semester of Nursing Program), it is expected that when a student nurse undertakes tasks, they are beginning to think like an Entry to Practice level nurse. This involves critical thinking about the rationale behind why they undertake all activities and how the patient will be affected by each action.

Negotiation of care and allocation of patients is at the direction of the ward Associate Unit Manager and the identified preceptor. The aim is for student nurses to be able to care for a full patient load or equivalent of three - four (3- 4) patients by the end of their clinical placement (minimum of three weeks). This is based on patients with appropriate acuity for an entry to practice level nurse, and will be adjusted based on acuity i.e. one – two (1-2) higher acuity patients can be an appropriate clinical learning opportunity. This is also based on the year of which the student is placed within their studies.

Expectation of student nurse patient load must consider patient/ward acuity, specialty areas, student nurse experience, year of studies and length of placement. Decisions regarding patient load should be made on an individual basis, in collaboration with preceptor and when necessary members of the education team.

It is important to note that the expectation of student nurses in the paediatric setting should not be the same of that of a Registered Graduate Nurse or Registered Nurse and their performance should therefore not be compared to a Registered Nurse.

May perform under indirect supervision of a Registered Nurse (at the discretion of and negotiation with the preceptor)

Student Nurses can complete non-invasive nursing interventions under indirect supervision after negotiation with their preceptor. The below lists of skills are to be used as a guide only and are not an exhaustive list of tasks which may be completed with indirect supervision. It may be appropriate for student nurses to be directly

supervised initially when completing these tasks to ensure they adapt their skills to the paediatric setting and to provide objective feedback.

- Communication should always be age appropriate, family centred and culturally sensitive. Age appropriate distraction and engagement techniques should be utilised when interacting with paediatric patients.
- Admission to inpatient unit and basic nursing assessment (ensuring to report the results to your preceptor at completion of assessments). Student nurses should be able to verbally demonstrate how assessment will differ based on developmental age of the child or adolescent. Admission and assessment may include:
 - Checking of Patient ID Bands +/- Allergy Bands
 - Patient / family history
 - Vital signs
 - Height and weight
 - Ward urinalysis
 - External collection of urine and faecal specimens
 - Developmentally appropriate pain assessment.

**Exemption/Exclusion – Day of Surgery and Medical Imaging, see note below.*

- Start of shift check of emergency equipment for allocated patients and able to verbally demonstrate basic knowledge of medical emergency management.
- Basic hygiene for a stable patient remembering the needs of the various physical and developmental ages including:
 - Eye care

- Oral care
- Perineum hygiene (including urinary catheter care)
- Continence management.
- Positioning of child and pressure area care (except for large children or adolescents and children requiring specialised positioning when they will need to perform with direct supervision assistance)
- Management of basic wound care such as:
 - Simple wound care of primary intention
 - Assessment of pressure ulcer risk

Perform under direct supervision of Registered Nurse (at the discretion of and negotiation with the preceptor)

Student nurses should be directly supervised for all invasive procedures/nursing interventions. It may be appropriate for the student nurse to observe interventions prior to attempting to complete them themselves. The below list is to be used as a guide only and is not an exhaustive list of tasks which may require direct supervision.

- Admission to Day of Surgery and Preoperative Checklist. Student nurses should complete this task under the direct supervision of a Registered Nurse as it is a key safety concern and final nursing sign off prior to theatre.

Communication including:

- Handover of allocated patients

- Documentation in Electronic Medical Record (needs to be co-signed by Preceptor) * [Appendix A: Banksia Unit Mental Health Clinical placements](#)
- Communication of patient condition to other members of the health care team
- Patient discharge

Medication Administration:

- **Completion of the hospital-based medication package** is mandatory prior to drug preparation and or administration that will be completed at orientation and given to the appropriate ward CNE/CSN's or Nurse Educator. Student nurses are only to prepare and administer medication under the **direct** supervision of an RCH employed Registered Nurse (as per RCH policy)
- **Student nurses are only to enter the medication room when accompanied by a Registered Nurse – direct supervision is required for all preparation, administration and management of medications and fluids (e.g. performed on medication trolleys, procedure rooms etc).**
- For medication requiring double checking, student nurses are not authorised to be “checkers” of medication (as per RCH policy)
- Student nurses are expected to be able to verbalise information about the drug they are giving prior to administration
- **Expected to know the 6R's (as based on the RCH hospital policy) and apply them to each administration of medication ensuring that the:**
 - **right child**

- receives the **right medication**
 - the **right dose**
 - at the **right time**
 - by the **right route**
 - And the **right to refuse**.
- Able to prepare and administer medication under the direct supervision of the Preceptor via the following route:
 - Oral
 - Enteral
 - IM
 - Subcutaneous
 - IV medications as a push or into a burette / bag or via syringe driver or Baxter infusion device. *This is including into a Central Venous Access Device (CVAD)* for some patient's cohorts.*
 - Intravenous Fluid Management under the direct supervision of the Preceptor:
 - Hang maintenance and replacement fluid
 - Refill Burette chamber or syringe driver
 - Care of IVT site
 - Checking of orders (not as double checker)
 - Clearing, resetting, or programming of IVT pumps and syringe drivers
 - **Assist** in the process involved with administration of blood products including checking (but not as double checker) and assessment of patient during infusion.

Once completed Central Venous Access Device (CVAD) competency and Learning Hero pre-learning Vascular Access Bundle, resources and witnessed assessment by Preceptor/CNE/CSN:

- All CVAD access (care and management) must be performed under direct supervision with the Preceptor (CSN and or CNE) and in strict accordance with the RCH CVAD Procedure. Please ensure this is in line with University scope or practice*

Administration of fluids and medications only (*minus chemotherapy and some specialised medications please refer to CNE/CSN and preceptors in your clinical area)	Clinical areas where students may be able to complete additional CVAD care (this may include CVAD access, blood taking, dressing changes, line changes, smart site changes)
<p><u>All wards and clinical areas except:</u></p> <ul style="list-style-type: none"> - Emergency department - Dolphin - Any clinical area supporting year one UoM Masters Students * 	<ul style="list-style-type: none"> - Specialist clinic - Day Medical Unit - Kelpie - Wallaby - Day oncology - Rosella (PICU) - Cockatoo* - Butterfly *

** Exemption/Exclusion – students assigned to Cockatoo, Butterfly (NICU) or any other ward are not able to access CVAD’s of any patients with high risk clinical conditions e.g. the ‘short gut’ patients admitted to this unit (needing there line for clinical nutrition).*

** Platypus, Sugar Glider, Koala students can administer fluids and medications via a CVAD if criteria are met above.*

** Kookaburra students: students cannot perform a procedure that is a standard surgical aseptic technique, this includes dressings, needleless connector changes, and port canulations*

** Be aware that some clinical areas are unable to support CVAD management.*

Assessment

- Advanced nursing assessment, such as assessments on acutely unwell or deteriorating children.

Neurological Interventions

- Management of a child who is cognitively impaired
- Management of a child who is actively seizing
- Assisting during a procedure requiring sedation.

Respiratory Interventions

- Initiation, alteration, and evaluation of oxygen therapy
- Oro and nasopharyngeal suction (* special requirements in Butterfly NICU)
- Tracheostomy care and suction
- Care, management and removal of under-water seal chest drains.

Cardiac / haematological interventions

- Blood collection via finger and heel pricks
- Venepuncture * Appendix A: Banksia Unit Mental Health Clinical placements
- Completion of ECG * Appendix A: Banksia Unit Mental Health Clinical placements
- Removal and care of cardiac chest drains
- Management of age appropriate hydration and a patients' response to treatment

Renal

- Insertion of urinary catheter (and management)

Gastrointestinal interventions

- Insertion, care and management of nasogastric tube * Appendix A: Banksia Unit Mental Health Clinical placements

- Care of gastrostomy tube
- Care of colostomy and ileostomy.

Musculoskeletal interventions

- Apply and manage manual/skin/skeletal traction.

Dermatological interventions

- Care and management of altered skin conditions
- Management of complex wound care
- Removal of sutures and staples
- Removal of wound drains

Social / Family interventions

- Assisting with the care of patients/families with complex social needs /DHHS involvement.

Patient / Family Education

- Recognise the need for and begin to initiate patient education
- Provide comprehensive and appropriate patient and/or family education.

Theatre Placement

- The students allocated in theatre are scrubbed in at all times with direct supervision (i.e. must have nurse double scrubbed with them at all times).

Special Considerations

Participation in a medical emergency – students can send for help and participate in emergency management of a patient if they are appropriately trained and confident, until appropriate help arrives. Student nurses may then take on an appropriate role

only under direct supervision. It may also be appropriate for the student to be in a purely observational role. Please review [Appendix A: Banksia Unit Mental Health Clinical placements](#) *

May not perform.

- Medication administration with a non-RCH Registered Nurse (Agency), RCH Casual Bank employee or Enrolled Nurse.
- Administration of chemotherapy or any other restricted medications
- PR medications or PV medications (any age)
- Intravenous cannulation (any age)
- Participation in a Code Grey or Code Black (escalate to local team/ call code only).*
- **Any skill that is not covered in your Bachelor of Nursing/ Science or master's degree in line with a student scope of practice.**
- [Please review Appendix A: Banksia Unit Mental Health Clinical placements](#) for further detail regarding clinical skills, task and nursing level of support.*

Appendix A: Banksia Unit Mental Health Clinical placements

Task	Level of Supervision Required	Guidance
1:1	Direct	Students should not be alone with a young person in any isolated space, such as their bedroom, the sensory room, an interview room, or the treatment room. Should students wish to do some 1:1 work with a young person, this should be under supervision of an RN.
Cutlery (meal times)	N/A	Students should not be tasked with signing cutlery in and out to young people, as this is a risk concern.
Code grey Code black	N/A	Students should not be directly involved in any code grey or code black procedures, however may assist by supporting milieu management in areas away from proximity of the code, under direct supervision of an RN.
Documentation	Indirect	Students may complete nursing documentation, however all documentation must be checked and counter-signed by an RN.
ECG	Direct	Students may complete an ECG under direct supervision of an RN, providing they have completed the appropriate theory component at university and feel confident to do so.
Family meetings, reviews, care team meetings	Direct	Students should be encouraged to attend any meetings or reviews related to care and treatment of the young person, however should always be supernumerary to the meeting.
Groups	Direct	Students may attend patient groups, however should not be counted within staff numbers. Students should always be supernumerary in a group setting.
Hospital ground leave	Direct	Students should not at any point take a young person out of the ward, without direct supervision from an RN.
ICU	N/A	Students are not to have any involvement in ICU nursing or procedures.
Meal times	Indirect	Students may be present in the dining area during meal times, however it is expected that an RN should also be present in the area.

Task	Level of Supervision Required	Guidance
Meal plans	N/A	Where a young person is on a meal plan and requires meal support, it is not appropriate for students to be involved in direct support of the young person, due to the sensitive nature of the situation. However, students may observe from a distance.
Medical emergency	N/A	Students are able to send for help in a medical emergency, however should not have direct involvement in managing the situation.
Medication (oral, PRN, IM, subcutaneous, enteral)	Direct	<p>Students must complete the medication competency completed as part of their orientation, prior to medication administration. All medication administration must be under direct supervision of an RN. Students should not administer medication with a non-RCH-registered nurse, RCH casual bank employee, or Enrolled Nurse.</p> <p>For any medication requiring two nurses, students are not to be counted as one of the two nurses.</p> <p>Students are not to hold medication keys at any time.</p>
Milieu management	Indirect	Students are expected to spend time in high profile areas with young people. However, it is expected that at least one member of staff should also be available on the unit.
MSE	Direct	Students must be directly supervised when completing a formal MSE.
Nasogastric tube	N/A	Students are not to be involved in inserting an NGT.
Sensory room	Direct	Students should not use the sensory room alone with a young person.
School	Indirect	Students will receive an orientation to school during their first day of placement. Students are able to attend school to support young people, however if an RN is required, students cannot attend in place of an RN.

Task	Level of Supervision Required	Guidance
Treatment room	Direct	Students should not be alone in the treatment room with a young person. For any nursing interventions or tasks requiring the treatment room, these should be under direct supervision of a nurse. Should a student wish to complete vital observations on a young person, the equipment can be used in high profile areas.
Venepuncture	Direct	Venepuncture may only be performed under the supervision and direction of an RCH-registered nurse, who has completed the IV cannulation knowledge and skills package, and on patients deemed appropriate by the supervising nurse. Students must have completed the relevant theory at university.
Visual observations (therapeutic engagement, i.e., 15 minutes)	N/A	Students may observe staff complete visual observation rounds, but should not take responsibility for completing observations or documentation of same.
Vital observations	Indirect	Students can complete vital observations on a young person, however must report findings back to the supervising nurse or ANUM. All recorded observations must be counter-signed by an RN. Students should not undertake vital observations alone with a patient.

Related Policies and Procedures and clinical practice guidelines

- **RCH Policies and Procedures**
<http://www.rch.org.au/policy/>
- **Documentation: medical records**
http://www.rch.org.au/policy/policies/Documentation_Medical_Records/
- **Medication Management**
http://www.rch.org.au/policy/policies/Medication_Management/
- **Pressure ulcers prevention and management**
https://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Pressure_injury_prevention_and_management/
http://www.rch.org.au/rchcpg/hospital_clinical_guideline_index/Falls_prevention/
- **Hand Hygiene**
http://www.rch.org.au/policy/policies/Hand_Hygiene/
- **Insertion, Management and Removal of Central Venous Access Devices**
https://www.rch.org.au/uploadedFiles/Main/Content/rch/CVAD_procedure_revisi_on_2020_FINAL_V7.pdf
- **Chaperone for Intimate Examination Procedure**
http://www.rch.org.au/policy/policies/Chaperones_for_Intimate_Examinations/

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Nursing and Midwifery Board of Australia, *Registered Nurse Standards of Practice*
<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards/registered-nurse-standards-for-practice.aspx>

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The Royal Children's Hospital (RCH) (2009), Nursing Preceptorship Model retrieved from
<https://www.rch.org.au/uploadedFiles/Main/Content/nursing-education/preceptorship-model.pdf>