



Education Communiqué

Summer 2019

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**Happy summer to all of our nursing education
program directors!**

**Included in this edition of our newsletter is helpful information that
will assist you in your role as program director. Please contact us
should you have any questions.**

**education@ncbon.com
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**North Carolina Board of Nursing
NC Law and Rules Review
Nursing Student Clinical Experiences**

In order to assist with the understanding of nursing student clinical experiences the following scenarios are being presented:

Scenario 1

A group of 10 nursing students are assigned to complete a clinical experience in a clinical facility with one nursing program faculty member supervising the students on the clinical unit. Does this meet North Carolina Board of Nursing (NCBON) law and rules?

Answer: Yes, There is an approved nursing program faculty member supervising the students while on the clinical unit, and the ratio is 1 faculty:10 students.

NCBON Rules:

21 NCAC 36 .0321(d) All student clinical experiences, including those with preceptors, shall be directed by nursing program faculty.

21 NCAC 36 .0318(l) The faculty-student ratio for faculty-directed preceptor clinical experiences shall be no greater than 1:15. The faculty-student ratio for all other clinical experiences shall be no greater than 1:10.

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Scenario 2

A group of 15 nursing students are assigned to complete a precepted clinical experience at two different acute care facilities - a group of 7 students at one facility and a group of 8 at another facility. One nursing program faculty is assigned to the group of 15 students. Does this scenario meet NCBON law and rules?

Answer: Yes, provided that the clinical preceptors are assessed by the nursing program, and the nursing program faculty member directs and evaluates the clinical experience for each of the students. In addition, the ratio is 1 nursing faculty directing the clinical experience for 15 students

NCBON Rules:

21 NCAC 36 .0318(j) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.

21 NCAC 36 .0318(l) The faculty-student ratio for faculty-directed preceptor clinical experiences shall be no greater than 1:15. The faculty-student ratio for all other clinical experiences shall be no greater than 1:10.

21 NCAC 36 .0321 CURRICULUM (c) Clinical experience shall be comprised of sufficient hours to accomplish the curriculum, shall be supervised by qualified faculty pursuant to 21 NCAC 36 .0318, and shall ensure students' ability to practice at an entry level.

21 NCAC 36 .0321(d) All student clinical experiences, including those with preceptors, shall be directed by nursing program faculty.





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Scenario 3

A nursing program faculty member is assigned a group of 10 nursing students; 8 for a clinical experience on a hospital medical/surgical unit, 1 student in an observation clinical experience at a nearby outpatient surgery center and 1 student completing a clinical experience as a volunteer at a local shopping mall health fair. The nursing program faculty member is supervising the 8 students on site at the hospital medical/surgical unit. Does this scenario meet NCBON law and rules?

Answer: No, the faculty member must be available to assist the students in the offsite clinical experience. In addition, all clinical experiences must have either a nursing program faculty member or nursing program approved clinical preceptor for each student. The reason this is problematic is because there is no preceptor for the 2 students, and the faculty member is unable to be readily available since he/she is with 8 students on a clinical unit.

NCBON Rules:

All clinical experiences for nursing students must be supervised by qualified nursing program faculty (21 NCAC 36 .0318) or assigned clinical preceptor under the direction of a nursing program faculty member.

21 NCAC 36 .0321(d) All student clinical experiences, including those with preceptors, shall be directed by nursing program faculty.

This Rule includes all clinical experiences regardless of type or name. For example, “observation” and “volunteer” clinical experiences must have a nursing program faculty or assigned clinical preceptor responsible for them while in the clinical experience. Every student who participates in a clinical experience must know who their preceptor or faculty will be at their clinical site. The faculty directing or supervising the student in a clinical experience must be available to the students while they are participating in the clinical experience.

21 NCAC 36 .0318(i) Clinical preceptors shall have competencies, assessed by the nursing program, related to the area of assigned clinical teaching responsibilities. Clinical preceptors may be used to enhance faculty-directed clinical learning experiences after a student has received basic instruction for that specific learning experience. Clinical preceptors shall hold an active unencumbered license to practice as a registered nurse in North Carolina.

21 NCAC 36 .0318(l) The faculty-student ratio for faculty-directed preceptor clinical experiences shall be no greater than 1:15. The faculty-student ratio for all other clinical experiences shall be no greater than 1:10.

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Scenario 4

A student completing their focused client care experience (FCCE) is assigned a preceptor who is approved by the nursing program according to NCBON rules. The student nurse arrives on the clinical unit, and her preceptor has a heavier than usual client assignment and has asked another nurse to precept the student. Does this scenario meet NCBON law and rules?

Answer: No, the preceptor is not authorized to delegate the precepted clinical experience to another nurse. The student must contact their supervising/directing nursing program faculty member regarding the availability of an approved preceptor. This also applies to situations in which an assigned preceptor is not available (absent from work).



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21 NCAC 36 .0321(d) All student clinical experiences, including those with preceptors, shall be directed by nursing program faculty.

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Opportunity for Faculty Education (free) and Teaching Resource from the NCSBN

Nancy Spector, PhD, RN, FAAN, Director Regulatory Innovations with the National Council of State Boards of Nursing (NCSBN) has shared two opportunities for nursing programs and nursing faculty.

Safe Student Reports (SSR) Research Study

A National Web-based Network for Anonymous Reporting of Student Errors and Near Misses PowerPoints on the SSR webpage. Once you click the link below, select Teaching Dosage Calculations PPT located under the Related Resources section:

<https://www.ncsbn.org/safe-student-reports.htm>

The Safe Student Reports study is identifying the extent of, and types of, errors and near misses with prelicensure nursing education students. At the same time, it is teaching faculty how to communicate with students about errors/near misses, how to conduct root cause analyses and hopefully is fostering a culture in nursing education.

“NCSBN is inviting nursing programs to participate in a study involving the collection of nursing student errors and near misses. The aim of this study is to obtain baseline, aggregate data that will be used to guide the development of methods to reduce or prevent errors/near misses in the future. NCSBN will provide programs with an innovative reporting and tracking tool, Safe Student Reports (SSR), developed by researchers Joanne Disch, PhD, RN, FAAN, and Jane Barnsteiner, PhD, RN, FAAN. It is important to note that only your program will have access to your data, and the data have been protected by an NIH Certificate of Confidentiality. If your program is interested in participating in this study, please contact Dr. Nancy Spector at nspector@ncsbn.org.”

Dr. Spector reports that the **SSR study data have shown that in that the majority of errors/near misses are due to medication administration**, and the majority of those are due to dosage mistakes. She continues to participate in a QSEN subcommittee on teaching math to nurses, and they recently conducted a webinar on teaching medication administration more authentically, rather than traditionally as math problems. They have given permission to share the PPTs and webinar.

Teaching Dosage Calculations: Strategies for Narrowing the Theory-Practice Gap

Presenters: Daniel Ozimek, Anna Wendel, Glenn Murphy, Jackie Murphy
PPTs and webinar:

https://www.ncsbn.org/Final_TeachingDosageWebinar_.pdf

<https://utexas.app.box.com/s/s2ptld5gbv2jahh4w4dky3xk20zsxo18/file/477414882074>

Prelicensure Nursing Student Errors/Near Misses in the United States

Spector N., Silvestre J.H., Barnsteiner J., Disch J.

Introduction

Medical errors are the third cause of death in the U.S. Education about errors needs to begin early in students' careers. This study will provide benchmark data and a framework for addressing student errors and near misses in prelicensure nursing programs.

The objective of this study is to obtain baseline information from prelicensure nursing programs on the extent and types of student practice errors/near misses.

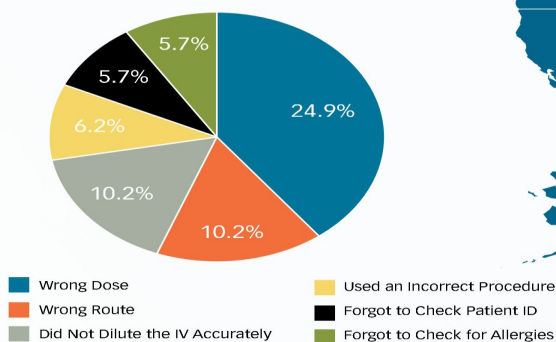
Table 1. Top Five Types of Occurrences

Type of Occurrence	N	% of All Occurrences
Medication Error	247	57.3%
Deviation in Protocols	42	9.7%
Inadequate Clinical Preparation	31	7.2%
Ineffective Communication	22	5.1%
Needle Stick	18	4.2%

Table 2. Location of Errors and Near Misses (N=431)

Category of Occurrences by Location			
Location of Occurrence	Errors	Near Misses	Total
Simulation Lab	166	38	204
Clinical Setting	71	116	187
Learning Lab	24	16	40
Total	261	170	431

Figure 1. Top 6 Reasons for Medication Errors and Near Misses



Results

- 57.3% of errors and near misses were related to medication administration (Table 1).
- 62% of occurrences in the clinical setting were near misses, whereas only 18% in simulation and 40% in learning lab were near misses (Table 2).
- The leading reason for medication errors/near misses (24.9%) in simulation, labs or the clinical setting was wrong dose (Figure 1).

Methods

- Design:** A prospective, descriptive study of nursing student errors and near misses in clinical experiences, simulation or learning labs.
- Study Tool:** The valid and reliable Safe Student Reports (SSR) tool (Disch & Barnsteiner, 2014).
- Study Sample:** 176 prelicensure nursing programs with practical, associate degree, baccalaureate and masters entry nursing programs across 40 states in the U.S. (Figure 2).
- Procedure:** Faculty and/or student/faculty dyads submit the occurrence data using a secure, password-protected website, www.safestudentreports.com.

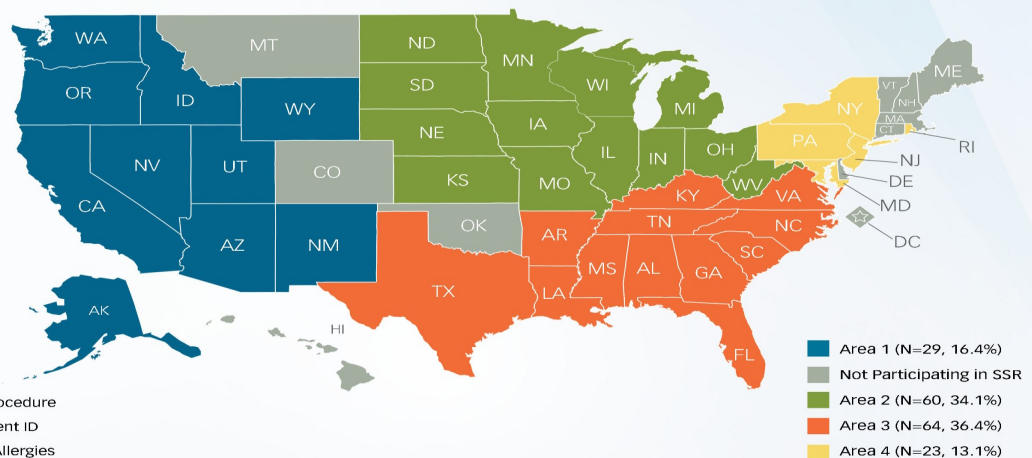
Conclusions

- This is the first national database in the healthcare professions, worldwide, to benchmark student errors and near misses in their practical experiences.
- Medication administration accounted for the majority of errors and near misses in prelicensure nursing education programs.

Implications:

- Faculty can use these data to focus on curricular improvements related to preventing patient errors and near misses.
- A majority of the occurrences in the clinical settings were near misses, illustrating that faculty are diligent about student oversight.
- Entering error/near miss data into the SSR database provided the opportunity for faculty to perform root cause analyses with the students and fostered a just culture in nursing education.

Figure 2. Participating Programs by Geographic Regions



References

- Barnsteiner, J., & Disch, J. (2017). Creating a fair and just culture in schools of nursing. *AJN*, 117(11), 42-48.
- Disch, J., & Barnsteiner, J. (2014). Developing a reporting and tracking tool for nursing student errors and near misses. *Journal of Nursing Regulation*, 5(1), 4-10.
- Disch, J., Barnsteiner, J., Connor, S., & Brogren, F. (2017). Exploring how nursing schools handle student errors and near misses. *AJN*, 117(10), 24-31.



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NCLEX Quarterly Reports

The 2nd quarter pass rates for NCLEX-RN and NCLEX-PN are posted on the NCBON website. [Click Here](#) to view NCLEX statistical information.

Education Program Director Orientation

The Education Program Director Orientation (EPDO) for Board-approved program directors will be held on September 11, 2019. The EPDO is now offered twice a year, in February and September. This education offering will provide new program directors with information on the NCBON functions and will assist in maintaining compliance with North Carolina regulation relating to nursing education programs. Contact us at ateducation@ncbon.com or (919) 782-3211, ext. 238 for registration information.

Save the Date

The 17th Annual Education Summit will be held **March 30, 2020** at the Friday Center in Chapel Hill. Registration and other event details will be available in January 2020 via our website homepage at www.ncbon.com.

Dr. Nancy Spector - NCSBN Director, Regulatory Innovations
Nursing Education Delphi Study

Dr. Phil Dicsison - NCSBN Chief Officer, Operations and Examinations
Next Generation NCLEX (NGN)

Dr. Crystal Tillman - NCBON Director, Education and Practice
Implementing Clinical Judgement

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Documentation: A Critical Aspect of Client Care

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End-of-Life Care & Pain Management

3.0 Contact Hours | \$30

Ethics of Nursing Practice

4.8 Contact Hours | \$30

Journal of Nursing Regulation CE Articles

1.0-2.0 Contact Hours | \$15

Medication Errors: Causes & Prevention

4.0 Contact Hours | \$30

Nurse Practice Acts CE Courses

Participants: AR, IA, ID, MA, MN, MO, NC, ND, NM, NV, OH, OR, RI, VA, WV-PN/RN

1.0-2.0 Contact Hours | \$15

‡Disclaimer: Does not meet the 1-hour law and rule (Category A) requirement for the Ohio Board of Nursing.

Patient Privacy

5.4 Contact Hours | \$30

Professional Accountability & Legal Liability for Nurses

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Professional Boundaries in Nursing

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