

## Faculty Responsibilities

### All Faculty Must:

1. **Review all current faculty and student documents in Clinician Nexus or on website.** This applies even for experienced faculty (to be aware of changes) and for Allina employees who are faculty.
2. **Ensure that students have completed onboarding in Clinician Nexus.** If not completed timely students/onsite faculty may not have needed access and / or rotation may be delayed.

**Note:** Injuries to students or onsite faculty while on site must be reported to department leader.

- A Safety Event Report must be completed by student, faculty or leader.
- If medical care is needed, the student/student's insurance will be billed (not paid for by Allina). Also applies to onsite faculty.
- This also applies to Allina Health employees who are completing student or onsite faculty hours.

### Onsite Faculty Expectations and Preparation

Onsite Faculty includes doing site visits in patient care areas, reviewing patient data, or onsite student supervision.

1. Faculty, including those that are active Allina Health employees, are required to complete all faculty onboarding requirements.
2. Group faculty are responsible for the ACTIVE direct supervision of clinical experiences including performance of skills, adequate student competency, documentation, medication administration, etc. Faculty must observe the student giving a medication for the first time.
3. All faculty are expected to be competent and knowledgeable with assigned units. Faculty in the clinical environment are expected to have current and appropriate knowledge regarding the assigned unit patient population, unit expectations, initiatives and policies.

### Additional Onsite Nursing Faculty Specific Responsibilities

- New faculty to a unit **MUST schedule an eight-hour shadow/observation shift:**
- For Returning Faculty/home unit of the faculty check in with unit leadership to prepare, orientation may be shorter.
  - Meet with Charge Nurse, Leader, or PCS (Patient Care Supervisor) for:
    - ✓ unit routines
    - ✓ patient population
    - ✓ report
    - ✓ equipment
    - ✓ ADC (Omniceil)
    - ✓ unit specific initiatives
    - ✓ policies
    - ✓ department specific safety
    - ✓ documentation
    - ✓ use of assignment sheet
    - ✓ other
  - Partner with Charge Nurse to determine student assignments and verbalize what student cares will and will NOT be performed. See Assignment Sheet.
  - Preceptor and patient assignment are prioritized for new hires needs.
  - Students **MUST** document all cares provided and medications administered. Faculty or staff **CANNOT** document for a student.
  - Divide students as equally as possible between units, if using multiple units.
  - Max eight students on unit per faculty (less on smaller units). Avoid pairing multiple students to one nurse.
  - Must be direct communication/report between student and assigned RN.
  - Faculty must provide **assignment sheet** on each unit indicating:
    - School name, faculty, and cell phone #
    - Students assigned to patient and primary nurse.
    - Accountabilities of student and pertinent information
    - List of duties a student cannot perform.

## Nursing Student Task Limitations:

Faculty and preceptors must critically think about the course objectives, the individual student's skill level, and the faculty/preceptors' level of comfort. It is the discretion of the primary care nurse if specific tasks, skills, or cares provided by a student are done in the presence of an instructor or if the primary nurse should be present. ***Nursing students at Allina cannot perform the following skills during their clinical experience as a nursing license is required or due to policy restrictions or additional competency requirements:***

- Administer narcotics/controlled substances.
- Administer IV Medications via Port-A-Cath
- Manage a PCA infusion, tubing, or pump settings.
- Manage Epidural Infusion, tubing, or pump settings.
- Administer chemotherapy via any route (oral, IV, Port-A-Cath, etc.)
- Initiate or hang TPN or Lipids
- Manage Central Lines, tubing or pump settings.
- Discontinue Central Lines
- Perform Line Blood Draws (from any line)
- Administer Blood infusion
- Remove Wound Drains (Penrose, JP, Duval, etc.)
- Manage Passey Muir (tracheostomy speaking valve)
- Take Verbal or Telephone Orders
- Verify Informed Consent
- Initiate a plan of care (may contribute)
- Supervise Unlicensed Assistive Personnel (UAPs)
- Glucometer checks (decision by Allina lab as they are not trained/competencies completed)
- EKG or Fetal Monitoring Interpretation
- Independently perform comprehensive assessment or re-assessment e.g., OASIS in home care, MDS for Medicare or Medicaid
- Students who have been taught how to start IVs may have only one attempt or per unit policy.

***Always refer to site/unit policy and procedures. All other tasks and skills are at the discretion of the clinical instructor, or the preceptor assigned to work with the nursing students.***

## Nursing and Respiratory Therapy Students: Medication Administration via the Automated Dispensing Cabinet (ADC) "Omniceil":

- All nursing and respiratory therapy students are required to have their own ADC access code.
- It is not permissible for faculty/staff to remove or administer the medications on behalf of the student. Faculty WILL NOT be given access to the ADCs and will not be able to remove/administer medications.
- All medications need to be documented and double checked by a licensed RN/RT (either the faculty or the preceptor) for every medication removed from the ADC by the student.
- Students will need to be fingerprinted on their first clinical day on the assigned ADC. Contact Charge Nurse, Unit Leadership, or site pharmacy if needing assistance with fingerprinting.
- Students are not permitted to administer controlled substances.
- The Allina Health Omnicell access is only active during approved rotation dates. Access will be terminated at the end date of each clinical rotation.

## Clinical Nursing Group Observation Experiences on Alternate Unit:

- This is only permitted at limited sites. Contact your Academics coordinator to discuss.
- All requests for observation experiences on an alternate unit must be approved in Clinician Nexus as Group Observation (Grp-Obs) and linked to a clinical group.
- Observation must be on the same day and time as the clinical group.
- Faculty must be on-site and easily accessible if needed during the observation time.
- Faculty do not need to complete an observation/orientation shift to the observation unit, but they do need to know who the leader is and where the unit is located.
- Strictly observation only. Absolutely no hands-on during observation time. If hands on is required, must be approved as a preceptor placement – even if the experience is mostly observation.
- The faculty will provide a plan/calendar at the beginning of the rotation to the unit leader indicating which student will be observing which day. The faculty is required to ask the unit leader how they want to be informed of changes.
- Units determine how many students they will take during a shift (most only take one student per day).

**Additional questions refer to: [AllinaAcademics@Allina.com](mailto:AllinaAcademics@Allina.com).**