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(CON)**



Nurse Intern Scope of Practice and Patient Care Guidelines

1. Aim:

This document aims to define the scope of practice of Nurse Interns while functioning in a learning capacity at the bedside, in order to safeguard patients and family well-being and rights. In addition, it provides guidelines for Nursing Services staff on how to manage, monitor and supervise the Nurse Interns' clinical experience.

2. Definition:

2.1 Supervised practice: When a trainee practices under the licensed cover of a professional in order to prepare her/him for future independent practice. In the case of the Nurse Interns, they work with license coverage of a Registered Nurse for the entire period of internship training. The supervisor (the preceptor) is responsible for overall clinical supervision of the Nurse Interns and for patient safety. He/she also must progressively delegate patient care to Nurse Interns their scope of practice and academic preparation under direct observation

3. General guidelines

- 3.1 The clinical setting shall retain full accountability for the quality of care provided to patients/clients/families. However, as a learner at the bedside, the Nurse Intern is responsible to provide safe nursing care within the defined scope of practice. The Nurse Intern must also observe and comply with the clinical site quality outcome measures and standards of care.
- 3.2 The Nurse Intern is accountable for her overall learning experience and for achieving the program objectives.
- 3.3 The Nurse Intern shall function **under the direct supervision of a preceptor** during the entire period of internship. The preceptor is a Registered nurse employed by the clinical setting.
- 3.4 The Nurse Intern **SHALL NOT** function outside the defined scope of practice.
- 3.5 The Nurse Intern shall follow patterns of professional behaviors, which following the standards for nursing practice in the area of assignment.
- 3.6 The Nurse Intern will progress to provide supervised total patient care to 50% of an outlined patient load in area of assignment within three months of starting her internship training. Within six months she will be able to provide supervised care to a full patient load assignment on day and night shifts.
- 3.7 The Nurse Intern will achieve the program generic nursing competencies within the first two months of initial placement in order to support safe patient care delivery.

- 3.8 Under supervision of a Nurse Manager or designee, the Nurse Intern will participate in the role responsibilities of the Team Leader/Charge Nurse in area of assignment, particularly relating to planning of patient care, assignment of personnel, scheduling and work organization.
- 3.9 The Nurse Intern will demonstrate an understanding of the organizational structure, functions, practices and policies of the hospital where she is assigned, with particular emphasis on the area of assignment.
- 3.10 The Nurse Intern is accountable for complying with the occupational health and safety responsibilities of a Registered Nurse.
- 3.11 The Nurse Intern will actively participate in unit - based and hospital-wide quality improvement activities/initiatives.

4. Patient care guidelines:

4.1 The following describes activities/functions/procedures within the Nurse Interns scope of practice (activities she CAN/MUST DO):

- 4.1.1 The Nurse Intern must follow the reporting chain of Command for Nursing and multidisciplinary health team.
- 4.1.2 The Nurse Intern must verbalize any limitations in her knowledge or skills in situations when she is asked to perform interventions that she is not yet deemed competent.
- 4.1.3 The Nurse Intern must handover her patients for breaks and at the end of the shifts.
- 4.1.4 The Nurse Intern must communicate practice concerns, related to evidence based nursing, best practice guidelines and professional standards, to the Nurse Manager, or to the College of Nursing Internship Unit (CON-IU) who will address it appropriately.
- 4.1.5 If the patient expresses concerns in Arabic, the Nurse Intern must communicate this to the preceptor.
- 4.1.6 The Nurse Intern will strictly comply with the electronic and paper documentation guidelines in area of assignment. in clinical settings where an intern is allowed to make entry to patient record, all entries added to the patient medical records by the Nurse Intern must be co-signed by the preceptor. The co-signatory confirms that the care has been provided according to the nursing standards and/or documents any deviations from the standards of care.
- 4.1.7 The Nurse Intern must comply with the hospital standards of care, policies, procedures and care guidelines.
- 4.1.8 The Nurse Intern must comply with all the hospital specific medication administration policies and procedures and unit-based guidelines for both adult and pediatric. She also must sign each time she administers medication. Her signature however doesn't replace the required licensed staff signature(s) as she is supernumerary.

4.1.9 The Nurse Intern can perform peripheral cannulation on a patient, under direct supervision of a preceptor, once she has successfully completed the required workshop and competencies.

4.1.10 The Nurse Intern can obtain a blood sample from a peripheral site under direct supervision of a preceptor.

4.1.11 Strictly under direct supervision of a preceptor and after the Nurse Intern completes the required workshops /certification and competencies, the nurse intern can:

- A. Administers intravenous antibiotics, IV additives, and pharmacy prepared IV unit-dosed medication.
- B. Administer blood and blood products.
- C. Insert a feeding tube in a neonate of 32 weeks minimum gestation.
- D. Perform urinary catheterization for pediatric patients.

4.2 The following describes activities/functions/procedures outside the Nurse Interns' scope of practice that she MUST NOT DO at all (but she can observe for learning purposes).

4.2.1 The Nurse Intern must **not** accept verbal or telephone orders directly from the physician or other health care providers.

4.2.2 In the absence of preceptor supervision the Nurse Intern must **not** engage in peer teaching.

4.2.3 The Nurse Intern must **not** perform heparinization during hemodialysis.

4.2.4 The Nurse Intern must **not** load, connect, or disconnect epidural analgesia.

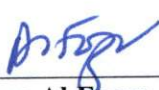
4.2.5 The Nurse Intern must **not** load, connect, or disconnect Patient Controlled Analgesia (PCA)

4.2.6 The Nurse Intern must **not** administer any research drugs.

4.2.7 The Nurse Intern must **not** administer Cytotoxic drugs.

4.2.8 The Nurse Intern must **not** connect Invasive Blood Pressure Monitoring.


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