

**TEXAS BOARD OF NURSING**  
**3.8.3.b. EDUCATION GUIDELINE**  
**Practice/Education Partnership Internships**

**11/18/2021**

On March 27, 2020, NCSBN issued a Policy Brief that was a collaborative effort of nursing leaders who propose and support practice/education partnerships to engage professional and vocational nursing education students in hands-on clinical experiences that will allow students to provide hands-on care in clinical learning experiences related to the scope of practice for licensed nurses. This guideline clarifies the parameters for such partnerships based upon the Nursing Practice Act and Education Rules 214 and 215.

Background:

The Nursing Practice Act (NPA) Sec. 301.002 defines the scope and practice of nursing at the professional (RN) and Vocational (VN) levels. Though the practice of nursing is limited to licensed nurses, the NPA Sec. 301.004 describes types of nursing care that are exempt from the NPA. One of the exemptions is Sec. 301.004(6) for nursing care provided that is “incidental to a program of study by a student enrolled in a nursing education program...leading to initial licensure.” This exemption allows nursing students under supervision to carry out nursing tasks for which they have received didactic instruction and demonstrated competencies in the nursing skills laboratory.

Nursing students may also be hired as unlicensed personnel outside of their role as students. In this case they must follow restrictions in tasks they may perform [Rule 224.4(4)] related to Delegation.

A partnership arrangement between a nursing education program and a clinical facility shall follow Education Rules 214.10 Clinical Learning Experiences or Rule 215.10 Clinical Learning Experiences. Partnerships can help alleviate the nursing shortage by allowing nursing students to meet some of the clinical hours requirement of their degree plans through employment models. This may facilitate completion of a degree plan allowing students to graduate and transition to practice more expeditiously.

Specific areas that must be considered:

- A written agreement between the parties that delineates the responsibilities and functions of each, including the responsible party or parties when student errors occur;
- Plan for supervision by faculty either by direct supervision or supervision by trained preceptors;
- For the preceptor model:

- a plan for the availability of a faculty member;
- preceptor:student ratio that does not exceed 1:2;
- limit of 24 students under supervision of one faculty.
- Documentation of student educational preparation, knowledge and skill level;
- Plan for evaluation of students based on clinical objectives;
- Determination of hours achieved through traditional clinical placement/rotations; and
- Determination of hours achieved through an employment model.

Additional options:

- Students may or may not be paid for the experience.
- Students' schedules may vary dependent on agency needs and student availability.
- Schedules should be arranged around classes and study needs.

Opportunities:

- Possibility for a student to graduate and transition to practice in a timely manner.
- Fulfilment of clinical objectives.
- Valuable clinical experiences to prepare students for transition to practice.
- Provision of assistive nursing care for patients during times of increased care demands in healthcare facilities.
- Possible wages or stipend for students.
- Possible job opportunities.

**References to the NPA and to Rules 214 and 215 are not all inclusive.**