

**TEXAS BOARD OF NURSING**  
**3.8.2.a. EDUCATION GUIDELINE**  
**Ratio of Faculty to Students in Clinical Learning Experiences**

**Revised: 04/10/19**

Rule 214.10 sets forth the requirements for the ratio of faculty to students in clinical learning experiences for vocational nursing education programs. Rule 215.10 sets forth the requirements for the ratio of faculty to students in clinical learning experiences for pre-licensure professional nursing education programs (diploma, associate degree, baccalaureate degree, or entry-level master’s degree). **Ratios in the rules are very flexible depending upon the setting, type of clinical supervision model, and the use of faculty extenders. The ratios apply only to direct patient care. Ratios in nursing skills laboratories and simulation laboratories are based upon school policies. The opportunity for students to complete clinical learning objectives should be the guiding determinant for all clinical learning experiences.**

**Basic faculty-to-student ratios in hands-on clinical settings with actual patients:**

<p><b>VN Rule 214.10(g) <i>Clinical Learning Experiences</i></b> requires that “The following ratios only apply to clinical learning experiences involving direct patient care:</p> <p>(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than 10 students.</p> <p>(2) Patient safety shall be a priority and may mandate lower ratios, as appropriate.</p> <p>(3) The faculty member shall supervise that group in only one facility at a time, unless some portion or all of the clinical group are assigned to observation experiences in additional settings.</p> <p>(4) Direct faculty supervision is not required for an observation experience.”</p>	<p><b>RN Rule 215.10(g) <i>Clinical Learning Experiences</i></b> requires that “The following ratios only apply to clinical learning experiences involving direct patient care:</p> <p>(1) When a faculty member is the only person officially responsible for a clinical group, the group shall total no more than 10 students.</p> <p>(2) Patient safety shall be a priority and may mandate lower ratios, as appropriate.</p> <p>(3) The faculty member shall supervise that group in only one facility at a time, unless some portion or all of the clinical group are assigned to observation experiences in additional settings.</p> <p>(4) Direct faculty supervision is not required for an observation experience.”</p>
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Note: The ratio is for a maximum of 10 students to one faculty member. School policy may identify critical areas where fewer students may be supervised by one faculty member. Facility policy may dictate a reduced faculty to student ratio and further define the number of students assigned to one faculty member. The student group should be in the same facility as the faculty member; thus, students may be practicing in several areas in a setting and strategies for supervision by the faculty should be spelled out to ensure patient safety.

Benner, Sutphen, Leonard, and Day (2010) recognize and validate the challenges in providing effective clinical teaching due to the difficulty in finding good clinical sites that will meet the learning needs of the students. Even with ratios of one faculty to eight or 10 students, there is inadequate time to spend with students to ensure they are learning the concepts and skill sets. Faculty agree that it is difficult for administrators to understand how the clinical aspect of nursing is different from courses in other disciplines.

**Ratio expansion where clinical preceptors are used for a portion of a clinical course:**

<b>VN Rule 214.10(h)(1) <i>Clinical Learning Experiences</i></b> requires that "In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than 12 students in a clinical group."	<b>RN Rule 215.10(h)(1) <i>Clinical Learning Experiences</i></b> requires that "In courses which use clinical preceptors for a portion of clinical learning experiences, faculty shall have no more than 12 students in a clinical group."
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Note: When a preceptor is used with a clinical group, the group may enlarge to 12 students with students rotating to the preceptor and maintaining 10 students with the faculty member and two assigned to one or two preceptors. The preceptor may not supervise more than two students per clinical group. The preceptors should:

- meet the qualifications in the rules,
- have received orientation and course objectives from the program,
- provide hands-on experiences for the students; and
- contribute to the evaluation of the students.

Signed agreements are in place when preceptors are used.

**Ratio expansion where clinical preceptors are the sole method of supervision in a clinical course:**

<b>VN Rule 214.10(h)(2) <i>Clinical Learning Experiences</i></b> requires that "In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than 24 students."	<b>RN Rule 215.10(h)(2) <i>Clinical Learning Experiences</i></b> requires that "In a course which uses clinical preceptors as the sole method of student instruction and supervision in clinical settings, faculty shall coordinate the preceptorship for no more than 24 students."
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Note: When a clinical course is based upon supervision by preceptors ONLY, the clinical group may be expanded to 24 students. The course relies upon preceptors who:

- meet the qualifications in the rules,
- have received orientation and course objectives from the program,
- provide hands-on experiences for the students; and
- contribute to the evaluation of the students.

Clinical preceptors may be used after a student has received clinical and didactic instruction in all basic areas of nursing for the specific learning experience. One preceptor may not supervise more than two students per clinical group. Since the faculty member does not need to be present, the student may be in the clinical area when the preceptor is working. The faculty member is always available and meets periodically with the student and preceptor. Signed agreements are in place when preceptors are used.

**Ratio expansion where Clinical Teaching Assistants are employed – RN Programs only:**

<b>RN Rule 215.10(i)(1) <i>Clinical Learning Experiences</i></b> requires that "In clinical learning experiences where a faculty member is supported by a clinical teaching assistant, the ratio of faculty to students shall not exceed two to 15 (one faculty plus one clinical teaching assistant to 15 students)."
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Note: A clinical teaching assistant (CTA) is an employee of the program who is a licensed registered nurses with expertise in the clinical area being used. The CTA assists the faculty member, allowing the clinical group to expand to 15.

Where there are questions about the appropriateness of the ratio of faculty to students in clinical learning experiences, a decision may be made by the dean, director, or coordinator in consultation with faculty and affiliating agencies. However, the ratio shall not exceed the limits imposed by Rule 214.10 and Rule 215.10. These limits apply to both unlicensed and licensed students enrolled in the program.

Factors to be considered when establishing the ratio of faculty to students should include:

1. Students' level of knowledge/skill;
2. Course objectives;
3. Acuity level of clients;
4. Affiliating agency's:
  - a. Goals and priorities;
  - b. Client census;
  - c. Staffing ratio;
  - d. Qualifications and longevity of nursing personnel;
  - e. Percentage of temporary personnel staffing;
  - f. Physical layout of facility, etc.; and
  - g. Current usage by other affiliating students.

**Considerations when Observation Experiences are included:**

**VN Rule 214.2(30) and RN Rule 215.2(31)** define an *observation experience* as a clinical learning experience where a student is assigned to follow a health care professional in a facility or unit and to observe activities within the facility/unit and/or the role of nursing within the facility unit, but where the student does not participate in hands-on patient/client care.”

Education rules do not provide detail about whether students engaged in observation experiences are included in the specified ratios for faculty supervision of clinical groups. Criteria for assigning students to an observation experience include:

- The observation experience should allow a student to meet specific clinical objectives.
- When one or two students are offsite from the regular clinical group that is being supervised by a faculty member, they do not need to be counted as one of the 10 students providing hands-on care. However, the faculty member or program representative must be available to answer a call or go to the student in the observation experience, if needed.
- When a student is assigned to an observation, the students should provide a document identifying themselves and listing learning objectives to the individual in charge of the experience.
- The student is responsible for documenting that the experience met the learning objectives.
- Whether more than one student may be assigned to observation experiences depends upon the availability and quality of observations. The best scenario might be for all students in a group to take turns in an observation experience. It is not recommended that more than one observation experience during each rotation should be allowed.
- There is a written letter of agreement, memorandum of understanding, or contract allowing the students to participate in the observation experience.
- Faculty-supervised hands-on clinical learning experiences are the most valuable clinical experiences. The most important factor in all clinical experiences is safety for patients.
- Faculty are responsible for students in their clinical group.

**Clinical Learning Experiences in Courses for Community Health and Leadership:**

The information in this guideline may not apply to the clinical learning experiences for the courses in Community Health and in Leadership. The course objectives for those courses focus on the role of the nurse with community groups and populations, and in leadership roles in health care settings. Clinical activities should be planned accordingly and may or may not involve preceptors, community leaders, various private or public settings serving populations, administrators and directors in health care settings, and others that offer valuable learning experiences for future nurses. The faculty member is always responsible for the students and available for consultation or assistance. Written agreements in the form of letters or contracts should be negotiated before the experiences.

**Important Note: Please be aware that references in Rule 214 and Rule 215 are not all inclusive.**