

<b>Preceptorship 2 N8380</b>
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25 Preceptored shifts

Suggested Guidelines for ER student progress

### FIRST 8 SHIFTS

- Finding comfort in new context [orientation]
- Bedside: Able to find emergency equipment related to ABC's and is familiar with use. Common equipment in department is reviewed i.e. IV pumps, crash cart, transport equipment to diagnostic areas
- Familiar with paper flow within the department, new patient flagging for physician, new order flagging for nurses, processing of orders etc.
- Completing and practicing LOTARP & Primary Assessment, ROS & generating hypotheses on stable admitted clients [3-4 hypotheses with assistance / 1-2 independently]
- Generating hypotheses through discussion with instructor
- Independently reviewing a single client history in detail [results/patho/medications]
- Utilizing scrap paper or patient assessment form at bedside for collecting data and discuss with preceptor in clinical discussion - when comfortable beginning to work on hospital form (At this point, student is relatively dependent on preceptor)
- Critical thought processes are born (starting to ask "why" and think about the answer)
- May be tightly focused on own learning needs [ when acquiring a new skill, may not be focused on client anxiety & needs, such as IV starts]
- Preceptor/Instructor needs to ensure the student recognizes actual and potential problems in primary assessment and demonstrates awareness of interventions for same.
- Preceptor will have a "check in" with BSN Instructor in regards to student progress, areas of focus and strategies in place to encourage learning.

### SECOND 8 SHIFTS

- Admitting more complex clients new to the department in a time frame of 45-60 minutes

- Clinical discussion may reveal gaps — student may return to bedside or be assigned the task to find information to fill in the gaps, regarding questions and data gathering, or patho explanation
- Identifying obvious actual problems and anticipating worst case scenario in phone discussion with Specialty Instructor
- Intervening in Primary Survey— recognizing problems and seeking help if necessary i.e. ensuring preceptor aware of patient condition, notifying RT or physician or delegating to preceptor
- ROS — at least 2 systems or hypotheses independently generated
- Documentation becoming more comprehensive and concise
- Head to toe more comprehensive and consistent
- Organizing and prioritizing care of 1-2 stable clients as approaching 8<sup>th</sup> shift or managing 1 complex patient
- Introducing LOU in discussions as well as observing

**Note:** A patient will be chosen by the student during the shifts to complete a **comprehensive** patient assessment form tying in diagnostics, health promotion, and family centered care. This will be emailed to the Specialty Instructor and the student will have phone discussion with Specialty Instructor regarding this patient. Please refer to the document “Clinical Presentation Assignment Student Guidelines” for details. The Specialty Instructor will notify the student as to when this assignment will be due.

<b>Midterm Evaluation around 12<sup>th</sup> shift</b>
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- Able to assess stable cardiac clients
- Able to assess clients with atypical presentations with guidance and clinical discussion
- Focused systems are being practiced i.e. neurological assessment including cranial nerve testing
- Progression with generating 2-3 accurate hypotheses independently
- More easily identifies actual & potential problems during discussion
- Verbal reports comprehensive, charting clearly and timely with minor assistance. Charting reflects appropriate subjective and objective assessments on admitted patients.
- Student is demonstrating self- reflection, aware of strengths and limitations with assistance and formulates a plan for professional growth with preceptor

- Independent with familiar situations, some dependence with new clients who present with unfamiliar health challenges or high acuity

#### LAST 8-9 Shifts

- Systematic / salient assessments on familiar client presentations
- Admission time frame — maximum 30 minutes
- Relevant focused assessments
- Identifying and assessing for actual & potential problems — i.e. a client presenting with vomiting and weakness, student should assess for dehydration via postural vital signs, tachycardia, dizziness, dry mouth, concentrated urine etc. - students tend to jump to conclusions rapidly based on a single assessment parameter — encourage global thinking and rationale for decisions
- Generate three accurate hypotheses without prompting
- Concise, salient verbal reports
- Organizing and providing care for 2-3 clients
- \* Intervening effectively for ABC's [airways, suction, oxygen, attach monitor — interpret rhythm, order ECG as needed]
- Documentation concise and pertinent
- Head to toe assessment - if leaving out parts of assessment, able to provide rationale
- Critical thought process fluid [We do-What we do- When we do it]

<b>FINAL EVALUATION</b>
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