

Guidelines for the BCIT Preceptorship Student in Emergency

The following is a general outline for practice of the Preceptorship 2 student working with a preceptor in Emergency prior to graduating from the BCIT BSN program.

Scope of practice

The student is in the final level of the BCIT nursing program. The student has taken both the NSCC 7150 Dysrhythmia and the NSER 7110 Emergency Nursing Theory 1 courses at BCIT. As such the student can practice under the direction of an RN, any of the nursing skills for which he/she has received education during his/her clinical placements. These generally include the skills that would be performed on the non-specialty floors. The student will require guidance and/or supervision when first performing a new skill but will continue to become independent in his/her practice of these skills.

These skills include but are not limited to:

- Physical assessments (head to toe - focusing on patient not equipment)
- Administration of medications
- Chest tube management
- Tracheostomy care
- Suctioning-tracheostomy and ET tubes
- Wound Management
- Sterile dressings
- IV insertion (depending on agency policy)
- Cardiac Monitoring with supervision (excluding defibrillation, cardioversion)

For a detailed list please see the Clinical Techniques: Skills List on the BCIT Guide for BSN Preceptors web site <http://www.bcit.ca/health/bsnpreceptors/> under the section Links and Resources.

The student **may not** perform any of the advanced skills deemed critical care.

Skills outside the student's scope of practice

- Management of cardiac and/or hemodynamic medications
- Management of arterial catheters
- Assessment of ventilation
- Conscious sedation (observation only)
- Cardiac Arrest management (limited to CPR and observation only) No recording permitted.
- Nurse transfer or escort (without full scope RN present)
- Cardioversion

The responsibility for management of these aspects of patient care will remain with the preceptor at all times.

Practice at the bedside

The goal for the clinical placement prior to graduation is to provide exposure to the type of care given to patients in the Emergency Department and for the student to be able to competently care for medical/surgical patients in the context of Emergency.

The student should provide patient care to the full extent of his/her scope of practice. Since the student can't take responsibility of those components deemed critical care skills, these must be performed by the preceptor RN. The student should perform and document the head to toe assessment (focusing on the patient). The preceptor will provide the necessary information on cardiac monitoring, ventilation and any hemodynamic infusions. The preceptor will read and co-sign any documentation to confirm the accurate capturing of this information. During the course of the shift, it is up to the discretion of the preceptor who will document specific events. He/she may assist the student in documenting or if the acuity exceeds that deemed appropriate for the student, the preceptor will chart as necessary.

Patient assignments

Patient assignments should be as uncomplicated as possible to start. **The focus should be on assessments and critical thinking.** The goal is for the student to become adept at assessing the uncomplicated patient and to become proficient at a novice level. Once this goal is achieved, the preceptor may request more complicated assignments. There is little value in the student caring for patients with advanced monitoring and/or therapies such as ART lines and ventilators as it would be unrealistic to expect the student to try and grasp these concepts at the bedside with his/her limited educational content. The presence of these therapies would also take away from the preceptor's ability to support the student in managing the patient within their scope. Exposure to these patients will occur naturally within the unit without taking away from the ability of the student to manage the "whole" patient.

The Preceptorship 2 BSN student has had minimal pediatric and perinatal experience and no pediatric/perinatal emergency theory. Therefore the student should not care for pediatric/perinatal patients independently. As well the BSN student should not prepare or administer any medications to a perinatal patient. The BSN student can prepare and administer medications to a pediatric patient but only with direct RN supervision. As well, the BSN student should at all times be observed by the preceptor during pediatric assessment and only observe perinatal assessment.

Students in the Emergency Department at the British Columbia Children's Hospital (BCCH) may practice based on the student policies of BCCH.

As this is an educational experience, it is important that the student not be considered an extra staff member. Some assignments in Emergency do not always provide for the best teaching opportunities for students. For example triage; although many preceptors triage this is not the best learning experience for a Preceptorship 2 student. It would be best for the preceptor and student to switch to another assignment or if not possible the preceptor should assign the student to work with another RN. The preceptor should not be required to “help” beyond what would also normally be expected. The student needs to have opportunity to manage their patients’ care, critically think and make decisions in consultation with his/her preceptor. The preceptor should only leave the student unsupervised when another Emergency RN is also providing coverage and supervision.

Please refer to the BCIT Nursing (3year) Program Student Guidelines, Policies, and Procedures on the BCIT Guide for BSN Preceptors web site <http://www.bcit.ca/health/bsnpreceptors/> under Links and Resources for detailed policy information. Remember always follow the most restrictive policy whether it be your agency or BCIT. If in doubt please contact the BCIT BSN Instructor or the BCIT Emergency Specialty Instructor.

Thank you,

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