

Guidelines for the BCIT Preceptorship 2 Student in the Intensive Care Unit

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

Scope of practice

The student is in the final level of the BCIT nursing program. 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 (unless indicated as critical care in PDTM)
- Central line management(see BCIT BSN policies for details re management)
- Chest tube management
- Tube feeds and TPN
- Tracheostomy care
- Suctioning – trach and ET tube
- Wound management
- Sterile Dressings
- VAC dressings (following initial training by CNE)
- Management of patient undergoing hemodialysis
- CAPD

For a detailed list please see the Clinical Techniques: Skills List on the BCIT Guide for BSN receptors 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 of the student's scope of practice

- Cardiac monitoring
- Management of cardiac and/or hemodynamic medications
- Management of Arterial catheters
- Management of PA catheters
- Assessment of ventilation
- Management of External ventricular drains
- Intracranial pressure monitoring
- Continuous renal replacement therapy (CRRT)

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 the critically ill adult.

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, anticipating problems and needs and learning from rounds. Once this goal is achieved, the preceptor may request more complicated assignments such as those with multi-system failure or those receiving hemodynamic infusions. There is little value in the student caring for patients with advanced monitoring and/or therapies such as ICP, PA catheters or CRRT as it would be unrealistic to expect the student to try and grasp these concepts at the bedside with no prior 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 students to manage the "whole" patient.

As this is an educational experience, it is important that the student not be considered an extra staff member. Although the patients doubled are usually the less complicated, the double does not provide for the best teaching opportunities. It would be anticipated that this assignment may be necessary at times. The preceptor should not be required to "help" beyond what would also normally be expected. He/she should only leave the student unsupervised when another ICU nurse is also providing coverage.

Please refer to the BCIT Nursing (3 year) 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. Thank-you,

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