

## **Guidelines for the BCIT Preceptorship 2 Student in Mental Health**

The following is a general outline for practice of the Preceptorship 2 student working with a preceptor in Mental Health 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 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)
- Mental status exams
- Admissions, Interviewing and History taking
- Administration of medications (PO, IV, SC, PR etc)
- IM including Z track medications, intradermals
- Wound management
- Sterile dressings
- IV management
- Group participation toward taking leadership
- Caring for patients on constant attention and in seclusion
- Management of a Code White

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.

### Skills outside the student's scope of practice

- IV initiation
- CVC dressing changes

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

### Practice

The goal for the clinical placement prior to graduation is to provide exposure to the type of care given to patients in mental health.

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The student should provide patient care to the full extent of his/her scope of practice. The preceptor will read and co-sign any documentation and confirm the accurate capturing of physical and mental status assessment 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. As this is an educational experience, it is important that the student not be considered an extra staff member.

Initially some assignments in Mental Health do not always provide for the best teaching opportunities for students. For example, early on in the preceptorship experience an assignment including a critically ill secluded patient. 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 RPN 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.

Thank you,

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