

## **BSN Preceptorship Two**

### **Student in Neonatal**

The following is an overview and the practice guidelines for students working with a Preceptor in a Neonatal focus of practice prior to graduating from the BCIT BSN program.

#### **Overview**

The student is in the final level of the nursing program and has just finished 300 Preceptorship hours in either a medical or surgical acute care unit, with the emphasis on consolidating their clinical practice in preparation for graduation (critical thinking and clinical reasoning, coordinating and prioritizing nursing care, time management, focused assessments and evaluating patient responses, working with other healthcare team members, stress management). Students have completed two Neonatal specialty theory courses, the Neonatal Resuscitation course and may have worked with newborns in a 4 week clinical course at a community pediatric unit in level three of the program. Their previous term was 16 weeks in a community setting. The student has selected Neonatal as their focus of practice for the final Preceptorship.

#### **Scope of Practice**

The student practices under the direction and supervision of the Preceptor RN in accordance with the College of Registered Nurses of BC standard of *regulatory supervision*:

<https://www.crnbc.ca/Standards/PracticeStandards/Pages/regulatorysupervision.aspx>

The student will require guidance and/or supervision as indicated by the patient/family situation or as indicated by their level of ability to determine, plan, coordinate, implement or evaluate appropriate and safe nursing care. They are accountable for their actions. The student can implement any of the nursing skills for which they have received education during previous clinical placements, in accordance with BCIT BSN Program Guidelines and Policies as well as agency policy and procedure; see BSN Preceptor website:

<http://www.bcit.ca/health/bsnPreceptors/>. For a detailed list please see the Clinical Techniques: Skills List under the section Links and Resources. The most restrictive policy (agency or BCIT) applies.

In some instances students will acquire new knowledge and skills as required by the practice demands of the clinical setting (for example, breast feeding support).

The goal is for students to achieve proficiency with neonatal/family care; again, as indicated by their personal capacity, the patient situation, policy and procedure and within the parameters of regulatory supervision.

## **Skill Sets and Capacities**

Students have theoretical knowledge of, and varied experience with:

- Patient and family centered care
- Family assessment
- Advocacy
- Assessment, monitoring and clinical decision making
- Building relationships and capacity building with patients/families
- Cultural awareness/safety
- Safety checks for bedside and nursing units
- The impacts of determinants of health on health status and care delivery

Neonatal specific:

- Head-to-toe and focused assessments – thorough and comprehensive
- Monitoring vital signs
- Cardiac monitoring – assessing and monitoring for apnea, bradycardia and desaturation
- Respiratory assessments
- Oxygen therapy – ambient, oxyhood, low flow nasal prongs, O2 sat probe placement
- Suctioning – oral and nasal
- Hourly intake and output (fluids and electrolytes) – blood/volume replacement
- Feeding: bottle, NG, G-Tube – test weighing
- NG/OG – inserting, checking for placement, pH testing
- Measuring girths, aspirates, emesis
- Breast feeding support/education/pumping
- Skin to skin cuddling
- Care and support of the substance exposed infant
- IV therapy – peripheral or central therapy, administration of TPN/lipids, syringe pumps
- Medication administration (IV, PO, NG/OG or IM) – calculations
- Assessing blood work – BG monitoring
- Assessment of seizure
- Acquiring comfort handling the neonate
- Bathing the neonate – sponge bath/tub
- Incubator – temperature, humidity, oxygen
- Cot temperature
- Comfort measures – care and support of the hospitalized patient/family
- Ostomy care
- Urinary catheterization/collection
- Phototherapy
- Admitting/discharging an infant

## **Restricted Scope of Practice**

- Respiratory support – high flow nasal prongs, CPAP, mechanical ventilation
- IV insertion
- Invasive monitoring – umbilical arterial catheter, umbilical venous catheter, radial arterial lines
- Chest tubes
- Blood collection – must be supervised; no venipuncture
- Medication-inotropes, paralytics, other life rescuing medications

## **Patient Assignments**

Initially, the Preceptor's patient assignments should be as uncomplicated as possible and focused on assessments and critical thinking. The goal is for the student to become adept at assessing the uncomplicated neonate, anticipating problems, engaging in collaborative decision making, providing safe care, partnering with parents, participating in rounds and following up on patient responses. Once this goal is achieved, the complexity of the patient assignment increases – acuity and/or workload.

**Note:** if the patient's condition is deteriorating the Preceptor or alternate RN takes the leadership role and may be required to provide all nursing care in such unstable patient situations.

## **Questions Regarding Scope of Practice**

Due to the diverse context of Neonatal nursing practice students must collaborate with the Preceptor, educator, clinical coordinator and BCIT BSN instructor to determine and delineate appropriate scopes of practice should questions arise.

*The responsibility for management of patient care remains with the Preceptor at all times.*

## **Goal of Neonatal Preceptorship**

The goal is to provide the student with an in-depth experience in Neonatal nursing while consolidating their practice capacity in preparation for licensure. The focus should be on the provision of comprehensive, safe and holistic patient care while applying theory to practice and delivering care that meets best practice guidelines.

The student documents assessments, patient responses and nursing care provided. Initially, the Preceptor will read and confirm the accuracy and thoroughness of this documentation. During the course of the shift, when patient care may be shared between student and Preceptor, it is up to the discretion of the Preceptor RN who will document specific events. When acuity or complexity exceeds that deemed appropriate for the student, the Preceptor will document.

The student provides patient care to the full extent of their scope of practice and capacity in partnership with the Preceptor. This is an educational experience for the student, it is important they not be considered an extra staff member, they are supernumerary. The Preceptor should only leave the student unsupervised when another RN is also providing coverage.

If there are any questions or concerns, please contact the BCIT BSN Instructor at any time.