



## **BSN Preceptorship Two**

### **Student in Pediatrics**

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

#### **Overview**

The student is in the final level of the nursing program and will either a) have just finished 300 preceptorship hours in a medical or surgical acute care unit that emphasized consolidating the foundations of 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) or b) come directly to Pediatrics for all 600 hours so they will be setting foundations of practice before building proficiency in this context of practice. All students have completed two Pediatric specialty theory courses and in level three of the program, a 4 week clinical course at a community pediatric unit. Their previous term was 16 weeks in a community setting. The student has selected Pediatrics 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, IV central line care in Oncology).

The goal is for students to achieve proficiency and independence with patient/family care to the level of expectations of a newly graduated nurse; again, as influenced by prior practice experiences, the patient/family 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

Pediatric specific:

- Head-to-toe and focused assessments across developmental stages
- Monitoring vital signs and neurovital signs
- Basic cardiac assessments
- Respiratory assessments
- Medication administration – calculations
- Oxygen therapy – applying oxygen and O2 sat probe placement
- IV therapy
- Calculating hourly intake/output – blood and volume replacement
- Care and support of the hospitalized child
- Monitoring bloodwork – blood glucose monitoring
- NG insertion and testing for placement

## **Restricted Scope of Practice**

- Cardiac Monitoring ECG – must be supervised
- Respiratory support – high flow oxygen, CPAP, mechanical ventilation
- IV insertion
- Blood collection – must be supervised
- 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, anticipating problems, engaging in collaborative decision making, providing safe care, coordinating care with other team members 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 where a code or transfer to PICU may be required the Preceptor 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 Pediatric 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 Pediatric Preceptorship**

The goal is to provide the student with an extensive experience in Pediatrics 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 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.