

Guidelines for BCIT Preceptorship Students in Perinatal

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

Preceptorship 2 is a 300 hour clinical course. The goal in perinatal is for the preceptorship student to have a minimum of 100 hours of labour and delivery experience.

Scope of practice

The student is in the final level of the BCIT BSN program. She/he has taken both the NSPN 7100 and the NSPN 7200 perinatal theory courses at BCIT. The student has also taken NSPN 7450 Neonatal Resuscitation. As such the student can practice under the direction of an RN preceptor, any of the nursing skills for which they have received education during their clinical placements. These include general maternal/fetal/newborn ante/intra/postpartum skills for the low risk patient. 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:

- Woman/Family-Centered Care
- Comprehensive ante/intrapartum maternal/fetal assessments
 - History taking – demographic, obstetrical, medical, surgical, psychosocial, religious, spiritual, and cultural factors
 - Monitoring vital signs
 - Abdominal palpation – Leopold’s manoeuvres, symphysis fundal height (SFH)
 - Palpating contractions – frequency, strength, duration, resting tone
 - Fetal heart rate (FHR) – (location of FH and intermittent auscultation)
 - Urine testing
 - Glucose testing
 - Maternal weight gain
 - Fetal movements counts
 - Inspecting vaginal loss - bloody show and amniotic fluid (nitrazine test, ferning test)
- Continuous Labour Support
 - Comfort measures
 - Non-pharmacologic labour support options – (e.g. massage, hydrotherapy, birthing ball, squatting bar, TENS, sterile water injection, etc.)

- Pharmacologic pain management measures (entonox, narcotics, epidural, and spinal)
- Administer appropriate medications/treatments
- Encourage spontaneous pushing in non-supine positions
- Collection & analysis of cord blood specimens

- Comprehensive postpartum assessment and care of mother/infant dyad
 - Maternal fundus, lochia and vital signs
 - Neonatal Resuscitation (NRP)
 - Promote skin to skin and initiate breastfeeding within 1 hour following birth
 - Recommend effective breastfeeding holds & positions (e.g. cradle, cross-cradle and football holds; upright and side lying positions)
 - Determine signs of an effective latch and milk transfer
 - Frequency and length of feeds
 - Assist with 5 common breastfeeding difficulties (sore, cracked nipples, difficulty latching baby, breast engorgement, newborn weight loss of >7% and fussy newborn after feeds)
 - Bottle feeding methods
 - Storage of EBM

- Document assessment data and care provided on appropriate Perinatal Services BC and institutional forms

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 scope of practice** for a Level 6 Preceptorship 2 nursing student:

- Screening for health challenges (ie: determining preterm labour, hypertensive disorder of pregnancy, post-term pregnancy, etc)
- Electronic fetal monitoring
- Vaginal examination

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 Preceptorship 2 placement prior to graduation is to provide exposure to the type of care given to the childbearing woman/fetus and her newborn infant. The student should provide care to the woman/fetus and newborn infant within his/her scope of practice. **Since the student cannot take responsibility for those skills outside**

his/her scope of practice these must be carried out by the preceptor RN or another RN. The student should perform and document the assessments and care provided. At the beginning of Preceptorship 2 the preceptor RN will read and confirm the accurate capturing of this documentation. During the course of the shift, it is up to the discretion of the preceptor RN 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 RN will chart.

Patient assignments

Assignments should be as uncomplicated as possible at the start of the preceptorship. The focus should be on assessments and critical thinking. The goal is for the student to become adept at assessing the low risk woman/fetus/newborn, anticipating problems, engaging in collaborative decision-making, providing safe care, participating in unit in-services, rounds, etc. Once this goal is achieved, the preceptor RN may request more complicated assignments.

As this is an educational experience for the student, it is important he/she not be considered an extra staff member; the student is supernumerary. **The preceptor RN should only leave the student unsupervised when another RN is also providing coverage/supervision.**

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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