

WEEK BY WEEK GUIDE TO CLINICAL PROGRESS IN PRECEPTORSHIP 1

The following topics will be useful for your first discussion with the preceptor:

- Decide on the start date and shift for your first clinical week and obtain your schedule
- Orientate to the hospital and to the unit
- Determine parking, uniform, dress policies, lockers, and procedure for reporting illness
- Learn patient population, common diagnoses and medications seen on the unit.

Clinical Experience		
Week 1	Day 1	<p>'Buddy/shadow' shift with your preceptor to orient to the unit.</p> <ol style="list-style-type: none"> 1. Discuss expectations and ways to establish a collaborative partnership with your preceptor. 2. Review the BCIT policy and procedure document with your preceptor (available on D2L or print a paper copy). NOTE: the most restrictive policy (either the BCIT or health authority policy) is always to be followed. 3. Establish a method for obtaining regular feedback from your preceptor (e.g. after each shift). 4. Discuss with your preceptor the types of patient populations (diagnoses/ patient issues) as well as acuity, complexity, and the usual nurse/patient ratio on your unit. 5. Begin orientation to the unit and hospital, including: <ul style="list-style-type: none"> • Know the fire and emergency equipment and procedures. • Know how to access on-line resources: references, policy and procedures, PDTM (parent drug therapy manual). • Locate allied services: Lab, Diagnostic Imaging (CT, X-ray, MRI), pharmacy etc. • Locate supplies and equipment on the unit: clean linen, drugs, utility rooms, sterile supplies, O2. • Learn the roles & responsibilities of health care team members: manager, PCC, educator, CML, unit clerk, physicians, social workers, RT's, pastoral care and skill mix of RNs, LPNs and RCAs. • Establish contact with the unit educator. Review available orientation and /or "new hire" information. • Note channels of communication: reporting and/or recording information, nurse/patient assignments, kardex, care plans, OR slate, charts and flag sheets for other disciplines etc.

Week 1	Day 1	<ul style="list-style-type: none"> • Know nursing notes, physician notes and charting requirements – tools and expectations. <ol style="list-style-type: none"> 4. Review with your preceptor the types of emergency situations that may occur, policies and actions expected of nursing and/or others. Examples include: <ol style="list-style-type: none"> a. Hypoglycemic episode > procedure > what is given to patient, where treatments are kept. b. Aggressive behavior > how to detect early cues, learn to de-escalate, what interactions may be effective, what is the restraint policy, how /when to call security/code white. c. Respiratory emergency > first nursing actions, O2 policy, who/how to call: e.g. RT d. Cardiac arrest > actions to be taken, how to call. e. Change in LOC > actions to be taken. f. Chest pain > nurse initiated orders or procedure to be followed. 6. Identify common skills on the unit. Ensure you review and practice in open lab so that you are prepared. 7. Introduce yourself to staff on the unit, explain your role, and share your learning objectives (recommend you do this on every shift the first few weeks so that you become part of the team).
Week 1	Days 2,3,4	<p>Take 1 patient</p> <ol style="list-style-type: none"> 1. Use a cheat sheet for data collection, assessment, time management and prioritization. 2. In collaboration with your preceptor, take one patient for your assignment. Also, begin to write all of your preceptor's assignment and gradually participate in report on all of your preceptor's patients. 3. Your assignment increases gradually: <ol style="list-style-type: none"> a. As you gain knowledge with the patient population and the unit. b. You and your preceptor become comfortable working together. c. The feedback that you are obtaining from your preceptor and the debriefings with you instructor. 4. Provide break and end of shift reports on your assigned patient. 5. Continue to orient to the unit: personnel, supplies/ resources/ references, and equipment (monitors, IV supplies and pumps). Review charts to become familiar with what and where to find information. Continue to introduce yourself to other team members in order to establish collaborative relationships with the health care team. Use your time wisely when you have only 1 patient.

<p>Week 2</p>		<p>Take 2 -3 patients</p> <ol style="list-style-type: none"> 1. An assignment of 2 patients is recommended after your first few shifts. 2. In collaboration with your preceptor and instructor, continue to increase your patient assignment. This will depend on your progress as well as the acuity & complexity of the patients assigned to the preceptor. 3. Become familiar with obtaining regular feedback from your preceptor and scheduling weekly Clinical Debriefings with your Instructor.
<p>Weeks 3 to 5</p>		<p>Increase your patient assignment to 3 or more patients (this may vary depending on the acuity and complexity of the patient population on your unit)</p> <ol style="list-style-type: none"> 1. Continue to build on the depth/detail of your data collection, analysis and the significance of your findings. Determine priority problems (actual and potential) and appropriate interventions or effectiveness. Validate same with your preceptor. 2. Know the plan/disposition/impression for all of your patients. 3. Become aware of how health promotion is facilitated on the unit: <ul style="list-style-type: none"> • Know the current status and plan for your patient (s), as well as discharge goals. • Assess the learning needs for your assigned patients and perform teaching e.g. information/teaching about a diagnostic test, diet, post-op routine, ostomy care, diabetes management etc. • What health promotion can you do? • Identify discharge planning needs. Determine what the patient and family needs are: e.g. Home O2, assistance with ADL's, meals, OT, PT, psychosocial needs. • Gain increased awareness of the patient population and learning needs e.g. healthy heart or other rehab programs. <p>Learning activities could include:</p> <ul style="list-style-type: none"> • Reviewing RN, LPN, and care aide job descriptions to assist in appropriate assignment of duties and scope of practice. • Becoming familiar with communication, paging and the transcription of doctors' orders along with all the appropriate follow-up. • Learning the methods of requisitioning and/or arranging for diagnostic tests, therapies, referrals, discharges, and transfers. 4. During Week 4, complete the midterm clinical evaluation form and either email or give hard copy to your preceptor for his/her comments. The BCIT Instructor will meet with you and the preceptor on a scheduled shift to review the midterm evaluation and learning goals for the second half of the course.

<p>Weeks 5 to 8</p>	<p>Increase your patient assignment to 75% of your preceptor's assignment.</p> <ol style="list-style-type: none"> 1. Collaborate with your preceptor and instructor to determine whether you are ready to manage 75% of your preceptor's assignment. This will depend on your progress and/or the acuity & complexity of the patient assignment. 2. In the second half of Preceptorship 1, you will begin to assume some leadership activities related to the management and care of a group of patients. This includes, but is not limited to: <ul style="list-style-type: none"> • Developing effective collaborative relationships with the other health care workers who are providing care for your group of patients. <i>For example, discussing a patient's housing issue with the social worker, or initiating a referral to a pharmacist or dietician.</i> • Paying attention to inter-professional collaborative practice initiatives. This type of practice supports the participation of each discipline in patient care. <i>For example, you may attend unit rounds or contribute your nursing observations during multidisciplinary discharge planning meetings.</i> • Taking an active role in managing care for a group of patients. Begin to delegate by thinking and prioritizing before acting. Take initiative do discuss what is to be done on shift, who is qualified to take action, what can be assigned to the LPN, care aid or RN, and determine how the various participants work together to make sure that quality nursing care is safely provided in a timely manner. <i>For example, take note of how the staff on a day shift organizes themselves to manage the nursing care required. Who does what? Is there someone in charge of the bigger picture? What do the charge nurse, unit manager, and patient care coordinator (PCC) do?</i> • Identifying your own learning needs and begin to take an active role is choosing patients from your preceptor assignment that meet your learning needs. <i>For example, take 1 complex, 1 acute and 1 same day discharge patient or take 2 complex patients only on that shift.</i> • Learning how to work with junior students who may be assigned to some of your patients. <i>For example, think about how you will approach a junior student and how you will partner with him/her in the provision of safe care. Also, think about how you will assess the knowledge and preparedness of students to provide care – what is the student's scope of practice? How will you provide feedback? What is the role and expectation of the student's instructor? How will you be transparent and ensure the patients are the focus.</i> • Gaining experience with the night shift routine and all that it entails. E.g. checking charts on a night shift and learning what to question and clarify. Determining the need to take action and learning which resources may be more scarce (e.g. doctors and pharmacy not easy to access). <i>This activity promotes advocacy, assertiveness and critical thinking about what actions and orders are required, current, and available. What orders have been missed, and what orders need to be re-evaluated by the doctor.</i>
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The following additional actions reflect the '**beyond the bedside**' roles and responsibilities included in an RN's scope of practice. Initiative and assertiveness are required to manage a group of patients and includes:

- Informing your preceptor promptly of changes in the patient's status and/or plan of care.
 - Taking the initiative to consult with the patients' physicians and other members of the healthcare team.
 - Clarifying issues or doctors' orders mean and why they have been ordered. Know the plan for the patient and if you are unsure, ask!
 - Participating in the sharing of information with other health care workers and patient's significant others in a professional manner.
 - Initiating or revising information on the kardex and/or other communication tools.
 - Preparing for change of shift report by gathering information from team member(s) and then giving a systematic report to oncoming staff.
 - Informing patients about BC Nurse Line and when to call 911 when discharged.
3. During Week 7, **complete the final clinical evaluation** and then email or give a hardcopy to your preceptor for comments. During Week 7 or 8, the BCIT instructor will meet with you and your preceptor on the unit for the final clinical evaluation.
 4. By Week 8, you should be attempting to **assume a minimum of 75%** all of the preceptor's workload/responsibilities.