

## PRELICENSURE PRECEPTORSHIP

*Quarter 6 Clinical Experience...*

## Introduction to Course

- About the instructors
- Review of objectives
- What to expect
- Flow of the class
- Common Q & A



## Review of Objectives

- Design nursing care for a group of clients experiencing actual or potential self-care deficits.
- Modify nursing care as needed for a group of clients experiencing actual or potential self-care deficits.
- Modify nursing care taking into account the client's cultural, gender, age, and social differences.
- Formulate an admission plan with clients and families.
- Formulate a discharge plan with clients and families.
- Participate in an interdisciplinary care-planning meeting.
- Discuss identified legal issues with appropriate nursing personnel.
- Coordinate nursing care for a group of clients.
- Approximate the role of a new nursing graduate under the direct supervision of an assigned nurse.

## Clinical Objectives

- Clinical evaluation tool: done by student and instructor (NOT preceptor)
- Must be *completed* by student and available / ready for instructor to view/complete at the *start* of shift #10
- Student must ensure 1<sup>st</sup> set of preceptor comments are completed and available with clinical evaluation.
- Clinical evaluations done **electronically**

## Clinical Evaluation Tool

- Download from website  
[http://faculty.deanza.fhda.edu/oneillpatricia/stories/storyReader\\$28](http://faculty.deanza.fhda.edu/oneillpatricia/stories/storyReader$28)
- Save to your computer
  - Rename: "clinical\_eval\_nightingale" (your name)
  - Write your S's, X's, etc. in appropriate column.
  - Write your narrative in the appropriate box; "sign" and date electronically
  - E-mail to instructor by the START of your mid-point shift (instructor does her part, e-mails it back to you)
- When we return to you:
  - Rename: "clinical\_eval\_nightingale2"
  - Complete again on or about last clinical shift.
  - E-mail to instructor; she does her part and sends back.
- Print and bring to class/clinical; both parties will sign and date after electronic signatures *at the very end...*

## Clinical Objectives (continued)

- Review your objectives with preceptor periodically
- Clarify with instructor any questions



## Hospital Logistics

- **VA:** sign WOC form when we meet on campus Wednesday of week #1
- See web site for the myriad of hoops to jump through
- Take all required forms to VA orientation



## Hospital Logistics

- **Kaiser:** turn in required forms Wed of week 1 when we meet.
- Students liaison: Nicole Faria, room 384. you may be required to obtain ID badges and/or submit documentation to her
- Please return ID badges to Nicole at the end of the rotation, along with Kaiser evaluations.



## Hospital Logistics

- **ECH:** computer training TBA
- All passwords have been reset
- For pyxis supply cart password, see website



## Hospital Logistics

- **OCH:** make sure you have required documentation in your possession at all times.
- Re: badges, Security is closed 11-2 for lunch, then after 4PM? Call first...
- Complete orientation packets per web site.



## Registration, Immunization data, etc.

- All early starters must be registered now or cannot start until after I see proof of registration.
- All immunization data must be current through the end of the quarter (see Student Handbook).
- Anyone who does not pass quiz with 90% cannot precept until after retake.

## What to Expect

- Review of greensheet (clinical N86L)  
[http://faculty.deanza.fhda.edu/oneillpatricia/stories/storyReader\\$28](http://faculty.deanza.fhda.edu/oneillpatricia/stories/storyReader$28)



## Assignment Clarification: NCP

- For your NCP assignment, please DO NOT INCLUDE ANY OF THE FOLLOWING INFORMATION:
  - Patient name or initials (you may use a made-up name, and introduce it as such at the beginning)
  - Hospital name (we know where you are assigned!)
  - Dates of care (instead, use Day #1, Day #2, etc.)
  - Room number
  - Physician or nurse names

## Quarter 6 Components

- Theory: 100 minutes/ week (Thursday)
- Clinical: 16 hours / week (equivalent)
  - Instead of 2days/wk for 12 weeks, students precept 3 days/wk for 8 weeks
    - 24 shifts
    - – 2 (no clinical during finals week)
    - – 1 (today)
    - – 1 (hospital orientation)
    - 20\* shifts total, or 160 hours

*\*if 12 hour shifts: 13.3 shifts; if Kaiser or VA: 19 shifts*

## What if...

- You are caring for a patient and midway through your shift new orders indicate he is being placed in isolation and ruled out for TB?
  - Call your instructor
  - Implement bloodborne pathogen protocol

## Question:

Which of the following may a you do during preceptorship?

- Take a verbal order from a physician
- Take a telephone order from a physician
- Witness a client's signature on an Advance Directive
- Perform a procedure on a client that he/she has been skills tested on



## "Practicing" Taking Verbal Orders

Scenario: you and preceptor talking with physician.

- You give physician assessment data, ask for needed orders.
- Physician "gives" you the verbal order.
- Preceptor (at your side) hears, acknowledges, and documents the order.

## "Practicing" Taking Phone Orders

Scenario: you and preceptor are talking with physician via 3-way telephone call.

- You give physician assessment data, ask for needed orders.
- Physician "gives" you the verbal order.
- Preceptor (on other telephone) hears, acknowledges, and documents the order, and does the "read back."

## As for Signing...

- No signing as witness
- No signing for blood



## How About Specialty Procedures?

- If it requires certification: **NO**
    - (e.g., arterial stick [ICU], application of internal monitor [L&D], cardioversion...
  - If it does not require certification you may do it IF and only IF OK with hospital policy and:
    - You obtain necessary theory
    - Preceptor (acting as instructor) performs demo
    - You perform return demonstration
    - Examples: ABG from a line, vaginal exams, C.O. measurement, etc.
- If in doubt, DON'T do it, ask instructor for next time**

## Which can you do, under direct supervision of your preceptor?

- Superimpose IV fluids
- Hang IVPB medication
- Administer IV push medications
- Hang blood or blood products
- Regulate blood or blood products\*
- Hang TPN
- Regulate TPN
- Sign for blood
- Monitor the client receiving blood
- Monitor the client receiving TPN



\* No – except: you may turn blood OFF if patient is clearly having transfusion reaction!

## Regarding IV Push...

You may do this procedure if:

- You have had instruction.
- You have performed a return demonstration of it.
- You are being directly supervised (not from the doorway)!
- AND (last but definitely not least!) IT IS OK WITH YOUR FACILITY'S POLICY.

## If allowed...

- You must read and understand your hospital's policy regarding this skill, e.g.:
  - Normally the meds are given in the port closest to the patient, but for certain meds this will not be the case (e.g., at Good Sam there are strict requirements that Phenergan is given at the most distal port)
  - Dilution may be required: you will need to know the amount of diluent and the appropriate diluent to use.

## IV Push (continued)

- Hospitals that currently allow IV push:
  - Good Samaritan
  - El Camino\*
  - O'Connor Hospital
- Hospitals that do NOT currently allow IV push:
  - Kaiser Permanente
  - VA
  - \*El Camino's critical care units (ICU, CCU, TCU)

### What else can you do?

- Perform a saline flush
- Perform a Heparin flush
- Administer IVPB via a central line
- Change peripheral and central line tubings/dressings
- Discontinue peripheral IV catheters
- Discontinue central lines
- Insert peripheral IV catheters
- Perform arterial puncture
- Administer epidural medications
- Irrigate IV lines
- Add medications to primary IV fluids

### As for Central Lines...

- Have a healthy respect/fear of these!
- Items indicated on the IV Therapy Guidelines as direct supervision required... "direct supervision" means virtually joined at the HIP! (NOT OK: preceptor "supervising" you from the doorway, etc.). Any time you are doing a procedure with a central line, must be direct supervision!

### Question:

Which of the following items are to be included in your Preceptorship Packet? (circle all that apply)

- Goals
- Objectives
- Skills inventory list
- Bloodborne Pathogen Packet
- IV therapy guidelines

### When we do Site Visits...

- We check your packet for completeness: goals, objectives, BB Pathogen Packet, instructor phone number...
- If missing BB Pathogen Packet or instructor's phone number may assign Reflection, P.I., or send you home
  - BB Pathogen packet missing: send home
  - Reflection vs. PI: depends on severity of error, level of skill, instructor judgment

### Question:

What is the difference between the goals and objectives for your preceptorship?

- **Goals are student selected, objectives are required for completion of the course.**
- Objectives are student selected, goals are required for completion of the course.
- Goals will be the same for every student.
- Goals never need to be updated.

### Objectives

- Your clinical evaluation tool
- S's, X's, narrative portion
- Have completed at beginning of shift #10 (or equivalent if doing 12 hour shifts) including the narrative portion.
- Make sure your preceptor has completed his/her notes.

## Goals

- You can use the sample ones in the syllabus (no need to “reinvent the wheel”)
- You should also make 1-2 new goals unique to your setting (use blank goal page from syllabus), e.g.:
  - ECG interpretation
  - Vaginal exam proficiency
  - Proficiency at reading monitor strips
  - Increased knowledge of chemotherapy drugs



## Goals (continued)

- Evaluate your goals weekly
- Turn in as:
  - Part of your Weekly Preceptorship Update and Plan **or**
  - Attach evaluation column to Weekly update (the important part is that you're updating them in writing!)

## Question:

If you are to be absent from the clinical setting, when must the unit and your instructor be notified?

- **One hour before the start of your shift.**
- 30 minutes before the start of your shift.
- 15 minutes before the start of your shift.
- Within 2 hours after the start of your shift.

## Question:

Although both situations are considered serious and grounds for disciplinary action (Reflection and/or PI), which of the following 2 situations is more serious?

- You changed your schedule and forgot to inform the instructor that you changed your schedule: you are not working today
- **You added an extra shift (today's) but forgot to tell your instructor.**

## Why?

- Subtract a day: *major inconvenience!* Instructor could come to unit and you're not there.
- Add a day without notification: *dangerous!* Instructor might have cell turned OFF (if no other students are on duty)... if you have needlestick injury or accident you will be in a very precarious situation.

## Bloodborne Pathogen Review

- Keep BBP info in your preceptor packet
- Always remember to wear PPE
  - Goggles when splash possible (one recent quarter 2 students had splashes in the eye – the most common Qtr 6 accident)
- If needlestick, blood splash or injury occurs:
  - Call instructor cell STAT (must see MD/NP within 2 hours).
  - Get patient info off chart (see second “bullet” of page 2 of BBP packet): patient name, address, phone number, DOB and provider's name and phone number) and take with you.
  - Go to ER / jump through hospital “hoops” **then**
  - Report to De Anza College Health Services within 24 hours **or** the next business day.

## Shifts for Preceptorships

- Dayshift (0700-1530)
- Evening (1500-2330)
- Night (2300-0730)
- \*shifts at VA start and end 30 minutes later
- \*these are "8 hour" shifts, not 8.5 hours!

## 12 Hour Shifts

- 0700-1930 (days)
- 1900-0730 (nights)
- If you work 12's, you work fewer shifts (clinical is based on hours): 13.3 *shifts*
- you can start with 8's and advance to 12's...discuss with your preceptor
- \*these are "12 hour" shifts, not 12.5 hours!

## Dress Code

- De Anza Nursing Student dress code remains in effect except that scrub tops and/or warm-up jackets may be worn.
- DAC "blue vests" are optional (men often wear).
- Keep it professional and in good taste.
- Must be neat; ironed if necessary.
- Stays the same: everything else -- white pants, shoes, hair, jewelry restrictions, etc.

## Schedules

- Any "early starters": due **Wed of Week 1**.
- Always give instructor as much schedule as known.
- Give all schedules in writing even if verbally agreed to by instructor.
- E-mail is acceptable but must be confirmed by return e-mail. If you don't hear back, we didn't get it.
- Instructor must have at least one week's worth of schedule at all times.

## Schedule Changes

- Schedule changes are inevitable!
- All schedule changes must be submitted in writing and dated (if e-mail, ask for e-mail confirmation back from me – it's not approved until you get message back)
- In addition to dates added, **be sure to tell me dates *deleted*!!!**



## Schedule Information for Julie

- Since I don't attend your lectures your schedules **MUST** be emailed to me on your lecture day (same time they are due for Patty's group).
- Please do not email attachments but put your schedule in the "body" of your email.
- Follow the format of the "Weekly update and Plan." Remember, goal evaluation needs to be the equivalent of 1 full page.

## To Contact Me...

- [patty@comcast.net](mailto:patty@comcast.net)
  - (letter o – not zero!)
  - Put De Anza College in the subject heading!!!
- 408/864-8641 (office)
- 650/xxx-xxxx (cell)
  - *Urgent clinical situations only!*

## To Contact Julie...

- [Friend408@comcast.net](mailto:Friend408@comcast.net)
  - Cell: (408) 807-xxxx-please leave voicemail if no answer-best number to call with schedule changes, sick calls, etc.
  - DO NOT USE UNTIL Monday of Week #4 of the quarter.

## Sick Calls

- If you get sick AT clinical:
  - Call your instructor's cell
  - Report off to your preceptor
  - Go home (no need to wait for return call)
- What not to do
  - Go home at 1PM, call me at 3PM ("oh, I left a little early today...") – I probably visited the unit at 2PM! (true story)

## And if you're sick...

- DO call in sick!
- Don't go in and take care of patients (grounds for PI)

## For Sick Calls: O'Neill Group 📞

- Leave message on De Anza voicemail (864-8641) no later than 1h before shift
- Do NOT leave message on cell – it is switched ON!
- I check De Anza voicemail every morning before I leave the house to do site visits.



## For Sick Calls: Friend Group

- Please leave voicemail on cell, I check every morning before work and try to check throughout the day.



## Reasons to "Page" Me (cell)

- Sick at clinical / need to go home
- Medication error
- Incident report
- Procedural error
- Injury or exposure of any kind
- Unanticipated change in shift hours (preceptor working extra hours and you wish to, preceptor going home early, etc.)
- Uncertain clinical situation (e.g., preceptor wants you to perform something, you don't think it's allowed, etc.)



## No Need to "Page" me...

- Floating (I'll find you)
- Working with alternate preceptor (see next section: substitute preceptors for algorithm to follow)

## Absolutely NEVER "Page" Me For:

- Classroom related questions
- Assignment related questions
- Job reference related questions
- Schedule change (unless same shift)
- Lack of organization on your part (e.g., you added a shift and forgot to tell me until 0600 of the day you wish to add)



## Substitute Preceptors

- Occasional substitutions are OK, with the following restrictions:
  - Must be RN with  $\geq 1$  year experience
  - You must be comfortable with it
  - You must notify instructor every time this happens (voicemail mid-shift OK)
  - Document on Weekly Update
  - *No substitutions during the first 2 weeks unless first approved by instructor*

## If Your Preceptor...

- Floats: go with preceptor (if he/she is comfortable with that)
  - No need to call – if we do site visits, we'll find you!
  - Your duties may change, especially if you float to specialty area
- Is assigned as Charge Nurse
  - You may spend the shift shadowing/helping
  - You may be reassigned to another RN by your preceptor



## If Your Preceptor...

- Calls in sick
  - And has told you: call in sick
  - And has NOT informed you: use Substitute Preceptor algorithm (you may choose to go home if you're uncomfortable with the situation / substitute preceptor)

### If Things Go Wrong at Clinical...

- Nobody's perfect EVERY SINGLE DAY
- You may have an extremely organizationally impaired day!
- What to do...
  - Acknowledge it (to preceptor)
  - BEFORE you go home say, "Today was awful; I want to talk about it tomorrow."
  - Go home, think about it...
  - "What could I have done differently?"
  - Write down your thoughts...make a plan...present to preceptor

### If Things Go Wrong at Clinical...

- What NOT to do...
  - Pretend it didn't happen
  - Hope preceptor didn't notice
  - Blame everyone else

*Preceptors are understanding if you need a little work. What upsets them is if you don't "get" it (or worse: don't care!)*

### End of Clinical Orientation