



# **Preceptors Handbook- Nursing Students**

Hello,

Thank you for dedicating your time and expertise in assisting the professional development and clinical growth of the nursing students during their clinical placement with you.

Your willingness to share your knowledge and experience is greatly appreciated.

The following information is meant to provide you with some guidance regarding the expectations of the Preceptor role as well as what limitations there may be for the student you are working with during their clinical placement with you.

This is not an exhaustive overview but rather a quick reference that will provide a framework from which to guide you in your role as Preceptor.

Please don't hesitate to reach out to us if you have any questions or concerns that are not addressed within the following pages. We can be reached at [students@rvh.on.ca](mailto:students@rvh.on.ca)

Thank you,

The student placement coordinators!

## Quick Reference Information

### Goals and Objectives of Consolidation/Praxis Placements

- Provide a quality learning and teaching environment that enables and maximizes the students' knowledge
- Identify learning needs
- Capitalize on learning opportunities in the clinical setting
- Partner with nursing staff on the unit to develop clinical expertise
- Review the knowledge, theory and judgment necessary for clinical practice prior to performing a new skill
- Provide safe care to a number of patients
- Have fun!

### Nursing Student Orientation:

All consolidation/praxis nursing students are required to participate in mandatory student orientation education session prior to or on the first day of their clinical placement. This orientation is specifically designed to prepare our students to practice safely while at RVH. This orientation focuses on provincially legislated occupational health and safety training, patient safety, hospital-wide policies and procedures that govern our practice and role expectations.

### Occupational Health and Safety Requirements

All Occupational Health and Safety (OHS) requirements are completed and verified prior the students attending the inpatient units and are not the responsibility of the preceptor.

### Respiratory Fit Testing

All students are required to have current N95 Respirator prior to beginning their placement. This will be verified prior to starting their placement with the preceptor. Please ensure that the N95 respirator required by your student is available on your unit.

Should your student not have any up to date mask fit testing RVH will provide them with this service at no cost. Appointments can be arranged through Occupational Health and Wellness by emailing [RVHOHW@rvh.on.ca](mailto:RVHOHW@rvh.on.ca)

### List of N95 respirators supplied by RVH:

- 3M 1870+
- 3M 1860
- 3M 1860s
- 3M1804
- 3M 1804s

## **Occupational Health and Safety Training**

“Due to legislative amendments to the *Occupational Health and Safety Act* (OHSA) under Bill 18: *Stronger Workplaces for a Stronger Economy Act, 2014* which revised the definition of “worker,” to include all unpaid learners (i.e., students), employers must now treat these individuals as they would any other worker with respect to requirements under the OHSA.” (OHA Bulletin: Occupational Health and Safety Training for Students. September 2015).

Should the student experience an injury during their clinical placement while on RVH property, please direct them to seek medical attention through the Occupational Health and Safety Department (OHSD) immediately or contact the Hospital Service Lead (HSL) during times when the OHSD is closed. In order for an injury, illness or exposure to be considered work-related, the following criteria must be met:

- Time: When you normally work
- Place: Where you normally work
- Activity: What you normally do

If all criteria are met, learners must report the injury to their preceptor, their academic facility (through the students most responsible leader), the RVH Placement Coordinator and to the Occupational Health and Safety Department (OHSD).

OHS is located 1SA, room 1452 and is open Monday – Friday 0800-1600 except on statutory holidays. If the injury/illness/exposure occurs outside of business hours, please report to OHSD the next business day. Our phone number is 705-728-9090 ext. 42350.

### **Student Clinical Limitations:**

There are some skills/processes and procedures that students **are not** able to perform at RVH. These skills are advanced nursing skills at RVH and require additional education, preparation and/or competency testing. The skills/processes and procedures include but are not limited to:

- POC glucose, urine and troponin testing
- Peripheral IV insertion
- Central Venous Access Device (CVAD) care and maintenance
- Automated Dispensing Unit (ADU) access for medications
- Administer Narcotics
- Venipuncture for the purpose of serum sampling
- Processing or co-signing provider orders (i.e. NP, MD)
- Obtaining verbal or telephone orders
- Shadowing/observing in any other clinical care area other than the area intended/approved for your current clinical placement unless authorized by student placement coordinator
- Go on an ambulance transfer to another health care facility

### **ADU Access and students administering medications:**

- Students **do not** have access to the ADUs
- Preceptors will access the ADU and then supervise students throughout the process of preparing the medication using the CNO standards of medication administration and administering the medication to the patient following up with documentation of administration on the c-MAR.
- Students **are not** to administer narcotics

### **Students accompanying patients off the unit for diagnostics procedures and tests**

- Students may accompany patients off the unit for diagnostics procedures and tests accompanied by a Logistics Attendant or Nurse.
- Students are not to accompanying patients off the clinical unit alone and are not to provide any patient care while the patient is off the unit.
- The receiving department should be notified in advance that a student will be accompanying the patient and consent should be obtained from the patient for the student to observe during the test/procedure.

### **Strategies to assist students to learn in the clinical setting**

- Create an environment to decrease anxiety and enhance learning (e.g., give positive feedback; reassure student that you are ultimately responsible for client's care; reinforce their sense of competency by reminding them of their nursing experience to date);
- Role model (e.g., demonstrate components of physical exam; joint discharge planning with a patient);
- Use charting to teach;
- Use detailed, guided questioning with the student (helps student to focus and to give a rationale for actions taken).

### **Indicators of student readiness for increased responsibility**

- There is a mutual increase in comfort, almost intuitive; a mutual decision;
- Trust is built between you and the student; helps student to not get in over her/his head and to be responsible for her/his own actions and decisions;
- Student proves she/he will not miss anything important;
- There is no longer a need to review every detail with the preceptor;
- Student has proven physical assessment skills.
- Student gives accurate clinical presentation of significant positives and negatives;
- Data presented by student proves she/he has covered all bases with the patient;
- Student shows ability to tie in past experience with new skills and apply them to new scenarios;
- Student recognizes limits of knowledge; admits to weaknesses;
- Student asks appropriate questions;
- Student becomes a self-starter; can cope with an unstructured setting or a change in schedule;
- Student asks for more challenging experience; exhibits confidence.

## **What does it take to be a great preceptor?**

These are the tools we've identified as the most important to have in your preceptor toolkit.

### **1. Patience**

Oh, the patience. It's easy to forget what it feels like to prime feeding bag tubing or reconstitute a medication for the first time. What you can do in 30 seconds, a new nurse might take 10 minutes to accomplish. Patience allows the preceptor to guide with a hands-off approach, even when it's painfully frustrating to watch.

### **2. Mentor skills**

Precepting is more than just teaching the ins and outs of nursing. A great preceptor not only teaches practical applications but helps the new nurse grow and develop in a way that both challenges them and honors their strengths.

### **3. Ability to give feedback well**

Giving feedback is an important part of precepting. How will a new nurse learn what to do differently or what they did right without it? But there's definitely a degree of finesse when delivering feedback about how a nurse can improve. Good preceptors know how to give solid feedback while helping a nurse maintain a sense of esteem.

### **4. An understanding of learning styles**

Some learn best with written material, some with demonstration and some need to talk it out. A combination of the three is often ideal, but knowing which style is most compatible with your orientee will amp up their learning factor.

### **5. Energy and enthusiasm**

There's no question that adding a nurse trainee to your workload can be exhausting. Especially if you take on a few consecutively. Great preceptors know how to dig deep to maintain a level of energy and enthusiasm that your orientee will grab onto.

### **6. Prioritization and time management skills**

If you have difficulty staying organized and prioritizing, your orientee will, too. Modeling good organization and time management skills will help your orientee tremendously.

### **7. Strong policy and procedural knowledge**

Nothing tests your institutional know-how more than when you have to teach a new nurse. Reviewing those essential policies and procedures helps your orientee learn how to approach a clinical procedure or other issue in a way that's in line with your organization's guidelines.

## **8. Role model awareness**

Your orientee will learn so much just by watching you in action. They might see you skillfully handle a disgruntled patient, catch an early sign of decompensation, or communicate assertively with a physician. Preceptors teach a lot just by role modeling professional behaviors to orientees who are looking to you for the best approach.

### **References**

Excerpts from Davis, M., Sawin, K., Dunn, M. (1993). Teaching strategies used by expert nurse practitioner preceptors: A qualitative study. *Journal of American Academy of Nurse Practitioners*, 5(1), 27-33.

O'Keeffe, Meaghan. RN, BSN (Dec 2014) the nurse preceptor: What's in your toolkit?