Thank you for taking the time and energy to mentor a senior nursing student. This fact sheet is designed to give you a quick overview of information needed for you and the student to have a great experience.

Course Description: Advanced nursing care of clients in an acute care setting who are experiencing complex multi-system health problems.

The student you are precepting is taking a 40-hour critical care class along with 120-hours of clinical time designed to integrate theory into practice. The 120 clinical hours are divided into the following areas:

- Critical Care Unit: 108 hours
- Open-Heart (OR) Observation: 4 – 8 hours (if available)
- Skills Lab Practice: 12 hours

Students typically do 12 hour shifts and can be available any shift (though many have young children and thus prefer day shift and it also works better with their school schedule). Available days include Wednesday, Thursday, Friday until one hour before sundown, and Sundays. Sunday’s are not preferred when a student has an exam on the following Monday; this occurs twice during the quarter. Available nights include Tuesday, Wednesday, Thursday, and Saturday.

Prior to starting clinical the students will have had an exposure (not to be equated with competence) to the following areas:

- EKG rhythm interpretation (no 12-lead experience)
- ACLS algorithms and code management
- Cardiac Assessment
- Respiratory Assessment
- Arterial blood gas analysis
- Oxygen delivery devices
- Drawing blood from an Arterial/Central line using
  the VAMP system
- Closed system suctioning of a patient on a ventilator
- Insertion of oral/nasopharyngeal airways
- Ventilator settings (very basic)
- Neurologic Assessment
- GI/GU Assessment
- Vasopressor drug calculations
- Hemodynamic monitoring (very basic)

The goal of this rotation is first and foremost to give the student a view into the world of critical care; it is not designed to make the student a competent critical care nurse (safe but not competent to the level of a critical care nurse). Students should focus on completing accurate assessments and communicating the assessment data into appropriate interventions and evaluations. Students are typically most concerned about successfully doing the “tasks” (for example—placing an NG tube or an IV correctly) and often do not see the “big picture” of the critically ill patient. It is your job as preceptor to guide the student through successful completion of tasks while at the same time introducing them to the big picture.

Preceptor responsibilities:

General:
- Expert who assists the student in integrating theory into practice
- Role model for socialization into the professional setting
- Teacher who is interested in student learning
- Provider of experiences necessary to meet course/clinical objectives
- Communicator of evaluative information for the student’s final clinical evaluation

Course specific:
- Set-up a mutually agreed upon clinical schedule with the student.
- Plan a strategy in the event of your absence.
- Review daily objectives with the student. The student may need assistance revising the objectives. Your signature indicates you have discussed the objectives with the student not that they have met the objectives. If the student does meet the objective, you may want to include a short note indicating how the student met the objective (it is appreciated but not required).
- Contact the clinical instructor immediately with any concerns or unsafe practices by the student.
• Complete the final evaluation of the student. It is desired that you will share this evaluation with the student; however, you may mail or fax the evaluation to the instructor at the end of the student’s rotation.

Student responsibilities:
General:
• Representative of WWU
• Learner of skills, experiences and information
• Provider of nursing care to clients in accordance with agency policies and procedures
• Collaborator with agency staff
• Identifier of personal clinical learning needs
• Seeker of direction and feedback from preceptor and instructor
• Director of own learning experiences
• Communicator with clients, preceptor, staff, instructor, and peers
• Evaluator of own clinical experience, agency/preceptor and instructor

Course specific:
• Contact preceptor and set up a mutually acceptable clinical schedule that meets clinical requirements
• Complete all hospital orientation requirements prior to the start of the clinical rotation
• Establish 2 objectives of a general nature (that are task oriented)
• Establish 2 objectives that are patient specific. These should be goals for patient improvement not student improvement.
• Establish 2 objectives that are related to the course objectives
• Share and discuss objectives with preceptor and have the objectives sheet signed by the preceptor.
• Complete mid-term self-evaluation after approximately 4 weeks on the critical care unit. Share this information with your preceptor but turn it in to your instructor and post electronically on D2L.
• Complete a care-plan as assigned and post electronically on D2L
• Complete a Weekly Reflection of Clinical Experience for each week you are in clinical and post electronically in D2L
• Complete all clinical assignments and post electronically in D2L
• Approach clinical with an eagerness to learn everything and a willingness to try anything

Instructor responsibilities:
General:
• Representative of WWU
• Communicator of course expectations to the preceptor and the student
• Monitor of student progress toward meeting course and clinical objectives
• Resource for both student and preceptor
• Collaborator with the preceptor and agency
• Consultant/teacher on a weekly basis
• Evaluator of student performance
• Evaluator of adequacy and quality of the agency

Course specific:
• We will make every effort to contact the preceptor and student by phone at least once during each scheduled shift.
• We will make every effort to visit the preceptor and student at least once a week.
• We will be available by phone even during non-clinical hours.
• We will be available for conferences as necessary in addition to regular contact noted.
Contact Information for Advanced Acute Faculty:

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Clinical Expectations of Advanced Acute Student in Clinical

Here’s a quick overview of the general progression we would like to see for the students over the quarter. Every student is not the same, and some will advance faster than others. However, we have found this to be helpful for preceptors, especially when evaluating them as they progress through the quarter and at the end of the quarter for their final evaluation. Please let the clinical instructor know if you feel that the student you are working with, is struggling to meet these benchmarks so we can address any issues as early as possible. We so appreciate your time, patience, and effort to educate our students.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Introduction to the Unit</th>
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<tbody>
<tr>
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<td>• Orientation to the unit</td>
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<td>• Orientation to the scheduled cares</td>
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<td></td>
<td>• Computer/Pyxis/Omnicell access checks</td>
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<td></td>
<td>• Observe assessment</td>
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<td></td>
<td>• Completes and charts hourly cares with prompts (urine, oral care, turns, etc)</td>
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<td>• Observe report</td>
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<td>• Assist preceptor with additional cares</td>
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<tr>
<th>Week 2</th>
<th>Take ownership of hourly cares—needs minimal cues</th>
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<tr>
<td></td>
<td>• Does assessments in tandem with preceptor (compares assessment with preceptor)</td>
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<td>• Charts assessment with supervision</td>
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<td>• Administers medications—should be able to state indication for every medication (including calculating rates for pressors)</td>
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<td>• Run EKG strips, identify rhythm, and calculate intervals (run hemodynamic strips if available)</td>
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<td>• Begin interacting with the healthcare team (for example discuss ventilator settings with RT)</td>
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<td>• Evaluates ABG results</td>
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<td>• Give report on the patient(s) cared for</td>
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<th>Week 3</th>
<th>Autonomous assessments with minimal cues</th>
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<td></td>
<td>• Autonomous charting with minimal cues</td>
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<td></td>
<td>• Participate in rounds (if available)</td>
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<td>• Assume care of one patient (if on a medical surgical unit)</td>
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<th>Week 4 Midterm</th>
<th>Assume care of one low acuity patient in the ICU with support</th>
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<td>Assume care of two patients if on a medical surgical unit</td>
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| Week 5 | Assume care of one low acuity patient in the ICU with minimal cues |
|        | Assume care of two patients if on a medical surgical unit |

| Week 6 | Assume care of one medium acuity patient in the ICU with minimal cues |
|        | Assume care of three patients if on a medical surgical unit |

| Week 7 | Assume primary care of medium acuity patient in the ICU. If successfully managing, begin to add cares of a second patient |
|        | Assume care of three patient if on a medical surgical unit |

| Week 8 | Assume care of medium/high acuity patient in the ICU. If successfully managing, add cares of a second patient. |
|        | Assume care of four patients if on a medical surgical unit (if patient acuity permits) |

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