NICU PRECEPTOR HANDBOOK

Hôpital de Montréal pour enfants
Centre universitaire de santé McGill

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Thank you for being a preceptor!!

What is precepting (what are you getting into??)

- As a preceptor, you are a **guide** for a nurse starting in the NICU.
- You will be scheduled with this new nurse for the equivalent of **18-20** 12hr shifts on the unit, and **support them in their clinical learning** with different types of patients.
- The new nurse is expected to be independent by the end of the orientation, but they are not expected to be experts. Part of precepting is learning to let go over time and watching the new nurse find their own way in challenging situations (this can be a challenge!!).
- Being a preceptor also means **being a role model**. You have been chosen to precept because you are recognized as a role model by your peers and the unit leadership. Being a role model does not necessarily mean you are an expert nurse – however, you have shown **professionalism**, **motivation to learn new things, and enthusiasm** to take your practice to new levels.
- Finally, being a preceptor means helping to **socialize** the new nurse. The NICU is a large unit and it can be hard to get to know people; you can help by introducing them to colleagues, inviting them to social events, and including them in group discussions.

What do we expect of you?

Model appropriate work ethic/behaviour – be on time for shifts, follow dress code, be respectful towards colleagues even in social situations, follow infection control principles, know where to find your resources and when to ask for help, and do not pretend to "know it all"!!

Scheduling - Schedule yourself mostly for days, with max 2 weeks of nights during orientation. If you want to make a switch during orientation, check with your preceptee to see if they can follow your switch.

Communication – You should be giving feedback to your preceptee regularly, and should let them know how they are progressing. You also must come see the NPDE/AHN/HN (or text us/email us) right away if you have ANY problems, concerns, anxieties, issues…

Be open and adaptable – Precepting is not easy. It takes patience and flexibility – while we try to set up good matches, we cannot predict everything! Sometimes, the person you are working with will not learn the way you expect them to. You may need to try different approaches, slow down/speed up the pace, or change your plans midway through your day to help your learner.

WHAT MAKES A GOOD PRECEPTOR?

We asked nurses: "Think of a nurse-preceptor that had a positive effect on your experience as a nursing student. What was it about that preceptor and/or their approach that helped your learning experience?"

Enthusiasm for learning/nursing

- *"Welcoming. At the beginning, giving a simple overview of the floor, such as where are the urinals kept and stuff like that..."*
- *"A preceptor with an enthusiasm for nursing and for meeting nursing students is wonderful!"*
- *"A preceptor with an enthusiastic and positive attitude towards our learning. Even when they are telling us what we may have missed or if we did something wrong, they are teaching us because they want us to learn, not because they are scolding us. The tone of how it is said is very important."*
- *"One who is willing to have a student and shows it! This is important because when you are a student, you are afraid of being a burden and it is nice that a preceptor shows that it is alright for you to be there and ask questions. In other words, she/he makes you comfortable and is available for your learning. "*

Knowledge

- *"A nurse who will share her knowledge. She thinks out loud and explains what she is doing step by step."*
- *"A nurse who is aware of where her knowledge ends, therefore doesn't offer answers that are incorrect, but encourages student to get information or confirms it herself"*

A Caring Nurse and A Caring Teacher

- *"A nurse who shows competence with patients and who is caring."*
- *"Respect, caring and understanding."*
- *"One of my preceptors was wonderful because she gave me gradual responsibility. First she is with you and then she lets you do it yourself the next time."*
- *"One who did not put me down or look down on me."*
- *"Created a good learning environment and one that is not threatening, was approachable and answered questions."*
- *"Asked for feedback and about how she can improve as an instructor in meeting students' needs asked what we wanted to learn/discuss."*

A Role Model

- *"It is helpful do some role modeling especially at the beginning."*
- *"teaching us his/her personal tricks in certain circumstances."*
- *"I enjoyed the nurse sharing some of her expertise and showing me things that were out of the ordinary... for example, even though it wasn't my patient, coming to get me to see a particularly interesting wound that I would probably not see again."*
- *"Allows me to watch her interact with patients. Lets me observe her interventions."*

Gives Balanced Feedback and Encouragement

- *"Reads over my charting and makes comments on it. This was really helpful to me this semester."*
- *"Able to provide positive reinforcement when warranted and makes constructive suggestions."*
- *"One who considered my strengths AND weaknesses."*
- *"In one very good situation, I remember I clearly explained where I needed help and what made me less secure in one patient situation, and the nurse was there and encouraging me when these elements came up. I suppose the communication was good between us."*
- *"Encouraging me to give the verbal report on the patient, once I was oriented to the unit and a little more secure."*
- *"Allowing self-directed planning for the patient/family and being available to review the plan with the student"*

Understands the Learner Perspective

- *"Remember when you were a student and be what you would have liked a preceptor to be. We are not different."*
- *"I found that many new grads are very good teachers. They know what it's like and don't try to teach you everything at the same time and understand where you are coming from... more experienced nurses can also be great preceptors."*
- *"It is important for the preceptor to realize that the technical interventions that we perform will take longer because we are learners."*
- *"Keeping in mind that we learn best by doing!"*

Forms a Collegial Relationship with the Learner

- *"She included a time for everything: a time to work and a time to joke around."*
- *"She considered me a part of the nursing team, although I was only a student. We worked as a team: preceptor and student."*
- *"Encouragement and humor, we are all learning every day..."*

Stimulating

- *"ask prompting and challenging questions…very helpful!!!!!!"*
- *"Talk about your patients, question the student's reasoning."*
- *"also if conferences are available, ask questions to students about other students' or nurses' patients"*
- *"Presented ideas that you would not have thought about."*
- *"Joined us in conferences/discussions when possible to discuss patient situations."*

Available

- *"Regularly asks if I had everything under control, which reinforced the idea that she/he was there if I needed anything."*
- *"Meeting the nurse preceptor regularly during the day is helpful. It gives us an opportunity to give her feedback. It is easier to direct our learning when we are being asked questions about our patients."*
- *"Being there to help us and answer questions."*

STRUCTURE OF NURSING ORIENTATION IN THE NICU

- Nursing orientation for nurses starting in the NICU consists of:

    - **HR Welcome Day** (1 x 8hr day) for nurses from outside MUHC
    - **MCH Pediatric Nursing Orientation** (2 x 8hr days) for nurses from outside MCH – covers basic peds stuff like transfusion safety, oxygen administration, restraints, patient safety
    - **"Exploration Day" in the NICU** (1x 8hr day) – covers NICU rooms, charts, pumps, first head-to-toe "check", bag & mask, mini-NRP (initial steps to take if baby has A/B/D)
    - **"Phase II" Theory Days** (3 x 8hr theory days) – theory sessions on:
        - Breast feeding
        - Developmental care
        - IVH/Golden hour
        - HIE
        - Medication administration
        - Pre- & Post op Care
        - Trachs/GT practice
        - Cardiac disease
        - Respiratory disease
        - Blood gases
        - Ventilation strategies
        - Umbilical/Arterial line exam

    - **x18-20 12HR SHIFTS (5-6 weeks) of precepted clinical experience** (may be shorter, depending on experience)
      This 5-6 week period of precepted clinical experience consists of the new nurse being paired with an experienced nurse to learn some of our basic nursing/unit-specific skills and become familiar with patients, protocols, care providers, and the unit's culture. This period **can be divided into two phases** (Phase I and Phase II), where in only stable babies would be taken during Phase I, and unstable babies would be taken in Phase II. Depending on the new nurse's previous experience, you may choose to follow this pattern, **or may choose to take a mixed assignment** (Phase I and Phase II babies at the same time). You should discuss your choices and your reasoning with your orientee. Regardless of how you proceed, by the end of orientation, the new nurse is expected to demonstrate safe practice of basic skills as outlined in the next two pages

    - Neonatal Resuscitation Program (NRP) is required in the NICU (1x 8hr day), and will be scheduled at some point soon after orientation (usually within 6 months).

GOALS OF NICU NURSING ORIENTATION

Goals for First 3 Weeks – Safe care of up to 3 stable NICU patients:

- ☐ **Safety** at the bedside (consistent practice of SAFE, medication calculations, initiation of first steps of NRP during acute deterioration, asking questions if unsure, etc) should be a focus.
- ☐ Consolidation of **physical skills** (physical exam and vital signs of newborn, recognition of deterioration, management of IV infusions, care of bCPAP, positioning of infant, etc.)
- ☐ **Time management** – planning out day ahead of time, anticipating obstacles
- ☐ **Who to go to for help**; when to ask for help; delegation of tasks
- ☐ **Organization** of day-to-day care (completing day/night-shift routine tasks without gaps, taking breaks appropriately, maintaining a tidy bedside environment, etc)
- ☐ **Setting priorities** – what things should be done first when you receive a number of medical orders at once or have many things due at same time
- ☐ **Understand principles of family centered care** – approach family as partners in care
- ☐ **Theoretical knowledge** –
  - Goal is independent reading of orientation manual
  - Focus on:
    - Fluids and Electrolytes
    - Hematological System
    - Gastrointestinal System
    - Nutrition
    - Respiratory System
    - Developmental Care
    - Pharmacology
  - Read, understand and be able to apply protocols :
    - NICU Admission Protocol
    - Skin Care & Temperature Regulation Protocol
    - Inifeed Protocol
    - NICU Bath Protocol
    - Kangaroo Care Protocol
    - Tracheostomy Care & Management Protocol
    - Sucrose Medication Administration Protocol and Collective Order
    - Management of Breast Milk
    - bCPAP

Examples of Patient Assignments to Seek out in First Three Weeks:

(Depending on where your orientee is coming from, they may or may not be ready to progress sooner than 3 weeks)

At beginning (focus on SAFE, basic head to toe assessment, organization):

- ☐ One feeder grower (especially for those coming from adult nursing)
- ☐ One feeder grower with resp support (CPAP, hiflow)

Once basics acquired (focus on giving report, being structured for rounds, finding resources, prioritization, and basic pathophysio):

- ☐ One feeder/grower + one bubble CPAP patient
- ☐ Two bubble CPAP patients
- ☐ Two feeder/growers, one of whom has an interesting pathophysiology
- ☐ One small premie between 29 and 32 weeks (can progress to become a doubled assignment)
- ☐ Three stable patients (tripled assignment)

Other things to look for / cover throughout (see booklet for more detailed list):

- ☐ IV fluids – Peripheral, central (UV, PICC)
- ☐ IV and PO medication
- ☐ Feeding schedules
- ☐ Neonatal hypoglycemia
- ☐ Thermoregulation
- ☐ Simple admissions (eg from birthing centre for hypoglycemia)
- ☐ Admission teaching with parents (including breast pumps & breast feeding)
- ☐ Simple discharge/transfers
- ☐ Pre-op preparation
- ☐ Discharge teaching (all)
- ☐ IV insertion/blood drawing (venous and cap)
- ☐ Responding to As & Bs

Goals for Second 3 Weeks – Safe care of up to 2 unstable NICU patients:

- ☐ Consolidation of **physical assessment skills and links to pathophysiology,** with focus on anticipation of deterioration
- ☐ **Initiation of first AND subsequent steps of NRP** during acute deterioration
- ☐ **Organization** during high-intensity care
- ☐ **Consolidation of advanced skills** (eg drip calculations and preparation, intubation medication calculations, positioning of intubated patient, suctioning of intubated patient, etc.)
- ☐ Beginning to apply **critical thinking –** playing an active role in team decisions (initiating / questioning / bringing to attention concerns)
- ☐ **Routinely apply principles of family centered care** – actively search for ways to involve family in care

- ☐ **Theoretical knowledge** –
  - Goal is independent reading of orientation manual:
  - Focus on:
    - Cardiovascular system
    - Renal and Genitourinary
    - Hepatic system
    - Metabolic system
    - Neurologic system
    - Genetics
    - Musculoskeletal system
    - Immunology
  - Read, understand and be able to apply protocols:
    - Ventilator-Associated Pneumonia (VAP) Protocol
    - Administration of inhaled NO in the NICU
    - Surfactant administration in the NICU
    - Clinical Guidelines for Analgesia/Sedation Weaning
    - Pediatric Opioid Therapy Guidelines
    - Concensus for Counselling re: Resuscitation at Limits of Viability

Examples of Patient Assignments to Seek out in Second Three Weeks:

At beginning (focus should be on becoming comfortable with calculations of drips and manipulating ETT):

- ☐ One intubated patient without drips
- ☐ One non-intubated patient with drips (eg. PGE or fentanyl)

After beginning (focus should be on making links between pathophysio and actions that you are taking; understanding why you are doing certain actions):

- ☐ One intubated patient without drips who is doubled with another stable patient
- ☐ One intubated patient with drips
- ☐ A cooling (anywhere during 72 hrs)
- ☐ More complex admission
- ☐ Patient on NIMV (may be doubled with another patient depending on stability)
- ☐ Patient on hi-fi or JET
- ☐ Patient on NO (may be doubled with another patient depending on stability)
- ☐ A small premie < 29 weeks, after first 72 hrs of life (be conscious of time taken to teach during care – if anything, do all first to demonstrate – do not teach while doing, as this will slow you down. Debrief after care with teaching).
- ☐ A fresh post-op

Other things to look for / cover throughout (see booklet for more detailed list):

- ☐ An intubation with medication preparation
- ☐ Golden hour - Admission of premie between 26-29 weeks (please do NOT admit < 26 weeks – too fragile).
- ☐ Arterial line set-up, monitoring, and blood drawing
- ☐ Septic work-up
- ☐ Drawing up/preparation of drips
- ☐ Going down for tests
- ☐ Responding to As & Bs

Final Goals - By the end of orientation, the new nurse should be able to (at minimum)…

1. Ensure bedside is set-up in order to react in an emergency (SAFE)
2. Respond appropriately to alarms around her at all times
3. Know where to go for help (or who to call) in different situations (includes everything from looking up protocols to calling code pink)
4. Identify key concerns for each patient and understand what these imply for nursing care
5. Perform assessments q "check" and identify any changes in baby's status
6. Communicate changes in baby's status with team, family, and colleagues appropriately
7. With help, ensure follow-up is completed for any changes in baby's status (reassess, or carry out orders that team gives)
8. Involve the family in caring for their baby in a routine fashion

Red flags

If any "red flags" are identified at ANY time during orientation, **YOU MUST SEE/COMMUNICATE WITH NPDE, AHNs, or HN as soon as possible.**

- Inability to demonstrate basic knowledge and skills
- Does not ask questions
- Inability to follow instructions and safety measures
- Overconfidence
- Does not appear interested or motivated
- Defensiveness or unreceptive to feedback
- Dishonesty
- Poor communication skills (families, team members, or preceptor)
- Is disrespectful with families, team members, or preceptor
- Repeatedly crosses professional boundaries with families
- Repeatedly arrives late
- Sloppiness/lack of organizational skills

GIVING FEEDBACK

Giving Feedback is KEY. Not knowing if you are doing a good job or meeting expectations is scary, and while it is hard to give feedback, it helps progress a ton!

1. Plan to give **informal feedback at the end of every day** (at least). You can write it down if you feel that it helps you to remember what you have already covered! Sit with your preceptee and discuss (from both perspectives):
    - What went well today?
    - What would you like to improve?
    - What are your goals for next shift? (Set **at least one concrete, attainable** goal – eg. complete checks in less than 30 minutes, or perform SAFE independently without reminder)

2. Use the "**Core Clinical Skills"** booklet to keep track of your orientee's progress with knowledge and skills – it can also be reviewed at the end of each day.

3. Ask your orientee if there is **anything they would like you to change** in your own approach (you deserve feedback too!!)

4. The NPDE will be checking in with you on week-days. She is doing this to get an **overall impression of the new nurse**, and to see how you are fitting together. She also wants to know if there are any "**red flags**" with your new nurse as early as possible in order to help you readjust (or take a different approach). Additionally, some times the fit between preceptor and orientee is not right – if this is the case, we may choose to change the pairing if possible.

5. As you progress through the orientation, you can **refer to the final evaluation document** to help give you a sense of how your learner is doing, and if there are things that he/she is missing. Going over it together is a good way to prompt self-relfection and can help focus your feedback.

- The **formal final evaluation** usually takes place on one of your last days together, **at the six week mark**. You will both complete evaluation forms (one is a self-evaluation, with some preceptor feedback), and one is an evaluation of the new nurse by the preceptor. We will talk about strengths, weaknesses, goals, and expectations. "Red flags" should NOT be emerging for the first time at this point!!!! These must be brought to the NPDE or AHN's attention as soon as you are concerned. The capacity of your orientee to provide safe care for NICU patients alone will be evaluated. For some, prolongation of orientation may be necessary; for others, another setting may be suggested.

PATIENT ASSIGNMENTS

"Typical" (IDEAL) Progression of Assignments

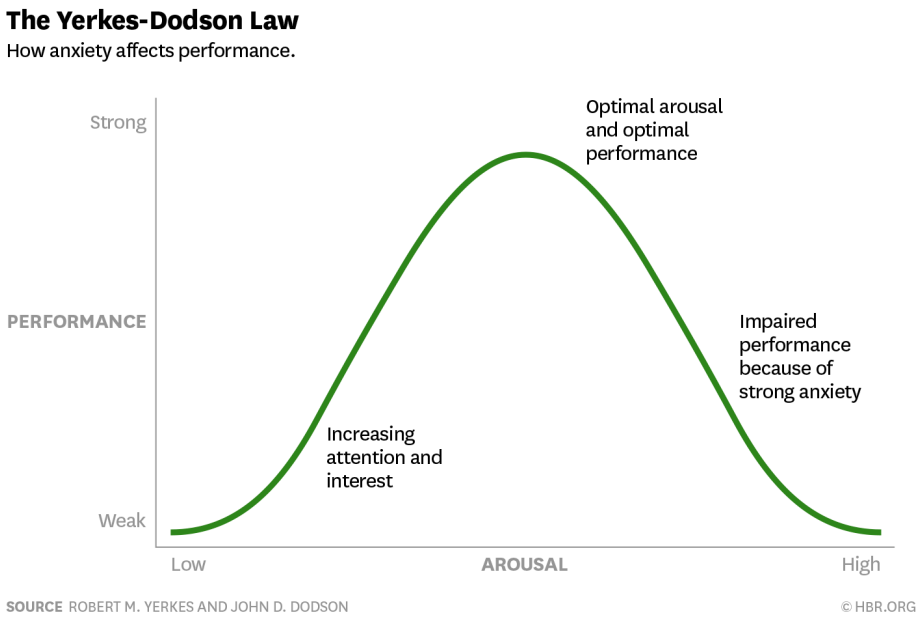
Note: This will be super variable, depending on nurse's previous experience, learning style, and engagement!!! Please come see NPDE if ANY CONCERNS ABOUT PROGRESSION. Many people need extra days, or need extra support…

- **First day with preceptor**: 1 patient in RA (could pick up second patient at 15:15)
- **Second day:** 2 patients in RA
- **Fourth or fifth day**: 1 patient bCPAP, 1 patient RA
- **By the end of 3 weeks (9-10 shifts):** Have taken at least one tripled assignment; lots of practice with bCPAP/"feeders/growers"; at least 1 day with trach/GT/"pediatric" patient
- **4th week**: Begin with 1 intubated patient for first "acute" day
- **5th & 6th weeks**: Explore pathologies on unit; practice based on preceptee needs

After the first few days, progression will vary depending on needs of preceptee. You should be checking in daily at the end of each day to share your feedback and decide together what to tackle next.

Choosing Your Assignments

- **Call the TL** or AHN the day before to book the patient assignment you want (you can check Vsign to get a sense of types of patients available if you want)
- At the end of each day, **discuss with your preceptee** what went well, what the challenges of the day were
- **Decide together** what next assignment might look like – continue to work on same type of patients? Or search for new challenge? What is missing from their booklet/list? What would they like to practice?
- Sometimes the sickest babies are NOT the best babies to learn from. While some stress improves learning, too much



stress can impede it (see graph)!! Consider this when choosing your patient assignment. Patients who are imminently dying (or will have care withdrawn), on peritoneal dialysis or hemodialysis, who are on multiple inotropes with unusual drugs (eg. esmololol, isoproterenol, etc), or being considered for ECMO are probably not good orientation candidates.

- You will never be able to see every single pathology or type of patient – there are too many. Make sure your orientee does not have that expectation.
- Let your orientee know that while they are finishing orientation with assignments of "sick" babies for learning purposes, they will not necessarily get this type of assignment after orientation. Once orientation is over, they will be getting the same type of assignments as every body else (**lower their expectations for getting "sick babies" all the time**).

Learner type	Learn best by	How to help
Assimilators (Reflector)	○ Understanding & analyzing theories and conceptual models	○ Use learning journals, reflective exercises, brainstorming ○ Be patient - give them time to think & respond (may seem disinterested or slow to respond but they are processing info)
Divergers (Pragmatist)	○ Personal involvement in learning experiences	○ Use discussions, problem-solving exercises, group learning activities, independent study& self-assessment exercises ○ Are quick & take on challenge with high energy (may need help focusing)
Convergers (Theorist)	○ Finding practical application of theories and concepts	○ Use simulation exercises & scenarios ○ Need time to prepare ○ Respond to role modeling with opportunities for discussion & application
Accommodators (Activist)	○ Hands-on experiences & active learning activities	○ Use discussions & group learning (colleagues in hallway) ○ Want the opportunity to test out knowledge (may seem impatient with discussion) ○ May not totally understand until able to apply knowledge (needs time to do)

TIPS AND TRICKS

- Always **introduce** your preceptee to the team at rounds
- The preceptee should **introduce herself to parents**, and will introduce the preceptor as support nurse.
- Give **credit** for their anterior experience - their knowledge can be very helpful. On another hand, the preceptee needs to understands that she is considered as a “junior” nurse here.
- **Accompany** them for break and/or lunch (especially the first few shifts)
- The first time the preceptee does an intervention or assessment, review the techniques/steps/assessment with her before you go in the room. Have her **verbalize it to you step by step**, and review protocol if needed.
- **BE PATIENT**. You may have to repeat the same information a couple of times before it is assimilated by the preceptee.
- **Give homework** – reading, exercises, a pathology or new procedure to look up. You can base your homework on the cases you had during the day.
- **Recruit experts** to help explain things – eg. ask the RTs to explain certain settings on vents, or NNPs about different pathologies
- Ask the pharmacist if you can **prepare your own drips** during orientation at least one of the days
- **Interpret blood gases** of patient, **try to predict** what changes on ventilator could be done given gas results, etc
- **Review** any arterial line set ups. Let them prime art line set-up if possible, practice re-leveling, re-zeroeing, etc
- **Practice bagging a baby if possible** (or ask NPDE for sim room & Mannikin) so that they can get an idea of how to bag. Stress the importance of using the lowest possible pressure to achieve adequate chest expansion.
- Have the nurse **suction intubated/bCPAP babies as much as possible** - help out other people. Reinforce premeasured length, 2-person technique, speed, checking how much O2 you give with bag on blender, etc.
- **Take any available opportunities** to administer blood products, take venous blood, or any other techniques – ask around (colleagues) to “**recruit” opportunities**
- Reinforce how to give a good report (by system) – have them **practice in front of you or buddies if nervous**. This can be homework to practice in front of the mirror, too!
- **Review contents of crash cart**– get them to do monthly “check” with resus nurse if possible
- **Reinforce available resources** – quiz them on where they might find specific info, who they would ask for help in certain situations, etc.
- **Help them identify at least one other key person** for their first shift alone (in case you are not scheduled together!). Let that person know that they are a resource person for your orientee for his/her first shift alone.
- **Sit on your hands** if you have to, but try to give the learner a chance to do things on his/her own!

FORMS TO FILL OUT

By the **three week mark**, the following should be completed and returned to the NPDE:

- ☐ Perfusor Space Syringe Pump Skills Checklist
- ☐ Infusomat Space Large Volume Skills Checklist
- ☐ Glucometer e-learning (on Portal, under Depts/Services>>Nursing>>e-online learning>>Glucometer (print certificate at end)

By the **end of the orientation**, the following must be completed and returned to the NPDE:

- ☐ Nursing Performance Appraisal – this is the official evaluation document, filled out by preceptor
- ☐ Orientation Evaluation – this is a self-evaluation and evaluation of preceptor, filled out by orientee
- ☐ NICU Core Clinical Skills Booklet – to be filled out progressively, by both together

The **competency documents (MUHC NICU Competency forms) are for REFERENCE ONLY** – to help guide teaching. You do not have to fill them out. They will be reviewed with the new nurse at the 3 month point by the NPDE or a nurse clinician helping with education.