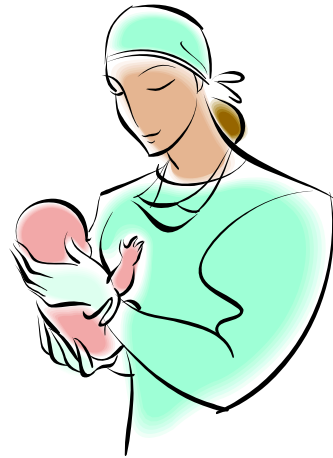


OB CLERKSHIP NURSE PRECEPTORSHIP

GUIDELINES FOR LEARNING



CLINICAL CLERK/NURSE PRECEPTORSHIP OBSTETRICS

- WHY?** Learn bedside care of the patient in a critical care unit. Foster teamwork atmosphere in patient care and learning environment.
- WHO?** Nurse manager/charge will identify RN's who are willing and qualified to preceptor a medical student. Nurse preceptors would be experienced on the L&D unit, as well as having experience in teaching and precepting. Nurse preceptors will continue to report/consult with the supervising faculty attending/chief resident as necessary.
- WHERE?** JHH and JHBMC Labor and Delivery units.
- WHEN?** During the obstetric portion of the clinical clerkship (may occur during day or night float).
- BENEFITS FOR NURSING**
Play an important role in facilitating learning for medical students, as well as modeling inter-professional collaboration
Motivates individuals to practice at their highest level of competence.
Working closely with other health care providers builds trust and understanding.
Nurses can foster an environment of positive and supportive practice.
- BENEFITS FOR CLINICAL CLERKS**
Provides opportunity to be part of the "team".
Provides clerks with basic patient care skills.
Provides greater understanding and respect for roles and responsibilities of nurses.
Increases understanding of the patient experience (e.g. loss of independence, uncertainty, and hospital culture).
Learn best by doing so affords opportunity to see patient alone, assess patient independently, devise care plan and justify plan, perform selected procedures (with supervision). Focus doing maximum number of skills and procedures to gain knowledge and experience.
Learn to triage and prioritize.
- HOW?** The nurse and the student will be provided with guidelines for learning. The nurse may ask the student to read about the skill or procedure first using protocol resources. The student will then observe the nurse performing the selected skill or procedure, then perform the skill or procedure under the supervision of the nurse. Eventually, if appropriate, the student will be able to perform the selected skills or procedures independently.

These guidelines are meant to be a tool to enhance learning during the preceptorship, it is not necessary to accomplish all items on the list.

Suggested level of competency: D = Does, KH = Knows How, K = Knows

FOCUS Triage (Nursing Roles)	
<input type="checkbox"/> PTL	KH
<input type="checkbox"/> PP issues / infections / wounds	KH
<input type="checkbox"/> Third trimester bleeding	KH
<input type="checkbox"/> Nausea & vomiting	KH
<input type="checkbox"/> Fever	KH
<input type="checkbox"/> D&C / miscarriage / bleeding	KH
<input type="checkbox"/> Early labor/assessment	KH
<input type="checkbox"/> Liaison w/ ambulance crews	KH
<input type="checkbox"/> FH tracing anomalies	KH
<input type="checkbox"/> Hypertension management	KH
<input type="checkbox"/> Patient relationship issues (e.g. violence)	KH

FOCUS Intro	
<input type="checkbox"/> Expectations of nursing assessment	K
<input type="checkbox"/> Location of Antenatal records	KH
<input type="checkbox"/> Abdominal palpation	D
<input type="checkbox"/> Fundal height	D
<input type="checkbox"/> Vaginal Exam – Positioning patient	D
<input type="checkbox"/> Fetal health assessment	D
<input type="checkbox"/> Discussion w/ mother of possible variances from normal care	D
<input type="checkbox"/> Review contents of chart	D
<input type="checkbox"/> How to call for help	D
<input type="checkbox"/> Ask patient expectation of labor – birth plan – questions & concerns	D
<input type="checkbox"/> Location of emergency supplies	K

FOCUS Fetal Health Assessment	
<input type="checkbox"/> FECG, IUPC	KH
<input type="checkbox"/> Abdominal palpation	D
<input type="checkbox"/> Fundal height	D
<input type="checkbox"/> Fetal HR monitoring	D
<input type="checkbox"/> LMP, GA, ultrasounds	KH
<input type="checkbox"/> Nature of amniotic fluid	K
<input type="checkbox"/> Fetal bradycardia – who to call, what to do	D
<input type="checkbox"/> Fetal tachycardia	KH
<input type="checkbox"/> Reasons for external vs. internal monitoring	K

FOCUS Induction	
<input type="checkbox"/> Induction booking process	KH
<input type="checkbox"/> Contraindications	K
<input type="checkbox"/> Risks	K
<input type="checkbox"/> Admission of patient	KH
<input type="checkbox"/> Review of antenatal record/history	D
<input type="checkbox"/> Maternal assessment (vital signs, SFH, abdominal palpation)	D
<input type="checkbox"/> Fetal assessments (EFM)	D
<input type="checkbox"/> Reason for induction e.g. prolonged ROM, postdates	K
<input type="checkbox"/> Tetanic contraction	K
<input type="checkbox"/> Prostin	KH
<input type="checkbox"/> Cervidil	KH
<input type="checkbox"/> Oxytocin	KH
<input type="checkbox"/> Balloon catheter	KH
<input type="checkbox"/> Assist w/ artificial rupture of membranes	D

FOCUS LR Labor Support	
<input type="checkbox"/> Maternal assessment (frequency of vital signs)	D
<input type="checkbox"/> Fetal assessment (Frequency of fetal heart auscultation)	D
<input type="checkbox"/> Labor assessment (strength, frequency, length of contractions)	D
<input type="checkbox"/> Fluid balance	KH
<input type="checkbox"/> Meds	KH
<input type="checkbox"/> I.V.'s	D
<input type="checkbox"/> V/E – when/why/who	KH
<input type="checkbox"/> Recognition of dystocia	K
<input type="checkbox"/> Fetal bradycardia & In-utero resuscitation technique	D
<input type="checkbox"/> Precipitous delivery	KH
<input type="checkbox"/> Identifying patients at risk of pph, shoulder dystocia	K
<input type="checkbox"/> Patient teaching re labor, positions, progress	K
<input type="checkbox"/> Options for labor - comfort measures - ambulation/position change/birthing ball	K



"Panic plays no part in the training of a nurse."

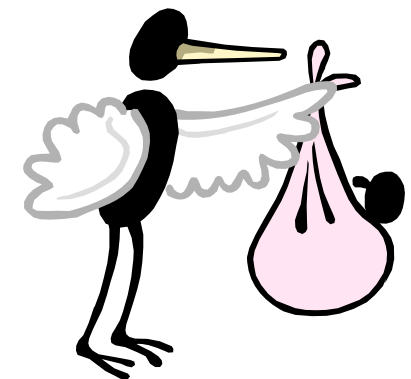
- Elizabeth Kenny

"...or an Obstetrician!!"

- Clerkship Director, Nancy Hueppchen, M.D.

"The whole point of woman-centered birth is the knowledge that a woman is the birth power source. She may need, and deserve, help, but in essence, she always had, currently has, and will have the power."

-Heather McCue



FOCUS Pain Management	
<input type="checkbox"/> Stadol or Nubain - How administered - Documentation ▪ PIXUS	KH
<input type="checkbox"/> Process for notifying anesthesiologist	K
<input type="checkbox"/> Indications	K
Epidural:	
<input type="checkbox"/> I.V.	D
<input type="checkbox"/> Fetal monitor	D
<input type="checkbox"/> Epidural tray	K
<input type="checkbox"/> Fluid bolus	KH
<input type="checkbox"/> Consent	KH
<input type="checkbox"/> Positioning for insertion	D
<input type="checkbox"/> Sensory checks	D
<input type="checkbox"/> Motor checks	D
<input type="checkbox"/> Fetal monitoring	D
<input type="checkbox"/> Vital sign frequency (policy)	D
<input type="checkbox"/> Bladder distension?	D
<input type="checkbox"/> High block	K
<input type="checkbox"/> Fetal bradycardia	KH
<input type="checkbox"/> Anesthetic sheet	K
<input type="checkbox"/> Local anesthetic	K
<input type="checkbox"/> epidural narcotics	K
General Anesthesia:	
<input type="checkbox"/> Indications	K
<input type="checkbox"/> Assessment	K
<input type="checkbox"/> Recovery	K
Spinal Anesthesia:	
<input type="checkbox"/> Indications	K
<input type="checkbox"/> Assessment	K
<input type="checkbox"/> Recovery	K



FOCUS Diabetes	
<input type="checkbox"/> Blood glucose meter & supplies (correct strips)	D
<input type="checkbox"/> Urine ketone testing equipment	KH
<input type="checkbox"/> Insulin administration devices	KH
<input type="checkbox"/> IV supplies including D5W, D10W, D50W	K
<input type="checkbox"/> Reviews woman's own records	D
<input type="checkbox"/> Identifies the type of diabetes using correct terminology	D
<input type="checkbox"/> Blood glucose monitoring as ordered	D
<input type="checkbox"/> Interprets significance of blood glucose & urine ketone values	D
<input type="checkbox"/> Knows signs & symptoms of hypoglycemia	D
<input type="checkbox"/> Identifies woman at risk for DKA	D
<input type="checkbox"/> Administers insulin prn	KH
<input type="checkbox"/> Initiates IV prn	D

"You know you are in trouble when it's your first night shift ... and there's a full moon."

-Anonymous

FOCUS VBAC	
<input type="checkbox"/> Uterine rupture – risks, signs/symptoms	K
<input type="checkbox"/> Induction /augment protocol	K
<input type="checkbox"/> Blood work	D
<input type="checkbox"/> IV initiation	D

FOCUS SVD	
<input type="checkbox"/> Plan of care	K
<input type="checkbox"/> Recognizing signs of second stage	K
<input type="checkbox"/> Assessing second stage progress	KH
<input type="checkbox"/> Fetal assessment in second stage (q5min OR after every contraction)	D
<input type="checkbox"/> Positioning for second stage	D
<input type="checkbox"/> Squatting bars, etc	K
<input type="checkbox"/> Mirror	D
<input type="checkbox"/> Amniotic fluid meconium – recognize, amnio info, delee sx	KH
<input type="checkbox"/> Skin-to-skin care to enhance thermoregulation & homeostasis	KH
<input type="checkbox"/> Establishment of breastfeeding	KH
<input type="checkbox"/> Coaching & support of woman in second stage	D
<input type="checkbox"/> Oxytocin – when & why	KH

FOCUS Assisted Delivery Forceps/Vacuum	
<input type="checkbox"/> Bladder catheterization	D
<input type="checkbox"/> Fetal assessment	D
<input type="checkbox"/> Anesthesia epidural/spinal	K
<input type="checkbox"/> Perineal repair assistance	KH
<input type="checkbox"/> Pain relief post delivery	K
<input type="checkbox"/> Cord gas handling	KH
<input type="checkbox"/> Impact of forcep delivery on postpartum care & stay	K
<input type="checkbox"/> Location of forceps/vacuum	K
<input type="checkbox"/> Role of nurse in operative vaginal delivery	K

FOCUS Bleeding in Pregnancy	
<input type="checkbox"/> I.V.	D
<input type="checkbox"/> BP, O ₂ sat	D
<input type="checkbox"/> Roles of team members	K
<input type="checkbox"/> Fluid Management	KH
<input type="checkbox"/> Identifies patients at risk	K
<input type="checkbox"/> Estimating blood loss	KH
<input type="checkbox"/> Weighing sponges/pads	D
<input type="checkbox"/> Fundus	D
<input type="checkbox"/> Bloodwork – CBC, group & screen, coags (collection tubes)	D
<input type="checkbox"/> Vital signs	D
<input type="checkbox"/> Fluid balance record	KH
<input type="checkbox"/> Oxytocin	KH
<input type="checkbox"/> Methergine	KH
<input type="checkbox"/> Hemabate	KH
<input type="checkbox"/> Misoprostil	KH
<input type="checkbox"/> Anesthesia	KH

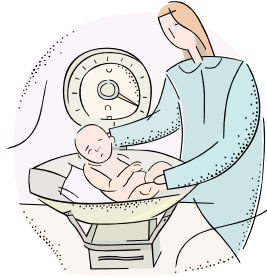
FOCUS Transfer to OR	
<input type="checkbox"/> Maternal assessment	D
<input type="checkbox"/> Fetal assessment	D
<input type="checkbox"/> Vaginal hand assist	D
<input type="checkbox"/> FECG removal	D
<input type="checkbox"/> Cord gas handling	D
<input type="checkbox"/> Impact of C-section on postpartum care & length of stay	K
<input type="checkbox"/> Na citrate	KH
<input type="checkbox"/> Pre-op checklist	KH
<input type="checkbox"/> Settling patient in OR (attaching leads & assisting anesthesia)	D
<input type="checkbox"/> Proper transfer techniques	D
<input type="checkbox"/> Who is present in OR & what are their roles	K
<input type="checkbox"/> Time out	KH
<input type="checkbox"/> Anesthesia options	K

**FOCUS
Newborn**

- Apgars D
- Policy for frequency of assessments in LDR K
- Assessing number of vessels in cord D
- Newborn assessment D
- Erythromycin KH
- HBIG KH
- Antibiotics KH
- Hep C policy K
- Vitamin K KH
- Breastfeeding initiation KH
- Resuscitation KH
- Glucose testing KH

**FOCUS
Transfer to Postpartum**

- Maternal assessment – stable vital signs, assess bladder, fundus, blood loss D
- Newborn assessment – stable temperature, feeding plan D
- Analgesia charted KH
- Give report KH



JHH:

Students on OB night float should alternate working with the PGY1, PGY2, RN Preceptor, and GYN/Weinberg Call Resident (night float only). Students are required to spend at least one day and one night with nurse preceptor.

JHBMC:

Students on NICU should work with the RN Preceptor on L & D after their NICU duties are completed in the morning.

Questions:

Call Nancy Hueppchen, M.D. 410-232-9943 or
Rebecca Slattery, 410-614-0088 or
e-mail (Groupwise).