

PROTOCOL FOR: Preceptor in ICU

PURPOSE: To delineate the role and expectations for preceptors of new orientees in the ICU.

POLICY: RN's in the ICU who have completed the Organization and Staff Development preceptor workshop, may function as a preceptor. As a general rule, RN's will be assigned to attend this workshop after they have worked in the ICU for at least 1 year.

SUPPORTIVE

DATA: In order to function as a preceptor, clear communication skills, as well as clinical skills are essential. The preceptor needs to possess teaching-learning theory, and be adaptable to meet the needs of the orientee.

DESIRED OUTCOME: All new ICU staff will work with a qualified preceptor.

SHIFT

SCHEDULE: 1. The orientee will work the schedule of the preceptor, unless there needs to be exceptions for special reasons.
2. All orientees will spend appropriate amount of time on orientation, shift may vary..

PRECEPTOR

RESPONSIBILITIES: 1. In conjunction with the charge nurse/CNS, the preceptor will decide on an appropriate assignment for each day. The preceptor and orientee will share the assignment, unless arranged otherwise.
2. The preceptor will meet/collaborate with the orientee to provide feedback, both positive and negative, throughout each shift worked.
3. At the end of orientation, the preceptor will complete a CNI evaluation of the orientee; this is then reviewed with the Nursing Manager.
4. In the event that the preceptor gets a "T" day or has to float, the orientee will be re-assigned to work with another staff RN.
5. Patient care assignments for orientees will take precedence over primary RN assignments.

CNS

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RESPONSIBILITIES: The CNS or designee will meet with the preceptor and orientee each week to review progress, discuss problems/situations, and establish new weekly goals.

APPROVAL: ICU Orientation Committee
Nursing Standards Committee

CREDENTIALS: RN who has completed the preceptor workshop

EFFECTIVE DATE: 2/91

REVISION DATES: 3/93, 7/95, 3/96, 10/03