

Personal Preceptorship Journal

1st shift-01/23

Sat down to get report with Megan in A pod. We received 2 patients and went and introduced ourselves to them. Later we received an emergent Level A activation stroke patient accompanied the pt to CT and to IR after a stroke was confirmed.

Gave report on patient we received in the morning to a nurse on the floor and had them transferred. Received report on emergent "mystery patient" who presented to the ER via EMS with a suspected allergic reaction that happened while receiving Lidocaine for cosmetic surgery. Surgeon that was doing the surgery accompanied the patient. Administered Lipid bolus, Dr. Tolar assumes it may be a Lidocaine overdose. Me and Megan have been in the patient's room for an extended amount of time due to the patient's high acuity and the emergent orders that keep coming through.

A nurse received another patient before shift change and were designated to be "med runners" for a suspected status epilepticus who presented with agonal breathing. Patient was intubated. We got him changed and cleaned. Patient was not ours but we did assist.

Sat down to give report to oncoming nurse for our "mystery patient."

2nd shift-01/24

Reported to B pod with Megan for report on patient that was just being admitted for a hypertensive crisis. Immediately jumped in to start an IV on the patient and was successful on my first stick. Soon after, we received another with complaints of N/V/D. I started the IV on the patient and was able to complete the triage documentation for the first time. Drew labs on both patients. Administered Phenergan and Morphine on patient with complaints of N/V/D. Administered Amlodipine on patient with hypertension. I took notes on how to arrange report for floor admits. My report was embarrassingly all over the place to floor nurse. My goal today is to start as many IVs as possible on every patient, initiate EKGs, be quicker with assisting nurses with admits, give report again this time with notes.

Another code stroke activation on patient, got to witness quick assessment to decide whether or not to activate the code stroke. Patient complained of facial numbness and tingling so the code was activated. Stat head CT was ordered, accompanied patient to CT. CT was clear. Starting to acquaint myself and introduce to other nurses and ask more questions to everyone. Got to use ED straight cath kit for the first time and was able to straight cath a patient.

Did not receive anymore patients, ended shift by giving report to oncoming nurse.

3rd shift-01/25

Reported to A pod with Ian. Assigned to one patient with peritonsillar abscess, examined her throat and noticed significant swelling. Patient was unable to eat, difficulty swallowing and was drooling. Shortly after examining and introducing ourselves to that patient we received another one that apparently frequents the ER. She was escorted to the psych room and was visibly agitated, she was screaming at me, Ian and Dr. Leadbetter. I tried to use therapeutic communication to calm her down enough for me to grab vitals but she was still agitated. Dr. Leadbetter tried reasoning with her and was unable to. She was seen a couple hours previous and was not complying with any assessments so Dr. Leadbetter discharged her and LPD escorted her out. I administered Toradol on the patient with peritonsillar abscess, after administration we sat down to chart and noticed her heart rate elevated from 85 to 145. We went into the room and she was vigorously scratching her head. Assessed for any hives and

didn't see any, I alerted Dr. Leadbetter and he ordered an antihistamine and added Toradol to her allergies to be safe even though he didn't think it was a true allergic reaction but just a reaction. Her heart rate went down and stayed steady and her itching symptoms went away. I was very nervous that I did something wrong but was assured I did not. Received another patient with an elevated troponin of 444. Got to draw labs each time to assure it was trending down. Patient was diagnosed with NSTEMI. Continued to monitor her, I started an EKG on her and got to see the NSTEMI on the strip. The ER slowed down and we kept this patient for the rest of the shift. I assisted another nurse with a patient who transferred from New Mexico and was actively dying when family in New Mexico elected for DNR/DNI. No family was present so I sat with patient even though he was unresponsive as his vital signs declined and death appeared imminent so that he wouldn't pass alone. Family called back about an hour later and revoked the DNR/DNI and elected for full code, so I watched the team scramble to get him intubated as his airway was audibly not stable, lots of gurgling. Noticed after the intubation patient was not initiating his own breaths on the ventilator, asked DR why and he explained the disease process (sepsis) was able to progress very quickly and cause him to deteriorate as family decided what to do. Got to place an OG tube on another nurses patient. Shift ended, I gave report. Before I left, watched doctor place a femoral central line in our intubated patient. I had never seen one before. Gave report on our one patient, shift ended.

4th shift-01/30

Reported to A pod and received report on patient who presented with seizures. Attempted to introduce ourselves but patient was asleep. Received another patient from triage that had gotten into a fight, DR discharged him almost immediately with pain medications so I got to give education for discharge. Patient appeared homeless, so I offered him a sandwich to take with some juice and crackers. Received a patient for another nurse that presented severely hypotensive, got to hang fluid and set up a pressure bag for the first time to rapidly infuse the bolus and hopefully bring her pressure in the right direction. Delegated patient care to UAPs when busy. Got to witness procedure for another nurses patient who had a head CT and was a stroke activation. CT confirmed patient had a carotid dissection, patient quickly prepared for emergent procedure. Before shift change got to witness conscious sedation be done for a patient that had a dislocated hip. Gave report on our 1 patient and shift ended.

5th shift-01/31

Reported to B pod for patient who presented with AMS. Our patient was a diabetic with a very high glucose of 410, got to administer insulin diluted in saline flush for the first time. Patients potassium was low, got to hang IV potassium for the first time and was nervous at first due to the lethality of potassium, learned how to run some assessments before leaving after hanging the potassium. Ensure it is dripping, check to make sure patient isn't uncomfortable since potassium can be painful when given IV. Got to give sub-q heparin for the first time on another nurses patient since I hadn't done it before. Got to watch another nurse and fill out a primary/secondary assessment for sepsis. Got to prepare and educate another patient for discharge. Did two straight caths and one intermittent, had to move fast for one, maintained sterile procedure entire time but did struggle a bit under pressure. Another nurse offered for me to try hand IV for first time, was unsuccessful but did try. Sat down and tried to interpret AMS patients lab by myself, had to brush up on the meaning of some trends and what they could possibly mean. Got another patient with complaints of abdominal pain, Megan walked me

through his labs after everything came back and I was able to see he had pancreatitis. Learning what that may look like in patients labs. Patient was transferred to floor. Received another patient who was in a rollover crash. Luckily patient didn't sustain any injury after we received reports and labs back but got to see spinal precautions and documentation when it comes to being cleared by doctor to remove C-collar. Patient transferred to another floor for observation, gave report slightly better this time around. We were left with our AMS patient until end of shift, gave report to oncoming nurse and shift ended.

<p>Highlights:</p> <ol style="list-style-type: none"> 1. learning opportunity - first time giving insulin through the IV in a saline flush. 2. learning opportunity - hung IV potassium for the first time. 3. learning opportunity - gave sub q. heparin for the first time and a cardiac embolus. <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. brush up on sterile procedures 2. confident communication to HCRs 3. ASK questions even when nervous. <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. First time doing hand IV 2. reading through and interpreting 3. filled out trauma/primary/secondary assessment/primary/secondary assessment/discharge orders/pt. on PIC 	<p>Date/Initial =Student =Preceptor</p> <p>01/31/25</p> <p>Date:</p> <p>Shayla B Student</p> <p>Megan L Preceptor</p> <p>WMS</p>	<p>Highlights:</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Areas to Improve:</p> <ol style="list-style-type: none"> 1. 2. 3. <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. 2. 3. 	<p>Date/Initial =Student =Preceptor</p> <p>Date:</p> <p>Student</p> <p>Preceptor</p>
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Covenant School of Nursing

IM8 Clinical Experience- Daily Events Record

Student: Shayla Brown

UNIT: Adult-ED Preceptor: Megan L.

<p>Instructions:</p> <p>1. Student's responsibility:</p> <ul style="list-style-type: none"> - This form must be presented to the preceptor on the first day of clinical. - Write the highlights & Skills observed / performed every each clinical time. - Discuss with the preceptor & write the areas to improve before the end of the shift. <p>2. Preceptor's responsibility:</p> <ul style="list-style-type: none"> - Must give feedback on the areas to improve & instruct the student to write on the allotted space. <p>3. Student & preceptor must sign their Initial every each clinical day.</p>	<p>Highlights: Example (written)</p> <ol style="list-style-type: none"> 1. Team work-Rapid response 2. learning opportunities -Staph Infection 3. Post op admission <p>Areas to improve:</p> <ol style="list-style-type: none"> 1. Assessment 2. Anticipation of patient needs 3. working on skills on Blood draw <p>Skills observed & performed:</p> <ol style="list-style-type: none"> 1. NGT Insertion 2. Orthostatic vital sign 3. Trach suctioning 	<p>Date/Initial =Student = Preceptor</p> <p>Date: 10/23/2018</p> <p><u>E. Hamilton</u> Student</p> <p><u>A. Santos</u> Preceptor</p>
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Highlights:

1. Teamwork - Level A activation state
2. learning opportunities - mystery patient full new med given without
3. Prepped / took pt to IR

Areas to Improve:

1. communication
2. EKG knowledge
3. confidence

Skills observed & performed:

1. multiple EKGs on pts
2. consents for IR procedure
3. intubation on pt

Date/Initial
=Student
=Preceptor

01/23/25

Shayla B.
Student

Megan L.
Preceptor

Highlights:

1. Learning opportunity with severe med adverse reaction in pt.
2. pt. - placed on tube
3. called resp + dx nurse and got terrified to report

Areas to Improve: felt more confident

1. safely approaching aggressive patients
2. tube practice / what to do if things go wrong
3. confidence when talking to pt

Skills observed & performed:

1. med education to pt
2. femoral central replacement
3. DNR/DNI procedure when family W/Ds to choose full code instead

Date/Initial
=Student
=Preceptor

Date:
01/25/25

Shayla B.
Student

lan C.
Preceptor

Highlights:

1. learning opportunities - successful IV on first sick
2. learning opportunities - completed triage paper work
3. SKILLD - AULCOMP SWAB (3)

Areas to Improve:

1. Hanging fluids to gravity
2. Pump knowledge
3. medication preparation

Skills observed & performed:

1. 2 IV starts, multiple labs
2. straight cath.
3. Neuro. assessments for positive stroke activation

Date/Initial
=Student
=Preceptor

01/24/25

Shayla B.
Student

Megan L.
Preceptor

Highlights:

1. skills - set up emergent pressur bag for fluids on severely hypotensive pt.
2. skills - delegated tasks to UAP. assisting disruptive/confused pt.
3. teamwork - emergency discussion stroke to IR for procedure

Areas to Improve: stroke to IR for procedure

1. SBAR/report to nurses
2. prioritizing critical pts. moving fast during stroke
3. staying organized when busy activities

Skills observed & performed:

1. Discharged 2 pts, gave post discharge education
2. Conscious sedation on pt w/ dissociated hip
3. performed MRI cheek/hip with pt and family

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=Student
=Preceptor

Date:
01/30/25

Shayla B.
Student

Megan L.
Preceptor

due AFTER 5 shifts
completed

Evaluation of Preceptor by Student

Name of Preceptor: Megan Loiseau

Clinical Unit: Adult ED

Please rate your preceptor on each question <small>1=Never/Poor 2=Seldom/Mediocre 3=Sometimes/Good 4=Often/Very Good 5=Always/Superb</small>	Rating Please circle
Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)	1 2 3 4 (5)
Stimulates me to learn independently	1 2 3 4 (5)
Allows me autonomy appropriate to my level/ experience/ competence	1 2 3 4 (5)
Organizes time to allow for both teaching and care giving	1 2 3 4 (5)
Offers regular feedback (both positive and negative)	1 2 3 4 (5)
Clearly specifies what I am expected to know and do during the training period	1 2 3 4 (5)
Adjusts teaching to my needs (experience, competence, interest, etc.)	1 2 3 4 (5)
Asks questions that promote learning (clarifications, probes, Socratic questions, reflective questions, etc.)	1 2 3 4 (5)
Gives clear explanations/reasons for opinions, advice, or actions	1 2 3 4 (5)
Adjusts teaching to diverse settings (bedside, charting, nurses station, etc.)	1 2 3 4 (5)
Coaches me on my clinical/ technical skills (patient history, assessment, procedural, charting)	1 2 3 4 (5)
Incorporates research data and/or practice guidelines into teaching	1 2 3 4 (5)
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)	1 2 3 4 (5)
Teaches effective patient and/or family communication skills	1 2 3 4 (5)
Teaches principles of cost-appropriate care (resource utilization, etc.)	1 2 3 4 (5)

1. What did you like best about your preceptor?

She is kind, approachable, and cares about the kind of care she gives her patients. She asks me thoughtful provoking questions and makes me critically think. She makes me comfortable with asking questions.

2. Do you have any suggestions for your preceptor to consider when working with future students?

I do not have any suggestions to improve the experience she has been perfect the entire time. When working with future students she should teach them as she has me. She asks thoughtful provoking questions and encourages you to make clinical judgement decisions under her guidance.

Student Signature: Shayla Brown

Date: 02/01/25