

NEW Clinical Educators

- Orientation must be on the designated unit for a for a minimum eight hour precepted shift. If additional time is required, arrangements will be made with the APN Clinical Educator/School Liaison and Unit CNS or unit manager. Identified unit based competencies must be completed during orientation.
- Will meet with APN Clinical Educator/School Liaison to discuss Clinical educator role.
- Ongoing communication with School Liaison APN throughout clinical to discuss the semester experiences.
- Attends Clinical Faculty Update meetings prior to clinical semester.

ALL Clinical Educators

- Complete the Clinical Instructor Educator/Skills Competency Checklist.
- Attends Clinical Faculty Update meetings prior to clinical semester.
- Required to be familiar with Children's policies and procedures.
- Ongoing orientation needs identified by the clinical educator and the Unit CNS or unit manager will be addressed prior to the first clinical day.
- Educators oriented to one unit and then assigned to another unit will make arrangements to meet the Unit CNS or manager of the new unit to determine their orientation needs.
- Maintains competency with EPIC and Omnicell.
- Ongoing training for new initiatives on procedures, policies, and equipment related to specific assigned hospital unit.
- Stays current by reading the Schools of Nursing monthly newsletters and if available assigned unit's newsletters, along with assigned education in Children's University.
- When working in Children's University, access only courses relevant to assigned hospital unit and ones that are assigned by the APN Clinical Educator/School Liaison.

Communication is key. Clinical educators are required to:

- Collaboratively make nursing student's assignments with the charge nurse.
- Complete schedule with clinical days and hours prior to starting clinical on student website.
- Provide written patient/student assignment sheet that include cares/skills that will be done
- Check in regularly throughout the semester with the charge nurse and Unit CNS to see how clinical is going.
- Partner with the staff nurses to discuss patient cares and students' progress.
- Provide educator contact information to the unit and to the Schools of Nursing.

Clinical instructors will enforce that all nursing students come to clinical prepared to provide safe patient care. The expectation is that the clinical educator is the primary educator for the students and assumes responsibility for student's learning.

For the in-patient units: if the clinical educator is going to be off the unit for > 15 minutes, the students are not responsible for providing patient care. Arrangements should be made accordingly with the charge nurse; this should not be a frequent occurrence.

APN Clinical Educators/School Liaisons will be frequently rounding on the units, fill free to communicate any concerns or updates regarding your clinical at Children's Hospital.

I _____(print name) understand the above information and have completed the required orientation and skills checklist (pg. 2).

Signature: _____ Date _____

CLINICAL EDUCATOR: ORIENTATION and SKILLS CHECKLIST



NAME: _____ **DATE:** _____

ORIENTATION	Date Completed
Student orientation slide show (Prezi)	
Assessing and Managing Pain	
EPIC training	
'SBARR' training	
Role of the Child Life Specialists	
'Just In Time' Developmental Ages	
Signed Guidelines & Expectations	
POLICY & PROCEDURES	
Documentation Standards Policy	
Medication Administration Policy	
Nursing Student Policy	
Pain Assessment and Mgt. Policy	
Personal Appearance Policy	
Privacy-Confidentiality- Pt. Info Policy	
Professional Boundaries Policy	
Safety Event Reporting Policy	
Social Media Policy	

Skills C= Competent NR= Need Review NA: Not applicable	
General Assessment: TPR/BP/W/HT/OFC	
Respiratory: Assessments Initiate/W/ean/Discontinue	
O2 sat probe and sat monitor	
O2 Administration systems (NC, Face Mask, Etc.)	
Tracheotomy care (CC)	
NP and Oral Suctioning	
ET/Ballard Suctioning (CC)	
Chest Tube Maintenance	
Emergency Airway Management	
Cardiovascular: Assessments	
Lead placement & set up of CR Monitor	
Pre and Post Cardiac Catheterization	
NIRS monitoring (CC)	
Vasopressor Patient (CC)	
Neurological: Assessments	
Care of a seizure patient	
Ventriculostomy care	
Gastrointestinal: Assessments	
NG care and management (Enteral feeds)	
NG placement verification	
NG: care and management (GI decompression)	
GT Placement, care and management	
GJ Placement, care and management	
Suppositories and Enemas	
Ostomy care	
Breastfeeding needs and milk storage	

Skills C= Competent NR= Need Review NA: Not applicable	
Genitourinary: Assessments	
Urethral catheter placement and care	
Urine dipstick procedure	
HACs: awareness of unit specific HACs	
Integumentary: Assessments (Braden Scale)	
Skin care interventions	
Wound care/dressing changes	
Musculoskeletal: Assessments (Fall risk)	
Cervical Collar Care	
Skeletal and skin traction	
Cast and Splint care	
Peripheral Line Care: care and management	
Flushing/capping and/or removal	
Central Venous Access Care: care and management	
Flushing; Heparinization; capping	
Dressing change/cap change	
Equipment: Infusion pumps	
Unit Specific Syringe infusion pump	
PCA pump	
Epidural Care	
Enteral feeding pump	
Glucometer	
Medication Administration: Resources/ Documentation	
PO/SL/Rectal/Topical	
Optic/Otic drops	
IM/SQ/Intradermal	
NG/GT/JT/GJT	
Intravenous (PIV/CVAD)	
Nebulizer/MDI/DPI	
Restraints: (Initiate, Monitor, Document)	
General: Input and Output	
Dietary Restrictions and ordering trays	
Communication: Emergency numbers/Rapid Response	
Tube system, paging system	
Location of code carts	
Tube systems, paging system	
Lab Collection: Procedure	
Urine Collection (Catheter/Clean Catch)	
Blood/Wound Culture Specimens Collection	
Proper Labeling/Delivering of Labs	
Infection Control: Hand washing	
Isolation category & appropriate PPI barriers	
Psychosocial: Resources, Social Workers	
Signs & symptoms of Child Abuse/ Mandated Reporters	
Family Resource Center	
Security: IDs	

This list is not restrictive but represents a baseline of skills that clinical educators must remain clinically proficient in. Unit specific skills will be discussed at time of unit orientation and proficiency completed. Educators may perform other skills that are within their individual proficiency and are within the scope of the Nursing Student policy.