

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	
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*	

*Found on Website

Skills	C= Competent	NR= Need Review	NA: Not applicable
General Assessment: TPR/BP/W/T/HT/OFC			
Respiratory: Assessments Initiate/Wean/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			

*Found on Website

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.