

Skills Assessment

The goal of the orientation shift is to:

- Review unique needs of the patient population on the unit.
- Identify how to access commonly used equipment and supplies on the unit.
- Review the skills within the scope of practice of an instructor.
- Access resources that support patient care.



Resources

Instructions

This unit orientation competencies must be completed and submitted, as directed by student placement, by *at least one week prior* to the clinical rotation start date. Student placement will send a request to upload the orientation record at that time.

- The information I submit is complete (with dates), true, and accurately reflects my work and abilities to function as a clinical instructor on the designated unit.
- I know and will exhibit the following CREDO Behaviors in my role as a clinical instructor: I make those I serve my highest priority, I respect privacy and confidentiality, I communicate effectively, I conduct myself professionally, I have a sense of ownership, and I am committed to my colleagues.

Clinical Instructor Name: _____

Clinical Instructor Signature: _____ Date _____

Preceptor's Name: _____ Preceptor's Signature: _____ Initials: _____

Preceptor's Name: _____ Preceptor's Signature: _____ Initials: _____

VUMC ID and VUMC Email Password Issues

- Call VUMC Help Desk 615-343-HELP for password reset assistance.

eStar Login Issues

- Notify student.placement@vumc.org about any issues. Do not contact the Help Desk or submit a Pegasus Ticket.
- While being resolved, observe charting with peers or other appropriate staff for learning purposes.

Omniceil Access Issues

- Call VUMC Help Desk 615-343-HELP for password reset assistance
- Notify student.placement@vumc.org about any further issues.

Competency Documentation

	Performed (P)	Observed (O)	Reviewed (R)
Tracheostomy care/suctioning <ul style="list-style-type: none"> Demonstrates tracheostomy care utilizing sterile technique Demonstrates appropriate room set-up for trach patient (Resuscitation bag; end tidal CO2 detector; identical #/size replacement tracheostomy tube; obturator; #6 endotracheal tube (ETT); airway compromise algorithm posted at head of bed (HOB); suction equipment such as oral and tracheal catheters) Verbalizes/demonstrates steps to take for a compromised airway in a patient with a trach Demonstrates assessment for a patient with a trach Identifies problems associated with the trach that warrant provider notification Demonstrates steps involved with trach suctioning maintaining sterility Assesses for or verbalizes indications for trach suctioning Policy Tech: Tracheostomies: Management of Care			
CAUTI guidelines (Foley insertion, care and removal) <ul style="list-style-type: none"> Applies guidelines on CAUTI Prevention in providing care to a patient with an in-dwelling catheter Performs catheter care utilizing CHG wipes and document application in the EHR. 			
Gastrostomy tube care and feeding <ul style="list-style-type: none"> Administration of Enteral Feeding via a Dobhoff, NGT, PEG tube or J Tube Reviews provider order for the formula, rate, volume, route and frequency. Obtains correct supplies and demonstrates programming of feeding pump and flush according to provider order. Ensure patient HOB elevated at 30 to 45 degrees during intermittent and continuous enteral feeding administration, after a bolus or intermittent feeding, and after a continuous feeding was stopped for any reason. Monitors patient for s/s of feeding intolerance. Documents all feeding intake and water flushes. Policy Tech: Nasogastric Tube (NGT) for Administration of Medications or Nutrition Insertion Protocol			
Operating Alaris Pump (IV Management) <ul style="list-style-type: none"> Assess IV for patency at minimum once per shift if saline locked and q2 hours if continually infusing. Demonstrates aseptic technique when accessing IV site. Applies guidelines on CLABSI prevention in implementing CLABSI prevention nursing interventions IV tubing labeled, appropriately capped when not in use, changed according to policy, and verbalizes the importance of not wrapping the IV site in Coban. Utilizes the guardrails in the IV pump by selecting the appropriate level of care Intravenous Therapy – Peripheral IV Access – Regional Hospitals Policy Tech: Administration of Intravenous Intermittent Infusions			
Omniceil <ul style="list-style-type: none"> Employs safe medication pulling practices (pulling medications for one patient at a time, distraction free zones) 			

Competency Documentation

Emergency Response	P	O	R
Emergency Equipment/Response: <ul style="list-style-type: none"> Recognize patient deterioration or change in patient condition. Activate an RRT or STAT and remain with the patient until the RRT team arrives to triage the patient. a. Location of Crash Cart b. STAT/RRT 1111 c. Zoll monitor Policy Tech: Rapid Response Team Activation - Adult Policy Tech: Change in Patient Condition - Escalation/Physician Notification			
Communication			
a. Change of shift handover b. Communication of students' assignments Clinical Handover Communication (SOP) – Regional Hospitals			
eStar Documentation			
Medication administration <ul style="list-style-type: none"> Demonstrates the ability to look up unfamiliar medications prior to administration utilizing Lexicomp and Micromedex Employs the 5+ Rights of Medication Administration Utilizes barcode scanner when administering medications Documents medication administration according to VUMC policy, including if dose is delayed or retimed Administers medication in a timely manner based on ordered frequency Utilizes second RN to complete double independent verification of all high alert medications Monitors patient's clinical status after administration of high alert medication Medication Administration – Regional Hospitals			
Co-signing student entries <ul style="list-style-type: none"> Vital Signs, I/Os, and ADLs Accurately and timely escalates abnormal values and assessment findings to nursing staff Demonstrates and documents daily bath and linen change completion Demonstrates and documents ambulating, turning, and repositioning patients utilizing provider order and patient movement equipment appropriately 			
Documenting in flowsheets <ul style="list-style-type: none"> Pain Management LDAs Safe Patient Handling Equipment such as slippery sheets, lifts, etc. (Fall Prevention) Labs <ul style="list-style-type: none"> Labels IV site with gauge, date, and initials of RN who inserted. Charts IV site in LDA. Anticipates the need for safety devices based on strength assessment and has them readily available Demonstrates transport handover Demonstrates aseptic technique when performing venipuncture or accessing CVAD Demonstrates use of barcode scanning to collect the labs and appropriately labels Verbalizes distinction between STAT and ROUTINE labs PolicyTech: Pain Management Intravenous Therapy – Peripheral IV Access – Regional Hospitals Falls Prevention – Regional Hospitals Transport of Patients – Regional Hospitals Labeling of Laboratory Specimens (SOP) – Regional Hospitals			