Clinical Instructor Training
Nursing Education

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Clinical Guidelines
Training Requirements

- Web-based Instructor Training
- Shadowing Experience
  - 12-24 hours if non Vanderbilt employee
  - 8 hours if Vanderbilt employee
- Competency Sheets
  - Completed before beginning clinicals
  - Can be validated by unit educator or staff nurse
  - Return to Brandi or Jan
Feedback

Clinical Instructor:
- Will be given in real time if possible
- Information will be sent through school designee and NEPD

Student:
- Will be given in real time if possible
- Information will be given to instructor if possible
- Otherwise information will be sent through school designee

Unit/RN:
- Information will be given to school designee or NEPD staff
Conflict of Interest

Vanderbilt employee should:

- Not engage in Vanderbilt business while serving as a clinical instructor
- Use a personal email address for school communications
- Submit a document disclosing the potential COI
- Work within your current role’s scope of practice
- Wear a Vanderbilt Visitor ID during clinicals
Bedside RN Responsibilities:

- Administer or Cosign blood and/or blood products
- Perform Point of Care Testing
- EVD Management
- Chest Tube Management
- PCA/Epidural Management
- Central Line Dressing Changes
- Epilepsy Monitoring Unit Patient Care
Patient Assignments

With the Charge Nurse:

- Contact them:
  - 2100-2300 for AM clinicals
  - by 1245 for PM clinicals

- Review patients together to determine if the assignment and acuity will meet your objectives based on the student skill mix
  - EMU, Transitional, Negative Isolation, and Radiation patients should not be assigned
Patient Assignments

With the Staff Nurses:

- Communicate throughout the clinical experience
  - Outline expectations
  - Review student scope of practice
  - Make a plan with the RN if you need assistance, are changing the pt plan, or if have concerns
- Students and Instructors should provide a handover with the RN & CPs before leaving the floor
During Clinicals

- All students must be accompanied by the instructor when they are on the floor, giving medications, and performing technical skills during the rotational experience.

- All documentation is to be co-signed by the instructor.
Alterations

- Make up clinicals and alterations to student placements can be coordinated with school designee and the NEPD program coordinator
Sharing Space

- Students should work outside of the patient rooms using the computers in-between the rooms and bring limited personal items.

Fishbowls/Breakrooms:

- Are not a secure location for student supplies.
- Should not be used for student conferences or gathering locations.
Social Media & Privacy

- Cell Phones are not permitted in the patient work area. Personal calls should be taken off the unit.
- Resources can be found in Medication rooms, or online
- All printed patient material must be disposed of at the end of clinicals including OPCs.
- Name tags must be collected by the schools and destroyed at the end of the clinical experience.
Documentation Reminders

All documentation is to be co-signed by the instructor.
Documentation

**Expectations**
- Vital Signs
- Intake and Output
- Activities of Daily Living
- Nutrition by Nursing

**Outside of Scope**
- Physical assessments
- Pain scores
- IV site checks
- POCT
- Braden scores
- Pediatric Falls Safety
- GCS
Vital Signs
Intake and Output
Measurements

- Patients
  - < 3 years: length, weight, and HC on all admissions
  - >3 years: height and weight
  - Patients are usually divided by age for day shift/night shift measurements
  - Some pts are weighed at a specific time based on physician order.
Febrile patients should be rechecked in 1 hour. Each febrile pt should have the primary nurse notified and his/her name documented in the charting. All charting should be co-signed by the instructor.
# Options for Documenting Intake and Output

## Intake
- NPO
- Breast Milk:
  - EBM - unfortified
  - EBM - fortified
  - EBM Fortifier
  - EBM cal/oz
  - Breast feed (O)
  - Breast Feeding - Duration
- Oral
- Tube Feeding
- Free Water/Flushes
- Infant Formula (0-12mo) Product Name
- Infant Formula cal/oz
- Formula/Supplement Product Name
- Protein Supplement
- GoLYTELY

## Output
- Intermittent Cath/Residual Urine
  - Pre-cath void amount
  - Cathed urine amount
- Urine
- Incont urine (O)
- Urine-unmesrd (O)
- Mitrofanoff
- Stool
- Stool (O)
- Incont stool (O)
- Urine/Stool Mixture
- Peripad
- Peripad (O)
- Bladder Irrig
- CBI
- NG Level
- NG tube Output
Activities of Daily Living
If the bath and linen change is refused a plan should be made and documented in the chart. Also pts should be repositioned every two hours. The Peds Equipment option allows you to document swings, high chairs, etc.
Nutrition by Nursing
Documentation Considerations

The percentage of food documented as eaten only takes into consideration the food items that were eaten… not the total items on the tray.

<table>
<thead>
<tr>
<th>Nutr by Nursing</th>
<th>% INTAKE</th>
<th>Breakfast</th>
<th>80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast: List items</td>
<td>banana</td>
<td></td>
<td></td>
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</tbody>
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Questions?