

## 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](mailto: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](mailto:student.placement@vumc.org) about any further issues.

## Competency Documentation

<a href="http://vumc.org">VUH Quality Guidelines (vumc.org)</a>	Performed (P)	Observed (O)	Reviewed (R)
<b>Tracheostomy care/suctioning</b> <ul style="list-style-type: none"> <li>Demonstrates tracheostomy care utilizing sterile technique</li> <li>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)</li> <li>Verbalizes/demonstrates steps to take for a compromised airway in a patient with a trach</li> <li>Demonstrates assessment for a patient with a trach</li> <li>Identifies problems associated with the trach that warrant provider notification</li> <li>Demonstrates steps involved with trach suctioning maintaining sterility</li> <li>Assesses for or verbalizes indications for trach suctioning</li> </ul> <a href="#">Policy Tech: Tracheostomies: Management of Care</a>			
<b>CAUTI guidelines (Foley insertion, care and removal)</b> <ul style="list-style-type: none"> <li>Applies guidelines on CAUTI Prevention in providing care to a patient with an in-dwelling catheter</li> <li>Performs catheter care utilizing CHG wipes and document application in the EHR.</li> </ul>			
<b>Gastrostomy tube care and feeding</b> <ul style="list-style-type: none"> <li>Administration of Enteral Feeding via a Dobhoff, NGT, PEG tube or J Tube</li> <li>Reviews provider order for the formula, rate, volume, route and frequency.</li> <li>Obtains correct supplies and demonstrates programming of feeding pump and flush according to provider order.</li> <li>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.</li> <li>Monitors patient for s/s of feeding intolerance.</li> <li>Documents all feeding intake and water flushes.</li> </ul> <a href="#">Policy Tech: Nasogastric Tube (NGT) for Administration of Medications or Nutrition Insertion Protocol</a>			
<b>Operating Alaris Pump (IV Management)</b> <ul style="list-style-type: none"> <li>Assess IV for patency at minimum once per shift if saline locked and q2 hours if continually infusing.</li> <li>Demonstrates aseptic technique when accessing IV site.</li> <li>Applies guidelines on CLABSI prevention in implementing CLABSI prevention nursing interventions</li> <li>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.</li> <li>Utilizes the guardrails in the IV pump by selecting the appropriate level of care</li> </ul> <a href="#">Policy Tech: Intravenous Therapy: Peripheral Vascular Access - Adult &amp; Pediatrics</a> <a href="#">Policy Tech: Administration of Intravenous Intermittent Infusions</a> <a href="#">Policy Tech: Injectable Medication Preparation: Outside of Pharmacy</a>			
<b>Omniceil</b> <ul style="list-style-type: none"> <li>Employs safe medication pulling practices (pulling medications for one patient at a time, distraction free zones)</li> </ul>			

## Competency Documentation

<b>Emergency Response</b>	<b>P</b>	<b>O</b>	<b>R</b>
<b>Emergency Equipment/Response:</b> <ul style="list-style-type: none"> <li>Recognize patient deterioration or change in patient condition.</li> <li>Activate an RRT or STAT and remain with the patient until the RRT team arrives to triage the patient.</li> </ul> a. Location of Crash Cart b. STAT/RRT 11111 c. Philips monitor <a href="#">Policy Tech: Rapid Response Team Activation - Adult</a> <a href="#">Policy Tech: Change in Patient Condition - Escalation/Physician Notification</a>			
<b>Communication</b>			
a. Change of shift handover b. Communication of students' assignments <a href="#">Policy Tech: Clinical Handover Communication (SOP)</a>			
<b>eStar Documentation</b>			
<b>Medication administration</b> <ul style="list-style-type: none"> <li>Demonstrates the ability to look up unfamiliar medications prior to administration utilizing Lexicomp and Micromedex</li> <li>Employs the 5+ Rights of Medication Administration</li> <li>Utilizes barcode scanner when administering medications</li> <li>Documents medication administration according to VUMC policy, including if dose is delayed or retimed</li> <li>Administers medication in a timely manner based on ordered frequency</li> <li>Utilizes second RN to complete double independent verification of all high alert medications</li> <li>Monitors patient's clinical status after administration of high alert medication</li> </ul> <a href="#">Policy Tech: Medication Administration</a>			
<b>Co-signing student entries</b>			
a. Vital Signs, I/Os, and ADLs <ul style="list-style-type: none"> <li>Accurately and timely escalates abnormal values and assessment findings to nursing staff</li> <li>Demonstrates and documents daily bath and linen change completion</li> <li>Demonstrates and documents ambulating, turning, and repositioning patients utilizing provider order and patient movement equipment appropriately</li> </ul>			
<b>Documenting in flowsheets</b>			
a. Pain Management b. LDAs c. Safe Patient Handling Equipment such as slippery sheets, lifts, etc. (Fall Prevention) d. Labs <ul style="list-style-type: none"> <li>Labels IV site with gauge, date, and initials of RN who inserted. Charts IV site in LDA.</li> <li>Anticipates the need for safety devices based on strength assessment and has them readily available</li> <li>Demonstrates transport handover</li> <li>Demonstrates aseptic technique when performing venipuncture or accessing CVAD</li> <li>Demonstrates use of barcode scanning to collect the labs and appropriately labels</li> <li>Verbalizes distinction between STAT and ROUTINE labs</li> </ul> <a href="#">PolicyTech: Pain Management</a> <a href="#">Policy Tech: Intravenous Therapy: Peripheral Vascular Access - Adult &amp; Pediatrics</a> <a href="#">Policy Tech: Falls Prevention- Adult</a> <a href="#">Policy Tech: Transport of Patients- Adult</a> <a href="#">Policy Tech: Labeling of Laboratory Specimens</a>			