

Instructor Orientation and Preparedness Checklist

For Nursing Instructor-led Groups

Target Audience: Faculty leads, clinical instructors and hospital staff hosting instructor-led students. *For preceptorships, please refer to the [Instructor Orientation and Preparedness Checklist for Preceptorships](#).*

Purpose: To ensure all faculty, instructors and students feel supported and are successful during their placement at C&W. It is essential that faculty/instructors are clinically competent and understand the complexities of the specialty area and can provide evidence that they have maintained unit specific clinical competence if requested.

Instructors supervising students must have completed a comprehensive orientation and complete the checklist below. It is the responsibility of the academic program to fully orientate faculty/instructors and ensure they are competent to support students in our programs. Faculty must notify the [Student Practice Team](#) a minimum 6 weeks prior to start of placement if an Instructor has not taught in the clinical specialty area (unit) for a year or more. We strongly recommend that academic programs hire current staff from C&W to support student groups in our practice areas due to the extensive orientation and onboarding process necessary for the high acuity and specialty care that occurs on

PRIOR TO ON-SITE ORIENTATION

1. E-Learning Orientation

- Complete a minimum of 1 week prior to placement
 - [SPECO \(Violence Prevention, Infection Control, WHMIS, Waste Management, Fire Safety\)](#)
 - [PHSA Confidentiality Covenant](#)
 - [CST Cerner Training](#)
 - [PHSA Core Policies, Dress Code Policy](#) and Provincial [Practice Education Guidelines](#)
 - Complete [Pediatric Foundational Competencies](#)
 - Complete [Children and Youth at Risk of Clinical Deterioration \(PEWS\)](#)
 - Optional: [Pediatric Foundations](#)
 - Complete [Partnering for Pain](#)
 - Complete [Comfort Protocol for Clinical Procedures](#)

2. Preparedness and General Expectations

- Obtain temporary hospital ID passes from your school for you and your students.
- Assess student competence prior to initiation of clinical learning experience.
- Ensure safe student/faculty ratios, considering the complexity of care and level of staffing for clinical unit.
- Prepare to directly supervise students in performing new procedures to assess competence **i.e. med admin should be supervised by instructor. Instructor is the co-signer and observer.**
- Prepare to be on-site and on the unit for consultation and support of staff and students during the practicum.
- Prepare to support students in additional skill development in nursing skills lab as need identified.
- Prepare to be responsible for all students on the main unit and in alt/obs locations.
- Ensure required conference rooms on-site are [pre-booked](#).

3. If not taught on Unit for a year or more

- notify the [Student Practice Team](#) a minimum 6 weeks prior to start of placement and to discuss details
- Book 1-2 shadow shifts via the **CNE/PCE** 4 weeks prior to placement
 - Develop learning objectives for the 1-2 shadow shifts and submit to CNE/PCE/DC or delegate 1 week prior

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Faculty Orientation to Unit

4. Unit Specific Orientation for Faculty

- Complete unit specific orientation checklist: Medicine, Surgery, Acute Rehab (Sunny Hill), Maternity Newborn

5. Unit Supports:

Clear expectations enable the leadership team to effectively provide support.

- Setup a meeting with the **CN** one week prior to start of placement to:
- Plan weekly check-in times and provide contact information for students and instructor
- Provide agenda for student orientation, including times and location of students. Students should not roam the hospital without an instructor
- Provide an outline of your teaching objectives/focus for each day
- Provide list of skills/competencies students can and cannot perform, prior to start of the placement.
- Identify areas where staff support/supervision of clinical care is necessary & make arrangements with staff

For Alt/Obs experiences:

- Connect with **PCE/CNE** 1 week prior to placement; provide learning objectives and contact information for students and Instructor.
- **Walk students to the practice area, introduce them to the clinical staff, ensure students have goals and objectives for the experience and check in regularly.**

Orientation Day with Students

6. On-site Orientation

- Arrive early and locate change area and lockers
 - Most units have a dedicated locker room for students/instructors. Please change in the staff washrooms and stow belongings in the student locker room.
- Orientate students to the site and specific unit using unit checklists:
 - BCCH Medicine Inpatient Unit
 - BCCH Surgical Inpatient Unit
 - BCCH Acute Rehab Inpatient Unit (Formerly Sunny Hill)
 - BCW Maternity Units

7. Student/Patient Assignments:

Students' success is heavily contingent on pairing them with a patient assignment appropriate to student's level as well as a skilled bedside nurse.

- Arrive at least 30 minutes before 0700 in scrubs to check in with the CNC and coordinate assignments
- Create a plan for students each week including breaks and post conference times
- Identify assignment criteria and skills students will be focusing on
- Notify **CN, PCE/CNE** of changes in student assignments and revise assignment list as appropriate.

Leadership Team Role Definitions

- **Charge Nurse (CN)/ Clinical Nurse Coordinator/Leader (CNC/CNL)/ Perinatal Coordinator (PC):** point of care leaders that are aware of the daily activities with the patients' care and will assist you with assignments and any concerns.
- **Perinatal Clinical Educator (PCE)/Clinical Nurse Educator (CNE):** can ensure the relevant resources and areas are listed in your Seek and Find for a successful learning experience. This role is also the Destination Coordinator (DC)
- **Clinical Resource Nurse (CRN):** just-in-time education and practice support