

## ALTERNATE CLINICAL ACTIVITIES

**These pages describing the rules & guidelines for clinical experiences apart from the instructor MUST be in the student's binder at all times.**

During the first week of the pediatric course, you will be introduced to the alternate clinical activities that may be possible during your pediatric rotation. These activities are designed to complement the acute care (stable & non-stable) setting at SCVMC. These are mostly NOT observational experiences but are hands-on learning experiences. Alternate activities will be assigned by the instructor in order to provide a more comprehensive pediatric experience for each student and to maintain a manageable group of students at SCVMC each clinical day. Students may not request a change in the assignment except in the case of illness or emergency. The instructor may alter a student's schedule, as needed, based on that student's progress in the pediatric course and his/her learning needs.

There are no excused absences for clinical days. **No student may be at any of these sites without the instructor's permission.** Once a student is scheduled for an activity, attendance is **mandatory**. If illness occurs, the instructor must be notified ASAP at SCVMC (408-885-5255) and the DAC pediatric office (408-864-5529). The instructor has weekly contact with all agencies.

The following list is a description of the alternate clinical activities and expected guidelines. The guidelines were developed by the instructor and each facility manager to outline which activities would best enhance the student experience. These guidelines **must** be followed closely. Except where indicated, the student must wear the official uniform and nametag to all sites. Hair and jewelry must always be appropriate for working with young children. Pediatric students may be allowed to give medications appropriate to Q3 with 'constant supervision' of their staff nurse, if daily permission is given by De Anza instructor. If there is a problem at a clinical site, the SN should call the instructor at SCVMC – 408-885-5255. The SN may return to SCVMC Pedi Unit if released by the alternate clinical site. It is best to call the instructor first.

**\*\*Keep these guidelines in your binder at all times. You may need to show the agency nurse your guidelines and immunizations for the day. Post-conference is required each clinical day for all students. It will always be at SCVMC from 1300-1400. \*\*All students must be present on the Pedi Unit at 1245 each day.** Location of post-conference at SCVMC will be determined by the instructor on a daily basis. Report to the instructor the events of your alternate activity, along with any suggestions for future students. The instructor cannot control for changes in staffing or for an experience which does not a student's expectations. **The student is responsible for making each clinical day a positive learning experience and for representing the De Anza College Nursing Program well.**

Please allow enough time to get back to SCVMC, to park and to be on the unit by 1245. Although most of the alternate clinical facilities are close to SCVMC, you cannot discount traffic and the time it takes to find a spot in the parking structure.

1. **PEER RESOURCE NURSE/ TEAM LEADER 0630 – 1300 M or T Hands-on**  
**1 SN each clinical day Full Day**

**BEGINNING LEADERSHIP SKILLS** – one of the threads of the Nursing Program;  
Act as a peer consultant, giving guidance, aiding decisions, supporting and organizing students; Keep SNs on schedule with frequent reminders & help. Get them help if needed. Do focused/ comprehensive assessment with each SN on their client, allowing the assigned student to be the lead (and liaison with family)

Examples of what the PRN does: research dx, procedures, hx, labs

Confirm & question physical assessment/data collection;

Communicator between students; reminders to students

Extra hands on a busy day!

CHECK: charting = **focus assessment**

I/O done every 2 hours

Bag/tubing: expiration times, bag replacements

V.S. charted **early**; check IV sites & pumps early

0630 review & assist peers in getting information from computer (hx, labs, MD parameters, tests), assist with checking math

0700 check daily PEDI worksheets NO blanks allowed; emphasis on med/treatment times & all appointments = diet & feeding times

0900 confirm focused assessments documented

0900 monitor rounds and ensure students present at their own patient rounds

1000 start student lunches (they sign up, but reinforce getting away on time)

1200 confirm QSEN and Nursing Dx. documented

1245 check that students reported off to RN, stocking/cleaning of bedside, collect patient identifiers and dispose in secure receptacle, distribute ETOH wipes for stethoscopes. Round up students

1250 Help set up chairs for post-conference.

2. **DVDs ½ day TBA With instructor direction**

**Do this only as make-up for a clinical day absence**

**Observational**

View and critique DVDs on pediatric topics. Write a paragraph on each. Count on 20 min. per DVD for writing review. Designed for the student who temporarily unable to be in an agency with children. Check with instructor to see what videos/DVDs would be the best learning topics.

3. **PEDIATRIC ICU 0630 – 1245 M or T Full Day Hands-on**  
Return to Pedi Unit @ 1245

Student helps with much of care; **Pediatric students may be allowed to give medications (Q3 level) with 'constant supervision' of their staff nurse.**

Charting as permitted by RN. Do as much as allowed by RN with their supervision.

Work closely with RN, ask questions, be helpful, but don't get in the way if busy.

You may use this assigned patient for your Pediatric Development assignment, so get the required information from the computer while you are there. Listen to rounds!

4. **SHORT STAY 0630 – 1245 M or T Full Day Hands-on**  
Return to Pedi Unit @ 1245  
Mostly observational. **Pediatric students may be allowed to give medications (Q3 level) with 'constant supervision' of their staff nurse.** Do as much as allowed by RN (Q3 level). Work closely with RN, ask questions, be helpful, but don't get in the way.  
Unit staffed by PICU RNs.

5. **CHANDLER TRIPP SCHOOL 0830-1230 M or T**  
780 Thorton Way, San Jose 95128 Return to Pedi Unit @ 1245  
Must park on the street. Be careful of the parking restrictions.

Mostly observational. This is a Santa Clara County subsidized preschool for 3-5 year olds. The children who are admitted are considered medically fragile, with varying degrees of disability. This will be a good facility to observe the growth and development of toddlers and preschool age children who may or may not be meeting their milestones due to their physical problems. Take your Growth & Development sheets with you!

Wear official uniform & name tag; take bag lunch/coffee/beverage. (Copy of immunizations must be on clipboard at all times. *Extra* copy of flu shot should be available in case they want to collect it).

Try to participate in any way that you can or are allowed to do. This is a very special unit, and most of the children usually require 1:1 attention. Try to be a part of the day's activities. You may be asked to assist with feeding, changing or playing with the children.

**You are not be allowed to give medications, or suction a tracheostomy.**

Stop at the front desk and sign in. You will get a Visitor's name tag to wear in addition to your hospital name tag. Ask for directions to Room 7, to work with Outi.

Make sure you sign out at the end of the day and be back on the unit by 1245. (Don't even try to find a parking spot on the lower levels of the parking structure. At this time of day, go directly to the top floor- there is a better chance of finding a spot on the upper levels!)