

This general orientation checklist is mandatory for all students and instructors completing clinical experiences on site. It contains topics required by governing bodies. This checklist should be completed on the first day of a clinical placement.

**Student:** Keep a copy of this checklist with you throughout your entire clinical. Provide a copy to your school coordinator.

**Instructor/Preceptor:** Instructors need to complete a checklist with the unit manager/designee. Instructors should retain copies of the completed checklists throughout the clinical experience and provide copies to your school clinical coordinator.

<b>Name</b>		<b>Clinical Start Date</b>
<b>Facility/Site</b>	<b>Department Name</b>	<input type="checkbox"/> Student <input type="checkbox"/> Instructor
<b>School</b>		<b>Instructor</b>

<b>Department/Role-Specific Content</b> <i>(this content provided in-person by manager/instructor/preceptor)</i>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Bloodborne Resource # Provided</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Questions have been answered about Bloodborne/ infection control process?</li> </ul> </li> <li><input type="checkbox"/> <b>Facility Tour</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Building &amp; Department Tour</li> <li><input type="checkbox"/> Restrooms &amp; Lockers</li> <li><input type="checkbox"/> Parking</li> <li><input type="checkbox"/> Disposal Containers</li> <li><input type="checkbox"/> Work Station &amp; Supplies</li> </ul> </li> <li><input type="checkbox"/> <b>Department Overview</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Scope of Service/Patients Served</li> <li><input type="checkbox"/> Hours of Service, if applicable</li> <li><input type="checkbox"/> Dress Code and Uniforms</li> <li><input type="checkbox"/> GPS Org Chart/Chain of Command</li> <li><input type="checkbox"/> Key People/Contacts in Department</li> <li><input type="checkbox"/> Department Strategic Goals</li> <li><input type="checkbox"/> Patient Rights &amp; Responsibilities</li> <li><input type="checkbox"/> Patient &amp; Family Experience/Living the Values at the department level</li> <li><input type="checkbox"/> Department Discussion of HIPAA issues</li> <li><input type="checkbox"/> Current Performance Improvement/Quality Goals and initiatives</li> <li> </li> <li><input type="checkbox"/> Procedures for being away from work station</li> <li><input type="checkbox"/> Breaks and Lunch</li> </ul> </li> <li><input type="checkbox"/> <b>Student Specific Orientation</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review Clinical Objectives and Goals</li> <li><input type="checkbox"/> Call-in Procedure for clinical groups and precepted students</li> <li><input type="checkbox"/> Documentation standards</li> <li><input type="checkbox"/> Pre-clinical preparation, patient assignments, reporting off</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Communication Methods</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Computer (Access, Training and Policies)</li> <li><input type="checkbox"/> Intranet/Internet</li> <li><input type="checkbox"/> Quick Reference Guides</li> <li><input type="checkbox"/> Telephone, Cell phone &amp; Paging System Use</li> <li><input type="checkbox"/> Pneumatic Tube System</li> <li><input type="checkbox"/> Department/Unit/Staff Meetings</li> <li><input type="checkbox"/> Communication Boards</li> </ul> </li> <li><input type="checkbox"/> <b>Safety &amp; Department Procedures Related to National Patient Safety Goals</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> General Policy &amp; Procedure (P&amp;P) resources*</li> <li><input type="checkbox"/> Safety &amp; Infection Control P&amp;P resources*</li> <li><input type="checkbox"/> Safety Data Sheets*</li> <li><input type="checkbox"/> Needle Disposal*</li> <li><input type="checkbox"/> Personal Protective Equipment (PPE)*</li> <li><input type="checkbox"/> Occurrence/Incident Reports</li> <li><input type="checkbox"/> Emergency Procedures Reference Chart*/ Department Specific Procedures</li> <li><input type="checkbox"/> Utility Failure Procedures, nearest power failure phone</li> <li><input type="checkbox"/> Fire Extinguishers, Pull Stations, Exits</li> <li><input type="checkbox"/> Eyewash Station Use</li> <li><input type="checkbox"/> Panic Buttons &amp; Security Alarms</li> <li><input type="checkbox"/> Flashlights &amp; Batteries</li> </ul> </li> <li><input type="checkbox"/> <b>Human Resources/Policies</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Applicable HR Policies</li> <li><input type="checkbox"/> Expectations of Personal Conduct</li> <li><input type="checkbox"/> Fair Treatment</li> <li><input type="checkbox"/> Non Smoking</li> <li><input type="checkbox"/> Drug Free Workplace</li> <li><input type="checkbox"/> Anti-harassment and Non-discrimination</li> </ul> </li> <li><input type="checkbox"/> <b>Supplies – Security &amp; Storage</b></li> <li><input type="checkbox"/> <b>Equipment Care &amp; Maintenance</b></li> </ul>

Instructor/Student To Do List	Important Phone Numbers	
<input type="checkbox"/> Provide Manager/Designee with contact info(Instructor, Precepted Student)		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		
<input type="checkbox"/> _____		

<b>Student Signature</b>	<b>Date</b>
<b>Manager/Instructor/Preceptor Signature</b>	<b>Date</b>

Sign and provide a copy to school coordinator for confirmation in the ESCPP database of completion. Keep original on person during clinical experience.