Clinical Student Orientation Checklist

(Print) Student's Last Name, First Name:_____

Student Email: _____ Student Phone Number: _____

School Name: _____ Anticipated Graduation Date: _____

A. Online Orientation Modules: Students should have completed the mandatory online orientation modules.
B. Student Orientation Checklist: Is used for the instructor to verify & document orientation to the department.

Department Orientation ✓ = indicates reviewed NA = Not Applicable to student role

Orientation Items Covered in the Department		
☐ **Department Overview** ☐ Department scope / patients served ☐ PHC Mission, Vision, and Values ☐ Key People/Contacts in Department ☐ Current Performance Improvement Projects ☐ Dress Code and Uniforms ☐ **Facility Tour** ☐ Building & Department Tour ☐ Restrooms & Lockers (if available) ☐ Parking ☐ Needle and other Disposal Containers ☐ Work Station ☐ Supplies and Equipment ☐ **Communications** ☐ Computer (Access and Policies) ☐ Telephone, Cell Phone policy ☐ Communication Boards ☐ Shift to shift report/ handoff communication	☐ **Student Schedule** ☐ Student hours discussed ☐ Breaks and Lunch ☐ Call-in protocol for precepted students ☐ **Safety** ☐ Fire/Life Safety – Exit stairwells, Pull station, Fire Plan, Fire extinguishers, Fire Smoke Doors, Life Safety Maps ☐ Safety, Infection Control Policies (iNet) ☐ Material Safety Data Sheets (MSDS) on iNet. Action for chemical spill ☐ Safety Issue Reporting (iNet) ☐ Personal Protective Equipment (PPE) ☐ Department Specific Roles for Codes ☐ Location of AED, Code Cart ☐ Emergency Procedures – Safety Flip Chart ☐ Failure Procedures – i.e. utilities, medical gas, department equipment, black phones, red outlets, oxygen shut off ☐ Unit specific safety responsibilities, i.e. patient lifting, safe work practices, hazards, electrical safety	☐ **Medication Safety** ☐ Medication Administration ☐ Medication Reconciliation ☐ **Department equipment** (as it relates to student role) ☐ HemaPrompt ☐ Blood Glucose Monitoring (if applicable) ☐ VersaCare Bed / Alarms ☐ Cleaning of equipment ☐ IV Pump ☐ Feeding pump ☐ Other (List): _____ ☐ _____ ☐ _____ ☐ _____ **Epic Training Date:** _____

This student has completed department orientation:

_____ _____
Student's Signature Date

☐ **By checking this box, "I consent to disclosure of my name, address, e-mail address, and phone number to ProHealth Care's Human Resources department. I understand that ProHealth Care may use this information to contact me about potential employment opportunities at ProHealth Care or its related organizations."**

_____ _____
Clinical Instructor's Signature Date

_____
Print Clinical Instructor's Name

Please make a copy and return via fax, interoffice U.S. mail, or scanned and emailed to: Student Affiliations

ProHealth Care, Waukesha Memorial Hospital
Dept: Center for Learning and Innovation
725 American Avenue, Waukesha, WI 53188

Phone: 262-928-4867 (option 5 or 6) Fax: 262-928-2092
Email: StudentAffiliations@phci.org