Instructor’s Orientation Checklist

For Student Clinical Groups

**Instructor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinical Start Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Clinical End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Type: 🖵 RN 🖵 LVN 🖵 Other**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Semester: 🖵 1st  🖵 2nd 🖵 3rd 🖵 4th 🖵 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Clinical Focus: 🖵 Med/Surg 🖵 M/S/ICU & ED 🖵 OB 🖵 Peds🖵 Other\_\_\_\_\_\_\_\_

# Please Check: hospital name Hospital Name #2

#   Hospital Name #3 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 🖵 Regional Orientation, 1st & 2nd Semester Students, including:

* Guest Relations
* Professionalism & Ethics
* Regulatory Agencies & Issues
* Student Nurse Scope of Practice
* JCAHO National Pt Safety Goals
* Patient Rights
* HIPAA
* Abuse Reporting
* Advanced Directives
* Restraints
* Interpreter Services

## Environment of Care

* Safety Management
* Hazardous Materials
* Waste Management
* Fire Prevention
* Emergency Management
* Security Management
* Medical Equipment Management
* Magnetic Resonance Imaging Safety
* Utility Systems Management
* Asbestos
* Radiation Safety
* Ergonomics
* Infection Control – Blood Borne Pathogens/ Isolation/Handwashing

## Facility Specific Orientation completed for the

##  following topics (check each item). All Students.

* Role Expectations for Students
* Unit/Department’s Role & Scope of Services
* Access to Policies/Procedures via intranet
* Accident/Injury Reporting for Non-employees
* Uniforms and Dress Code
* Chain of Command
* Risk Management/Error Reporting
* Parking
* Instructor – Pyxis application
* Student – Pyxis
* Electronic Record ID requests
* Prep Time
* Patient Color-Coded Alert System
* Emergency Codes
* Blood Glucose Meter Training (if permitted)
* MRSA Screening on Admission

**For 3rd & 4th Semester Students:**

**🖵** **ANNUAL UPDATE** of Mandatory Regulatory Requirements for Acute Care Hospital staff completed:

I acknowledge that the items checked & listed above were covered during the orientation of my students to this facility. Attached is a list of students who participated in this student orientation on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructor Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_