Instructor Orientation Checklist

Instructor Name (print): ____________________________________________________________
Phone:________________________________________________________________________
School _________________________________________________________________________
Program: _____________________________________________________________________
Emergency Contact:_____________________________________________________________
Phone _________________________________________________________________________
Clinical Unit/Area: _________________________________________________________________________
Clinical Dates: _____________________________________________________________________

Instructor to Complete Before Starting Semester

____ I have viewed and understand the on-line orientation modules:
  • Advocate Aurora Health Care Purpose, Values, Priorities
  • Professional Expectations
  • HIPAA Privacy and Security
  • Infection Prevention
  • Safety

____ I understand the parking instructions posted on the Student Website.

____ I have read and signed the Contract Staff/Student Confidentiality Statement.

____________________________________________________________________________
Instructor Signature

____________________________________________________________________________
Date
Orienter to Complete

Identification
____ Instructor has school name badge. If not, contact Loss Prevention to obtain ID badge.
____ Verify photo ID. If name badge does not contain a photo, instructor must carry photo identification.
____ If special access is needed for Medication room, Behavioral Health Unit, Emergency Department or Radiology students, contact Loss Prevention for a student badge with access capability.

Orientation to the facility and department:
____ Receive completed forms from orientee:
   • Contract Staff/Student Confidentiality Statement
   • Minimum Necessary Checklist
   • Instructor Orientation Checklist
____ Provide Quick Reference Guide.
____ Discuss job responsibilities, expectations, and department/population specific considerations.
____ Introduce to caregivers and a resource for leadership/administration issues.
____ Tour unit/area. Locate emergency flipchart, fire extinguishers, evacuation routes, waste disposal, and crash cart (if applicable).
____ Demonstrate use of Nurse Call system if applicable.
____ Demonstrate use of telephone and paging systems
____ Demonstrate how to use equipment appropriate to department (e.g. IV pumps).
____ Demonstrate how to access policy and procedure manuals and other resources.
____ Review reporting of incidents, patient complaints or abuse/family violence.
____ Discuss appearance/uniform requirements; name badge required when providing services.
____ Discuss unit approaches to Aurora service standards (example: back to basics, rounding with a purpose, AIDET).
____ Discuss unit approaches to patient safety (example: fall risk process, when may leave patients unattended).
____ RN student instructors review Undergraduate Nurse Policy.

Additional Orientation:

Instructor Signature ___________________________ Print Name ___________________________ Date _____________

Orienter Signature ___________________________ Role (Educator, manager, preceptor) ___________________________ Date _____________

Send all completed student/instructor forms to Academic Liaison to file.